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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Staff Writer

A
fter suffering with Alzheimer’s for
seven years, Gloria Kestenbaum’s
father took a turn for the worse. Fol-
lowing a hip replacement at Maimonides
Medical Center, he lapsed into unconscious-
ness 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 hos-
pice — and one of the only of its kind —
in the region.

“The joining of two groundbreaking
organizations will have an immediate ef-
fect on end-of-life care for all New York-
ers, especially for pediatric and clinically
complex patients, as well as Jewish and
Chinese patients who benefit from our
true uniquely, culturally specific, end-
of-life programs,” said Barbara Hiney,
executive vice president of the newly
combined hospice and palliative organi-
zation.

Hospice executives say that Jewish
families can count on culturally
sensitive care, with a particular emphasis on the
emotional pain suffered by Holocaust sur-
vivors and their families, while Chinese
patients can benefit from Chinese-speak-
ing 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 pro-
vided 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 opportu-
nity 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 Ru-
dansky, 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 reli-
gious — like seeing [hospice care as]
shortening someone’s life. Some were
cultural, like misunder-
standing financially who is appropriate for
what insurances,” the rabbi said. “We’ve
created this halachic path-
way, where Orthodox
Jews can feel very com-
fortable coming into a
hospice setting, and we
make them very com-
fortable by bringing in
a rabbi.”

“At the Metropolitan
Jewish Hospice, all the
clinicians are very well trained in hon-
oring 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 reas-
surance was essential.

“We’re Orthodox,” Kestenbaum said.
“We were having many end-of-life issues
and questions. We wanted to do what my
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 inde-
terminately.”

With a grant from
UJA-Federation entitled “ Increas-
ning Access to Pal-
liative Care,” Weiss
said she has been
working to increase
awareness of both
hospice and pallia-
tive care among Or-
thodox Jews since
2005, and she is
developing a pro-
fessional resource
binder with rep-
clicable models for cultural sensitivity
training, like adapting to kosher food
preparation.

“We don’t do hospice that’s about dy-
ing — 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 af-
after a hospital has deter-
mined there is absolutely
nothing else medically
that can be done to com-
bat a patient’s illness.

“We might not be ag-
gressively 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 set-
ting with limited hospitalization,” he
said. “There are no more medical inter-
ventions, 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-
ergy they could — they can’t keep you
there for ever. But you still need to be moni-
tored, 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 be-
ing on call for 24-7 rabbinical coverage, in
addition to the 24-7 medical and psy-
chosocial coverage provided by counsel-
ors, physicians and nurses on staff.

“From the moment a patient or fam-
ily 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 be-
tween 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 ac-
tually occurred, and she was comforted
by the opportunity to have a “rabbim 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,
delayed 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, Sab-
bagh said that she was nonetheless com-
forted 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.”

"This is a great opportunity for the Jewish community when it comes to end-of-life care," said Rabbi Charles Rudansky, director of pastoral care at Metropolitan Jewish Hospice.