

DEVELOPING HOSPICES WITHIN THE JEWISH COMMUNITY

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Identification of an expanded cultural framework for providing care has also stimulated the Jewish community to extrapolate a Jewish perspective from Jewish lore and precepts in helping the Jewish terminally ill.

The growth of interest in hospice has been increasing rapidly within the Jewish community as the hospice philosophy has become integrated into the complex fabric of the health and social care system delivering services to the dying patient and his family.¹ There is a vast and growing literature descriptive of, supportive of, critical of and relating to the state of hospice in the United States.²

In the Spring of 1986, President Reagan signed the Consolidated Omnibus Budget Reconciliation Act of 1985 repealing the sunset provision of the Medicare hospice benefit. The hospice benefit became a permanent Medicare Benefit.³ In addition, states were given the option of adding a defined hospice benefit to their Medicaid plans. Blue Cross and Blue Shield developed a model hospice benefit for its affiliates and, according to the New York Times, insurance companies and group health plans in New York State were mandated to offer the hospice option.⁴

It is therefore not surprising that the Jewish community has responded with an awareness of the need to explore hospice care the Jewish way, particularly since the

vast majority of hospice programs of care deliver their services into the patient's home, the Jewish family home.

The early work of the Jewish Hospice Commission of Los Angeles laid foundation in print to issues relevant to contemporary thought in Jewish law applicable to and focused specifically on hospice.⁵ There has been a surge of interest in the Jewish community via dialogues, papers, presentations, exchanges of perspectives and so forth, since the beginning of the decade of the 80's.⁶

There have been many presentations on Jewish beliefs concerning death, dying and bereavement at meetings of state hospice associations and at local hospice agencies.

The parallel response to Jewish initiatives from the non-Jewish community has also been remarkable. It is often the non-Jewish knowledgeable caregiver: housekeeper, volunteer, social worker, nurse and physician, who finds him/herself struggling to meet more effectively the needs of the terminally ill Jewish person.

In 1984, the *American Journal of Hospice Care* began publication and in

1. Audrey P. Harris, "Exploration of the Needs of Jewish Patients and Families in Hospice Programs in Los Angeles," *Journal of Jewish Communal Service*, Vol. 59, No. 4 (Summer, 1983).

2. Larry W. Foster and Lenora Finn Paradis, "Hospice and Death Education: A Resource Bibliography," *The Hospice Journal*, Vol. 1, No. 2 (Summer, 1985).

3. National Hospice Organization Bulletin, April 8, 1986.

4. New York Times, February 4, 1986.

5. The Hospice Guide for Jewish Patients and Families is a guide for caregivers and The Hospice Guide for Jewish Families relates to families. Both are published in Los Angeles by the Jewish Federation Council of Los Angeles, 1983.

6. For example, Rabbi Maurice Lamm's seminal presentation to the Conference of Jewish Federations, Atlanta, 1983; Rabbi Elliot Dorff's University Paper for the University of Judaism, "Choose Life: A Jewish Perspective on Medical Ethics," February, 1985; Rabbi Earl Grollman's presentations addressing death for children, and so forth.

early 1985, *The Hospice Journal: Physical, Psychosocial, and Pastoral Care of the Dying* was initiated. The later journal is now closely affiliated with the National Hospice Organization.

These two publications together with *Death Education*, *Omega* and the *Journal of Psychosocial Oncology* may represent the major journals dedicated to death, dying and bereavement, and articles touching upon these topics have appeared in specialized publications in all fields.

A common theme running through the literature is the focus upon spiritual, religious, cultural and social elements essential for hospice care. Baider and Abramovitch wrote an interesting case study exploring a patient's "dybbuk," a culturally sanctioned internalized object with profound treatment implications for a hospice team to understand and incorporate into practice.⁷

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In June, 1984, the 1st National Conference on Hospice Care for the Jewish Community, sponsored by the Synagogue Council of America, was held in New York City. The conference, held at Beth Israel Hospital Medical Center, undoubtedly reflected that significant institution's growing interest in care of the Jewish terminally ill.⁸ The Cedars-Sinai Medical Center in Los Angeles, California had its Women's Guild Hospice in place prior to this time.⁹ The Ritter-Scheuer

Hospice in New York City; the Brooklyn Hospice, a part of the Metropolitan Jewish Geriatric Center in Queens, New York; the Sinai Hospital Home Care Hospice in Baltimore, Md.; the Long Island Jewish-Hillside Medical Center in New Hyde Park, New York; the Jewish Hospice of St. Louis, Mo.; and the Jewish Community Hospice, Jewish Social Service Agency of Metropolitan Washington, Rockville, Md., were operating at that time.

