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Originally published in Hamodia,
October 28, 2026

"WHEN HE TELLS ME, I TOO WILL KNOW"

THE RABBI'S AUTHORITY IN MEDICINE

In Judaism, religious beliefs, morals, and ethics are rooted in the Torah and centuries of writings by our Sages. These principles are not established by government legislative bodies, hospital administrators, or prevailing cultural attitudes increasingly at odds with the values of Torah-observant Jews.

Today, the disparity between our traditions and modern healthcare culture grows more striking by the day.

Two scenarios illustrate this divide. In the first, a physician enters a child's hospital room and questions the minor's decision to undergo body-altering elective surgery. By merely expressing doubt about the choice, the doctor may face administrative consequences for failing to respect a patient's autonomy. In the second, an elderly woman arrives in the emergency room, fully alert and recently diagnosed with pneumonia, whose vital organs, including her heart, liver, and kidneys, are functioning properly. The woman and family, who are Torah-observant Jews, make their religious commitments clear to the physician. Yet at the first opportunity to speak with her alone, the physician aggressively initiates and advocates for a Do Not Intubate (DNI) or Do Not Resuscitate (DNR) order, ostensibly to set parameters for future care, although no present clinical circumstances warrant such a discussion. However, in this instance, the physician faces no consequences for their lack of restraint, or for intruding on a matter that has no bearing on immediate care.

Why is respect for personal autonomy treated as paramount in one circumstance, while deeply held religious convictions may be challenged or disregarded in another?

Differences of opinion between healthcare professionals, patients, and their families have always existed. No one expects universal agreement on matters of bioethics; however, in the years since the COVID-19 pandemic, hospitals have become emboldened to the point that fundamental patient rights appear to carry little weight. The words "science" and "medicine" are often invoked as though they possess unquestionable authority over every decision, even when their underlying premises are subjective ethical and

economic judgments, rather than undisputed clinical evidence.

Patients battling serious illness are among society's most vulnerable, physically and emotionally. Their families, often exhausted, frightened, and overwhelmed, are equally susceptible to pressure. These are precisely the circumstances under which compassion and restraint should prevail. Instead, the hospital's motives, whatever they may be, too often take precedence, while an individual's religious convictions are marginalized. Unfortunately, legal requirements and policies are presented as absolute moral authority when, in fact, they are not. Exploiting such vulnerability through staff intimidation represents a profound failure in the ethical responsibilities that physicians, nurses, and hospitals should uphold.

"...that expertise does not, by itself, grant moral authority over the religious beliefs of those they treat."

There was a time when rabbinic guidance received serious consideration in the most consequential medical decisions. In 1977, when I was growing up in Monsey, an orthodox Jewish couple from Lakewood, New Jersey, gave birth to twins conjoined at the heart. The medical team at Children's Hospital of Philadelphia, commonly known as CHOP, determined that without surgical separation, neither baby would live. At the time, the hospital's chief of surgery was Dr. C. Everett Koop, who would later become Surgeon General of the United States. The circumstances presented an extraordinary medical and halachic dilemma, as the operation offered the possibility of saving one child, but it was understood that the other would not survive.

The family grasped the enormity of the choice before them and turned to Rav Moshe Feinstein zt"l for guidance.

As Dr. Koop and his medical team waited to hear Rav Moshe's reply, he remarked to his colleagues, "The ethics and morals involved in this decision are too complex for me. I believe they are too complex for you as well. Therefore I referred it to an old rabbi on the Lower East Side of New York. He is a great scholar, a saintly individual. He knows how to answer such questions. When he tells me, I too will know." Rav Moshe permitted the surgery, explaining that one of the two twins was a rodef—a clear, life-threatening danger.

Here was one of the most distinguished pediatric surgeons in America, facing a life-and-death situation. Yet he understood that the decision could not be made on medical considerations alone. He was prepared to wait for the guidance of a posek, someone whose authority came not from a medical degree or an institutional title. Today, one wonders whether a doctor or hospital would extend the same consideration to a rov's input.

