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RABBI ALEXANDER M. SCHINDLER • UNION OF AMERICAN HEBREW CONGREGATIONS  
PRESIDENT 838 FIFTH AVENUE NEW YORK, NY 10021-7064 (212)249-0100

April 20, 1995  
20 Nisan 5755

Rabbi Thomas Louchheim  
7511 East Sabino Vista Drive  
Tucson, AZ 85715

Dear Tom:

I received another issue of "Passages" which you were good enough to send us. It is really quite an excellent publication, most useful in every way. This is an important area of our concern, although our resources prevented us from funding it the way it should be funded. It is my hope of course that one of these days we will have a full time department on the aging, considering that the median age of our constituency is growing up and that life expectancy is longer here in the United States. All this is an absolute must. Unfortunately, congregations who want us to render service in that sphere are also the very congregations who then turn around and say that we can't give you as much money as we are giving you now.

Anyway, I want to congratulate you. Your effort is preeminently worth while.

Hopefully, we will encounter each other in the not too distant future.

Sincerely,

Alexander M. Schindler





# PASSAGES

*A newsletter focusing on the relationship between aging and Reform Judaism*

**Published by the CCAR Committee on Aging ☆ Winter 1994**

**Central Conference  
of American Rabbis  
Committee on Aging**

**Rabbi Thomas Louchheim**  
*Chairperson*

**Rabbi Brad L. Bloom**  
*Editor*

**Geri E. Muller**  
*Publisher*

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a generous contribution  
which has made  
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**UAHC Committee On  
Older Adults**  
*Chairperson, Mort Finkelstein*  
*Rabbi Richard Address*

**If you are interested  
in supporting  
this publication,  
please notify  
Rabbi Brad Bloom  
or  
Rabbi Elliot Stevens**

## **Pre-Conference Seminar on Aging A Message From the Editor**

**Rabbi Brad Bloom**  
*Sinai Temple  
Champaign, Illinois*

**This** coming January, the CCAR Committee on Aging and the UAHC Commission on Older Adults will join together in St. Louis for its Annual meeting. On Friday, January 20, a one-day, pre-conference program, specifically geared for rabbis, will convene. The purpose is to build in a special training program for rabbis who are looking to enrich themselves and their knowledge of the connection between Judaism and an aging society. I cannot urge you strongly enough to consider making the trip for this intensive series of seminars. If you have the time, then stay for the entire weekend, consisting of workshops on biomedical ethics issues, as well.

It is the hope that all rabbis can attend this pre-conference seminar. Colleagues who have been in the rabbinate less than ten  
*(Continued on page 4)*

## **Reform Movement Trains Lay Volunteers in Gerontology**

**Rabbi Richard F. Address**  
*Regional Director  
PA Council, UAHC  
Director, UAHC Commit-  
tee on Older Adults*

**The** Union of American Hebrew Congregations' Committee on Older Adults takes pleasure in announcing the completion of its initial Certification Program in Gerontology, held from July 10-July 14, 1994, in Philadelphia. This program, designed to train members of UAHC congregations to be programmatic and resource consultants in the field of gerontology, was co-sponsored by HUC-JIR. Major funding for the project was provided by the Kahn Foundation of Temple Israel in St. Louis, Missouri.

Twenty six individuals from across the United States were joined by a broad based and interdisciplinary faculty. The program included six sessions per day, covering issues relevant to developing programs for congregations. Each day began with prayer and the study of Jewish

texts relevant to aging. "This is an important aspect of the training," noted the Committee on Older Adults' Director, Rabbi Richard F. Address. We wanted to ground everything that was done and will emerge in Jewish texts and Jewish values. These men and women will be used to develop programs within synagogues and regions."

One of the themes that emerged from the initial session by Dr. Kerry Olitzky of HUC, while teaching the Torah portion for the week from Deuteronomy, was that we are about "life's journey, an accounting of the soul, wherein the past is fluid and the future is frozen." Dr. Olitzky reinforced this in his final session on elder spirituality, emphasizing the positive aspects of aging and Judaism, and drawing distinctions between the Jewish view and that of contemporary American culture, which tends to equate old with the outmoded.

A great deal of time was spent in sessions dealing with the psychological, physiological, emotional, and demographic aspects of contemporary ag-  
*(Continued on page 2)*



## A Review of Old Friends by Tracy Kidder

**Rabbi Debra J. Robbins**  
Temple Emanu-El  
Dallas, Texas

Approximately one million elderly Americans live in nursing homes and studies indicate that this year, 50% of those over the age of 85 will spend some time in a nursing home. At Linda Manor, we see how people manage to make life meaningful in old age, and how adult children and friends interact with the residents in appropriate and inappropriate ways. Old Friends confronts the fears of illness and death that face so many of us as our society continues to age. Kidder's book reflects the values of the biblical commandment to "rise before the aged and show deference to the old." (*Leviticus 19:32*)

Kidder's goal is clear. "Society in general thinks of confinement in an nursing home as just about the worst thing that can happen to you; I thought of it as a tough, intriguing human situation, and my main interest was to see how people handled it. I found quite a few people who were handling it rather nobly. There's a kind of routine heroism that is required in order to preserve your dignity." (Wendy Smith, "Friedan and Kidder Offer Two Views on Aging," *Publisher's Weekly*, April 26, 1993, p. 32.) Kidder spent months observing life in a nursing home in Northampton, Massachusetts and Old Friends is the compilation of his obser-

vations, notes, recorded conversations, and the life stories of the people who have become his "old friends."

Kidder shows us the heroism and the potential for spirituality in nursing home life through the character of Lou Freed. Lou is 90 years old, Jewish, and recently widowed. He is our grandfather, our father. He is us. Small, plump, with fleecy white hair and glasses, he is almost blind and walks with a cane. He never leaves the room without kissing the mezuzah, he does a mitzvah every day by going to visit someone who is sicker than he; he seeks forgiveness on Yom Kippur; and in one of the most beautiful moments in the book, he observes the *yahrzeit* of his wife. After a trip to the cemetery, he explains, "The reason I go there, I just feel that she woulda [sic] wanted me to do that. I just can't help feeling that there is a hereafter..." (*Old Friends*, p. 339). Lou shows us that while we may fear the actual event of dying, there is hope to be found in the consequences—hope of being reunited with the ones we love in the world to come.

We are reminded that there is the potential for growth, change, and learning in all stages of life by the inspiring reflection of Lou's roommate, Joe Torchio. In contemplating his future obituary, Joe observes, "Strangely, he had changed himself in here, inside a nursing home of all places. He'd done the opposite of what might have been predicted...But when his powers to act had greatly diminished, Joe had taken control of

his life...He had entered a little society founded merely on illness, and, accepting it for what it was, realizing it was all there was for him, he had joined it and improved it. He had made a lot of friends in here, and one friend for life. (*Old Friends*, pp. 322-323). Joe helps us to see that nursing home life is not a death sentence. It can be a place that fosters not only physical healing but social and spiritual growth, as well.

With the eyes of a military intelligence officer, Kidder explores nursing home life. He shares with us insights into the roles that adult children should and should not play in the lives of their elderly parents. He shows us the frustration of the residents with the lack of stimulating and challenging activities. Old Friends helps us to take some of the anxiety out of nursing home living, but would have benefited from a more in-depth discussion of the cost of health care, the fears older people have about disease and death, and the depression and anger that can afflict nursing home residents. Kidder provides only superficial treatment of what may be the most significant issue facing nursing home residents—their rights to refuse treatments, to decline heroic measures...to control their own deaths, just as they controlled their own lives.

Old Friends can be comforting to those elderly men and women who will spend time in a nursing home. It will challenge their adult children to reconsider how they respond to their parents. The book will encourage rabbis and congregants to visit the nursing homes in our neighborhoods, to extend ourselves to others, to make some new "old friends." ♦



### Aging Seminar

(Continued from page 1)  
years this particularly interesting. This is the time to master the skills necessary to work with people of all ages. Rabbis who are assistants or associates in larger congregations will be able to broaden their ability to reach older adults in the congregation. We have yet to realize the full impact of intergenerational programming and this seminar can help in the development and implementation of such activities. Rabbis who are in solo pulpits will also benefit. They, in particular, are responsible for being available to the entire age spectrum within their congregations.

At the seminar there will be a study session on Jewish sources in Midrashic literature on the value of aging. Another workshop will offer specific ideas for integrating older adults into the mainstream of the congregation. Finally, there will be a panel discussion with three colleagues about the impact of their age on their vision of the rabbinate. Our special guest speaker will be Rabbi Shelley Zimmermann.

Please examine your calendar and ask a few questions. "Do I feel prepared to serve the older adults in my congregation?; Am I aware of the possibilities that a new approach toward intergenerational programming could offer to enrich my congregation?; Is there a connection between my own age and my attitude toward older adults and toward my own sense of well-being in the rabbinate?;" If you were unsure about the answer to these questions, then mark your calendar and make a commitment to yourself to broaden your horizons. ✡

### Ten Reasons for a Rabbi to Spend Time Visiting in a Nursing Home

**Rabbi Steven J. Steinberg**  
*New Haven Jewish Home for the Aged*  
Cheshire, Connecticut

1. You will find people who truly enjoy prayer. There are residents for whom prayer reminds them of knowledge and values inculcated by their parents. There are residents who appear to have little intact memory, yet respond to basic prayers and familiar liturgical chants. There are many people who want you to pray for their families.

2. You will discover the secret prayer lives of women. Many elderly women, particularly those raised in Orthodox communities or raised with little Jewish education, have kept for themselves prayer lives which they have never discussed with anyone for fear of embarrassment or being considered mentally ill. Among their prayers are the *Shema*, The Lord's Prayer, and the *Modeh Ani*. Sometimes these women include in their prayers the simple phrase, "Thank God," and mean it as much more than a simple exclamation. Many elderly women will be relieved and excited to hear a rabbi interested in and accepting of their prayer lives.

3. The residents will help you see prayers in a new light. Utilize the liturgy for discussion purposes. The

*Maariv Aravim* has a unique meaning for residents who are terrified of night noises or of the screaming and crying that dominate the endless night of a nursing home. Consider the *Hashkivenu's* words which ask God to guard us through the night and help us wake in the morning, for residents who do not want to wake to life in the morning.

4. If you take the time to do a Life Review with a resident or just to ask of family histories, you will hear moving, heroic, chaotic stories from people who have never been asked to share their histories and their concomitant feelings. People will give you access to parts of their souls they have never shared with anyone else. When you are through quietly listening, they will cry and bless you for taking the time to hear them.

5. Residents will give you unconditional respect as a Rabbi.

6. You will receive the answer to the question which every rabbi must ponder: What are the values of Jews who have experienced every phase of life except the final one? These people are the teachers who can, in their innocent way, answer the question, "What is the meaning of life?"

7. They will show you what a family looks like in a four generation span, all of its closeness and distance.

8. Residents are often individuals in pain who see pain

(Continued on page 5)

## 10 Reasons for Visiting a Nursing Home

(Continued from page 4)

all around them, every moment of the day and night. Let them teach you how people cope with that condition and environment.

9. Death is a regular part of their lives. Death is their neighbor. They will teach you about death.

10. Residents of nursing homes need us in a way that self-reliant individuals don't. Visit Jews in a nursing home, sit in their rooms, ask, "How are you?" The rest will happen. ☆

## Year End

**Rabbi Murray Blackman**  
**Rabbi Emeritus**  
**Temple Sinai**  
**New Orleans, Louisiana**

O Lord,  
somehow I've been blessed.  
I have lived another year.  
A new year awaits-  
perhaps another year will be  
mine.  
Yes, like others, the past  
months  
have taken their toll-  
another prescription for  
eyeglasses,  
the usual bouts with colds  
and coughs-  
but, no real setbacks.  
Around me, there are empty  
places;

once filled by friends and  
dear ones.

I remember them.  
But also, there are the young  
ones-  
brought into life through love  
and enriching the lives of  
others.

I think of them.  
I look out,  
thankful that I can see.  
Around me,  
the visible signs of your  
presence-  
sturdy trees branching  
over the street, an archway  
of browns and greens;  
red robins hopping from  
leaf to leaf;  
a quiet rain feeding  
a thirsty earth.

I listen,  
thankful that I can hear.  
Enveloping me  
are the rustling sounds  
of tires on the pavements;  
the clanging bells  
of streetcars on their tracks;  
the steady hum of time  
being marked on a dial.  
I feel,  
thankful that I can sense  
the solid strength of wood,  
the soft caress of cloth.

I look, I listen, I feel.  
I see misery and disease.  
I hear hatred and anger.  
I sense change.  
O Lord-  
if another year is mine,  
may I use some seconds  
for thanksgiving,  
some minutes for friendship,  
some hours for love,  
some days for knowledge,  
some weeks for justice,  
some months for truth,  
a year for peace.

## Poetry

**Rabbi Israel Zoberman**  
**Congregation Beth**  
**Chaverim**  
**Virginia Beach, Virginia**

## At Seventy

At seventy my father has  
come to resemble a raisin.  
Sunk into himself yet  
preserved with all that was,  
he continues to persevere.

## My Grandmother

The Shechina  
dwelled in her,  
that sure faith  
on a radiant face.  
The light that shone  
forth from within  
won't dim.

**The Editorial Board  
of Passages  
is always looking for  
articles, sermons,  
poems, ideas, and  
editorial letters  
on aging.  
If you have  
something  
you would  
like to include in  
our next issue,  
please forward it to  
Rabbi Brad L. Bloom**



## Message From the Chair

**Rabbi Thomas Louchheim**  
*Director of Volunteers and  
 Bereavement Counselor  
 Jewish Community Hospice  
 of Tucson  
 Tucson, Arizona*

Over 200 years ago, when the republic was founded, a new born baby could expect to reach the age of 35. Today, American could well live into their 90s (and do!). In 1950, people 65 and over made up 7.7% of the population. Today the number is over 12% and will continue to rise into the next century.

The increase in the elderly population in this country will inevitably lead to a rise in the numbers of long-lived adults who will be shunned aside, neglected and declared useless by society. This is not surprising in a society obsessed with youth.

