

Descanse en paz: enfoque judeocristiano sobre el final de la vida y los tratamientos paliativos.

To Rest in Peace: Judeo-Christian Approach to End of Life and Palliative Treatment.

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**Resumen:** El concepto de "morir de vejez" casi no existe hoy en día; siempre es una muerte por alguna enfermedad. El mundo religioso ha quedado atrapado en la noción de que debemos hacer todo lo posible para prolongar el metabolismo en cada momento adicional. En la mayoría de los casos, una persona está separada del mundo en un entorno alienado, conectada a transfusiones y máquinas. Aunque negamos la eutanasia de manera absoluta e incondicional, nuestra sugerencia práctica es fomentar la medicina paliativa. Este tipo de atención se centra en brindar

alivio a los síntomas y el estrés de la enfermedad en lugar de intentar curarla. Deseamos inculcar la comprensión de que la muerte natural por vejez es un regalo de Dios, no un castigo.

**Palabras clave:** Enfermedad terminal; ética; eutanasia; Cuidados paliativos; vida futura.

**Abstract:** The concept of "dying of old age" almost does not exist today: it is always death from some illness. The religious world became captive to the concept that we must do everything to prolong metabolism for every additional moment. In most cases, a person is separated from the world while in an alienated environment, connected to transfusions and machines. While we deny euthanasia in an absolute and unconditional manner, our practical suggestion is encouraging palliative medicine. This type of care is focused on providing relief from the symptoms and stress of the illness rather than attempting to cure. We wish to instill the understanding that natural death from old age is a gift from God, not a punishment.

**Keywords:** Terminal illness; ethics; euthanasia; palliative care; afterlife.

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Until 100 years ago (approximately) people would die of old age. Today the concept of "dying of old age" almost does not exist: It is always death from some illness (Gawande 2014). Something in the mind has changed: the medical world has become accustomed to being very involved, and death is seen as a failure of the doctors, not as a natural and inevitable event – even in old age.

## 1. THE PROBLEM

Due to the progress of the medical world, a feeling has arisen that everything is in our hands. The fact that by doing so we may be shortening the life or making the patient's situation worse is almost not taken into account (Gawande 2014, Ch. 6). In religious discourse, the ability to prolong metabolism became to be seen as life saving. The religious world became captive to this concept – that we must do everything to prolong metabolism for every additional moment. The medical world "holds people by force." The situation today is that in most cases a person is separated from the world while in an alienated environment, connected to transfusions and machines, rather than quietly surrounded by his family members.

## 2. THE VISION

We wish to instill the understanding that natural death from old age is a gift from God, it is not a punishment. We speak about a huge mindset shift: "I have reached a place where I have a continuing generation. The body no

longer carries itself. The right and good process is to say goodbye. I am happy to give them a place."

A person is born in a natural process, we are here as part of something much bigger. Once we understand that, then it's like a relay race – you pass the torch to the next in line, you don't feel like you failed. On the contrary, you succeeded! You have done your job successfully. This concept goes back to the idea of eternity: you are part of something big.

The abovementioned approach is expected to remove the fear of natural death. The existential anxiety will continue. But when a person reaches the state of "old and full of years" (Genesis 35:29), there will be no fear of death. A person will understand that he did his part of the work and it's his time to pass the torch on.

Creation is built on the process of renovation. A generation goes and a generation comes – it is like a tree that withers and blooms. It's true that it's sad to see the tree withers – but when you know that the tree will bloom again, then you're happy. Dying at a young age may be really a punishment. But when an "old and full of years" person has given what he had in the world, when he has descendants – children and grandchildren – he actually exists in reality while the body has finished its function and faded away. If we believe in the afterlife, preservation of the body becomes a bad thing, far worse than mummification. One can even ask: "Are these people crazy? Do they believe in life after death?" (Drane 2006).

### 3. PROPOSED SOLUTION

We should state clearly that we deny euthanasia in an absolute and unconditional manner. However, prohibition of euthanasia by no means demands metabolism-prolongation "war" (Botschko & Izbicki 2021). There is also no slippery slope danger here since there is a clear watershed rift: it is forbidden to actively accelerate death but permitted not to try pushing it away. We find clearly-stated permission to interrupt life-supporting routine when a person does not want to live already in the Jewish medieval compilation *Yalkut Shimoni* (non dated).<sup>1</sup>

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<sup>1</sup> Once there was a very old woman who came before Rabbi Yossi ben Chalafta and said to him: "Rabbi, I have grown too old, and from now on my life is dark, I cannot taste food or drink, and I wish to get rid of the world." He asked her: "What commandment do you engage in every day?" She answered: "No matter what, I hurry to the synagogue every morning." He said to her: "Refrain from going to the synagogue for three consecutive days." She went and did so, and on the third day she fell ill and died.

Our practical suggestion is encouraging palliative medicine. This type of care is focused on providing relief from the symptoms and stress of the illness rather than attempting to cure. Palliative care is based on the needs of the patient, not on the patient's prognosis. The goal is to improve the quality of life for both the patient and the family. This is an approach that is starting to be taken seriously in the medical world.

We claim that when a person knows that he is going to leave this world (terminally ill) – he should be allowed to do it peacefully at home surrounded by his family. In such situations, machines and tubes are a maltreatment.

It is noteworthy that while palliative medicine places the value of quality of life against longevity, scientific research suggests that it (palliative treatment) also prolongs life. Namely, when aggressive medicine is used, then, statistically speaking, a person ends his life not later, but often even earlier (Bakitas et al. 2015; Grudzen et al. 2016).

#### 4. CONCLUSION

In our generation, we have a lot of choices. One should also be able to choose how his last moments in this world will look like. There is a huge difference between a person who leaves the world while in his bed communicating with his family members, and a person who is surrounded by nurses and doctors who talk over his bed and push just another device into him. There are two worlds of huge dissonance. We should promote this understanding.

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