



QUICK REFERENCE FOR HEALTH CARE PROVIDERS INTERACTING WITH JEWISH PATIENTS AND THEIR FAMILIES

For more complete information on interacting with Jewish patients, please see the complete version of the *Guidelines for Health Care Providers Interacting With Jewish Patients and Their Families*. This *Quick Reference* is meant to assist Health Care Workers in Emergency Situations.

GENERAL	<ul style="list-style-type: none"> ▪ Most Jews believe in <u>one</u>, indivisible, incorporeal (without a physical body) and eternal G-d¹ Who is creator of heaven and earth. Some consider the Almighty to be a personal G-d and approach the Deity in a special way. They believe that, as the supreme ruler, G-d gave the Jewish people the Torah (law) that consists of 613 positive and negative commandments (Mitzvot). Many of these do not apply to one person in a lifetime, but many Mitzvot are seen as regular guides to life. ▪ The classification of Jews into Hasidic, Orthodox, Conservative, Reconstructionist, and Reform does not offer sufficient parameters to the health care provider until s/he asks the patient or family regarding their religious needs. It is helpful to be guided by the patient and family about which care they feel comfortable receiving. Each group has some of its own beliefs on certain issues – it is important to ask the patient and/or family regarding specific religious needs as early as possible in the course of care. ▪ When a therapeutic procedure seems to contradict a biblical command, i.e. surgery on the Sabbath or eating on Yom Kippur, it is clear that one is to preserve one's life at all cost. However, if the therapeutic procedure can be done on a day other than the Sabbath or holiday without adverse effect, then the patient should be given the choice to comply with his religious observance.
GENDER ISSUES/MODESTY	<p>There are some very observant Jews who feel rather uncomfortable receiving care from a provider of the opposite gender. Some men would prefer a male physician, nurse or therapist. Likewise some women feel uncomfortable with treatment delivered by a male caregiver. These people may accept cross-gender care if they know that their team is the best available for their treatment. Thus, it is suggested that when the same gender caregiver is available s/he should be the provider to alleviate unnecessary anxiety. If not, the care will be accepted.</p>
BLOOD TRANSFUSIONS	<p>Blood transfusions are allowed.</p>
DIETARY ISSUES	<p>Observant Jews eat only Kosher food. Disposable plates and silverware should be used. Removing the double wrapping of the packaged food may not be acceptable. If staff opens the Kosher food, it should be done in the presence of the patient.</p>
END OF LIFE CARE	<p>Withdrawal of medical supports, autopsy, organ transplant, withholding or removing nutrition and hydration are best handled by seeking the advice of the patient's and/or family's Rabbi. When there is none, and the family agrees, the chaplain may act as the religious guide according to the wishes of the family.</p>
ORGAN DONATION/RECEIPT OF TISSUE OR ORGANS	<p>Organ transplant is permissible after the donor has been declared dead by the criteria of full brain death.</p>
AUTOPSY	<p>Routine autopsies are not permitted. When an autopsy is advised, the patient and/or</p>

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¹ G-d is spelled this way out of respect.

	family might elect to consult their rabbi.
CARE OF THE DECEASED	<ul style="list-style-type: none"> ▪ Burial should take place as soon as possible after death. All organs (with the exception of those donated) should be buried with the body. Any blood that is lost after death should be buried. It is best that all tubes be tied off and removed by the Jewish funeral director so that any blood still remaining in the tubes will be buried. Another alternative is to assure that hemostasis is maintained by bandaging any insertion sites in the body where blood may leak out. This may be accomplished by applying appropriate dressings to the sites and making sure the individual is shrouded and transported to the funeral home with the dressings intact. The patient at the time of death should have the eyes closed and be covered with a sheet. If possible, the deceased should not be moved unless absolutely necessary. The body should not be left alone. Members of the family, friends or personnel from the funeral home should attend the body in order to say prayers. When the body must be moved to the morgue, it may be done. The hospital should facilitate allowing Shomrim (watch persons) to attend the body if it is moved. On the Sabbath or festivals it may be more difficult to notify the family and the funeral director may be slower in the response. ▪ Jewish law makes no special provisions for miscarriages, stillborn deaths or infant deaths at less than thirty (30) days of life except for the directive to bury. ▪ If the death is subject to investigation by the local Medical Examiner or Coroner, follow established procedures. Be sure to notify the Medical Examiner or Coroner of any special religious beliefs or family requests.
RELIGIOUS CEREMONIES	<ul style="list-style-type: none"> ▪ Religious days needing special attention are: Sabbath – 1 day; Passover – 2 days at the beginning and 2 days after four intermediate days; Shavuot (Feast of Weeks) – 2 days; Rosh Hashana (New Year) – 2 days; Yom Kippur (Day of Atonement) – 1 day; Sukkot (Feast of Tabernacles) –2 days at the beginning and 2 days after five intermediate days. ▪ When holy days are observed Jewish patients may: <ul style="list-style-type: none"> √ Consume grape juice and two loafs of bread or matzo for the day and evening meals to sanctify the day. (Yom Kippur is excepted.) √ Avoid the use of electricity, e.g. turning on electric lights, adjusting the electric bed, using the call-button, using the telephone, turning on TV, using the elevator. √ Request that Sabbath lights be lit (electric lights can be used). √ Be prohibited from writing. √ Request that medical procedures be deferred.
CONTACT INFORMATION & RESOURCES ON THE WEB	<ul style="list-style-type: none"> ▪ Chicago Rabbinical Council, 773/465-3900, www.crc.org ▪ Chicago Board of Rabbis, 312/444-2896 ▪ Ezra Help Line, 800/248-1818, http://www.juf.org/services_resources/directory.asp?id=0019