A recent Swedish study indicates we may have to rethink our perception of our aging population. The study found no measurable decline in biological functions until after age 70. The assumed decline in intelligence and memory after 60, failed to show up. In fact, much modern research is indicating that for a majority of the elderly, participation in normal physical activity until age 85 is the norm.

As the newly appointed chair of the CCAR Committee on Aging, it will be these realities which will influence our activities. The past chair, Brad Bloom, has taken us so far through the creation of this newsletter and by creating informative workshops at various conferences. His work in establishing this firm foundation will help make this committee's work easier in the coming years. I am appreciative of his leadership role and in his expressed interest in continuing as the editor of this newsletter. We

will continue to benefit from his experience and knowledge.

The Committee will look at ways of encouraging our aging population to continue to give and to participate from the wealth of experiences, and to remain active in our congregations and communities. Additionally, we will also face the reality of the debilitating aspects of aging and the caring of our elders up until the last moments of their lives. May our committee's work strive to be informed by Jewish tradition in order to cherish and respect the elderly among us. Let us be able to lengthen their days through honor so that our days will be lengthened in our time. ✧

Passages ✧ Winter 1994

**Central Conference of American Rabbis  
 Committee on Aging**  
 192 Lexington Avenue  
 New York, New York 10016-6801



COA  
Gr

June 24, 1994  
15 Tammuz 5754

Rabbi Richard Address, Director  
UAHC Committee on Older Adults  
2111 Architects Building  
117 South 17th Street  
Philadelphia, PA 19103-509

Dear Richard:

How exciting it was to learn of our Committee on Older Adults initial Training Program leading to a Certificate in Resource and Referral in the Field of Gerontology! Mazal tov!

You and the members of the Committee on Older Adults are to be commended for the superb work you have undertaken so successfully in a critical field of endeavor. You have done so much in the relatively brief history of the Committee's existence and we salute you from afar! We take great pride in your efforts.

We also wish to express a hearty mazal tov to the Training Program's Class of 1994. The men and women who have volunteered to participate are taking on an extraordinary responsibility in a field that requires expertise as well as a caring heart. As they receive certification and return to their home communities they will provide a welcome and most necessary benefit to our member congregations' programming and services for older adults. Please convey our appreciation and good wishes to each and every participant in the program. They will be performing a wonderful mitzvah in serving a resources in gerontology!

With warm regards and best wishes for the success of this venture, we are

Sincerely,

Melvin Merians  
Chairman of the Board

Rabbi Alexander M. Schindler  
President



איחוד  
ליהדות  
מתקדמת  
באמריקה

# Union of American Hebrew Congregations

SERVING REFORM JUDAISM IN NORTH AMERICA

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## PENNSYLVANIA COUNCIL

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RABBI SUSAN MARKS

*Assistant*

*Regional Director*

LINDA STEIGMAN

*Outreach Coordinator*

June 15, 1994

Rabbi Alexander M. Schindler  
President  
UAHC  
838 Fifth Avenue  
New York, NY 10021

Dear Alex:

As you know, the UAHC Committee on Older Adults is pleased to announce that our Training Program leading to a Certificate in Resource and Referral in the Field of Gerontology will convene in Philadelphia on July 10, 1994. I also want to let you know that HUC-JIR is co-sponsoring the program and the CCAR Program on Aging is an active participant. The total program is being helped through a grant by the Kahn Foundation of St. Louis.

Lay leaders from across the country have signed up to participate in this unique first-time training program. We would be pleased if you could attend our opening reception on SUNDAY, JULY 10, 1994, 5:00 p.m. at the Sugar Loaf Conference Center of Temple University, Philadelphia. If this is not possible, we invite you to send greetings and a letter of welcome to our participants. It would mean a great deal to our participants to know that you support their efforts to become resource people for their congregations in this challenging new endeavor.

We have included a working program of the training program for your consideration. Please let us know if you will be able to join us, and we will forward the necessary travel information. We look forward to hearing from you soon.

Sincerely,

Rabbi Richard F. Address  
Regional Director

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# Certificate In Resource and Referral in the Field of Gerontology

**Conference Schedule, SugarLoaf Conference Center, July 10-14, 1994**

Day	Time	Event	Speaker	Location
<b>Sunday</b>	4:00	Registration/Welcome		Foyer
	5:00	Reception/Orientation	Rabbi Address and Committee	Library Terrace
	6:30-7:30	Dinner		Dining Room
	8:00	Opening Program: Interactive dramatic presentation focusing on stereotypes and perceptions of aging.	Circle Theater, Temple University	Room A (Main Meeting Room)
<b>Monday</b>	7:00-8:30	Breakfast (Full breakfast is available between 7:00 and 8:30. We sit down as a group for lunch and dinner only.)		Dining Room
	9:00-10:00	Morning Service and Text Study: Our first look at how tradition instructs us in the area of aging.	Dr. Kerry Olitsky	Room A
	10:15-11:00	Session 1--Current views on what it means to grow older from a social, medical and psychological perspective.		Room A
	11:00-11:15	Coffee Break		Foyer
	11:15-12:30	Session 2--Growing older in our society. A look at new trends and new realities to see who is the population about which we are talking...how it has changed and how it may continue to change.	Rabbi Gail Glicksman	Room A
	12:30-1:30	Lunch (We sit down together.)		Dining Room
	2:00-3:30	Session 3--How we respond now. Options and how to access them. A look at community agencies and organizations, both Jewish and secular.	Lenore Wasserman-Scola, MSW, LSW	Room A
	3:30-3:45	Coffee Break		Foyer
	3:45-5:00	Session 4--Dialogue with a case study. Practical application of material discussed in the early afternoon session.	Rabbi Dayle Friedman	Room A
	6:00-7:30	Dinner (We sit down together.)		Dining Room
	8:00-9:30	Session 5--A panel on synagogue programming and resources.	Rabbi Brad Bloom, Lillian Maltzer, Rabbi Richard Address	Room A

Day	Time	Event	Speaker	Location
Tuesday	7:00-8:30	Breakfast		Dining Room
	8:45-9:30	Services and text study	Rabbi Brad Bloom	Room A
	9:45-10:30 10:35-11:20 11:25-12:10	Session 6--Concurrent break out sessions dealing with becoming a resource in the area of long term legal, financial and medical planning. 1) Trends and laws in estate and financial planning. 2) Advance medical directives. 3) Insurance options.	Rabbi Jay Sangerman, Esq., Jerome Apfel, Esq., Jake Getson	Room A, Library, Room C
	12:15-12:30	Recap and summary of break out sessions		Room A
	12:30-1:30	Lunch		Dining Room
	2:00-4:00	Session 7--Becoming a programmatic resource in the areas of grief and loss, separation, depression, drug and substance abuse, suicide.	Lee Altshuler, MCAT William Shapiro, PsyD	Room A
	4:00-4:15	Coffee Break		Foyer
	4:15-5:15	Session 8--Becoming a resource for the "sandwich generation." Aspects of caring for the caregiver.	Harriet Cohen, MSW	Room A
	6:30-7:30	Dinner		Dining Room
Wednesday	8:00-9:30	Session 9--A conversation with Rev. John Evans and Earl Kragnes of the National Interfaith Council on Aging.	Rev. John Evans, Earl Kragnes	Room A
	7:00-8:30	Breakfast		Dining Room
	8:45-9:30	Services and text study.	Rabbi Brad Bloom	Room A
	9:45	Board Bus for Field Visit to Philadelphia Geriatric Center, Center for Continuing Health, and Martin's Run. Return to Conference Center around 4:30.		Greater Philadelphia Area
	6:30-7:30	Dinner		Dining Room
	8:00-9:30	Session 10---Open forum with older adults on "How we see things."	Susan Baer, Lawrence and Libby Falk, Henry and Mildred Raich, Irvin and Ruth Schnyder	Room A



Day	Time	Event	Speaker	Location
Thursday	7:00-8:30	Breakfast		Dining Room
	9:00-9:45	Services and text study.	Rabbi Susan Marks (tent.)	Room A
	10:00-11:15	Session 11--Becoming a program resource in the areas of older adults relationships...different definitions of intimacy...non-marriage relationships...inter-faith relationships.	Rabbi Brad Bloom, Linda Steigman, MSS, LSW	Room A
	11:15-11:30	Coffee Break		Foyer
	11:30-12:30	Session 12--Becoming a program resource in wellness. Creating the synagogue as a center for wellness.	Joel Posner, MD	Room A
	12:30-1:00	Check Out. Bags may be stored behind the front desk.		
	1:00-2:00	Lunch		Dining Room
	2:00-3:30	Session 13--Renewing the search for the spiritual. The emergence of spiritual renewal and growth and how best to respect and respond. New ritual possibilities.	Dr. Kerry Olitsky	Room A
	3:30-3:45	Coffee/Snack Break		Foyer
	3:45-5:00	Session 14--Conclusion and wrap up. Awarding of certificates.		Room A



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RABBI ALEXANDER M. SCHINDLER • UNION OF AMERICAN HEBREW CONGREGATIONS  
PRESIDENT 838 FIFTH AVENUE NEW YORK, NY 10021-7064 (212)249-0100

December 7, 1993  
23 Kislev 5754

Rabbi Richard F. Address  
Regional Director, PA Council - UAHC  
2111 Architects Bldg.  
117 S. 17th Street  
Philadelphia PA 19103

Dear Richard:

Thank you so much for sending me the materials produced  
by the Committee on Older Adults. It is fascinating.  
The Committee has done extraordinary work and I am  
profoundly grateful to you.

With all best wishes, I am

Sincerely,

Alexander M. Schindler



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*Assistant*

*Regional Director*

LINDA STEIGMAN

*Outreach Coordinator*

November 23, 1993

Rabbi Alexander M. Schindler  
UAHC  
838 Fifth Avenue  
New York, NY 10021

Dear Alex:

As you may know, the UAHC Committee on Older Adults was created an an official program two years ago. It was designed to create, implement and monitor programs for older adults and their families within our congregations. This segment represents the greatest growth area of congregational population. The program included, for administrative purposes, the Committees on Caring Community and Bioethics.

The Committee on Older Adults (COA) has produced a series of innovative material for congregational usage that is unlike any that currently exists within the American denominational scene. Much of it is finding its way into congregational programming. During the two years of the committee's existence close to 15,000 books, pamphlets and study guides have been requested and distributed to congregations and individuals within the UAHC.

Committee chair, Russell Silverman, and I wanted you to be aware of some of this material and hope that you share the pride that we have in the work of the committee and the potential for its future.

Wishing you a joyous Chanukah,

Shalom,

Rabbi Richard F. Address  
Regional Director  
Pennsylvania Council, UAHC

Director: UAHC Committee on Older Adults

RFA:er

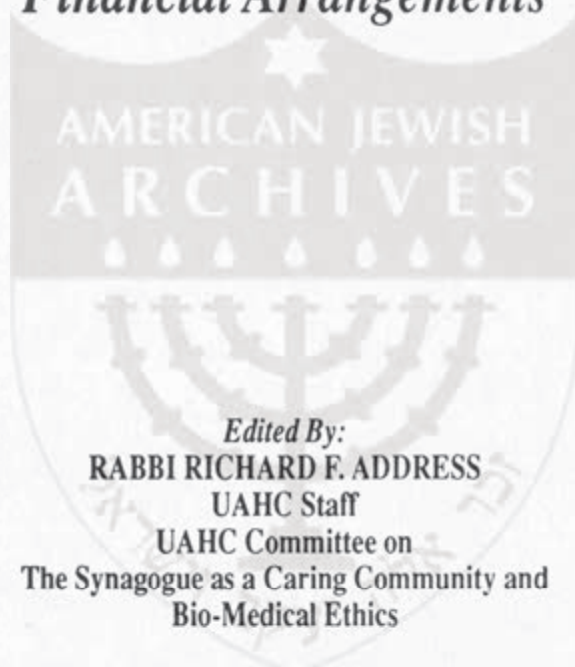
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*Committee on Older Adults*

*Free*

# A TIME TO PREPARE

*A Practical Guide for Individuals and  
Families In Determining One's Wishes for  
Extraordinary Medical Treatment and  
Financial Arrangements*



*Edited By:*  
RABBI RICHARD F. ADDRESS  
UAHC Staff  
UAHC Committee on  
The Synagogue as a Caring Community and  
Bio-Medical Ethics

2111 Architects Building, 117 S. 17th Street  
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PAUL JAFFE, ESQ.  
Chairperson  
UAHC Committee,  
The Synagogue  
as a Caring Community



DR. DAVID JAMES  
Chairperson  
UAHC, Committee on Bioethics



*Initial printing of this document is made  
possible through the estate of Mr. Martin Address (z"l)*



## **BIRTH IS A BEGINNING AND DEATH A DESTINATION AND LIFE IS A JOURNEY....**

The journey of life is a journey of wonder and joy as well as frustration and grief. The reality of life's end, and the understanding of that reality, is one of Judaism's greatest gifts. Often, when the death of a loved one occurs, the fact of it becomes overwhelming. The necessary decisions regarding not only the funeral, but life decisions after the funeral can be a source of great stress. This manual has been created to allow an individual to anticipate many of the decisions that must be made when death occurs. Its use will allow family members to list and file important personal records, including organ donation and personal funeral arrangements.

The genesis for this manual derived from the personal experience of Susan Casid of Dallas, Texas. The sudden death of her husband brought home the reality of the need to have a personal record of one's affairs and wishes to save those who remain the agony of trying to reconstruct a personal history. In the Spring of 1987 Susan created a handbook for survivors for her synagogue, Temple Shalom of Dallas. She wrote of the necessity in this day and age of using the workbook to spare the survivors of a death the "added weight of confusion on top of their grief." Anticipating decisions and noting those decisions beforehand can allow the grief process to proceed.

Writing in the introduction, Susan noted: "You can give your loved ones this gift of freedom and time to work through the grieving process if you arrange your affairs by completing the enclosed workbook. Life insurance and a will are simply not enough. This completed workbook is truly one of the most important presents you will ever give your loved ones."

