

More Jewish Options For End-Of-Life Care

Metropolitan Jewish's acquisition of two hospices may bring palliative approach to more families.

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After suffering with Alzheimer's for seven years, Gloria Kestenbaum's father took a turn for the worse. Following a hip replacement at Maimonides Medical Center, he lapsed into unconsciousness on the operating table. For Kestenbaum and her family, the next step was fraught with uncertainty.

"As far as we were concerned he seemed to die on the operating table — even though he was still breathing," she said. "We had been losing him over the years with Alzheimer's and now he seemed to be truly gone. At the hospital their job is to keep you alive no matter what, and the people at the hospital were really lovely. But he could not stay in the hospital indeterminately."

At the suggestion of Dr. Barbara Paris, director of geriatrics at Maimonides, the Kestenbaums decided on an option the family had never before considered: to transfer Gloria's father to hospice care, through the Metropolitan Jewish Hospice.

Now, more patients than ever will be able to opt for Jewish end-of-life care, as Metropolitan Jewish Health System recently announced its acquisition of Jacob Perlow Hospice from Beth Israel Medical Center, as well as the Mollie and Jack Zicklin Jewish Hospice Residence in Riverdale, formerly run by the UJA-Federation of New York.

The merger makes the Metropolitan Jewish Hospice the largest hospice and palliative care program in New York State, as well as the largest Jewish hospice — and one of the only of its kind — in the region.

"The joining of two groundbreaking organizations will have an immediate effect on end-of-life care for all New Yorkers, especially for pediatric and clinically complex patients, as well as Jewish and Chinese patients who benefit from our truly unique, culturally specific, end-of-life programs," said Barbara Hiney, executive vice president of the newly combined hospice and palliative organization.

Hospice executives say that Jewish families can count on culturally sensitive care, with a particular emphasis on the emotional pain suffered by Holocaust survivors and their families, while Chinese patients can benefit from Chinese-speaking staff members. But the hospice will not turn anyone away, regardless of age,

religion, ethnicity or socioeconomic background. About 80 percent of the hospice care is provided in-home, with only limited hospice residences thus far, according to Toby Weiss, director of cultural diversity at Metropolitan Jewish Hospice.

"This is a great opportunity for the Jewish community when it comes to end-of-life care, a whole different type of focus, and a great avenue can be opened up," said Rabbi Charles Rudansky, director of pastoral care at the hospice.

Aside from UJA's Zicklin Residence in Riverdale, Jewish hospice care in the New York area has been sparse, due to what Rabbi Rudansky calls "lack of education" and "misunderstanding" among Jewish community members.

"Some of [the objections] were religious — like seeing [hospice care as] shortening someone's life. Some were cultural, like misunderstanding financially who is appropriate for what insurances," the rabbi said. "We've created this halachic pathway, where Orthodox Jews can feel very comfortable coming into a hospice setting, and we make them very comfortable by bringing in a rabbi."

"At the Metropolitan Jewish Hospice, all the clinicians are very well trained in honoring and respecting Jewish law and we have vehicles in place that will abide by a halachic framework," he continued. "We have mechanisms that will provide the best and most strict adherence to Jewish law for those that wish to go that path."

For the Kestenbaums, this type of reassurance was essential.

"We're Orthodox," Kestenbaum said. "We were having many end-of-life issues and questions. We wanted to do what my



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father would have wanted, and my father was a very halachic man. But he also would not have wanted to just live in a coma indeterminately."

With a grant from UJA-Federation entitled "Increasing Access to Palliative Care," Weiss said she has been working to increase awareness of both hospice and palliative care among Orthodox Jews since 2005, and she is developing a professional resource binder with replicable models for cultural sensitivity training, like adapting to kosher food preparation.

"We don't do hospice that's about dying — we do it as a service that's about living," Weiss said. "From the Jewish traditions and values perspective, it's a service we hold in alignment with the way any and every Jew adheres to his or her Jewish traditions."

Hospice care, Rabbi Rudansky argues, is not equivalent to shortening a patient's life, and occurs only after a hospital has determined there is absolutely nothing else medically that can be done to combat a patient's illness.

"We might not be aggressively treating the cancer because there's no more protocol to be offered, but we try our very best to give quality and extension of life by managing symptoms, alleviating pain and bringing the person into a home setting with limited hospitalization," he said. "There are no more medical interventions, but that doesn't mean there aren't more things that can be done to extend a person's life with a holistic approach."

Bertha Sabbagh, whose mother died in hospice care of three separate cancers this September agreed, adding, "The hospital in effect is done with you. They've done ev-

everything they could — they can't keep you there for ever. But you still need to be monitored, you still need care. Psychologically you need to know that someone's going to come in to check on you even if they're not going to heal you."

For Rudansky, hospice care means being on call for 24-7 rabbinical coverage, in addition to the 24-7 medical and psychosocial coverage provided by counselors, physicians and nurses on staff.

"From the moment a patient or family comes into the hospice program, they will feel that sense of cultural connection spiritual connection," Rabbi Rudansky said. "We have a great opportunity to get a snapshot of how Jews in America pass away."

In his hospice work, Rabbi Rudansky said he interacts with a wide range of Jewish patients and families, from fervently Orthodox chasidim to atheists who ask that no one say Kaddish for them. This Saturday evening, for example, the rabbi shuffled back and forth in Brooklyn between an atheist and a religious family who needed to have the patient's body on a plane to Israel by 1 a.m. Sunday.

This type of immediate accessibility was critical to Gloria Kestenbaum, particularly on the day her father's death actually occurred, and she was comforted by the opportunity to have a "rabbi on premises," who was sympathetic to her family's every need. She equally praised the hospice's medical team, who took the time to specially prepare her mother, a Holocaust survivor, for her husband's death.

Bertha Sabbagh, a self-described less religious Jewish community member, ended up being equally grateful for the Jewish hospice care for her mother, despite her family's initial doubts.

"We're not the most religious family in the world. We weren't so excited about meeting a rabbi," she said. "He came in, he met my mom and they hit it off."

Though appreciative that her family was not obliged to hear words from the Torah from a "black-hatted" rabbi, Sabbagh said that she was nonetheless comforted by the spiritual guidance provided by Rabbi Rudansky until the very end.

"It allowed me to continue being her daughter instead of being her nurse. It allowed my father to continue being her husband," Sabbagh said.

"He knew when it was time to let go," she added. "I don't know what we would have done that night without him." ■

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