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2. My personal experience with caregiving was that it was important to know when to delegate to others. This prevents a caregiver from burning out or feeling overwhelmed. It also allows the caregiver to become rejuvenated.

3. Research suggests that being able to embrace a loved one's plight, feelings of competence and reframing reduced stress as a caregiver. (Redinbaugh, Baum, Tarbell, & Arnold, 2003) Thus, it is important to remain informed of the ins and outs of the possible treatments and available resources.

4. Moreover, it is important to remain optimistic and develop a support system. (Hulbert & Morrison, 2006) Thus, it is important to take care of one's emotional well-being.

5. Additionally, it is beneficial to discuss the prognosis of the patient, attend to one's spiritual needs, prepare an advanced-directive and find an avenue (i.e. websites, support groups, personal journal, etc.) to discuss loss and grief. (Hebert, Prigerson, Schulz, & Arnold, 2006)

Conclusion

In this article, I reflected upon the obligation and reward for caregiving. However, it is important to understand what frequently occurs in the minds of a caregiver and their loved one. Lastly, strategies for effective care-giving were provided.

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If you would like to submit an article or comment on any of the articles in this issue of Intercom, please e-mail or send to the AOJS office.

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From the President's Desk

Greetings,

Welcome to the forty-eighth Annual Summer Convention of the Association of Orthodox Jewish Scientists being held at the Heritage Hotel in beautiful Southbury, Connecticut.

I hope you have an inspiring Shabbat Nachamu weekend with us.

Much work goes into the planning and execution of a successful weekend. My thanks to the committee and its various members who put in endless hours to insure that the weekend comes off with minimal inconvenience to our guests while assuring an excellent program.

The program is varied, stimulating and diverse. The main complaint I hear over the years is that "I wanted to attend more lectures, but they were running concurrently and I had to pick one when I wanted to attend three!" that's why we are here again.

To those who are *"osek betzarchei tzibbur be'emunah"* the continued existence of the AOJS is to your credit.

To those of you who aren't members of the AOJS yet, my invitation to you to join the premiere organization dedicated to the exploration of the *halachic*/scientific interface, to promoting understanding of how science serves the Almighty in His world and to disseminating this vital information to the public allowing us to fulfill our obligation *"lehagdil Torah u'lehadira."*

Allen J. Bennett, MD, FACP
President, AOJS

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The Ark of Environmentalism

There are two serious global issues that are affecting all of us. One is global warming and the other is our energy crisis. The latter affects all of us when we buy gas, heat our homes and pay higher costs for everything including food. The political fallout of where we buy our oil from especially affects us because we are Jewish. Global warming could lead to environmental catastrophes which will affect the lives of all human beings living on the entire planet.

As orthodox Jews, many of us can lean back and say, "It's not our fault. We are not responsible." After all, as an observant person, I keep my

the sick is so great that a person is rewarded in this world and the world to come and is protected from the punishment of *gehennim* (Shabbos 127a; Nedarim 40a).

Components of Visiting the Sick

There are three essential components of visiting the sick. They are: (a) prayer (b) helping with the person's needs and (c) saying words that are comforting and which give the ill strength. (Shulchan Aruch Y.D., 335) Ideally, one should visit in person to fulfill the mitzvah. Nevertheless, a person can fulfill the mitzvah via telephone (Igros Moshe, Y.D., 1:223)

Caring for the Terminally Ill

One unfortunate finding is that medical staff tends to give less medical attention to the patient that is terminally ill. Thus, it becomes imperative for family and friends to tend to the needs of the terminally ill (Kastenbaum, 2006). Nevertheless, it becomes exceedingly difficult to care for a person who is terminally ill. A person can become flooded with a host of emotions, which include anger, depression, and cognitive impairments. (Waldrop, 2007; Mackenzie, Smith, Hasher, Leach, & Behl, 2007)

The Patient's Internal Conflict

Kubler-Ross (1969) stated that a person goes through a series of stages before their passing. These stages include: (a) denial (b) anger and resentment (c) bargaining for more time (d) depression and preparatory grief and (e) acceptance and peace. Others (Kastenbaum, 2000) argue that a person does not go through this sequence. Rather, he finds that they experience these emotions, only that they can be experienced at the same time and can, as well, resurface.

Strategies for Become an Effective Caregiver

Thus far, I have discussed the importance of visiting the sick and the psychological perspectives of the seriously ill and their caregiver. Now, I would like to transition to some practical advice for caregivers.

