

Emergency Medical Instructions

Emergency Medical Education and Sign-up
EMES
WALLET CARD

NASCK 201-243-8721
www.nasck.org

EMERGENCY MEDICAL AND POST-MORTEM INSTRUCTIONS

I (print name) _____ have executed a
 Agudath Israel of America "Halachic Medical Directive"
 Rabbinical Council of America "Halachic Health Care Proxy"
 Health Care Proxy / Living Will
 US Living Will Registry* Reg.# _____
 None of the above.

Based on my beliefs and moral beliefs, I hereby direct that pending contact with my agent and/or Rabbi (designated below), health care providers immediately undertake all life-sustaining and emergency measures on my behalf. I further direct that in the event of my death, my agent shall be responsible for the disposition of my remains. I object to and direct that no autopsy, dissection or other post-mortem procedures, including organ donation, be performed on my body (unless I have directed otherwise in a written instrument). I also object to cremation of my body.

Signature: _____ Date: _____
Executed in (County, State) _____

Agent: (print) _____ Home: _____
Office: _____
Cell: _____
Email: _____

Alternate Agent: (print) _____ Home: _____
Office: _____
Cell: _____
Email: _____

Rabbi: (print) _____ Home: _____
Office: _____
Cell: _____
Email: _____

DECLARATION OF WITNESSES

We the undersigned declare, under penalty of perjury, that the person who has issued these "Emergency Instructions" is personally known to each of us and signed this document in our presence while appearing to be of sound mind and acting willingly and free from duress. Neither of us is appointed as agent by this document.

Witnesses:
Witness 1: (sign) _____ Date: _____
Name of Witness 1: (print) _____
Residing at: _____
Date: _____

Witness 2: (sign) _____
Name of Witness 2: (print) _____
Residing at: _____



LIFE-AND-DEATH DECISIONS

An interview with Rabbi Elchonon Zohn,
director of the National Association
of Chevra Kadisha

BY GAVRIEL HORAN

WHAT BEGAN as a regular Friday night became a nightmare when Mr. Green, eighty-three, fell down in the street on his way to shul. By the time Hatzolah arrived he had gone into cardiac arrest, and by the time he was stabilized he had already sustained serious brain damage. Based on the severity of the damage, the doctors advised the family that he was brain-dead, suggested they sign a DNR (Do Not Resuscitate) and a DNI (Do Not Intubate) order, and

discussed the possibility of removing him from the respirator.

The family immediately consulted with a Rav. They spoke with Rabbi Elchonon Zohn, the director of the National Association of Chevra Kadisha (NASCK), who advised them to wait a little while before making any decision.

After a few days Mr. Green started to show signs of improvement. Despite the doctors' grim prognosis, after three months he was back home. Although he needed assistance, he *davened* three times every day and was blessed to

spend another year and a half with his beloved family, enjoying tremendous *simchas hachaim*. If the Greens had listened to the doctors, Mr. Green might never have woken up.

All across the United States and around the world, the sanctity of life is being challenged by the medical community's changing view of life and death. Now more than ever before, doctors and health insurance companies are reluctant to administer medical care in a growing number of cases, specifically those involving elderly or

comatose patients. An example of this trend is a concept discussed at a recent conference for managed health-care plans known as age-based health-care rationing, which recommends limited use of medical intervention for elderly patients.

Family members are often encouraged to choose not to resuscitate their loved ones on the grounds that it will only “prolong their suffering.” However, stories abound of sudden recoveries occurring just days after doctors declared there was no hope, as in the case of Mr. Green. As the *Gemara* tells us (*Brachos* 10a), “Even if the sharp sword rests on your neck, don’t give up [anticipating Hashem’s] compassion.”

Rabbi Zohn has been the head of the Chevra Kadisha of Queens and Long Island since 1981 and founded NASCK in 1996. As director of both organizations, he is involved in the fight against unnecessary autopsies and cremation in America. Although he has spent much of his life working to preserve the honor of the dead, he recently took up the reins of a new campaign to protect the living.

“The average Jew stands the chance of being in a situation where the end-of-life decisions that will be made for him by his family and his doctors will be contrary to *halachah*,” Rabbi Zohn explained to *Hamodia*. “In the United States, the law is that a person has a right as a patient to demand treatment. Patient autonomy protects a patient’s rights; however, if he is unable to make these requests for himself, the family representing him really has zero legal standing. If one cannot speak for himself, the doctors can legally do — or not do — whatever they believe is ‘medically indicated.’”