The UAHC Committee on "The Synagogue as a Caring Community" received permission from Susan to expand her initial idea. We have added appropriate material from Jewish sources that answer anticipated questions in the area of death, dying, and mourning. Numbers of congregations, through their Caring Community Committees, have adapted aspects of this workbook and a representative sampling has been included.

Public attention has recently been heightened regarding the wisdom of preparing individual directives regarding medical treatment in case you and/or your loved one is found to be in a situation where individual wishes regarding treatment are in question. State and Provincial bodies have begun to deal with these matters in ever-increasing numbers. Many national and local court cases have pointed out the wisdom of preparing what have come to be known as "advance directives for health care." Also, since the legality of these directives vary from location to location, it has been recommended that we consider the execution of a "durable power of attorney": which nominates another to execute your wishes if circumstances prevail in such a way that it becomes impossible for you personally to so indicate. To this end, as a guide, we have included a sample "advance directive" and a sample "durable power of attorney".

It is suggested that you consult with appropriate legal counsel in order to secure proper advice regarding your local laws in these matters.

Within our tradition the concept of the "The Ethical Will" is seen equally as significant as any other type of "will". This spiritual, moral and ethical legacy is a most sacred tradition, well worth the time and consideration. We have included a section on Ethical Will, along with a brief explanation, in the hope that you and your family will be able to participate in this "mitzvah".

We have also included some brief thoughts regarding Reform Judaism and its approach to the end of life. Much is being written concerning this issue and it is helpful to understand some of the concepts that underscore our points of view. A resource section and bibliography can also be found in order to facilitate further study.

It is our hope that you and the members of your family will make use of this manual. Please be reminded that it will probably be necessary for you to consult with appropriate individuals regarding variations in the laws applicable to your place of residence. Also, it is always recommended that the necessary material be copied and filed not only with your personal papers, but with your legal adviser, physician and rabbi.

We are reminded in our tradition that our most fundamental value is that of the dignity and sanctity of life. That dignity and sanctity extend even unto death. The proper use of this manual can, we feel, aid in the honoring of our



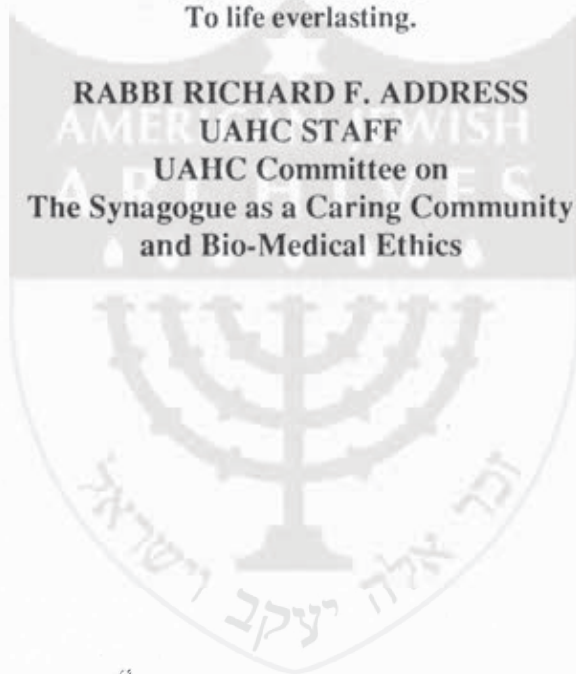
fundamental value as we proceed on our individual journey from birth to death.

One of Judaism's greatest gifts is that through its rituals we are allowed to capture the mystery and wonder of our relationship with God. We become focused on the fact that we are part of a historical people and involved in a sacred mission. By dealing in an honest and real way with our own mortality we can teach ourselves and those who come after us to value and honor the gift of life. The use of this manual can serve as an important part of the spiritual growth that is necessary to properly appreciate the gift of life. It is not unusual to see that religion teaches some of the greatest lessons about life in the rituals it creates to deal with death. Joshua Loth Liebman, writing in his classic "Peace of Mind", recognizes this fact in writing that on the one hand religions give comfort in fostering the belief that the dead have passed from this life to a higher, transcendent level of existence. "On the other hand, it summons the survivors, educated by tragedy, to accept anew the blessings and the burdens of earthly life". Thus Judaism and its rituals can allow us to confront the challenge of our journey...the tragic fragility of our brief day on earth and the reassertion of the value of that day in spite of its fragility."

It is with great hope that the use of this manual will allow each of us to confront the mystery of our fragile journey, made stage by stage. As it is written in the Gates of Repentance for "erev" Yom Kippur:

Birth is a beginning  
And death a destination  
And life is a journey...  
A sacred pilgrimage-  
To life everlasting.

**RABBI RICHARD F. ADDRESS**  
**AMERICAN JEWISH**  
**UAHC STAFF**  
**UAHC Committee on**  
**The Synagogue as a Caring Community**  
**and Bio-Medical Ethics**



*"There are stars whose light reaches the earth  
only after they themselves have disintegrated  
and are no more. And there are men whose  
scintillating memory lights the world after they  
have passed from it. These lights which shine  
in the darkest night are those which illuminate  
for us the path...."*

*Hannah Senesch*

DEDICATED TO THE LOVING MEMORY OF

*Dr. Gerald A. Casid*

by his wife Susan, his daughter Jill, and his son, Michael,  
and his many friends and relatives  
with special thanks to Barbara Glazer and Gail Gilbert

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## INSTRUCTIONS

### To The Person Filling Out the Workbook

1. Fill out this workbook in pencil so it can be kept current.
2. It is suggested that the information in this workbook be reviewed regularly and that appropriate corrections be made at that time.
3. It is also recommended that important papers be kept in one place to facilitate the task your survivors will face when you die.
4. Document carefully the location of these papers on the following pages. **Do not forget that location of keys and combinations is of equal importance.**
5. If a safe deposit box has been used to protect any of the vital documents, be sure that you, as well as a designated cosigner, have been authorized to enter the box and that, in the event of such arrangement, both spouses retain a key. If there is no spouse, consider having a cosigner. Be sure, in either case, that your bank or safe deposit box company agrees that the box may be searched for necessary documents by the surviving cosigner.
6. In addition to relatives and friends, there are many groups, agencies, firms, and administrations that must be notified with the news of the death. Current telephone numbers of those to be notified immediately should be listed on pp.9 and 10, while the addresses and telephone numbers of the organizations should be listed in the blanks provided on pp. 21, 22, and 23.
7. When a new telephone book is delivered, check to see if the addresses and telephone numbers for Social Security, Veterans Administration, Motor Vehicle Department or any others have changed.
8. When your insurance policy renewals arrive, check to be sure that the policy numbers and addresses and telephone numbers are still the same.
9. It will help your survivors if you prepare your obituary in advance or at least prepare a list of information that you would wish to have included. Space on p. 14 has been provided for this purpose. As a guideline, you might consult the obituary column in the local newspaper.
10. As discomfoting as it may seem to make specific arrangements for your funeral, filling out these pages will be a tremendous gift to your family by easing the decision-making burden they will inevitably face. Any questions you may have about the various possibilities may be directed to the rabbi of your Temple.
11. REMEMBER: Laws regarding "Living Will", Organ Donation and Durable Power of Attorney may vary from location to location. It is prudent to check the law as it relates to your specific jurisdiction.
12. Bereavement Fares. In case of need, please remember that many airlines have an emergency bereavement fare that may allow you to be granted exemption from fare restrictions on an emergency basis. When calling you will need to state the need for such a bereavement fare. You are expected to have the details of the death; doctor and hospital location (if applicable) of the deceased and the name of the funeral home.

## LIFE DATA

1. Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_
2. Legal Residence \_\_\_\_\_  
\_\_\_\_\_
3. Telephone Number \_\_\_\_\_
4. Birthplace and Date \_\_\_\_\_
5. Spouse or Next of Kin \_\_\_\_\_
6. Conversion: Date/Place/Under Auspices of: \_\_\_\_\_  
\_\_\_\_\_
7. Children (Name and Social Security Number)  
Natural \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Adopted \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Parents: Mother (Maiden Name) \_\_\_\_\_  
Mother's Hebrew Name \_\_\_\_\_  
Father \_\_\_\_\_  
Father's Hebrew Name \_\_\_\_\_
9. Grandparents: Maternal (Grandmother's Maiden Name) \_\_\_\_\_  
  
Paternal \_\_\_\_\_
10. Grandchildren \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Social Security Number \_\_\_\_\_



12. VA Claim Number \_\_\_\_\_
13. Service Serial Number \_\_\_\_\_
14. Date and Place of Discharge \_\_\_\_\_
15. Length of Residence in Present Location \_\_\_\_\_
16. Blood/Genetic Information \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



## PEOPLE TO NOTIFY IMMEDIATELY AFTER DEATH

1. Rabbi \_\_\_\_\_ Tel. No. \_\_\_\_\_

2. Office, Partner, Staff \_\_\_\_\_ Tel. No. \_\_\_\_\_

\_\_\_\_\_ Tel. No. \_\_\_\_\_

\_\_\_\_\_ Tel. No. \_\_\_\_\_

3. Funeral Director \_\_\_\_\_ Tel. No. \_\_\_\_\_

The funeral director's services can include: flowers, clothing for the deceased, transportation, funeral parlor space rental, etc. Cost varies according to the location and what services are actually included. In addition to taking care of the details of the funeral itself, many funeral directors will help the family in other ways, such as contacting fraternal or professional organizations, obtaining certified copies of the death certificate and placing newspaper notices. Note: Check with the funeral director regarding VA and Social Security forms.

4. My body has been bequeathed to medical science: Yes \_\_\_\_\_ No \_\_\_\_\_

Contact \_\_\_\_\_ Tel. No. \_\_\_\_\_

5. Attorney \_\_\_\_\_ Tel. No. \_\_\_\_\_

The importance of securing good legal advice at this time cannot be overemphasized. The local Bar Association can recommend an attorney if there is no family lawyer. The attorney can give legal advice on matters such as trusts, recording deeds to real property, conservation and disbursement of estate assets and revising or drawing up a Will for the survivor. The executor of the estate probates the Will with the legal advice of the attorney. If there is no Will, the court will appoint an administrator for the estate. The executor and the attorney usually go to the Probate Court within one month of the person's death. Probate is a civil proceeding establishing the Will, marshalling and protecting the decedent's assets and settling the estate. Probate Court jurisdiction is generally understood to include the power to establish a Will and distribute all property in which the decedent had an interest. It would be advisable to have the attorney's fees established before the Will is filed for probate. The following information is needed for Probate:

(a.) The decedent's full name, address and date of death

(b.) The names and addresses of all the decedent's heirs

(c.) The Will

(d.) The nature and extent of the assets and debts of the estate

Also, if you desire, you may direct your attorney to fill out your estate tax return and your inheritance tax return.

6. Accountant \_\_\_\_\_ Tel. No. \_\_\_\_\_

Often the person's accountant or tax consultant can assist the survivor or the executor of the estate by preparing and interpreting financial records and by providing tax information. He may, in place of the attorney



prepare the estate and inheritance tax returns.

7. Executor/Executrix of Will

(1) \_\_\_\_\_ Tel. No. \_\_\_\_\_

(2) \_\_\_\_\_ Tel. No. \_\_\_\_\_

(3) \_\_\_\_\_ Tel. No. \_\_\_\_\_

The responsibilities of the executor include:

(a) Probating the Will with the attorney

(b) Collecting or settling the decedent's debts. Only the executor should become involved in this matter since only enforceable claims against the decedent are deductible from the gross estate.

(c) Deciding upon the sale of estate property not held in joint tenancy.

8. Life Insurance Agent \_\_\_\_\_ Tel. No. \_\_\_\_\_

The life insurance agent should be notified promptly. It is important to note that life insurance benefits can be paid in a variety of ways. Most life insurance companies provide options in which the money can be paid over various periods of time in various amounts. Unless there is an immediate need for all of the cash in a lump sum, the other settlement options should be considered. In order to gain time to adjust to a changed situation and avoid rushing into financial decisions, the survivor can tell the insurance company that he/she needs "X" amount of money for immediate funds and that the company is to keep the rest of the benefits under the interest option until a later date. He/she should do this with the understanding that any amount can be withdrawn at any time, that the interest will begin immediately, and that the right to select any settlement option is guaranteed, including a lump sum payment at a later date. Settlement options often have variations and differ from company to company; the insurance agent should explain each option fully.

9. Bank Trust Officer \_\_\_\_\_ Tel. No. \_\_\_\_\_

A trust may have been arranged ahead of time. If this is the case, the trust officer from the bank should be contacted. It is the trust officer's responsibility to review his client's entire financial picture (real estate, individually-owned securities, cash, personal effects, including works of art, automobiles, jewelry, joint property, business interests and the face value of life insurance.) Trust officers invest funds, collect income earned by the investments, remit the income and attend to all the details involved in handling the trust. They will keep the necessary financial records and provide the family with the required reports. If a trust has not been already been established, the survivor can arrange for the establishment of a trust benefiting the children or a living trust for the survivor's own benefit. The creation of a living trust will enable him/her to obtain the professional services of a trust administration officer. The fees charged for trust services are based on administrative service performed by the trustee. They are set by competition and are stated in a schedule available from the bank.

10. Pallbearers \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 \_\_\_\_\_ Tel. No. \_\_\_\_\_

11. Honorary Pallbearers

\_\_\_\_\_ Tel. No. \_\_\_\_\_  
 \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 \_\_\_\_\_ Tel. No. \_\_\_\_\_

12. Other Relatives and Close Friends

\_\_\_\_\_ Tel. No. \_\_\_\_\_  
 \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 \_\_\_\_\_ Tel. No. \_\_\_\_\_

The rest of the family and friends are listed in the  
 address book of the deceased which is located \_\_\_\_\_



## INSTRUCTIONS TO THE RABBI

\_\_\_\_\_ Burial Service: \_\_\_\_\_ in the Temple \_\_\_\_\_ at the funeral home.

\_\_\_\_\_ Memorial Service: \_\_\_\_\_ in the Temple \_\_\_\_\_ at the funeral home.  
following immediate cremation or gift of body to medical science.

The committal should be \_\_\_\_\_ public \_\_\_\_\_ private.