1. It is common for a caregiver's physical health to decline. (Brazil, Bédard, & Willison, 2002) Thus, the first recommendation is that a person takes care of him or herself. This includes getting enough sleep, eating well and exercise.

their members to respect a person's [client's] right to self-determination." As Byrd concludes, "Certainly client self-determination is one of the cornerstones of any form of psychological care and any attempt to ban psychological care for those unhappy with their homosexual attractions would be a direct violation of enormous magnitude of the APA's own Code of Ethics."

Within both the world wide Jewish community and the scientific secular world there are organizations that have fought for several years to open the windows and permit the fresh air of eternal Torah wisdom to permeate the atmosphere. For those of us concerned about this subject matter, it is well worth our while to familiarize ourselves with two of these organizations: JONAH (Jews offering New Alternatives to Homosexuality) which advocates a gender affirming process to help Jewish people overcome the issue (www.jonahweb.org) and NARTH (www.narth.com), a professional and academic organization of the highest standards.

Ruth Benjamin, Ph.D.

Dr. Benjamin in a clinical psychologist in Cheltondale, Johanisberg, South Africa and is the author of How to Turn Your Snakes into Ladders.

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A Guide to Effective Caregiving for the Terminally Ill

In this paper, I would like to discuss the importance of caring from the torah perspective. Then, I would like to reflect upon the psychological mindset of the caregiver and their loved one. Lastly, I would like to provide tips on how to become and effective caregiver.

Torah Perspectives on Caregiving

Caring for the sick is a very difficult, yet rewarding job. It epitomizes one's relationship with his or her fellow man and is one of the ways in which we can emulate G-d (Sotah 14a). There are several places in the Torah which hint to a person's responsibility to visit and care for a person who is sick. For example, G-d visited Avraham after he underwent his *bris milah* (circumcision). (Bereishis 18:1)

According to the Baha"g, visiting the sick is a biblical commandment (Mitzvah 36). The Rambam, on the other hand, concludes that this *mizvah* is rabbinical in origin (Hilchos Avel 14:1). The reward for visiting

car parked for 26 hours every Shabbat and even more when I include Yom Tovim. As a member of the national community and the world community we Jews cannot sit back and say, "We have done our share." We have to be more proactive in our local communities in making leaders who have a say in the matter do something about it.

The Torah in Genesis talks about another pending environmental disaster that threatened to wipe out all of mankind, and once again there was better than fair warning. Our sages teach us that when Hashem told Noach that He will bring a flood on the entire world, Noach did not totally trust G-d. Even when the rains began to fall, Noach kept going on and off of the ark. Today we don't have prophets on the level of our forefathers. No one has a direct line to Hashem. Today, however, Hashem has given us the knowledge and science and the ability to analyze scientific data. Just as we are forbidden to violate a physician's orders in the face of a life threatening illness, today the geologists and environmental scientists are giving us two dire warnings. One is that the amount of oil in the earth is limited and increasingly getting lower and the way the world's economies are growing, we very well might, some morning, turn on the radio and learn that the world supply of oil is near its end. The second is that if we continue to burn the remaining fossil fuels without regard to the environment we risk poisoning the entire planet and causing global catastrophes with unknown dire consequences. As Jews, our homeland is affected by the western world's dependence on oil from hostile, anti-Jewish Middle Eastern countries.

So as a community we have to listen to the doctors of mother earth and join the fight for renewable energy resources and the conservation of fuel by forcing the building of more energy efficient vehicles, better insulated homes, etc. We have to invest in sources of renewable energy. In Brazil, most of the automobiles run on derivatives of sugar cane and hence Brazil is not beholden to the sheiks of the Middle East or the likes of Hugo Chavez. In short we cannot sit back and make believe, as Noach did, that the pending environmental disaster foretold to him might not really happen. We cannot wait until the waters are knee high before going on to our ark. We have to be proactive and push the leaders of the world to take actions now to

make sure that the world will not be destroyed by global warming and that we will not use up the earth's dwindling supply of fossil fuels. This is where science and Judaism have a mission. Let us all go back to our home towns and seize the moment and, as Jews, who are forever committed to humanity, make a difference.

Elliot Udell, D.P.M.
Convention Chairman

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Is Managed Care Unethical?

Managed care, once touted as the panacea for rising health care costs, has not lived up to its promise. Billed as a solution to rising healthcare cost and method to bring fiscal responsibility back to medical care, the reality has been far less rosy. While politicians, employers and workers debate whether to abandon systems such as HMO's based on monetary concerns, let us approach the issue from a Jewish perspective. Do the means utilized by managed care companies conflict with Jewish values? A variety of potentially problematic concepts come into play when evaluating managed care.