Rabbi Zohn pointed out that *Forbes* magazine, a popular American business journal, recently published an article addressing the fact that estate planning is not only about money; it also has to do with medical directives. In an emergency, it is imperative that each individual protect his or her right to

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EMES Wallet Card Campaign Instructions

1. Attach the EMES Card to your driver license or id in the sleeve provided and place it in your wallet.
2. Choose an agent (family member, friend or acquaintance) whom you trust to make medical and other-life decisions consistent with your wishes should you be incapable of doing so because of illness or accident. It is preferable, but not necessary, to choose an alternate as well.
3. Choose a Rabbi who will decide any Halachic questions that may arise.
4. Notify these individuals and have them consent to be your agent and Halachic authority.
5. Fill out the EMES wallet card and have two witnesses sign.
6. Choose and fill out a Halachic Health Care Proxy/Living Will. A Health Care Proxy names the agent(s) and/or Rabbi to follow your wishes in making medical decisions. A Living Will specifies the medical directives you may choose. A Halachic Health Care Proxy/Living Will directs that these decisions be in accordance with Halachah and guided by the Rabbi named therein.
7. Agudath Israel of America and the Rabbinical Council of America have developed forms for a Halachic Health Care Proxy/Living Will. Agudath Israel calls it “The Halachic Medical Directive” (there are 18 versions, depending on the state you reside in). The RCA calls it “The Halachic Health Care Proxy”.
8. Register your Halachic Health Care Proxy/Living Will at the US Living Will Registry. The Agudath and the OU have arranged for this to be done at no charge and have provided instructions on how to do so.
9. To download or for further information about these forms and their registry, or for any questions about this project, visit us at www.nasck.org. You may also contact NASCK at info@nasck.org or at 718-847-6280.
10. Take a card and sleeve for all other adult family members as well.

This remarkable project is sponsored by
National Association of Chevra Kadisha **NASCK**
www.NASCK.org

A flyer with instructions for how best to fulfill the goals of the campaign.

choose a course of action that is in accordance with his wishes. The article recommended that it be a “right of passage” for all eighteen-year-olds to designate a health-care proxy since accidents are the major cause of death among eighteen- to twenty-five-year-olds and parents have no power to make decisions for them if they are not designated as proxies.

For Jews, the problem is that the preferred decision of health-care professionals is frequently in direct contrast to Torah values — and if proper

precautions are not taken before it’s too late, there is often little that can be done to fight it.

“We Jews have an added incentive to maintain control over the decision-making process. We don’t only believe that pulling the plug is wrong, but it is also a possible issue of *pikuach nefesh* [a life and death decision] and *retzichah d’Oraisa* [murder according to Torah law], and you should voice that opinion to someone who has the legal authority to enforce it in the case of a medical emergency,” Rabbi Zohn emphasized.

Family members are often encouraged to choose not to resuscitate their loved ones on the grounds that it will only “prolong their suffering.” However, stories abound of sudden recoveries just days after doctors declared there was no hope.

“A health-care proxy assumes the power to speak on your behalf with all the rights that you yourself possess. Members of the *frum* community must go a step further to direct their representative to consult with the rabbi of their choice should a life-and-death *she'eilah* arise.”

An Urgent Campaign

The solution, according to Rabbi Zohn, is the EMES wallet card. EMES is an acronym for the Emergency Medical Education and Sign-Up campaign, which was created with the guidance of Agudath Israel’s legal staff and advances the goals of Chaim Aruchim, a project of Agudath Israel that

encourages the signing of an Agudath Israel Advanced Medical Directive. The EMES card is small and can be attached directly to your driver’s license or ID card with a special sleeve that clearly displays your end-of-life wishes in case of an emergency. The most important component is your designation of a health-care proxy and the completion of a living will. A health-care proxy specifies the name(s) of the agent(s) who are to be given legal power to carry out your wishes in making emergency medical decisions of life-and-death significance.

A living will, also known as a MOLST or POLST form (Medical or Physician Orders for Life-Sustaining Treatment), specifies the medical directives of your choice in a variety of situations for the health-care proxy or others to follow. The generic living-will form contains numerous scenarios with possible actions that need to be confirmed or denied — for example, “If I am in a vegetative state, I do/don’t want to be resuscitated.”