Specific suggestions for the service, i.e. Biblical readings, hymns or music:

---

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\_\_\_\_\_ Flowers

\_\_\_\_\_ Memorial gifts to \_\_\_\_\_ Temple fund.

\_\_\_\_\_ Memorial gifts to other agencies or foundations:

---

---

Other instructions or comments:

---

---

---

---

---

---

---

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\_\_\_\_\_ Date

\_\_\_\_\_ Signature

# INSTRUCTIONS TO THE FUNERAL DIRECTOR

1. I would
  - (a) \_\_\_\_\_ like to be buried.
  - (b) \_\_\_\_\_ like to be cremated.
2. I would
  - (a) \_\_\_\_\_ like the service held at the funeral home.
  - (b) \_\_\_\_\_ like the service held at the Temple.
  - (c) \_\_\_\_\_ like to have only a graveside service.
3. I would like the service to be
  - (a) \_\_\_\_\_ public.
  - (b) \_\_\_\_\_ private.
4. I \_\_\_\_\_ would \_\_\_\_\_ would not like flowers.
5. I would like donations in my memory made to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. I would like to be buried in
  - (a) \_\_\_\_\_ shroud.
  - (b) \_\_\_\_\_ streetclothes as specified: \_\_\_\_\_  
\_\_\_\_\_
7. I would like to be buried with (jewelry, favorite possession, soil from Israel, etc.) \_\_\_\_\_  
\_\_\_\_\_
8. I would like my remains interred in
  - (a) \_\_\_\_\_ wooden casket.
  - (b) \_\_\_\_\_ other as specified: \_\_\_\_\_



9. Gravemarker

(a) \_\_\_\_\_ stone or \_\_\_\_\_ bronze

(b) decoration as specified: \_\_\_\_\_

(c) inscription as specified: \_\_\_\_\_

10. Gravesite

(a) \_\_\_\_\_ family plot located \_\_\_\_\_

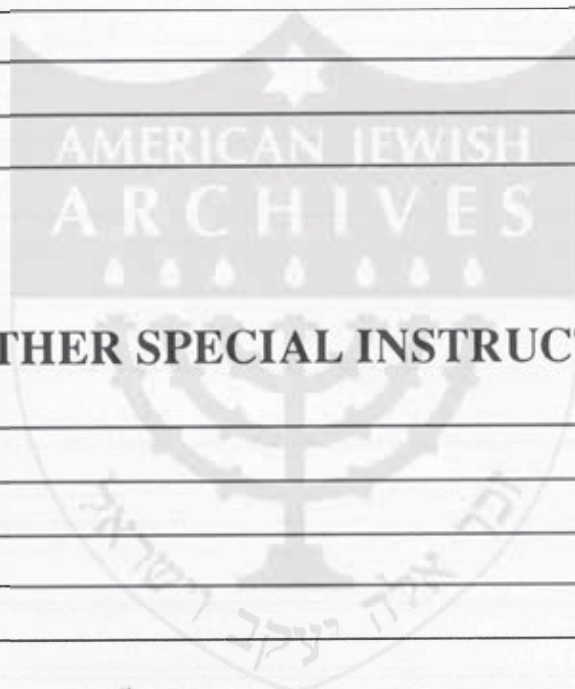
(b) \_\_\_\_\_ family tomb located \_\_\_\_\_

(c) \_\_\_\_\_ previously purchased gravesite located \_\_\_\_\_

11. Other wishes \_\_\_\_\_

12. Obituary should be given to newspapers by funeral director. The text or preferred details of life:

**VIEWS ON DISPOSITION OF PROPERTY,  
SECURITIES, ART, INCOME**



**OTHER SPECIAL INSTRUCTIONS**



## PLACES OF SAFEKEEPING

1. Safe Deposit Box(es) \_\_\_\_\_  
(location and number of box)

The box(es) may be opened by any signer who has a key to it. If no cosigner for the box can be found, the executor of the estate will have to present Letters Testamentary (or Letters of Administration, if an administrator has been appointed) and the box may be opened by the executor in the presence of an officer of the bank or safe deposit company. Check with the establishment to determine whether or not it is their policy to seal a safe deposit box once the obituary notice has been published.

Key(s) \_\_\_\_\_

2. Strong box \_\_\_\_\_

Key or combination \_\_\_\_\_

3. Home Safe \_\_\_\_\_

Key or Combination \_\_\_\_\_

4. Home Desk \_\_\_\_\_

Key \_\_\_\_\_

5. Office Desk \_\_\_\_\_

Key \_\_\_\_\_

6. Home Files \_\_\_\_\_

Key \_\_\_\_\_

7. Office Files \_\_\_\_\_

Key \_\_\_\_\_

8. Locker \_\_\_\_\_

Key or Combination \_\_\_\_\_

9. Briefcase \_\_\_\_\_

Key or Combination \_\_\_\_\_

10. Ministorage/Warehouse \_\_\_\_\_

Key \_\_\_\_\_

## LOCATION OF TANGIBLE PROPERTY

- |    |                 |  |
|----|-----------------|--|
| 1. | Cash            |  |
| 2. | Jewelry         |  |
| 3. | Objects of Art  |  |
| 4. | Furs (Storage?) |  |
| 5. | Other           |  |



## LOCATION OF DOCUMENTS

1. Will \_\_\_\_\_

The following assets, numbers 2 to 6, are considered outside the jurisdiction of the Probate Court.

2. Life Insurance Policy (if payable to beneficiary other than estate)

\_\_\_\_\_

3. Jointly Owned Property

Deed to Home \_\_\_\_\_

Deeds to Other Property \_\_\_\_\_

\_\_\_\_\_

4. Trusts \_\_\_\_\_

5. Stocks/Securities Certificates \_\_\_\_\_

\_\_\_\_\_

6. Bonds \_\_\_\_\_

\_\_\_\_\_

7. Real Property of the Deceased Not Held Jointly (which must be probated)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Other Assets i.e. royalties, patents, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Other Insurance Policies

Health \_\_\_\_\_

Disability \_\_\_\_\_

Home \_\_\_\_\_

Umbrella \_\_\_\_\_

Auto \_\_\_\_\_

10. Bank Books

In certain jurisdictions a survivor may withdraw funds from an account only if the account has been set up with rights of survivorship.

Savings \_\_\_\_\_

Money Market(s) \_\_\_\_\_

Checking \_\_\_\_\_

CD(s) \_\_\_\_\_

11. Records of IRA(s) \_\_\_\_\_

12. Debts/Monthly Obligations

Mortgage: Home \_\_\_\_\_

Office \_\_\_\_\_

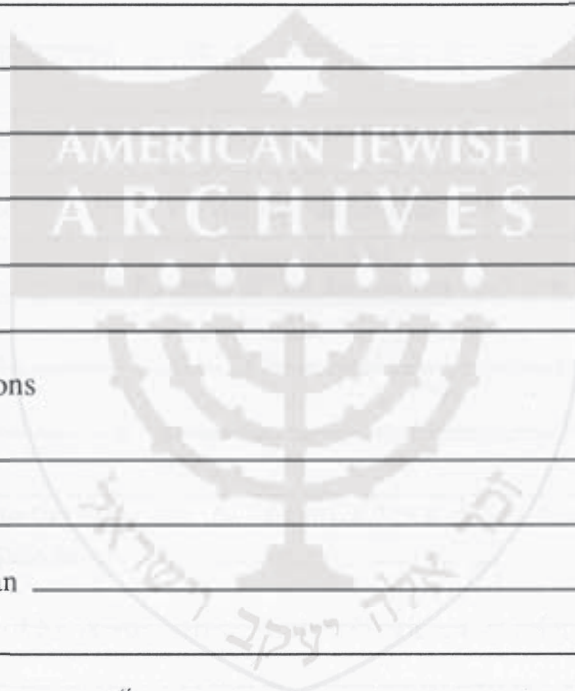
Home Improvement Loan \_\_\_\_\_

Others \_\_\_\_\_

13. Income Tax Papers/1040 Returns \_\_\_\_\_

14. Records of Purchase/Sale \_\_\_\_\_

15. Business Agreement/Partnership Contracts \_\_\_\_\_









## MY MEDICAL DIRECTIVE

This Medical Directive expresses, and shall stand for, my wishes regarding medical treatments in the event that illness should make me unable to communicate them directly. I make this Directive, being 18 years or more of age, of sound mind, and appreciating the consequences of my decisions.

### SITUATION A

If I am in a coma or a persistent vegetative state and, in the opinion of my physician and two consultants, have no known hope of regaining awareness and higher mental functions no matter what is done, then my wishes — if medically reasonable — for this and any additional illness would be:

**THE GOAL OF MEDICAL CARE SHOULD BE (check one):**

If I am in a coma and, in the opinion of my physician and two consultants, have a small but uncertain chance of regaining higher mental functions, a somewhat greater chance of surviving with permanent brain damage, and a much greater chance of not recovering at all, then my wishes — if medically reasonable — for this and any additional illness would be:

If I have brain damage or some brain disease that in the opinion of my physician and two consultants cannot be reversed and that makes me unable to recognize people, to speak meaningfully to them, or to live independently, *and I also have a terminal illness*, then my wishes — if medically reasonable — for this and any additional illness would be:

If I have brain damage or some brain disease that in the opinion of my physician and two consultants cannot be reversed and that makes me unable to recognize people, to speak meaningfully to them, or to live independently, *but I have no terminal illness*, then my wishes — if medically reasonable — for this and any additional illness would be:

If, in the opinion of my physician and two consultants, I have an incurable chronic illness that involves mental disability or physical suffering and ultimately causes death, and in addition I have an illness that is immediately life threatening but reversible, and I am temporarily unable to make decisions, then my wishes — if medically reasonable — would be:

If I am in my current state of health  
(describe briefly): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

and then have an illness that, in the  
opinion of my physician and two consul-  
tants, is life threatening but reversible  
and I am temporarily unable to make  
decisions, then my wishes — if medically  
reasonable — would be:



## MY PERSONAL STATEMENT

(use another page if necessary)

Please mention anything that would be important for your physician and your proxy to know. In particular, try to answer the following questions: 1) What medical conditions, if any, would make living so unpleasant that you would want life-sustaining treatment *withheld*? (Intractable pain? Irreversible mental damage? Inability to share love? Dependence on others? Another condition you would regard as intolerable?) 2) Under what medical circumstances would you want to *stop* interventions that might already have been started?

Should there be any difference between my preferences detailed in the illness situations and those understood from my goals or from my personal statement, I wish my treatment selections / my goals / my personal statement (*please delete as appropriate*) to be given greater weight.

When I am dying, I would like — if my proxy and my health-care team think it is reasonable — to be cared for:

- ☐ at home or in a hospice  
☐ in a nursing home  
☐ in a hospital  
☐ other (*please specify*): \_\_\_\_\_

## ORGAN DONATION

(please check boxes and fill in blanks where appropriate)

\_\_ I hereby make this anatomical gift, to take effect after my death:

- I give ☐ my body  
☐ any needed organs or parts  
☐ the following parts: \_\_\_\_\_
- to ☐ the following person or institution: \_\_\_\_\_  
☐ the physician in attendance at my death  
☐ the hospital in which I die  
☐ the following physician, hospital storage bank, or other medical institution: \_\_\_\_\_
- for ☐ any purpose authorized by law  
☐ therapy of another person  
☐ medical education  
☐ transplantation  
☐ research

\_\_ I do not wish to make any anatomical gift from my body.

## DURABLE POWER OF ATTORNEY FOR HEALTH CARE

I appoint as my proxy decision-maker(s):

\_\_\_\_\_  
Name and Address

and (*optional*)

\_\_\_\_\_  
Name and Address

I direct my proxy to make health-care decisions based on his/her assessment of my personal wishes. If my personal desires are unknown, my proxy is to make health-care decisions based on his/her best guess as to my wishes. My proxy shall have the authority to make all health-care decisions for me, including decisions about life-sustaining treatment, if I am unable to make them myself. My proxy's authority becomes effective if my attending physician determines in writing that I lack the capacity to make or to communicate health-care decisions. My proxy is then to have the same authority to make health-care decisions as I would if I had the capacity to make them, EXCEPT (*list the limitations, if any, you wish to place on your proxy's authority*):

Should there be any disagreement between the wishes I have indicated in this document and the decisions favored by my above-named proxy, I wish my proxy to have authority over my written statements / I wish my written statements to bind my proxy. (*Please delete as necessary.*) If I have appointed more than one proxy and there is disagreement between their wishes, \_\_\_\_\_ shall have final authority.

Signed:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

Witness:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

Witness:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

Physician (*optional*):

I am \_\_\_\_\_'s physician. I have seen this advance care document and have had an opportunity to discuss his/her preferences regarding medical interventions at the end of life. If \_\_\_\_\_ becomes incompetent, I understand that it is my duty to interpret and implement the preferences contained in this document in order to fulfill his/her wishes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

## The Medical Directive

**Introduction.** As part of a person's right to self-determination, every adult may accept or refuse any recommended medical treatment. This is relatively easy when people are well and can speak. Unfortunately, during serious illness they are often unconscious or otherwise unable to communicate their wishes — at the very time when many critical decisions need to be made.

The Medical Directive allows you to record your wishes regarding various types of medical treatment in several representative situations so that your desires can be respected. It also lets you appoint someone to make medical decisions for you if you should you become unable to make them on your own.

The Medical Directive comes into effect only if you become incompetent (unable to make decisions or to express your wishes), and you can change it at any time until then. As long as you are competent, you should discuss your care directly with your physician.

**Completing the Form.** You should, if possible, complete the form in the context of a discussion with your physician. Ideally, this should occur in the presence of your proxy. This lets your physician and your proxy know how you think about these decisions, and it provides you and your physician with the opportunity to give or clarify relevant personal or medical information. You may wish to discuss the issues with your family, friends, or religious mentor.

The Medical Directive contains six illness situations that include incompetence. For each one, you consider possible interventions and goals of medical care. Situations A and B involve coma; C and D, dementia; E, chronic disability; E and F, temporary inability to make decisions.