There has been exponential growth of interest in Jewish hospice. Exploration and needs assessments are in place in most major cities: The Jewish Welfare Federation of Detroit has completed a Jewish hospice environmental scan, and Denver, Colorado formed a Jewish Outreach Committee on Hospice in 1985. The Long Island Foundation for Hospice Care and Research of Westbury, New York is searching for a suitable site upon which to build a hospice featuring a kosher kitchen. The National Institute for Jewish Hospice was recently formed in Los Angeles by Rabbi Maurice Lamm, former chair of the Jewish Hospice Commission and a well known author and spokesman for Jewish hospice.

There is a Chicago area Jewish Hospice Association and there is a Jewish Hospice Chaplaincy in Los Angeles, Philadelphia, and in East Orange, New Jersey. The Caring Coalition in Syracuse, New York has been spearheaded by a rabbi, and synagogues and other institutions within the organized Jewish community are addressing the issue of hospice for their various constituencies.

The May 1986 Hospice and Judaism Conference, sponsored by the Jewish Hospice Chaplaincy, Philadelphia, Pa.,

7. Lea Baider and Henry Abramovitch, "The Dybbuk: Cultural Context of a Cancer Patient," *The Hospice Journal*, Vol. 1, No. 2 (Summer, 1985).

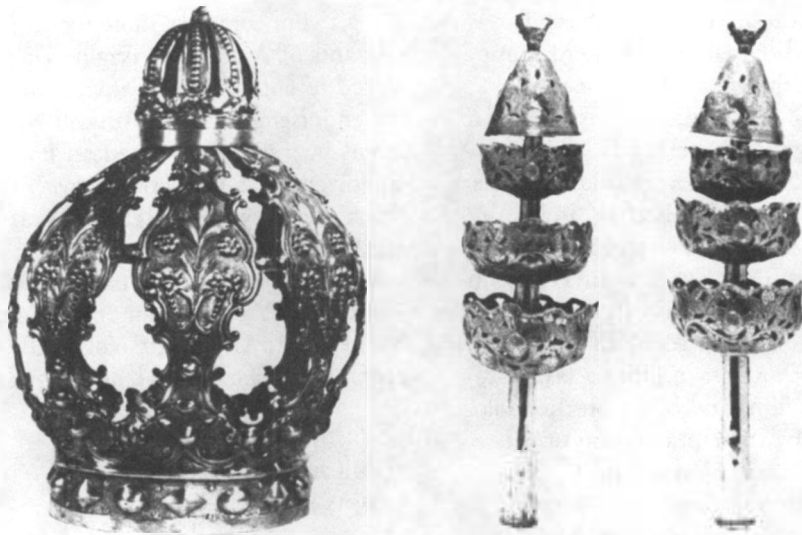
8. As of June, 1986, the Perlo Hospice at Beth Israel Medical Center has submitted for approval a certificate of need.

9. The Ritter-Scheuer Hospice in New York City; the Brooklyn Hospice, a part of the Metropolitan Jewish Geriatric Center in Queens, New York; the

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was offered to professional and community leaders. It was the most recent conference addressing Judaism and hospice care and was attended by health caregivers of varied disciplines and religions. The eight workshops offered in afternoon sessions accurately reflect the scope of current Jewish community interest in hospice care for the terminally ill:

Jewish Law and Customs Concerning the Terminally Ill; The Role of the Rabbi within the Hospice Framework; The Theology of Dying and After-Life; Spiritual Values and the Caregiver; The Patient and Spirituality—A Patient's View; Truth-Telling in the Jewish Tradition; Funeral and Burial Practices and Jewish Tradition in Grief and Bereavement.



Jewish Museum, New York