



Key Points for Caring

OF ORTHODOX JEWISH PATIENTS

- 1 Cultural sensitivity obligates us to recognize that there are many different cultures**
 Cultural and religious values of patients and families inform and guide our care and should be included in the development of all treatment plans. Staff shall remain neutral and not allow their personal religious or cultural values to influence decisions for patients or their families.
- 2 Help our patients live as long as possible**
 It is the mission of MJHS Hospice and Palliative Care to help patients live life to the fullest despite having a terminal disease. The MJHS goal is to help patients live productively, meaningfully and with the highest quality of life possible, for as long as possible. Our slogan is; *“When days cannot be added to life, MJHS Hospice and Palliative Care adds life to days.”*
- 3 Jewish law requires continued hydration, nutrition, medication and oxygen, as long as it is not harmful to the patient**
 If oral intake is insufficient to sustain the nutritional/hydration needs of the patient, and it is the patient/family’s desire to safely offer artificial nutrition and hydration, this must be honored.
- 4 Practitioners must explore goals of care and care planning discussions with patients/families**
 Decisions concerning treatment options and care plans must be agreed to by the patient and/or the decision maker, and his/her preferences will be honored.
- 5 Involvement of the patient/family’s spiritual advisor is respected and honored**
 Direct communication between the patient/family’s spiritual advisor and the Hospice Medical Director is encouraged.
- 6 The MJHS chaplain is a member of the inter-disciplinary team**
 The Chaplain should be informed of change in clinical status of patients, as is communicated to other clinical team members. Upon change of clinical status and the need for a new plan of care, the MJHS chaplain will also function as a Rabbinic Liaison and will facilitate direct communication (for new care planning discussions) between the Hospice Medical Director and the family’s designated Halachic advisor.
- 7 Communicating with the patient and family**
 It is contrary to Jewish ethics to cause a patient to lose hope as that may shorten life. Therefore, information must be presented carefully. For example, if the family requests that the word "hospice" not be used in the presence of the patient and/or family, we are obligated to honor that request. When describing hospice care, prior to admission, it should be described as a “comprehensive clinical care option” that is financially covered by Medicare and Medicaid. Furthermore, it is a service that brings care to where the patient resides and enables the patient to live comfortably and symptom-free for as long as possible.
- 8 MJHS Staff should not prognosticate with explicit timelines of life expectancy**
 A person’s days are not numbered by man and, therefore, we never really know the answer to this question. However, when clinical indicators point to decline and obvious signs and symptoms of imminent dying (e.g. erratic breathing, dyspnea, vital signs, delirium....), the clinician should inform the family that death is nearing, so they are aware and can gather to say good bye to their loved one. In addition, the assigned chaplain should be contacted so the “*Viduy*” (religious confessional prayer said prior to death) can be recited with the patient.