The interventions are divided into six groups: 1) cardiopulmonary resuscitation or major surgery; 2) mechanical breathing ~~or~~ dialysis; 3) blood transfusions or blood products; 4) artificial nutrition and hydration; 5) simple diagnostic tests or antibiotics; and 6) pain medications, even if they dull consciousness and indirectly shorten life. Most of these treatments are described briefly. If you have further questions, consult your physician.

Your wishes for treatment options (I want this treatment; I want this treatment tried, but stopped if there is no clear improvement; I am undecided; I do not want this treatment) should be indicated. If you choose a trial of treatment, you should understand that this indicates you want the treatment *withdrawn* if your physician and proxy believe you would have agreed that it has become futile.

The Personal Statement section allows you to mention anything that you consider important

to tell those who may make decisions for you concerning the limits of your life and the goals of intervention. For example, your description of insufferable disability in the Personal Statement will aid your health-care team in understanding exactly when to avoid interventions you may have declined in situation E. Or if, in situation B, you wish to define "uncertain chance" with numerical probability, you may do so here.

Next you may express your preferences concerning organ donation. Do you wish to donate your body or some or all of your organs after your death? If so, for what purpose(s) and to which physician or institution? If not, this should also be indicated in the appropriate box.

In the final section you may designate one or more proxy decision-makers, who would be asked to make choices under circumstances in which your wishes are unclear. You can indicate whether the decisions of the proxy should override, or be overridden by, your wishes if there are differences. And, should you name more than one proxy, you can state who is to have the final say if there is disagreement. Your proxy must understand that this role usually involves making judgments that you would have made for yourself, had you been able — and making them by the criteria you have outlined. Proxy decisions should ideally be made in discussion with your family, friends, and physician.

**What to Do with the Form.** Once you have completed the form, you and two adult witnesses (other than your proxy) who have no interest in your estate need to sign and date it.

Many states have legislation covering documents of this sort. To determine the laws in your state, you should call the office of its attorney general or consult a lawyer. If your state has a statutory document, you may wish to use the Medical Directive and append it to this form.

You should give a copy of the completed document to your physician. His or her signature is desirable but not mandatory. The Directive should be placed in your medical records and flagged so that anyone who might be involved in your care can be aware of its presence. Your proxy, a family member, and/or a friend should also have a copy. In addition, you may want to carry a wallet card noting that you have such a document and where it can be found.

Additional copies of the Medical Directive may be obtained from  
The Harvard Medical School Health Publications Group,  
P.O. Box 380, Boston, MA 02117.



## ADDITIONAL CONTACTS TO BE MADE

These entities should be contacted as soon as the bereaved is ready to attend to business matters. Notification may be made by phone or in writing. Sample letters and advice are included to aid your correspondence.

### 1. Social Security

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Social Security benefits are not automatic; one must apply for them. Providing the following information will speed processing the claim:

- (a) A certified copy of the death certificate
- (b) The decedent's Social Security number
- (c) A record of the decedent's earnings in the current and previous year
- (d) A copy of the marriage certificate and any prior divorce decrees for either the decedent or the survivor
- (e) Social Security numbers for the survivor and dependent children
- (f) Proof of the survivor's age and the ages of the dependent children, eighteen or younger

### 2. Veteran's Administration

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Benefits vary according to the nature of the veteran's death. The Veteran's Administration will require the following documents to process a claim:

- (a) The veteran's Report of Separation from Active Service, Form DD214 (discharge papers)
- (b) A certified copy of the death certificate
- (c) A copy of the marriage certificate and any prior divorce decrees for either the veteran or the survivor
- (d) Copies of birth verification for dependent children

In addition, the veteran's complete name and Government Life Insurance Policy number or VA Claim Number should be supplied. If this information is not available, the military service serial number, branch and dates of service must be provided. The Veteran's Administration representative can assist in obtaining from the Department of Defense the necessary documents if they cannot be located.

### 3. Companies to Whom the Deceased Owed Money

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Many types of installment purchases, loans and credit accounts are covered by credit life insurance which pays off the balance due in the event of death. It is possible that a credit card account, car, boat or other financed purchase becomes fully paid when the purchaser dies. All such companies should be contacted.

4. Holder of Pension Plan \_\_\_\_\_

5. Insurance Companies

All insurance policies should be transferred into the survivor's name as soon as possible to avoid any lapse in coverage.

Auto \_\_\_\_\_

Home \_\_\_\_\_

Health \_\_\_\_\_

A survivor and dependent children may continue to be eligible for hospital, surgical and disability benefits under the decedent's policy. These coverages may or may not cease with the death of the person. Blue Cross, Blue Shield and/or other hospitalization should be contacted.

Disability \_\_\_\_\_

Umbrella \_\_\_\_\_

6. Mortgage Company \_\_\_\_\_

7. County Tax Assessor - Collector re. Auto Registration and Title Change

8. Utility Companies

They should be advised to change the billing name if it previously was in the name of the deceased.

(a) Gas \_\_\_\_\_

(b) Electric \_\_\_\_\_

(c) Water \_\_\_\_\_

(d) Telephone \_\_\_\_\_

## 9. Other Organizations

If the decedent was a member of any service organization, automobile club, fraternal organization, etc., contact them for information on possible benefits. Many organizations have group life insurance credit unions or will return unused annual dues.



AMERICAN JEWISH  
ARCHIVES

## 10. Bankers

Bankers \_\_\_\_\_

## 11. Brokers

Brokers \_\_\_\_\_

12. Other

Other \_\_\_\_\_



## SAMPLE LETTERS

### 1. Veteran's Administration

Dear Sir:

I understand that the funeral director has informed you that, (full name of decedent), died on (day, \_\_\_\_\_ month, \_\_\_\_\_ year). I would like to schedule an appointment with your representative on (give a preferred date and time, morning or afternoon, and two alternative dates and times). His Government Life Insurance policy number is \_\_\_\_\_; his VA "c" (Claim) number is \_\_\_\_\_; his military service number is \_\_\_\_\_. He served in the U.S. (branch of service) from \_\_\_\_\_ to \_\_\_\_\_. If you require any additional documents of information, please inform me when you set a date for my appointment. My telephone number is (area code) \_\_\_\_\_.

Sincerely yours,

(Survivor's Signature)  
(Typed) Survivor's complete  
given name and accurate address

### 2. Life Insurance Company

Dear Sir:

Please send me the necessary instructions and papers to complete a claim under policy number(s) \_\_\_\_\_ on the life of (full name) \_\_\_\_\_, who passed away on (day, month, year). I wish to exercise my right as beneficiary to elect settlement options. Will you please search your file for any other coverages that the deceased may have had.

Sincerely yours,  
(Survivor's Signature)  
(Typed) Survivor's complete  
given name and accurate address

### 3. Companies to Whom the Deceased Owed Money

Dear Sir:

This is to inform you that (full name of decedent) passed away on (day, month, year). I understand that his loan may be covered by a life insurance plan through your company. If so, please inform me.

Sincerely yours,  
(Survivor's Signature)  
(Typed) Survivor's complete  
given name and accurate address

### 4. Organization of Which the Deceased Was a Member

Dear Sir:

This is to advise you that (full name of decedent) passed away on (day, month, year). I understand that he may have been covered by a life insurance plan through your organization. Please send me a list of whatever information you will need from me as his beneficiary.

Sincerely yours,  
(Survivor's Signature)  
(Typed) Survivor's complete  
name and accurate address

## II

# SAMPLES OF ADVANCE MEDICAL DIRECTIVES/HEALTH CARE, DURABLE POWER OF ATTORNEY AND ORGAN DONATION

Recent events have highlighted the need for a reasoned and deliberate decision-making process regarding the possibilities of extraordinary medical treatment. It is advised that families take the time to consider the possible treatment scenarios and the desired limits of treatment and care. Anticipating possibilities can be of immense help when actualities occur and can be of great comfort to an individual and family. In the discussion of possible scenarios the opportunity presents itself for reasoned discussion and personal feelings to emerge without the pressure of an actual situation.

Recent U. S. Supreme Court rulings encourage the filing of medical directives which formalize an individual's treatment wishes. It is important that you become familiar with the laws that now operate in the jurisdiction in which you live. Prudent discussion with your rabbi, lawyer, and physician is urged. Copies of your personal directive should be on file with these individuals and reviewed regularly.

In the following material we include samples of Advance Medical Directives/Health Care, Durable Power of Attorney and Organ Donation. Use them as guides. Consult with your lawyer and physician regarding their usage in your particular State/Province.

Also included is the draft resolution of the UAHC Bioethics Committee on the Living Will. Recently, the New Jersey Commission on Legal and Ethical Problems in the Delivery of Health care published a document entitled, "Advance Directives for Health Care." From that booklet we have drawn a section detailing questions and answers that are usually associated with decisions discussed in this manual.

You will also notice information on organ donation. While debate exists within various strands of Orthodox Judaism on this subject, the mood of the Reform Movement is that we are accepting of organ donation under the rubric of "p'kuach nefesh" (the saving of a life). In a March, 1986 Responsum, the Central Conference of American Rabbis affirmed the practice of organ donation in light of the above-mentioned value. Organ Donation cards are available through the following:

UNITED NETWORK FOR  
ORGAN SHARING  
P.O. Box 13770  
Richmond, VA 23225  
Phone: 1-800-24-DONOR

Please consult Resources section for additional sources of information and sample forms.



**ADVANCE DIRECTIVES FOR HEALTH CARE**  
**Planning Ahead for Important Health Care Decisions**  
**from**  
**The New Jersey Commission**  
**on Legal and Ethical Problems in the Delivery of Health Care**  
**a legislative study commission**  
**March, 1991**

**Questions and Answers**

**Why should I consider writing an advance directive?**

Serious injury, illness or mental incapacity may make it impossible for you to make health care decisions for yourself. In these situations, those responsible for your care will have to make decisions for you. Advance directives are legal documents which provide information about your treatment preferences to those caring for you, helping to insure that your wishes are respected even when you can't make decisions yourself. A clearly written directive helps prevent disagreements among those close to you and alleviates some of the burdens of decision making which are often experienced by family members, friends and health care providers.

**When does my advance directive take effect?**

Your directive takes effect when you no longer have the ability to make decisions about your health care. This judgment is normally made by your attending physicians, and any additional physicians who may be required by law to examine you. If there is any doubt about your ability to make such decisions, your doctor will consult with another doctor with training and experience in this area. Together they will decide if you are unable to make your own health care decisions.

**What happens if I regain the ability to make my own decisions?**

If you regain your ability to make decisions, then you resume making your own decisions directly. Your directive is in effect only as long as you are unable to make your own decisions.

**What is the advantage of having a health care representative, isn't it enough to have an instruction directive?**

Your doctor and other health care professionals are legally obligated to consider your expressed wishes as stated in your **instruction directive** or "living will." However, instances may occur in which medical circumstances arise or treatments are proposed that you may not have thought about when you wrote your directive. If this happens your **health care representative** has the authority to participate in discussions with your health care providers and to make treatment decisions for you in accordance with what he or she knows of your wishes. Your health care representative will also be able to make decisions as your medical condition changes, in accordance with your wishes and best interests.

**If I decide to appoint a health care representative, who should I trust with this task?**

This person you choose to be your health care representative has the legal right to accept or to refuse medical treatment (including life-sustaining measures) on your behalf and to assure that your wishes concerning your medical treatment are carried out. You should choose a person who knows you well, and who is familiar with your feelings about different types of medical treatment and the conditions under which you would choose to accept or refuse either a specific treatment or all treatment.

A health care representative must understand that his or her responsibility is to implement your wishes even if your representative or others might disagree with them. So it is important to select someone in whose judgment you have confidence. People that you



might consider asking to be your health care representative include:

- \* a member of your family, a very close friend, or your rabbi.
- \* a trusted health care provider, but your attending physician cannot serve as both your physician and your health care representative.

### **Should I discuss my wishes with my health care representative and others?**

Absolutely! Your health care representative is the person who speaks for you when you can't speak for yourself. It is very important that he or she has a clear sense of your feelings, attitudes and health care preferences. You should also discuss your wishes with your physician, family members and others who will be involved in caring for you.

### **Does my health care representative have the authority to make all health care decisions for me?**

It is up to you to say what your health care representative can and cannot decide. You may wish to give him or her broad authority to make all treatment decisions including decisions to forego life-sustaining measures. On the other hand, you may wish to restrict the authority to specific treatments or circumstances. Your representative has to respect these limitations.

### **Is my doctor obligated to talk to my health care representative?**

Yes. Your health care representative has the legal authority to make medical decisions on your behalf, in consultation with your doctor. Your doctor is legally obligated to consult with your chosen representative and to respect his or her decision as if it were your decision.

### **Is my health care representative the only person who can speak for me, or can other friends or family members participate in making treatment decisions?**

It is generally a good idea for your health care representative to consult with family members or

others in making decisions, and if you wish you can direct that he or she do so. It should be understood by everyone, however, that your health care representative is the only person with the legal authority to make decisions about your health care even if others disagree.

### **If I want to give specific instructions about my medical care, what should I say?**

If you have any special concerns about particular treatments you should clearly express them in your directive. If you feel there are medical conditions which would lead you to decide to forego all medical treatment, including life-sustaining measures, and accept an earlier death, this should be clearly indicated in your directive.

### **Are there particular treatments I should specifically mention in my directive?**

It is a good idea to indicate your specific preferences concerning two specific kinds of life sustaining measures: artificially provided fluids and nutrition and cardiopulmonary resuscitation. Stating your preferences clearly concerning these two treatments will be of considerable help in avoiding uncertainty, disagreements or confusion about your wishes. The enclosed forms provide a space for you to state specific directions concerning your wishes with respect to these two forms of treatment.

### **Can I request all measures be taken to sustain my life?**

Yes. You should make this choice clear in your advance directive. Remember, a directive can be used to request medical treatments as well as to refuse unwanted ones.

### **Does my doctor have to carry out my wishes as stated in my instruction directive?**

If your treatment preferences are clear your doctor is legally obligated to implement your wishes unless doing this would violate his or her conscience or accepted medical practice. If your doctor is unwilling to honor your wishes he or she must assist in transferring you to the care of another doctor.