Rationing Medical Care

It is crucial to first establish that rationing of medical care is not intrinsically problematic. There are established principles in Jewish law regarding triage. As a rule, in instances of limited resources, care is provided to those most likely to benefit medically from a given therapy. If two patients require a transplant, priority should be given to the one most likely to have the best medical outcome independent of patient age, social status, or prior destructive behavior.

Nevertheless, such factors may be used to establish medical suitability. For example, a patient who will not stop his destructive behavior may be deemed medically non-suitable for a transplant, not because we judge his behavior, but because we do not expect him to be compliant with the rigorous regimen required following transplant (e.g. compliance with anti -rejection drugs). While age is not in itself a criterion for withholding care, someone who is elderly may not be a prime medical candidate for a dangerous surgery. The key is that we do not judge value of life, just medical suitability.

The same approach may be applied

The later, current document omits this statement and replaces it with the following:
"There is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay or lesbian orientation. Although much research has examined the possible genetic, hormonal, developmental, social and cultural influences on sexual orientation, no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors. Many think that nature and nurture both play complex roles..."

No longer do we see a claim that a person is *born* gay.

The most damaging effect of the first document was the inhibitory effect on healing the emotional adaptation of homosexuality by psychologists eager to follow the dictates of their professional association. When a person, especially a Jewish young person, felt same sex attraction, they were counseled to accept themselves as gay, that this was who they were; they were born that way and could not change.

The revolutionary change of the APA position is not to be underestimated. A statement in the new document even acknowledges that homosexual feelings can be transient and part of the developmental phase. This statement certainly provides clear evidence that homosexuality is neither an immutable nor an unchangeable condition.

"Sometimes adolescents have same-sex feelings or experiences that cause confusion about their sexual orientation. This confusion appears to decline over time, with different outcomes for different individuals."

On the question of whether or not therapy can change sexual orientation, the former document offered a resounding "no." (This was in spite of the innumerable studies and public testimonials of people who successfully changed.)

However, the current document is much more open. Dr. A. Dean Byrd, President of NARTH (National Association for Research and Therapy of Homosexuality) points out the significance of the APA's new position: the right of a patient's choice to treatment determination is finally recognized.

"Mental health organizations call on

vor of such a system. But that system must be based upon an ethical foundation of good patient care.

Daniel Eisenberg, M.D.

Dr. Eisenberg is Professor of Radiology at the Albert Einstein Medical Center, Philadelphia, PA & Assistant Professor of Diagnostic Imaging at Thomas Jefferson University School of Medicine, Philadelphia, PA. Dr. Eisenberg's articles can be accessed through his website at www.jewishmedicalethics.com.

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We Can Breathe More Freely Now!

In 1998, the American Psychological Association (APA) published a brochure entitled "Answers to Your Questions about Sexual Orientation and Homosexuality." Its primary purpose was to provide definitive answers about homosexuality. Instead, it created a stultifying environment where observant psychologists had difficulty breathing in the truth about homosexuality. Because it came from the APA, it held a certain authority for many in the field of medicine and the social sciences even though there was little or no empirical research behind it. It was instead a political statement that chose to define a person as 'born gay', a statement of politics masquerading as science.

True, the Torah is clear. We know that a person would not be commanded to do something that the Torah forbids. Hashem would not create a person which gives him no alternative. Torah-true Judaism has always known that no one is *born* gay. However, once such a statement is endorsed and advocated by the APA, one finds oneself, as it were, swimming against a torrential stream, one that is so strong that it created a profoundly disturbing influence on society.

Fresh air, however, seems to have come into the APA. A new APA statement entitled "Answers to Your Questions for a Better Understanding of Sexual Orientation & Homosexuality" puts the subject in an entirely new light. The newer document differs from the older one in certain crucial aspects.

A statement from the first document says:
"There is considerable recent evidence to suggest that biology, including genetic or inborn hormonal factors, play a significant role in a person's sexuality."

to managed care. From a Jewish perspective, we support the idea of triaging limited medical resources by maximizing the efficiency of healthcare delivery. Nevertheless, an acceptable system may not sacrifice ethics for efficiency. Both the goals and the means must be "kosher."
There are many ethical issues involved in managed care, but there are four major areas that bear examination: the gatekeeper principle, incentives to deny treatment, gag clauses, and confidentiality.

