The paediatrician and the rabbi

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Abstract

Objectives—During recent decades, rabbis in Israel have been playing an increasing role in the consultation of patients or their families on medical issues. The study was performed to determine the attitude of physicians to rabbinical consultation by parents of sick children for purposes of basic medical decision making.

Design and setting—A questionnaire was prepared which contained questions regarding physicians’ reactions to specific medical situations as well as their demographic data. The study participants included all the available physicians who were employed in the study period at one tertiary medical centre in Israel, which is not associated with any religious organisation.

Results—Between 63% and 77% of the respondents were accepting of rabbinical consultation in regard to medical decisions. Nevertheless, in cases of divergence from accepted medical practice and in emergencies, almost all stated they would take measures to resist the rabbi's advice. This attitude did not correlate with the physician's age, religious status or experience in medicine.

Conclusions—Israeli physicians respect rabbis’ suggestions in the area of medical decision making, though they would not let a rabbi’s advice interfere with their decisions if they believed the rabbi's opinion went against medical need. In order to prevent an untoward effect of the rabbinical involvement in medicine, rules should be set to establish norms for rabbi-physician collaboration.

Keywords: Medical decisions; rabbinic involvement; conventional medicine

Introduction

Seeking out the chaplain for comfort or moral support when conventional medicine fails, for instance near the time of death of a patient, is common practice worldwide, and many care facilities now include chaplains on the medical team for this purpose. In Israel, however, for decades we have witnessed a unique phenomenon wherein rabbis, usually from the ultraorthodox stream, are actively consulted by patients or their families, for help in making basic medical decisions in the acute care of emerging problems, such as which physician, hospital, or treatment should be chosen for a specific disorder. Rabbis’ advice is not sought in regard to the moral, ethical or spiritual appropriateness of a specific testing or treatment for particular conditions but in regard to the appropriateness of medical-professional decisions. Rarely, a rabbi will interpret test results, perhaps of an imaging study, or express an opinion about a specific treatment that has been recommended. Most questions involve the more serious oncological diseases or major surgical procedures, but minor problems may be addressed as well. This trend has been observed among both religious and secular Jews and even in the Arab population. To the best of our knowledge, all the rabbis involved in this type of consultation belong to the Jewish Orthodox segment of Judaism. The role of the rabbi in the medical world in Israel gained popular recognition when the most prominent among them, Rabbi Elimelech Furer, received the much coveted Israel National Prize for his activities.

With the change in the rabbi’s place in medicine, the rabbinic and medical worlds are expected to have mutual respect and to work together. Physicians would probably like to be recommended by the rabbi, and through his recommendations or referrals, the rabbi may gain substantial influence on all the activities within particular departments. The aim of the present study was to assess physicians’ attitudes towards the increasing intervention of the rabbi in medical activities and the influence it has on their work.

Methods

A questionnaire was prepared (summarised in tables 1 and 2) which contained questions regarding the physician’s attitude towards rabbinical consultation by parents of sick children in regard to proper medical decisions, in different medical situations. Also there were questions regarding their reactions to the rabbi, and requests for suggestions in cases where the physicians did not agree with them. All available physicians who were employed in the study period in the Schneider Children’s Medical Center of Israel, which is a major tertiary referral facility, unrelated to any religious organisation, were included. The questionnaire was presented to each physician personally. Medical students were not included. Statistical analysis was performed with the BMDP Statistical Software package (1990).

Results

One hundred and thirteen physicians with varying experience, all specialising in paediatrics, were interviewed. The characteristics of the respondents
Jewish

Figures in brackets are percentages.

Table 2 Physician responses regarding rabbinic involvement in different medical situations

<table>
<thead>
<tr>
<th>Areas rabbis' advice requested</th>
<th>Physicians' responses</th>
<th>Physician actions when disagrees with rabbi</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Object</td>
<td>Accept</td>
</tr>
<tr>
<td>Non-invasive test (ie, x-ray)</td>
<td>31 (27.4)</td>
<td>77 (68.1)</td>
</tr>
<tr>
<td>Non-emergency invasive test</td>
<td>8 (7.1)</td>
<td>92 (81.5)</td>
</tr>
<tr>
<td>Emergency invasive test (ie,</td>
<td>38 (33.6)</td>
<td>63 (55.7)</td>
</tr>
<tr>
<td>Non-routine treatment (ie,</td>
<td>21 (18.6)</td>
<td>77 (68.1)</td>
</tr>
<tr>
<td>Second opinion</td>
<td>17 (15.0)</td>
<td>82 (72.6)</td>
</tr>
</tbody>
</table>

* covers those who did not answer a particular question.

Figures in brackets are percentages.
no significant difference between the attitudes of Orthodox and secular physicians. Presumably, physicians can strictly differentiate between their religious beliefs and concepts and their professional work. Earlier studies have reported a relationship between physicians' medical experience and specialty and their decisions to withdraw life support. Although the situations in the present study are not comparable, a positive attitude towards rabbinical involvement could be expected to correlate with older age or greater experience in medicine, but this was not the case. We speculate that physicians' training today may increase their understanding of patients' need for outside support in their medical decisions.

The present survey was addressed to physicians in a single institution in Israel, though a very central and significant one. Further studies are needed to determine whether these results can be generalised to other institutions in Israel or more broadly, to Jewish and non-Jewish physicians and communities elsewhere. Moreover, the questions raised may be relevant also to other non-medical advisors involved in medical decision making. It should be noted that we have no information about similar controversies in Catholic or Muslim communities.

In conclusion, paediatricians in a tertiary hospital are accepting of rabbinic involvement in conventional medicine, though they do not allow it to interfere with their work in cases where there is serious disagreement. Though such consultation may be reassuring to patients and acceptable to doctors, its growing use raises several fundamental questions: Should rabbinical intervention in medical decisions be allowed at all? Should it be encouraged? Does high rabbinic involvement in medicine in the long run lead to inappropriate treatment in some cases? May it lead to inappropriate rabbi-physician relationships? We suggest that guidelines be established setting norms for such collaboration in order that unwarranted results will not affect medical decisions. Such norms should relate to the limits of professional interrelationships between a rabbi and a medical institution or a single physician, possible mutual benefits, delivery of medical information, and appropriate registration of rabbinic involvement and its outcome.

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References