### Can I make changes in my directive?

Yes. An advance directive can be updated or modified, in whole or in part, at any time, by a legally competent individual. You should update your directive whenever you feel it no longer accurately reflects your wishes. It is a good idea to review your directives on a regular basis, perhaps every 5 years. Each time you review the directive indicate the date on the form itself and have someone witness the changes you may want to write a new directive. Remember to notify all those important to you of any changes you make.

### Can I revoke my directive at any time?

Yes. You can revoke your directive at any time regardless of your physical or mental condition. This can be done in writing, orally, or by any action which indicates that you no longer want the directive to be in effect.

### Who should have copies of my advance directive?

A copy should be given to the person that you have named as your health care representative, as well as to your family, your doctor, and others who are important to you. If you enter a hospital, nursing home, or hospice, a copy of your advance directive should be provided so that it can be made part of your medical records.

### Can I be required to sign an advance directive?

No. An advance directive is not required for admission to a hospital, nursing home, or other health care facility. You cannot be refused admission to a hospital, nursing home, or other health care facility because you do not have an advance directive.

### Can I be required to complete an advance directive as a condition of my insurance coverage?

No. You cannot be required to complete an advance directive as a condition for obtaining a life or health insurance policy. Also, having, or not having, an advance directive has no effect on your current health or life insurance coverage, or health benefits.

### Can I use my advance directive to make an organ donation upon my death?

Yes. Refer to following sample forms and to page 25 for address of American Council on Transplantation.

#### I HAVE AN ADVANCE DIRECTIVE FOR HEALTH CARE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

*for information please contact as soon as possible:*

Name: \_\_\_\_\_ tel.# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

OR

Name: \_\_\_\_\_ tel.# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

#### SAMPLE - ORGAN DONOR CARD

In the hope that I may help others, I hereby make this anatomical gift, to take effect upon my death. The words and marks below indicate my desires.

I give: ..... Any needed organs or parts.

or: ..... Only the following organs or parts.

For the purposes of transplantation, therapy, medical research or education.

Signed by the Donor and the following two witnesses in the presence of each other.

Signature of Donor \_\_\_\_\_ Date of birth of Donor \_\_\_\_\_

Date Signed \_\_\_\_\_ City & State \_\_\_\_\_

Witness \_\_\_\_\_ Witness \_\_\_\_\_

This is a Legal Document Under the Uniform Anatomical Gift Act.

### Will another state honor my advance directive?

It is likely that your advance directive will be honored in another state, but this is not guaranteed.

### What if I already have a living will?

While you may want to review your existing living will or advance directive and make sure it reflects your wishes, there is no legal requirement that you do so.

### Do I need an attorney or a doctor to write one?

You should consult with anyone you think can be



helpful, but it is not necessary. This booklet and the forms which are included are designed to enable you to complete your advance directive.

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### Terms You Should Understand

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**1. Artificially provided fluids and nutrition:**

The provision of food and water to seriously ill patients who are unable or unwilling to eat. Depending on the method used, such insertion of a feeding tube or an intravenous line, and the condition of the patient, techniques may involve minor surgery, continuous supervision by medical (and sometimes surgical) personnel, risk of injury or infection, and side effects.

**2. Cardiopulmonary Resuscitation (CPR):** A

treatment administered by health care professionals when a person's heartbeat and breathing stops. CPR may restore functioning if administered properly and in a timely fashion and may include the use of mechanical devices and/or drugs.

**3. Life-sustaining measures:** Any medical procedure, device, artificially provided fluids and nutrition, drugs, surgery or therapy that uses mechanical or other artificial means to sustain, restore or supplant a vital bodily function, thereby prolonging the life of a patient.

**4. Decisionmaking capacity:** A patient's ability to understand the benefits and risks of a proposed medical treatment and its alternatives and to reach an informed decision.

**5. Health care representative or health care proxy:**

In the event an individual loses decisionmaking capacity, a health care representative or proxy is a person who has been legally designated to make decisions on his or her behalf. A health care representative is appointed through the execution of a proxy directive (a durable power of attorney for health care).

**6. Terminal condition:** The terminal stage of an irreversibly fatal illness, disease, or condition. While determination of a specific "life expectancy" is not required for a diagnosis of a "terminal condi-

tion", a prognosis of a life expectancy of one year or less, with or without treatment, is generally considered terminal.

**7. Permanent unconsciousness:** A medical condition defined as total and irreversible loss of consciousness. The term "permanently unconscious" includes the conditions persistent vegetative state and irreversible coma. Patients in this condition cannot interact with their surroundings or others in any way and do not experience pleasure or pain.

**8. Persistent vegetative state:** A condition of permanent unconsciousness in which the patient loses all capacity for interaction with their environment or other people. It is usually caused by an injury to the brain. It is normally not regarded as a terminal condition and with the aid of medical care and artificial fluids and nutrition patients can survive for many years.

**9. Incurable and irreversible chronic diseases:** Disabling diseases such as Alzheimer's Disease, organic brain syndrome or other diseases which get progressively worse over time, eventually resulting in death. Depending on the disease, the patient may also experience partial or complete loss of physical and mental abilities. Because the rate at which these diseases advance may be slow, such diseases are not considered terminal in their early stages.

**10. Whole brain death:** Death due to total and irreversible loss of all functions of the entire brain, including the brain stem. The criteria of whole brain death must be used to accurately determine death in individuals who have suffered massive or total brain damage but whose heart and lungs are kept functioning by machines. Brain dead individuals are not vegetative or in a coma, but are, in fact, dead.

**11. Attending physician:** The doctor directly responsible for your medical treatment. He or she may or may not be your regular family physician. Depending on your health care needs the attending physician may consult with others in order to diagnose and treat your medical condition, but he or she remains directly responsible for your care.



## HEALTH CARE DECISIONS ON DYING

Submitted by The Bio-Ethics Committee and the Commission on Social Action

### Background

Jewish tradition affirms the sanctity of life, as well as the precept that every means must be undertaken to preserve life. It also affirms that when there is no hope for a patient and death is certain, impediments to death must not be created, allowing a patient to die in dignity and in peace.

Recent medical developments now make it possible to prolong artificially the process of dying in those whose deaths would otherwise be imminent. These developments have kept many patients alive after they have become incompetent and are close to death or in persistent vegetative state, with no chance of recovery. Often these patients, before becoming incompetent, have not expressed their views in an enforceable way or have not had the opportunity to record their views on issues of death and dying.

The prolongation of their lives through such procedures takes an enormous toll upon the spiritual, emotional and economic resources of the patients and their families and friends, and at times can result in protracted litigation. Clergy, physicians and other health care providers are often confronted with a variety of irreconcilable or unresolvable moral and ethical conflicts when patients have expressed whether they want such procedures used to prolong their lives.

In 1990, in the landmark decision in Cruzan v. Director, Missouri Department of Health, the United States Supreme Court affirmed that (1) a competent person has a right to refuse unwanted medical treatment, (2) that right survives incompetency, and (3) that right should be protected when a decision to refuse treatment is clearly expressed with specificity by a patient, when competent. The Cruzan decision makes clear the importance of expressing and recording one's wishes before illness strikes to insure that those wishes be honored, to give guidance to physicians, other health care providers, family, friends, and clergy, and to avoid the trauma which ensues when a patient's wishes are either unknown or not clearly recorded.

**THEREFORE,** The Union of American Hebrew Congregations resolves to:

1. Reaffirm in accordance with Reform tradition that each individual has the ethical, moral and legal right to make his or her own health care decisions, and that such right survives incompetency.
2. Develop and promote educational programs to inform each member of the existence of death and dying.
3. To encourage members of our congregations to use advance health care directives and/or other legally acceptable and binding writings, such as living wills and durable health care powers of attorney, for the purpose of memorializing their respective decisions.
4. To promote and support the enactment of national and also state and provincial legislation, preferably of a uniform nature, designed to facilitate the decision making process set forth above.
5. Call upon member congregations to support and join in these efforts.



### III

## THE ETHICAL WILL

"For I have singled him out, that he may instruct his children and his household after him to keep that way of the Lord by doing what is just and right, in order that the Lord may bring about for Abraham what He has promised him"

(Gen. 18:19)

With these words do we see the beginning of what developed as the custom of one generation leaving an ethical will for the next. For centuries it has not been uncommon that parents leave a document for their children in which they provide a spiritual, moral and ethical legacy. In essence this is but another way in which we transmit the fundamental values of life's dignity and sanctity and our responsibility to honor the passing of these values to those we leave behind.

An additional gift that can be given by a parent to a child is just such a personal ethical will. It is a testimony on living; a prescription, drawn from one's own experiences, on living a proper life.

Albert Vorspan, Senior Vice President of the Union of American Hebrew Congregations, once described the challenge of leaving behind an ethical will in the following way:

What is the true legacy I can leave my own children?

It is not stocks and bonds and notes and precious stones. It is not even such wisdom as I may have accumulated in my life. For what is man and what is life? I have lived and I will die, but the deepest mysteries of life will no doubt be as unclear to me at the end as at the beginning.

Each of us is but a puff of smoke in eternity.

What is immortal about us is that we are part of an undying Jewish people. The wisdom which has been distilled in 3,000 years of unique history is the greatest legacy a Jew can leave his children.

For it is not economic wealth, but moral and spiritual treasure which I can pass on to my children as did my ancestors through one hundred and twelve generations, stretching back to the midsts of Sinai. What I owe them is a chance to grasp a faith to live by.

(Jewish Values and Social Crises, UAHC, p.193)



Jewish textual tradition has managed to provide us with numerous examples of the ethical will. From the Biblical to the contemporary period, reflecting the myriad of Jewish experiences, the spiritual heritage of our people has been transmitted in uniquely personal ways. Some of these examples may be seen in a section on Ethical Wills found in the "Gates of Mitzvah" (p. 139-143) published by the Central Conference of American Rabbis. The classic book on the subject is entitled "Hebrew Ethical Wills" by Israel Abrahams. In the foreword to the revised edition Judah Goldin writes of the meaning of the ethical will as follows: "The Hebrew ethical will is not mere valediction but an audacious attempt at continuing speech from fathers in the grave to children in a reckless world. The teacher's absence is not the end of instruction. It was said a long time ago, when the dead are quoted, their lips move."

The opportunity exists for us to continue to teach by participating in this ancient mitzvah of leaving for our children an ethical will. Its compilation should be the subject of the same detailed thought and planning as we go through in creating a will that instructs as to the distribution of property and assets and our wishes regarding medical treatment.

What instructions, reflections and impressions do we wish to share with those we may leave behind? Based on your experiences, your life; what values of faith and community, of love and life can you share in order to benefit those who remain? What dreams remain unfulfilled? What advice needs to be shared? What promises need to be kept? What legacy for living can you impart?

In a world of increased complexity we often search for lessons of truth to pass on to our next generation. Thus, the ethical will. One of the most beautiful and simple examples can be drawn from the Hassidic tradition and concerns the instruction given by Reb Zusya, as he lay dying. It seems that the students of Zusya came to pay one last visit when they heard that death approached. They entered his room and found him trembling.

"Why are you afraid," they asked. "Have you not been in your life as righteous as Moses?" To which Zusya replied, "When I stand before the throne of judgment I will not be asked, 'Reb Zusya, why were you not like Moses?' I will be asked, 'Reb Zusya, why were you not like Zusya?'".

## MY PERSONAL ETHICAL WILL

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

DATE: \_\_\_\_\_





## IV

# THE DIGNITY AND SANCTITY OF LIFE:

*Some thoughts on decision making and the use of this manual drawn from our Reform Jewish tradition.*

We read in the High Holy Day prayerbook that "Birth is a beginning and death a destination." In using this document it is hoped that many of the difficulties and stresses that present themselves as the ultimate destination approaches can be made easier. Choices that a generation ago were unavailable now present themselves with regularity as medical technology develops.

Many congregations, as part of their Caring Community Committee work, have developed important and meaningful guidelines to aid congregants in the painful period of time surrounding the death of a loved one and the subsequent funeral and "shiva" period. A partial list of these congregational guidelines is included in the Resources section of this manual. We also refer you to Rabbi Daniel Syme's, The Jewish Home, for additional material especially on the customs and ceremonies associated with death and bereavement. **As with all of this material, consultation with your own rabbi is strongly urged.**

The wealth of Reform Jewish opinion on items covered in this manual that may come up in family discussions is well represented in collections of our Responsa. Responsa is a traditional form of Jewish Literature which reflects, through a process of questions and answers, how scholars apply this tradition to contemporary Reform Responsa. The Resource section of the manual contains a reference to some of the more recent collections which contain material pertinent to our subject. Again, consult with your rabbi as you and your family find it necessary.

In taking an overview of much of the Responsa we can see certain moods emerging. An examination of our tradition will remind us quite clearly that we emphasize as our fundamental ethic the dignity and sanctity of life. It stands to reason that we also understand that this concept of dignity and sanctity extends to our entire journey of life; even unto death. Discussions that enhance these values are recommended. The "mood" of our tradition underscores that we as we are created "b'tzelem elohim" (the image of God), we do all that we can to maintain that image throughout our life's journey.

The realities of medical technology often bring challenges to our concept of dignity and sanctity. Often we are called to make decisions about care and treatment that raise questions regarding "tzelem elohim". Often a family will be called upon to advise a physician regarding the extent of treatment, the level of that treatment and even the withdrawal of that treatment. With that in mind, the completion of your own medical directive becomes of prime importance.

Recent Responsa have begun to deal with these complex issues and various guidelines have emerged all of which find their basis in our tradition's fundamental ethic of dignity and sanctity. To us all life is sacred, from its beginning to the very last moment. Traditional texts have compared it to a flame. Nothing may be done to put out that flame. It is not a Jewish act to actively end a life before its time. That is not permitted in any circumstance.

