

Artificial Feeding in Terminally Ill Patients

By: HERSHEL SCHACHTER

Introduction: Rabbis Shlomo Brody and Jason Weiner

Over the last fifty years, *poskim* have debated whether terminally ill patients may forgo any life-sustaining treatments (LSTs) when such interventions only might extend life but do not offer hope of a cure and may prolong a painful dying process. In Iyar 5742 (May 1982), Rabbi Moshe Feinstein ruled that a patient with less than a year to live may decline LSTs that merely extend a painful dying process, arguing that the obligation to save life (*lo saamod al dam re'echa*) does not apply in that setting.¹ Many *poskim*, including Rabbi Shlomo Zalman Auerbach and Rabbi Moshe Sternbuch, aligned with this approach.² Others, like Rabbi J. David Bleich and Rabbi Nissim Karelitz, maintained that Halachah's reverence for life generally requires extending life at all costs and that patient preference carries no halachic weight.³

Even among those who treat patient preference as significant, major disputes remain over which interventions may be withheld or withdrawn, and under what conditions. In 1977, Rabbi Zalman Nechemiah Goldberg argued that many LSTs, including artificial nutrition and hydration, may be withheld from a terminal patient, and that some may even be withdrawn so long as doing so does not cause immediate death. Rabbi Levi Yitzchak Halperin penned a pointed rebuttal, with many others also contending that certain measures should never be withheld, much less withdrawn, as this might hasten the

¹ The responsa were originally published in *Moriah*, Elul 5744, and later published in *Iggerot Moshe, Choshen Mishpat* 2:73. They were first published as Rav Schachter was preparing his own essay for publication, as he notes in a footnote.

² Rabbi Shlomo Zalman Auerbach, *Minchas Shlomo* 1:91:24, Rabbi Moshe Sternbuch, *Teshuvas V' Hanhagos* 1:859.

³ See Rabbi Nissim Karelitz, *Chut Shani, Shabbat*, vol. 4, p. 236 and Rabbi J. David Bleich, "The Palliation of Pain," *Tradition* 36:1 (Spring 2002).

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patient's demise.⁴ Most *poskim*, including Rabbi Auerbach, later ruled that unless medically contraindicated, some form of oxygen, nutrition, and hydration must always be provided, either for the purpose of preventing pain (as Rabbi Feinstein indicated) or because these are "natural necessities" that must always be provided.⁵ Related debates address whether intermittent treatments, such as antibiotics or blood transfusions, may be discontinued between cycles.⁶

Rabbi Hershel Schachter entered this discussion in Sivan 5744 (June 1984) with a different framework.⁷ Rather than classifying cases by the specific treatment involved, he drew on rabbinic principles of life-saving risk management to ask whether the dying patient's request is reasonable when measured against what most people would choose in similar circumstances.

That essay responded to a query from Rabbi Maurice Lamm, then of Los Angeles, who asked: "A terminally ill patient refuses medical treatment, claiming that he does not want to suffer so much, and that dying is preferable to living like this. Is he in violation of the Torah's commandment *ve'nishmartem me'od le'nafsho seichem* ("take good care of yourselves"; *Devarim* 4:15)?"

In his reply, Rabbi Schachter notes that *poskim* sometimes endorse coercing a patient to accept curative treatments which are being rejected by the patient for nonsensical or false pietistic reasons (i.e., the patient doesn't want to violate Shabbos). However, he noted that many end-of-life interventions carry significant risks, offer limited benefit, and impose painful side effects. Several *poskim*, such as Rabbi Yaakov Emden (*Mor U-Ketziyah*, O.C. 328) and Rabbi Feinstein (*Iggeros Moshe*, Y.D. 2:174, part 3) argued that in such cases, we should not even encourage—let alone compel—measures whose potential benefits may be outweighed by the significant risk of merely prolonging a painful dying process. Rabbi Schachter distinguished between three situations:

⁴ Rabbi Goldberg's initial essay is penned in 1977 and published in *Moriah* #88–39 (Year 8, vol. 4–5, Elul 5738), pp. 48–56. The back-and-forth debate with Rabbi Halperin is published in *Shu"t Emek Halachah Assia* 1 (5746), p. 64–83.