Although in many cases the DNR option is against *halachah*, each situation must be examined carefully by a qualified rabbinical authority. The *halachah* is rarely black and white, and it is necessary to designate a knowledgeable rabbi to facilitate these decisions should they be necessary.

Therefore, Agudath Israel and the Rabbinical Council of America have developed their own living-will form, known as a Halachic Living Will, which includes a health-care proxy and a living will. The difference is that this living will does not include specific situations; instead it indicates the name of the rabbi who should be consulted if the proxy has any questions that are halachic in nature. Agudath Israel of America and the Orthodox Union have arranged, free of charge, for the registration of the living will with the U.S. Living Will Registry.

To Do or Not to Do

When an elderly *frum* woman was in

the last stages of cancer, the doctors wanted her to sign a DNR. She was at peace with herself and had accepted the decree that her life was nearing its end. She didn’t want to put her family through the trauma of keeping her alive in a vegetative state, and she was physically and emotionally drained by years of invasive treatment. She asked that she be required to undergo only the minimal amount of intervention permitted by *halachah*. In the end, the Rabbanim consulted concurred that she did not have an obligation to request resuscitation if she didn’t want it.

On the other hand, there are countless stories of people who are instructed to forgo treatments such as chemotherapy, dialysis, or putting in a PEG or feeding tube, or who are urged to “pull the plug” on a sick family member, only to find that the patient recovers and goes on to live many years in good health. Following are two examples of many.

An elderly *frum* man in his eighties suffered from kidney failure and the hospital refused to put him on dialysis, claiming that such treatment was better reserved for younger patients. The family fought the decision and won, and the man went on to live several more happy and relatively healthy years.

Another elderly woman contracted pneumonia. She was admitted to the hospital and treated. A few weeks after she was released, she came down with it again, and the same thing happened a third time. At that point her doctor called the family together and informed them that her heart had stopped functioning properly and that she was fighting a losing battle. “This is cruel treatment,” he said. “Let her die in peace, without all this forceful intervention.”

The family went to a Rav, who told them that they had an obligation to continue to treat the woman’s pneumonia. They went to another doctor for a second opinion; he decided to run a few tests and discovered that the pneumonia had nothing to do with her

“failing” heart. Instead it turned out that she was swallowing her food poorly due to a problem with her swallowing reflex, as a result of which food was entering her windpipe and lungs, causing infection to develop. He recommended occupational therapy to teach her to swallow properly, and she lived in good health for another four years.

Comfort vs. Challenge

“Hospitals today are moving in a direction where they are discouraging people from requesting heroic interventions,” Rabbi Zohn explained. According to him, the primary reason for this is that intensive care is extremely expensive and the insurance companies don’t want to pay for it. Another reason is that hospitals often receive grants and ratings based on the number of fatalities relative to the number of patients they treat. They therefore want to avoid fatalities at all costs.

This means that it is better for hospitals to encourage people to turn to hospices, where patients are given medication to ease their pain and discomfort but are not treated for their condition. In many cases, hospices refuse to give hydration or nutrition to patients in the end stages of life, essentially starving them to death in order to let them die “with dignity.” According to almost all halachic opinions, however, this translates into nothing short of murder.

“In today’s world, this is somewhat understandable,” Rabbi Zohn continued. “People equate life with comfort. If it isn’t comfortable, why stay alive? As *frum* Jews, we have a completely opposite view. Life isn’t about comfort; it’s about work and growth. *L’fum tzaara agra* — the reward is according to the *discomfort*! According to the Torah, every second of life is valuable, and we have an obligation to protect it at all costs within the context of *halachah*.”