Yet, we are often confronted with situations that seem not so clear cut. Technology can enhance the state of limbo and it is in that arena that we are often asked to play. Once again the tradition is helpful. We are introduced to the concept of "goses". Literally defined, the "goses" is a person for whom the flame of life is flickering out. Death is imminent (the tradition suggests within three days), and all aggressive medical treatment



options have been exhausted. Often this scenario presents itself after a full course of technology. An individual may be hooked up to a wide variety of machines; debilitating therapies may have been tried; and in many "worst case" situations, the patient may even be unconscious. Are we commanded to continue the onslaught of technology and treatment when we find ourselves in this situation? Judaism says no. When the end is clear, when the journey is complete, when the flame is flickering out, we are under no obligation to continue suffering or pain for that only reduces the value of dignity and sanctity. Up until a person becomes a "goses" all must be done to ensure a proper, dignified and sanctified end of life. In our time, ongoing communication between a family, a patient and the health care providers is fundamentally important in determining when this status begins. There are no set rules; there is no set standard as each individual and case must stand on its own merits.

Often the issue of "quality of life" will arise in discussions. Within contemporary Jewish thought differences of opinion have arisen about whether quality of life is valid in the decision making process. A helpful phrase comes from a commentary written by Max Arzt on the High Holy Day prayer "unetanah tokef". Arzt notes that the "quantity of life is in the hands of God, but the quality of life is in the hands of man." I have found this phrase of particular help.

What emerges is that each individual case is best judged on its own merits given the contexts that present themselves. Decisions regarding a person's "quality of life" are best left to that individual or to a duly appointed surrogate in case of incompetence. The completion of the appropriate documents, preceded by honest discussion can be among an individual and family's most important acts. A 1985 Responsum entitled, "The Quality of Life and Euthanasia", focuses discussion on several scenarios which find patients in varying degrees of age, pain and control. After discussing the various contexts, the Responsum helpfully concludes that "...we should do our best to enhance the quality of life and to use whatever means modern science has placed at our disposal for this purpose. We need not invoke 'heroic' measures to prolong life, nor should we hesitate to alleviate pain, but we cannot also utilize a 'low quality' of life as an excuse for hastening death. We cannot generalize about the 'quality of life' but must treat each case which we face individually. All life is wonderful and mysterious. The human situation, the family setting and other factors must be carefully analyzed before a sympathetic decision can be reached."

The issues of when a person becomes a "goses" when "independent life" is no longer possible, and the context of one's "quality of life" all are part of the decision making process, especially when such decisions involve the continuing or withdrawal of aggressive types of treatment. If procedures are used as necessary forms of treatment in order to bring about a possible cure or the alleviation of a condition which will promise at least some form of "independent life" then we are safe to assume that those procedures are to be done. However, if these procedures are used as a means to prolong a "goses" and are without therapeutic benefit; in other words, "heroic" or "extraordinary", then we are under no mandate to use them. Indeed, given the appropriate context within the realities of the "goses" category, procedures already in place may be withdrawn or not continued. We are instructed in our tradition that it is praiseworthy to remove from a "goses" that which impedes the natural process of the soul from departing the body. In this way the end of the journey of life is dealt with in dignity and sanctity. A great number of our scholars from every branch of Judaism understand that when an individual becomes a "goses" removal of artificial impediments to the natural dying process is permitted.

The humaneness of our tradition calls upon each of us to remember that, in making these decisions, it is helpful to reflect back on basics. We are created in the image and likeness of God; thus we are encouraged to view our existence as a "tzelem", a representation of God's presence. In that existence we are guided by a fundamental preservation of that life in dignity and sanctity. As such, we can be aided in our decision making process by what I suggest is a three-fold approach which draws its strength from our own tradition.



First, there is context. What is the context of the case? Is the person a "goses"? What is the medical scenario? What hope is there for recovery? What are the prospects of "independent life" What wishes have been expressed by the individual?

Second, action. Based upon the context of the situation, appropriate action based upon our understanding of the individual's wishes and Jewish tradition may be taken. The context will determine the action and our tradition is clear in suggesting aggressive or passive therapies based upon what stage a person is in.

Third, values. The context of the case will determine the actions to be taken so that the fundamental value of the dignity and sanctity of life is assured. In this way may the process of context, action and values ensure an individual continuing to be seen and treated as "tzelem elohim" no matter where on the journey of life he or she may be.

Rabbi Bernard Zlotowitz, speaking at a Bioethics seminar on Termination of Treatment at the 1989 UAHC Biennial, summarized his discussion in the following manner. It is instructive for our purposes as well.

"Jewish tradition affirms the sanctity of life. Yet, when there is no hope for the patient and death is certain, one should not hasten his death, but at the same time, one should not prolong his death throes but permit him to die in peace. This should be done in consultation with the family, the rabbi, and the physician, and the patient, if possible, whether or not to terminate treatment."

In completing the mission of this manual, it is helpful to remember that while our time for life is in the hands of God, the living of our life rests totally within our power. Our tradition gives us, indeed mandates, that we make appropriate choices about how we live our lives as we journey from birth to death. These decisions are holy acts for they can tell us in many ways who we are, how we wish to be remembered and how we understand the ultimate mystery, power and passion of life itself.

## V

# A SUGGESTED RITUAL FOR SAYING GOODBYE

There may come a time when a loved one is on the verge of death, and through circumstances it will be possible for you to spend a few moments together. Hopefully this will take place at home and the patient will be lucid. In many cases, however, the setting may be in a hospital or other medical care facility and the patient is unconscious. In line with the values of dignity and sanctity, it is a mitzvah to be able to pray with your loved one and, in a real sense, say goodbye. The following represents a suggested brief ritual that you may want to use in such circumstances. It is by no means authoritative and you are urged to be as personal as time and situation permit.

### CONFESSION BY THE GRAVELY ILL

*(May be read in one's behalf) ,*

אֱלֹהֵי וְאֱלֹהֵי אֲבוֹתַי וְאֲמוֹתַי, My God and God of all who have gone before me, Author of life and death, I turn to You in trust. Although I pray for life and health, I know that I am mortal. If my life must soon come to an end, let me die, I pray, at peace. If only my hands were clean and my heart pure! I confess that I have committed sins and left much undone, yet I know also the good that I did or tried to do. May my acts of goodness give meaning to my life, and may my errors be forgiven.

Protector of the bereaved and the helpless, watch over my loved ones. Into Your hand I commit my spirit; redeem it, O God of mercy and truth.

*(As the end approaches, the following is said with or for the dying person:)*

יְיָ מֶלֶךְ, יְיָ מֶלֶךְ, יְיָ יִמְלֹךְ לְעוֹלָם וָעֶד.

God reigns; God has reigned; God will reign for ever and ever.

בָּרוּךְ שֵׁם כְּבוֹד מַלְכוּתוֹ לְעוֹלָם וָעֶד.

Blessed be God's name whose glorious dominion is for ever and ever.

יְיָ הוּא הָאֱלֹהִים.

Adonai is God.

שְׁמַע יִשְׂרָאֵל: יְיָ אֱלֹהֵינוּ, יְיָ אֶחָד!

Hear, O Israel, Adonai is our God, Adonai is One.

### THOSE WHO ARE PRESENT

שְׁמַע יִשְׂרָאֵל: יְיָ אֱלֹהֵינוּ, יְיָ אֶחָד!

Hear, O Israel: Adonai is our God, Adonai is one.

*(After the moment of death:)*

יְיָ נָתַן וַיִּזַּק לָקַח. יְהִי שֵׁם יְיָ מְבֹרָךְ.

God gave and God has taken away; blessed be the name of God

בָּרוּךְ דִּין הָאֱמֶת.

Blessed be the Judge of truth.



## MEDITATIONS

For everything there is a season, a time for every experience under heaven:

A time to be born and a time to die,  
A time to plant and a time to uproot what is planted;  
A time to tear down and a time to build up;  
A time to weep and a time to laugh,  
A time to grieve and a time to dance;  
A time to throw stones and a time to gather stones,  
A time to embrace and a time to refrain from embracing;  
A time to seek and a time to lose;  
A time to keep and a time to discard;  
A time to tear and a time to sew,  
A time to keep silence and a time to speak.

(From Ecclesiastes 3)

What can we know of death, we who cannot understand life?

We study the seed and the cell, but the power deep within them will always elude us.

Though we cannot understand, we accept life as the gift of God. Yet death, life's twin, we face with fear.

But why be afraid? Death is a haven to the weary, a relief for the sorely afflicted. We are safe in death as in life.

There is no pain in death. There is only pain of the living as they recall shared loves, and as they themselves fear to die.

Calm us, O God, when we cry out in our fear and our grief. Turn us anew toward life. Awaken us to the warmth of human love that speaks to us of You.

We shall fear no evil as we affirm Your kingdom of life.

I have set the Eternal  
always before me. God  
is at my side; I shall not  
be moved. Therefore  
does my heart exult and  
my soul rejoice; my  
being is secure. For You  
will not abandon me to  
death nor let Your faith-  
ful ones see destruction.  
You show me the path of life;  
Your presence brings  
fullness of joy; enduring  
happiness is Your gift. (From Psalm 16)

שְׁוִי־תִי יְיָ לְנֶגְדִי תָמִיד,  
כִּי מִיָּמִינִי בִלְ-אֲמוּט. לִבִּי  
שָׂמַח לְבִי וַיִּגַּל כְּבוֹדִי, אֲף־  
בְּשָׂרִי יִשְׁכֵּן לִבְטָח. כִּי  
לֹא-תַעֲזֹב נַפְשִׁי לְשָׂאוֹל,  
לֹא-תִתֵּן חֲסִידְךָ לְרָאוֹת  
שָׁחַת. תוֹדִיעֵנִי אֶרֶח חַיִּים,  
שְׁבַע שְׂמֵחוֹת אֶת-פִּנְיָךְ,  
נַעֲמֹת בְּיָמֶיךָ נֵצַח.

Birth is a beginning  
And death a destination.  
And life is a journey:  
From childhood to maturity  
And youth to age;  
From innocence to awareness  
And ignorance to knowing;  
From foolishness to discretion  
And then perhaps, to wisdom;  
From weakness to strength  
Or strength to weakness-  
And, often, back again;  
From health to sickness  
And back, we pray, to health again;  
From offense to forgiveness,  
From loneliness to love,  
From joy to gratitude,  
From pain to compassion,  
And grief to understanding-  
From fear to faith;  
From defeat to defeat to defeat-  
Until, looking backward or ahead,  
We see that victory lies  
Not at some high place along the way,  
But in having made the journey, stage by stage,  
A sacred pilgrimage.  
Birth is a beginning  
And death a destination.  
And life is a journey,  
A sacred pilgrimage-  
To life everlasting.



## VI RESOURCES

1. Survivors Book  
Susan Casid, Temple Shalom - Dallas, Texas, 1987
2. Society for Right to Die  
257 W. 57th St. New York, NY 10107
3. American Council on Transplantation  
700 N. Fairfax St. - Suite 505  
Alexandria, VA 22314
4. The Jewish Home  
Rabbi Daniel B. Syme, UAHC: p. 98-124  
UAHC, 838 Fifth Ave., New York, NY 10021
5. American Reform Responsa  
Central Conference of American Rabbis  
192 Lexington Ave., New York, NY 10016
6. Contemporary Reform Responsa  
Central Conference of American Rabbis  
192 Lexington Ave., New York, NY 10016
7. Jewish Values in Social Crises  
Albert Vorspan, Union of American Hebrew Congregations  
838 Fifth Ave., New York, NY
8. Gates of Mitzvah  
Central Conference of American Rabbis  
192 Lexington Ave., New York, NY 10016
9. Gates of the House  
Central Conference of American Rabbis  
192 Lexington Ave., New York, NY 10016
10. Ethical Wills: A Forgotten Tradition Worthy of Recall  
Jerome B. Apfel, Esq.  
Pennsylvania Bar Association Quarterly, Jan., 1978, Vol. XLIX, No. 1
11. The Medical Directive  
Emanuel & Emanuel  
Journal of the American Medical Association, June 9, 1989, Vol. 261, No.22
12. Hippocrates Magazine  
May/June, 1988

13. UAHC Committee on Bioethics Program/Case Study II  
Autonomy: My Right to Live or Die April, 1990

---

Termination of Treatment                      Program/Case Study II  
April, 1990

---

The Living Will                      Program/Case Study III  
January, 1991

14. UAHC COMMITTEE ON BIOETHICS  
RABBI RICHARD F. ADDRESS

117 S. 17th St. - Suite 2111  
Philadelphia, PA 19103

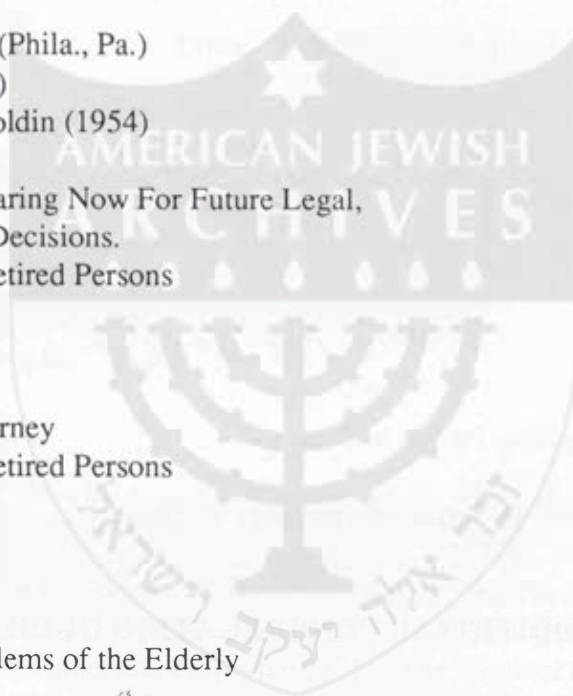
15. Hebrew Ethical Wills  
Jewish Publication Society (Phila., Pa.)  
Israel Abrahams, Ed. (1926)  
New Foreword by Judah Goldin (1954)

16. Tomorrow's Choices: Preparing Now For Future Legal,  
Financial and Health Care Decisions.  
American Association of Retired Persons  
1909 K Street, N.W.  
Washington, DC 20049

17. Health Care Powers of Attorney  
American Association of Retired Persons  
1909 K Street, N.W.  
Washington, DC 20049  
or  
American Bar Association  
Commission on Legal Problems of the Elderly  
1800 M. Street, N.W.  
Washington, DC 20036