⁵ This is acknowledged by Rabbi Goldberg himself in his later essay, "Saviv HaMavess: She'ilos Hilchatiyos," *HaKonus HaBeinleumi HaRishon l'Refuah, Etikah, v'Halachah* (5753–1993), ed. R. Mordechai Halperin, pp. 292–298.

⁶ For summaries and citations of the extended literature, see R. Avraham Steinberg, *Refuah KaHalachah*, vol. 6, *chelek* 10, pp. 362–370 and R. Jason Weiner, *Jewish Guide to Practical Medical Decision-Making* (2017), pp. 121–136.

⁷ "Elav Hu Nosei es Nafsho," published in *Beis Yitzchak* (New York, 5746), pp. 104–108, and republished in his *B'Ikrei HaTzon* (5757), *Siman* 34, pp. 228–231.

1. **If it can be confidently assumed that everyone would want the treatment**, then *batlah daato etzel daat kol bnei adam*—the patient’s dissenting view is nullified in deference to the consensus—and we compel him against his will under *ve’nishmartem*.
2. **If it can be confidently assumed that no one would want the treatment**, the patient’s preference is likewise overridden in the opposite direction; it is *forbidden* to inflict suffering by administering the treatment, even if the patient unreasonably requests it.
3. **If neither assumption can be made with confidence**, the case depends on the patient’s own judgment.

The result is substantial latitude for patient choice in the complex last category, precisely where the halachic and medical questions are most contested. That emphasis is captured in his essay’s title, “For His Life Depends on It,”⁸ drawn from the verse (*Devarim* 24:15) cited by the Gemara (*Bara Metzia* 112a) permitting a person to assume personal risk for livelihood. In some contexts, Rabbi Schachter suggests, the duty others have to “save” is calibrated by the endangered person’s own assessment of what is bearable and worth enduring, a theme he would later invoke elsewhere.⁹

In the *teshuvah* that follows, addressed to another Los Angeles rabbi and published here for the first time, Rabbi Schachter applies this same reasoning to artificial nutrition and hydration. He further clarifies the line between acts of commission (*kum ve’aseh*) and omission (*shev ve’al taaseh*), explaining how a passive approach is not considered an act of causation that leads to the patient’s death.

This responsum reflects one important voice within a longstanding halachic conversation. Given Rabbi Schachter’s stature and the responsum’s methodological contribution, we humbly share it here so

⁸ See bibliographic information in fn. 7 above.

⁹ See, most recently, Rabbi Schachter and Rabbi Mordechai Willig, “Decision-Making in Acute Critical Illness: A Rabbinic Postscript,” *Tradition* 53:1, pp. 94–96, republished in Hebrew in *Techumin*, vol. 44 along with a response by R. Tzvi Arnon and R. Ariel Vider. The discussion was summarized in R. Shlomo Brody, “Artificial Feeding Toward the End of Life,” *Jerusalem Post*, March 21, 2025, available at ematai.org/blog/artificial-nutrition/, which includes Ematai’s default approach to this discussion that echoes the discussion in Rabbi Steinberg’s *Refuah KaHalachah*.

that his approach may be studied, weighed, and discussed by the broader Torah world.

We thank Rabbi Schachter, *shlit”a*, for reviewing the responsum and translation alongside the *zechus* to share his teachings.

Question: Rabbi Yehuda Leib (Jason) Weiner

10 Elul, 5776

To our teacher and master, Rabbi Tzvi Schachter, *shlit”a*

After respectfully inquiring into your wellbeing, I wish to ask your view on common but grave questions that arise concerning nutrition and fluids:

- a. Is it obligatory to give food and drink to every patient, even if it must be provided artificially? If not, to which patients are we obligated to administer nutrition or fluids, and to which are we exempt?