The Gatekeeper

The gatekeeper concept stipulates that a primary care physician should coordinate patient care. Referrals to specialists are permitted only when the patient's condition requires "specialized" care beyond the expertise of the primary care physician. This would appear to conflict with the requirements of the Code of Jewish Law (Yoreh Deah 336: Laws Applying to Physicians) which states: ". . . one may not engage in healing *unless he is an expert* and there *is none better qualified than him* present, because if this is not the case, he is considered a shedder of blood." By definition, the specialist is more qualified than is the generalist to treat conditions covered within his specialty. This would imply that one is (almost) *always* required to refer cases to a specialist, for few of us can truly claim that we are the "best" and that there is "none better qualified." Fortunately, the true meaning of this passage is that a physician must be qualified to treat the particular patient standing before him or her. This distinction may be illustrated with the following examples.

A patient consults her primary care physician for symptoms that are classic for the flu. If the physician feels confident of the diagnosis, the doctor need not seek out the world's greatest infectious diseases expert, but may prescribe fluids, bed rest and Tylenol. The same would apply to a patient with a rash. If the primary care physician is confident of his diagnosis of poison ivy, having seen multiple cases on previous occasions, he may suggest appropriate treatment without a dermatology consultation. However, if a patient approaches his primary care physician with a rash, and the doctor is not sure of the diagnosis, the patient must be permitted to seek a consultation. In the first two cases, there is none better qualified to treat those particular patients because the physician feels competent to diagnose those ailments. But in the last case,

the doctor is not qualified to treat that particular patient and there is one 'better qualified than him' to make the diagnosis, namely the dermatologist.

Incentives to Deny Treatment

While less common today, one model for managed care offers incentives to physicians who use fewer resources than average as means to control costs. For example, if a physician refers fewer patients to the emergency room than the average physician in their area, they would receive a "bonus" at the end of the year. An expert physician with excellent diagnostic skills may well be able to achieve such cost savings without decreasing the quality of care for his patients. Does Judaism accept such a system?

The Torah states, "You shall not pervert justice, you should not show favoritism and you should not accept a bribe, for the bribe will blind the eyes of the wise and make just words crooked" (Deuteronomy 16:19). Biblical commentators are quick to point out that the Torah is worried about corrupting the honest judge, the judge who would be unwilling to change his judicial decision to benefit the party, which gave him the gift. Nevertheless, Jewish law prohibits a judge involved in a case from receiving even the smallest gift from either party, even the party the judge feels is correct, lest it subconsciously affect the juror's judgment. By analogy, a system that offers incentives to physicians to discourage referrals to specialists or emergency rooms runs the risk of corrupting even the most honest practitioner. As the Torah recognizes, it is human nature for money to cloud the judgment of even the most upright person.

Gag Clauses

A gag clause prohibits the doctor from disclosing certain types of information to her patients. This forbidden information is often crucial to the patient's ability to accurately assess the doctor's medical advice and the lack of that information could impact on the patient's health. For example, some HMO contracts limited the medical options that a physician could offer to patients since by pointing out therapies not covered by the HMO it would disparage the managed care organization. Some reasonably argue that from a practical point of view, gag clauses are a threat to patients. Due to extreme public and governmental pressure, these clauses have been abandoned. Nevertheless, they have been replaced with business clauses that generally require the physician not to disparage the business, not to encourage patients to use some other business instead, and not to break confidentiality with the business. These business clauses are just another version of gag clauses.

It goes without saying that prohibiting physicians from suggesting the best course of treatment for a patient (including using another doctor, hospital or HMO) is absolutely forbidden by Jewish law. The Torah mandates that the physician heal to the best of his or her ability. Additionally, like all other Jews, the doctor is also bound by the Torah's requirement "not to stand idly by as your neighbor's blood is being shed," (Leviticus 19:16,) meaning that he must do whatever is necessary to insure that the patient not be harmed. Lastly, there is a clear prohibition of giving bad advice to someone who relies upon you for your expertise ("do not put a stumbling block before the blind," Leviticus 19:14).

Confidentiality

Patient confidentiality is often compromised when HMOs require private information (often unrelated to the patient's current medical problem and often provided to non-medical HMO representatives) before authorization for treatment is forthcoming. It is sufficient to assert that strict confidentiality guidelines are a prerequisite for an ethical managed care system with information only provided to those who truly require it.

Intellectual Honesty

The common thread in these four issues is that Judaism demands intellectual honesty in managed care as it does in all other areas of life. Those caring for others must recognize their limits and never allow arrogance or monetary incentive to color their judgment. An honest gatekeeper, operating in an environment that does not compromise his or her professional integrity by restricting the practice of good medicine or rewarding bad medicine, can facilitate excellent treatment.

Judaism does not have a problem with managed care, only badly managed care. If means can be developed to more efficiently utilize medical resources, we are strongly in fa-