A dilemma often faced by medical professionals is whether to inform a terminally ill patient of his grim prognosis. The last century saw an evolution of American medical ethics from the traditional paternalistic attitude that it is generally in the best interest of the patient for the information to be withheld from him, to the contemporary liberal perspective that considers personal autonomy a supreme value, and thus maintains that:

1.1.888.485.VAAD (8223)
www.baishavaad.org
info@baishavaad.org

1.2. Family, Business, and Jewish Life through the Prism of Halacha

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105 River Ave. #301, Lakewood NJ 08701
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PARSHAS YISRO

CLOUD COMPUTING

Excerpted and adapted from a shiur by Dayan Yosef Greenwald

I am Hashem your G-d who took you out of the land of Egypt...

Shemos 20:2

Chazal say (Shabbos 88b) that when Klal Yisrael heard the first two dibros directly from Hashem, they were thrown back a distance of 12 mil.

The Moshav Zekeinim MiBalei HaTosafos asks that the Gemara says that the aseres hadibros were given on Shabbos. While there is a machlokes Tana’im whether the techum limiting walking on Shabbos to 2,000 amos is mid’Oraisa or mid’Rabbanan, most Rishonim agree that the techum of 12 mil is d’Oraisa. If so, how were they able to walk back to Har Sinai on Shabbos?

The Moshav Zekeinim answers that because the Jews were surrounded by the ananei hakavod, the entire area within the clouds was considered within city limits. The Pri Megadim asks that the entire area within the clouds was considered within city limits. The Pri Megadim asks that the entire area was considered within city limits. The Pri Megadim asks that the entire area was considered within city limits.

One answer offered by the Acharonim is

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DISCLOSING TERMINAL DIAGNOSES

R’ Yaakov Breisch

R’ Yaakov Breisch discusses the physician of a patient with terminal cancer. The patient was engaged to be married, but neither the patient himself, nor his family, nor his fiancée knew of his prognosis. Rav Breisch notes that “it is, of course, against the rules of the physicians” to disclose the diagnosis to the patient, in order to avoid aggravating his condition. Rav Breisch’s question is whether the information must nevertheless be disclosed to the fiancée. He rules that it must, so that she can avoid the personal devastation consequent to marrying someone so gravely ill, but he seems to assume that absent such considerations, the “rules of the physicians” should be followed. 4

R’ Betzalel Stern

The first substantial discussion of our question of which I am aware is by R’ Betzalel Stern, who rules that a cancer patient should not be informed of his diagnosis, since prayer can always be effective, but a patient who is hopeless may not believe this and so will fail to pray properly for his recovery. 5

R’ Avraham Sofer-Abraham

R’ Avraham Sofer-Abraham apparently accepts in principle the stance of Rav Stern, but he argues that today it is practically very difficult to conceal cancer diagnoses from patients, particularly since they often require radiation or chemotherapy and treatment in an oncology facility. Further, since the chances of success in the treatment of cancer, including not just the prolongation of life but even the complete curing of the illness, are increasingly good, the patient’s morale may actually be improved by a frank and candid discussion with the physician. He notes that if his condition is kept unknown to him by his doctors and family, they are thus preventing him from fulfilling the responsibility that has been cast upon him by G-d. 6

R’ Yigal Shafran

R’ Yigal Shafran has a lengthy discussion of the subject in which he rejects the position of Rav Stern outright, and he maintains that although each case must be evaluated on its own, and in some cases it is indeed appropriate to withhold a patient’s diagnosis for his own good, in general truth and honesty are strongly preferred, and it is the patient’s right to be informed of his condition—and his duty, in order to prepare himself for the Next World. 7 He notes the additional concern that if patients become aware that the halacha enjoins physicians from being candid with their patients, this itself would result in terrible damage to morale and a complete mistrust of the medical establishment, chas v’shalom. 8

R’ Eliezer Melamed

R’ Eliezer Melamed emphasizes that ultimately, our primary concern is the welfare of the patient. The most important consideration is to provide the patient with emotional support, but giving him the opportunity to recite vidui is important as well. He declines to provide a default rule of disclosure, concluding that each case should be evaluated individually, to determine the best course for the particular patient. Some will be better off knowing the precise details of their illness, while others will be better served by knowing just the general details. A patient should never, though, be told that there is no hope. First, because this can never be known with certainty, and second, in order to avoid the destruction of his morale. 9

4. Shu’ T Chelkas Yaakov E.H. siman 79
5. Shu’ T Betzalel Nachochmah chelek 2 siman 55. This position is emphasized by R’ Shlomo Aviner and R’ Shlomo Rafael, Sefer Assia Vol. 3 pp. 335-37.
8. A similar position is expressed by Prof. Shimon Glick, Sefer Assia vol 3 pp. 467-8.

(continued from page 1)