Since withholding the provision of fluids to a terminal patient who has dehydrated is likely to shorten his days and kill him of thirst, are we obligated to attach a terminal patient who eats and drinks little, or who has stopped eating and drinking, to a fluid infusion, or to feed him through a nasogastric feeding tube or a gastrostomy (a tube inserted through the abdominal wall directly into the stomach)? Is withholding nutrition from someone considered murder?

- b. Is it/ when is it/ in what manner is it permissible according to Halachah to stop providing nutrition and fluids to a gravely ill patient in order to accelerate his death?

I am grateful in advance for your answer and an explanation of your reasoning. May God save us from error and show us wonders of His Torah.

May you continue to magnify and glorify the Torah, engage in Torah and service of God, rule on matters of Halachah with a clear and broad mind, and see much *nachas* from dear children and students.

Answer: Rabbi Hershel Schachter

We say in *Selichos*: “*HaNeshamah lach, ve’ha’guf shelach* (The soul is Yours, and the body is Yours).” A person is not the owner of his body (it is forbidden for one to harm himself) or his life.

Nevertheless, it seems that a person has the authority to decide for himself whether it is good (or bad) to prolong his life. If a person

expresses the view (while still of sound mind) that he in fact does not want to prolong his life while he has the status of a terminal patient, and this request is not one where his wish is discounted in favor of the general attitude of people (that is, a significant percentage of people in such circumstances would choose death over life), then there is no mitzvah to prolong his life and to keep him alive by artificial means.

But it is certainly forbidden to actively kill him.

However, to not feed him or to not replace the container of fluids when it is empty is an act of passive omission (*shev re'al taaseh*) about which we would normally say “do not stand [idly by your fellow’s blood” (*Vayikra* 19:16)]. In the present case, where the patient decided (and if the patient’s wishes are not known, *Iggeros Moshe, Choshen Mishpat* 2:74 states that we can presume that he would want what his closest relatives think and surmise what he would choose) that he does not want to live any longer, we are not obligated to prolong his life.

However, if the container of fluids is not yet empty, and the doctor actively discontinues it, then he commits an act of murder, which is forbidden. (Presumably this is only indirect causation (*grama*) of murder, and even if the doctor was warned, he would not be liable to be put to death by a *bais din*; nevertheless, it is an act of commission (*kum ve'aseh*) which is certainly forbidden, as explained by *HaKesav VeHaKabbalah, Parashas Noach*, on the verse “at the hand of his fellow man” [*Bereishis* 9:5].)

When we do not have the patient’s decision (or that of his close relatives), we presume that everyone wants to live longer, by any means. Sometimes the doctors will say that by prolonging his life, we are causing him more pain, and in such a case, straightforward reasoning would seem to dictate that it is forbidden to prolong his life—if he anyway is a terminal patient.

Once one has already reached the status of *goses* (i.e., the process of death has already begun), there is no mitzvah to prolong his life. However, we do not know the precise definition of a *goses* (as R. Shlomo Zalman Auerbach and R. Moshe Feinstein wrote). I humbly submit that we can presume that once one of the vital organs has died—that is, blood is no longer sustaining it—this is *gesisah*, and there is no longer a mitzvah to prolong his life. **¶**

כל בני אדם (כי יש אחוז מוסויים של בני אדם שהיה בוחרים בכחאי גוננא מות מהיים), אז אין מצוה להמשיך את חייו ולהאריכם באופנים מלאכותיים. אך להרגו בידים, בודאי אסור.

אך שלא לזמן, ושלא להחליף את קופסת הנזולים כשהיא נטרונה, שזה בשב ואל העשה, ובדרך כלל הינו אומרם על זה "לא תעמוד על דם רעך", בכחאי גוננא, שהחוליה החייבת (או אם איינו יזוע דעת החוליה, כתוב באגורות משה חזון משפט בעד שאפשר לננייה שהייה רוצה מה שקרובי המקורבים החשובים ומוחשיים שהייה החוליה בוחר) שאינו רוצה להיות עוד, אין מחייבים להאריך את חייו.