For millennia, Jewish communities have faced constant pressure from surrounding cultures whose values often stand in conflict with the Torah, and there is little reason to expect otherwise. However, our religious beliefs should not be perpetually put on defense by the very institutions we are asked to trust with our lives. When a Jewish patient is hospitalized, relatives should never be forced to continually justify their faith or resist a hospital determined to wear down their resolve. It is vital that hospitals recognize that the individuals they serve possess moral and spiritual commitments that cannot simply be dismissed because they differ from today's liberal and secular culture or, worse, because they impact profitability.



Asifas HaRabbanim with Chayim Aruchim and Bikur Cholim in Los Angeles

Against this backdrop, on October 13th, Bikur Cholim (Los Angeles) convened a rabbinic forum, an Asifas HaRabbanim for rabbanim and poskim from across Los Angeles and the Valley areas, who serve the Chassidishe, Litvish, Sephardic, Persian, Chabad, and Modern Orthodox communities. The gathering focused on the complex medical, ethical, and halachic challenges surrounding end-of-life care.

The Asifa featured Chayim Aruchim, a national Torah organization dedicated to ensuring that end-of-life medical decisions reflect Torah values and preserve the sanctity of life. Representing Chayim Aruchim were Rabbi Benzion Leser, Rabbi Asher Millman, and Rabbi Eliezer Gewirtzman, who presented cases encountered throughout the Tri-State area and across the United States. Their remarks keenly illustrated the difficult circumstances facing Jewish patients, while offering the rabbanim resources and support. The cases ranged from medical staff resisting the intubation of a patient to discontinuation of treatment, to efforts to preserve the lives of those in cognitive decline. The Asifa beautifully bridged generations of leadership, bringing together upwards of fifty senior rabbanim including Rabbi Gershon Bess, Rabbi Mechel Blau, Rabbi Berish Goldenberg, Rabbi Yochanan Henig, Rabbi Shlomo Klein, Rabbi Yakov Krause, Rabbi Dovid Revah, Rabbi Jonathan Rosenberg, Rabbi Nachum Sauer, Rabbi Elan Segelman, Rabbi Yosef Shusterman, Rabbi Avrohom Union, and Rabbi David Zargari, alongside our emerging poskim such as Rabbi Aryeh Adler, Rabbi Levi Yitzchok Chazan, Rabbi Shlomo Luria, and Rabbi Yosef Miller, who are poised to address these issues as our community grows.

These challenges are not unique to Los Angeles; rabbanim across the country face them, often without the resources or support



Rabbi Benzion Leser, Menahel and Dayan at Chayim Aruchim



needed to respond effectively to physicians and administrators. By sharing experiences, examining difficult cases, and identifying common concerns, the Asifa sought to strengthen our community rabbanim's ability to better advocate for those who turn to them.

Without question, clinical expertise is indispensable. Doctors possess great and life-saving knowledge, training, and experience that we depend upon, and we are deeply grateful. But that expertise does not, by itself, grant moral authority over the religious beliefs of those they treat. At Bikur Cholim, our mission is to ensure that patients receive the best medical care possible, that financial obstacles do not prevent access to necessary treatment, and that no one facing illness feels abandoned or alone. Yet our experience reveals another challenge: the changing moral and ethical landscape of healthcare, which can place Judaism's convictions on the sanctity of life in conflict with prevailing institutional practices and legislative statutes.

The Asifa did not suggest that any organization holds authority over halachic decisions at the end of life, but rather reinforced that every person and family should seek direction from their own posek or rov, who can evaluate the circumstances and provide appropriate guidance. All rabbanim agree that there are certain fundamental principles that must remain central to these discussions, not the least of which is that life is inherently sacred, and our commitment to Torah does not diminish when someone becomes cognitively impaired, incapacitated, critically ill, or approaches the final stages of life. Bikur Cholim's role in this context is to amplify the voices of our rabbanim, strengthen their standing as religious authorities, and ensure that their rulings receive meaningful consideration within our country's healthcare system.



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