To prove this last point, he quotes an

In a hospice that doesn’t accommodate halachic guidance, patients are given medication to ease their pain but are not treated for their condition. In many cases, hospices refuse to give hydration or nutrition to patients in the end stages of life, essentially starving them to death in order to let them die “with dignity.” According to almost all halachic opinions, however, this is nothing short of murder.

interesting interpretation of Harav Shlomo Zalman Auerbach, *zt”l*, cited in the *sefer Nishmas Avraham* by Dr. Abraham S. Abraham, regarding the *Asarah Harugei Malchus*, whose story is part of the *tefillah* on Tishah B’Av and Yom Kippur. After the decapitation of Rebbe Shimon ben Gamliel, Rebbe Yishmael Kohen Gadol picked up the severed head and wept. Rav Shlomo Zalman was asked how Rebbe Yishmael could do this since he was a *kohen*, and it is forbidden for a *kohen* to become ritually impure. His answer was that as a condemned prisoner, Rebbe Yishmael couldn’t so much as move a limb without asking permission from the Roman authorities. Going through the

process of asking the prison guards to consider his strange and morbid request bought him another few minutes of life. Even a few moments of life on Death Row are precious, and overriding the *issur* of becoming impure complies with the Torah dictum “*V’chai bahem*.”

Protecting the Departed

Another crucial issue is that of autopsies. The medical examiner often requires a definitive cause of death even in cases where there is a very probable cause.

For example, in the instance of a car accident resulting in a fatality, authorities may want to know if the death was a direct result of the accident

NASCK INTRODUCES NATIONAL EMES WALLET CARD CAMPAIGN

Issues of Concern

- Changing laws and varied family structures make it imperative for every Jewish adult to designate a Health-Care Proxy.
- The complexity of medical and end-of-life decisions require Halachic direction.
- Many states do not accommodate a family's religious objection to autopsy. However, a declared objection by the decedent will have legal impact.
- New laws give a designated agent the primary right to make post-mortem decisions.
- Many Jews are choosing cremation (more than 30%) and the trend must be stopped.

*How do we open a dialogue with the uninformed?
If they agree to burial, how will anyone know?*

*At the time of an emergency or need, how will anyone know a medical
or end-of-life directive was signed?*

THE EMES WALLET CARD

Attached to your license or ID.
This card will be found
at a time of medical emergency.

**Emergency Medical
Instructions**

EMES
NASCCK

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A flyer explaining the issues that prompted the campaign.

or whether it was caused by a heart attack or some other illness that may have caused the driver to lose control. There could be differences in the insurance policy for payment based on whether it was an accidental or natural death. Furthermore, they may want to identify disease for genetic purposes. So in many cases, autopsies are performed even though the cause of death is natural and obvious.

However, unless an autopsy is needed to help solve a suspected murder case or to prevent a potential epidemic, it is often completely unnecessary. Many

states do not accommodate a family's religious objection to an autopsy, and some will accommodate only when there is a signed objection made by the decedent himself — and even this is insufficient in certain states that currently lack the legislation to defend a person's right to avoid an autopsy.

"Having a signed card will assist us if it is necessary to fight against state legal authorities, and the buzz of this campaign may encourage legislators to consider passing new laws to uphold freedom of choice in this issue throughout the country," Rabbi Zohn

said. "Furthermore, at the present time, although organ donations are not the default mode in the United States, there are suggestions to make them such, as they are in Europe."

Another pressing issue that often comes up is cremation. All too often Rabbi Zohn receives calls from *frum* people, often *baalei teshuvah*, who need help fighting a non-*frum* relative's request to be cremated. Rabbi Zohn often asks why the subject wasn't discussed when the departed was still alive, and the answer is almost always that they didn't know how to raise the subject.

Rabbi Zohn explained that the EMES cards open the door to discussing last wishes with non-*frum* relatives, friends, or co-workers. He pointed out that there are even times when the *niftar* requests burial but the immediate family prefers to save money by cremating the body. "If an agent isn't appointed," he said, "one's last wishes are usually not binding unless the case goes to court. The EMES card legally designates that proxy. This is the only way to ensure that the *halachah* is upheld in life and in death."

NASCK is encouraging shuls and communities to address these issues in public lectures or events culminating in a sign-up drive, with all the forms and cards provided by volunteers who can answer questions so participants can confidently sign the cards once they are filled in. Forms and instructions for how to register a halachic living will with the U.S. Living Will Registry, free of charge, are also available online.

Rabbi Zohn hopes that the successful implementation of this campaign will be a significant step forward in the religious community's efforts to encourage greater adherence to the *halachos* of *pikuach nefesh* and *kevrach k'halachah* among our observant brethren and all of *Klal Yisrael*. □

To download all the necessary forms, to register and for more information, please contact NASCK at (718) 847-6280 or (888) 243-8721, or email info@nasck.org.