אבל אם עדין לא נטרוננה קופסת הנזולים והרופא מפסיק בידים, הרי זה רציהה בקום ועשה, וזה אסור. (מסתמא זה רק גרם רציהה, ואפילו התרו בו, לא יתחייב מיתה בית דין, אבל מכל מקום הרי הוא עושה בקום עשה, וזה בודאי אסור, כאמור בספר הכתב והקבלה לפרשנה על הפסוק "מיד איש אחיו", בראשית ט, ה).

כשאין לנו החלטת החוליה (או קרובים המקורבים), אז מניחים שככל אדם מסתמא ירצה להמשיך את חייו בכל אופן שהוא. לפעמים הרופאים יגידו שבזה שמארכים את חייו, זה גורם לו יותר צער, ועל פי פשוטות בכחאי גוננא היה נראה שאסור להאריך את חייו אם בין זה וכח חוליה סופני הוא.

כשאחד כבר הגיע לנצח של גוסט (שתהליך המות כבר התחיל בו), אז ליכא מצוה להאריך את חייו, אך אין לנו יודעים בבירור הגדרת ענין הגוסט (כמו שכותב הגאון הרב שלמה זלמן אויערבאך והגאון הרב משה פיינשטיין). ואני בענייני הסברתי שמסתמא כשהאחד מהאברים שהנשמה תלואה בו כבר מת, כלומר שאין הדבר ממשיך להחיותו, זה כבר גסיסה, ושוב אין מצוה להאריך את חייו.

צבי שכתרא



תשובה בעניין חזנה מלאכותית בחולים חשוכי מרפא

לכבוד מוריינו הרה"ג ר' צבי שכתר שליט"א,

אחדשה"ט בכבוד רב, שאלתי מהי דעת הראש כולל בשאלות חמורות ושכיחות הבאות בעניין מזון ונזולים:

א. האם לכל חולה חיבים ליתן אוכל ושתיה על אף שצרכים ליתן לו בדרך לא טبيعית? ואם לאו, באיזה חולים אנו חיבים ליתן מזון או נזולים, ובאיזה אנו פטורים?

מהחר והימנעות ממתן נזולים בחולה סופני שהתייבש עלול לקוצר ימיו ולהמיטו בצמאו, האם בחולה סופני שמעט או חדל לאכול ולשתות, הננו חיבים להבר עירוי נזולים או להילופין להזינו בזוננה או דרך צינור שהוכנס דרך דופן הבטן לתוך הקיבה או דרך גסטרוותמייה? האם המונע מזון מאדם נחשב כרוצח?

ב. האם/מתי/באיזה אופן מותר לפי ההלכה להפסיק מזון ונזולים מחולה אנוש כדי לקרב מותתו?

ועל התשובה וביאור סברתו של כתה"ר נודה מרראש, וה' יצילנו משגיאות ויראנו מתרתו נפלאות.

והנני בזה לבך בברכת הדיווט את הראש כולל להמשיך להגדיל תורה ולהאדירה ושיזכה לישב על התורה והעבודה ולאוטקי שמעתתא אליבא דהילכתא מתוך הרחבת הדעת, ויראה רוב נחת מבניו ותלמידיו היקרים ייחי.

כתיבה וחתימה טובה,

יהודה ליב ויינר

תשובה:

אנו אומרים בסליחות "הנשמה לך והגוף שלך", ואין האדם הבעלים על גופו (אסור לאדם להחבול בעצמו) או על חייו.

ואף על פי כן, נראה שהאדם כן הוא בעלים להחלטת על עצמו, אם זו טובה (או רעה) להמשיך את חייו.

ואם האדם גילה את דעתו (בעודו בר-דעת) שדווקא אין ברצונו להמשיך את חייו בזמן שהוא (או בזמן שהוא) בבחינת חולה סופני, ובקשו זו אינה בבחינת טלה דעתו אצל