18. National Institute for Jewish Hospice  
Cedars-Sinai- Medical Center - Suite 652  
8723 Alden Drive  
Los Angeles, CA 90048

19. Jewish Mourning  
Rabbi Daniel B. Syme  
UAHC  
838 Fifth Avenue  
New York, NY 10021





20. "ADVANCE DIRECTIVES FOR HEALTH CARE"  
Planning ahead for important health care decisions.  
New Jersey Bioethics Commission  
CN 061  
Trenton, NJ 08625
21. "DO YOU KNOW THE MEDICAL CHOICES AVAILABLE  
IN THE EVENT OF A TERMINAL ILLNESS?"  
Chicago Medical Society  
515 N. Dearborn St.  
Chicago, IL 60610
22. TALKING ABOUT DEATH: A Dialogue Between Parent and Child  
Dr. Earl A. Grollman  
Beacon Press, Boston, 1974
23. CONCERNING DEATH: A Practical Guide for the Living  
Dr. Earl A. Grollman  
Beacon Press, Boston, 1974
24. Rabbinic Council of America  
Sample Advance Directive  
275 Seventh Ave.  
New York, NY 10001  
(212) 807-7888
25. EUTHANASIA: Should We Help People to Die?  
Drugs, Sex and Integrity  
Rabbis Daniel F. Polish, Daniel B. Syme, and Bernard M. Zlotowitz  
UAHC Press, New York, NY, 1991

#### ADDITIONAL CONGREGATION GUIDES

1. THE VALLEY OF THE SHADOW  
What To Do When Death Comes  
Rabbi Chaim Stern  
Temple Beth El of Northern Westchester  
220 W. Bedford Rd.  
Chappaqua, NY 10514
2. TO CONSOLE THE MOURNERS  
Temple Sinai  
100 Ames St.  
Sharon, MA 02067-0414

3. **A GUIDE TO FAMILIES IN MOURNING**  
Anshe Emeth Memorial Temple  
222 Livingston Ave.  
New Brunswick, NJ 08901
4. **A TIME TO MOURN**  
A Guide to Funeral Practice and Mourning  
Rabbi Cary David Yales  
Temple Isaiah  
55 Lincoln St.  
Lexington, MA 02173
5. **THE END OF LIFE'S ROAD**  
A Guide to Jewish Practices on Wills,  
Funerals and Mourning  
Beth El Hebrew Congregation  
3830 Seminary Rd.  
Alexandria, VA 22304
6. **OPEN HANDS:**  
A Jewish Guide on Dying, Death and Bereavement.  
Rabbi Rami M. Shapiro, Ph.D.  
Temple Beth Or, Miami, Florida  
Riverside Memorial Chapel pub.  
1920 Alton Rd., Miami Beach, FL 33139



#### ACKNOWLEDGEMENTS

Grateful appreciation for permission to reprint material is extended to the Central Conference of American Rabbis, the Union of American Hebrew Congregations, Mr. Michael Vollen, Associate Director, New Jersey Bioethics Commission, Drs. L.L. Emanuel and E.J. Emanuel for The Medical Directive, Journal of the American Medical Association, June 9, 1989, Vol. 261, No. 22.

With sincere thanks to Susan Casid and her family whose courage and clarity of thought provided the initial idea for this document. The bulk of Section 1 of this volume has been drawn from Susan's "Survivor's Book" published by Temple Shalom, Dallas, Texas in 1987.

Special thanks as well go to Mr. Arthur Grant for his support along with Mr. Albert Vorspan and Rabbi Bernard Zlotowitz and Jerome B. Apfel, Esq., for their ideas and comments.

A special thank you to Mrs. Esther Rhode of our Pennsylvania Council, UAHC, office for many hours of help.

Lastly, but of most importance, my thanks to Jane, Alan, Jason, Liz, and my father, Mr. Martin Address (may his memory be for a blessing).





COPY ✓

RABBI ALEXANDER M. SCHINDLER • UNION OF AMERICAN HEBREW CONGREGATIONS  
PRESIDENT 838 FIFTH AVENUE NEW YORK, NY 10021-7064 (212)249-0100

April 30, 1993  
9 Iyar 5753

Lori A. Stiegel, J.D.  
Assistant Staff Director  
ABA Commission on Legal  
Problems of the Elderly  
1800 M. Street, N.W.  
Washington, DC 20036

Dear Dr. Stiegel:

Thank you for sharing with me the educational materials concerning the legal rights and problems of older persons which were developed by the American Bar Association Commission on Legal Problems of the Elderly. I am very grateful to you for sharing this material with the Union of American Hebrew Congregations.

It would be most helpful if you would change your mailing roster to indicate that materials from your Commission should be sent to Rabbi Richard Address, Director -UAHC Committee on Older Adults, 2111 Architects Building, 117 S. 17th Street, Philadelphia, PA 19103. Phone, (215) 563-1549, FAX, (215) 563-1549.

He is the person most deeply involved in our work with and for the elderly, and therefore your materials are very important to him. As a matter of fact, I am taking the liberty of forwarding to him the packet which was included with your letter of April 23.

With appreciation and kindest good wishes, I am

Sincerely,

Alexander M. Schindler

cc: Rabbi Richard Address



איחוד  
ליהדות  
מתקדמת  
באמריקה

# Union of American Hebrew Congregations

SERVING REFORM JUDAISM IN NORTH AMERICA

PATRON OF HEBREW UNION COLLEGE-JEWISH INSTITUTE OF RELIGION

2111 ARCHITECTS BLDG., 117 S. 17TH STREET, PHILADELPHIA, PA. 19103-5021

(215) 563-8183 FAX# (215) 563-1549

December 17, 1992

PENNSYLVANIA COUNCIL

RABBI RICHARD F. ADDRESS

Regional Director

ARIE GLUCK

Director

Camping and Youth

RABBI SUSAN MARKS

Assistant

Regional Director

LINDA STEIGMAN

Outreach Coordinator

MR. DAVID JONES  
c/o Humana, Inc.  
500 W. Main Street  
Louisville, KY 40202

Dear Mr. Jones:

I write to you through the referral of Jacques Morris of Louisville, who serves on the National Board of our organization, the Union of American Hebrew Congregations (UAHC).

The UAHC is the parent body of Reform Judaism, the largest synagogue movement in North America and indeed the world. Mr. Morris, as part of his board responsibilities, serves on our newly created Committee on Older Adults (COA), which I direct. This committee has been given the daunting task of collating, creating and implementing programs for Older Adults and their families. This segment of the population, as you are no doubt aware, represents the largest growth area within our movement.

We are endeavoring to create a variety of user-friendly guides and resource materials to be placed in the hands of our rabbis and congregants. A number of these programs are outlined within the enclosed proposals which form part of our Older Adults' agenda.

Mr. Morris suggested that I contact you regarding the possibility of Humana becoming partners with the UAHC in the creation of some of these resource materials such as a possible plan for instructional video tapes on health care, nursing home placement and decision-making, to name a few.

We are endeavoring to network with a number of agencies and organizations who have the expertise in creating some of this material which we would obviously adapt to denominational usage.

I am enclosing herewith a copy of the proposals in the hope that you will become familiar with the program. I have asked Mr. Morris to follow up with a phone call and hope that it would be possible, sometime at your convenience, to arrange a meeting with representatives from the UAHC, including our President, Rabbi Alexander M. Schindler, in order to explore this partnership.



MR. DAVID JONES

- 2 -

December 17, 1992

We hope that you will look favorably upon these requests and we look forward to working with Humana in a partnership for education.

With every best wish to you and your family.

Sincerely,

Rabbi Richard F. Address  
Regional Director

RFA:er

c.c. Jacques Morris  
COA Team  
Rabbi Alexander M. Schindler

encs.





UNIVERSITY  
OF JUDAISM

OFFICE OF THE PROVOST

April 14, 1992

Rabbi Richard F. Address  
Regional Director  
Union of American Hebrew Congregations  
2111 Architects Building  
117 South 17th Street  
Philadelphia, PA 19103-5021

Dear Rabbi Address:

Thank you ever so much for sending me a copy of the new UAHC Bioethics Committee's A Time To Prepare. It looks terrific!

I should explain that I asked David Ellenson to find out how I could get a copy of this for two reasons. First of all, I am writing a paper on organ transplantation, and I wanted to see what the latest Reform position was on that topic. Until I received your book, the latest material I had was an old responsum by Rabbi Solomon Freehoff.

The other reason why I was interested in seeing what you had done with this is because the Conservative Movement is in the process of preparing its own advanced directive for medical care. I had heard that what you people had done was far superior to anything else that had been produced to date, and that news was absolutely correct! As usual, we have a lot to learn from your publications.

I am enclosing a copy of the draft of my living will as it stands now, but it will definitely be changed in at least one important way -- namely, that I will separate out the appointment of proxy from the living will itself so that only the former must pass legal muster. The instructions for the latter will indicate clearly that it should only be given to the proxy, and not to the doctor or lawyer, so that there are not legal battles over whose interpretation of a document is to be effected.

Thank you for enlightening me through your document. I have no doubt that when I sit down to read through it thoroughly, I will learn a great deal. You should have pride in it and know that you will be influencing not only Reform Jews but, through what I learn from it, Conservative Jews as well. Yasher Kcah!

Warm regards.

Cordially,

Elliot Dorff

cc: Rabbi David Ellenson

Sunny and Isadore Familian Campus  
15600 Mulholland Drive, Los Angeles, California 90077  
(213)879-4114/476-9777





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RABBI ALEXANDER M. SCHINDLER • UNION OF AMERICAN HEBREW CONGREGATIONS  
PRESIDENT 838 FIFTH AVENUE NEW YORK, NY 10021-7064 (212)249-0100

*Comm.  
on Older  
Adults*

March 11, 1992  
6 Adar II 5752

Rabbi Richard Address  
Regional Director - Pennsylvania Council  
2111 Architect Bldg.  
117 S. 17th Street  
Philadelphia, PA 19103

Dear Richie:

Thank you for sharing with me your letter to Russell Silverman. I am so pleased with the manner in which you have taken hold of your new responsibilities for older adults. I am confident you will be doing a superb job in this realm.

It also pleased me to know that you will meet with our New Leadership group in Washington this Friday in order to share with them your plans and aspirations for the Committee on Older Adults. I know that they will respond to you fully and positively. I eagerly await word of this particular session.

With fond regards from house to house, I am

Sincerely,

Alexander M. Schindler



איחוד  
ליהדות  
מתקדמת  
באמריקה

# Union of American Hebrew Congregations

SERVING REFORM JUDAISM IN NORTH AMERICA

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(215) 563-8183 FAX# (215) 563-1549

PENNSYLVANIA COUNCIL

RABBI RICHARD F. ADDRESS

Regional Director

March 3, 1992

Russell Silverman  
Green Briar Nursing Center  
9820 N. Kendall Drive  
Miami, FL 33176

Dear Russ:

It was good being with you on February 13. I want to get this to you and bring you up to date on things since.

I have spoken to and/or met with in person the other members of the Older Adult "team." Everyone seems very enthusiastic about the project. Lil Maltzer is quite willing to work on the development of the Health Care conference. She also mentioned another agenda item that we may want to consider. She is about to become President of her congregation in Longboat Key. I was surprised when she said that the membership was in excess of 400. She reminded me that the congregation is a "single generation" congregation and that, if trends continue, similar congregations will develop. Thus the concern that we look at the special needs...spiritual, programmatic and rabbinic, of these type congregations.

Arlene and I spoke a few days later and she will meet with me sometime in the near future to go over the Caring Community aspect of the program. She will begin to survey the programs now operating in our area. I know of two regions (NY and the DC area) who are planning conferences on aging concerns for this spring. I have been in touch with planners of both and expect that we will receive copies of what they do.

I also met with Dr. James on the 24th. He shares a concern that the Bioethics component move forward, especially as part of the group's work is beyond the scope of Older Adults. We will move on in these areas (especially since we have a large agenda given to us from the Biennial meeting.) He is aware that additional funding for Bioethics may be possible if it is joined to Older Adults. Yet, he is still in favor of a national meeting (like the one we did in 1990) just for the Bioethics Committee to begin planning the next series of publications.

*Thanks for taking  
hold of this well*



Everyone was in agreement that after we meet in May we plan a national meeting for Older Adults, as you suggested, in the winter 92-93. Nobody voiced any real favor regarding where or when (I mentioned the alternate ideas of attaching the meeting to the Board meeting in December or a separate one in Houston.) The overall concern was money as in keeping travel and meeting costs down. We should start looking at calendars and arrive in Minneapolis with specific ideas regarding times and places.

The idea of the certification program for gerontology was thought to be great...a definite "must do."

I had a meeting on the 24th with the executive and president of the Jewish Home in NYC. They want to be a part of our program, wishing to help in any training we may wish to do. Mr. Finkelstein also raised an interesting concept. That is the affiliation (how I do not know) of congregations that are based in Jewish homes and geriatric facilities. It is definitely a subject to explore.

I sent a memo to Mel Merians on the 27th of February detailing our meeting and the other meetings and conversations that I have had regarding the Older Adults start-up. I wanted him and Alex to be aware that we are sitting on a potential "gold mine" of programs and activities and that, as far as I can determine, no money has been allocated for any of the program save for a figure of \$6,000. for the year 92-93 listed under Caring Community. In New York's hands now is a funding proposal drawn up by a UAHC grant writer that is based on my 6 point program memo to Alex. It has been reviewed by Glenn Stein, Sandy Seltzer, David Saperstein and myself. Supposedly Alex will take it to someone who "may" wish to endow the program. The proposal contains all of the material which we discussed plus much more. I have no idea what will happen to this. I did want Mel to know that we have begun to plan and that we will need some direction regarding money.

As you no doubt saw in the proposed agenda mailing for the May meeting, Terry took your suggestion and scheduled our first planning meeting on the afternoon of May 15. I will be following up with invitations to the auxiliaries to send a representative to that planning meeting. In mid March I have a meeting scheduled with Rabbi Dayle Friedman, the chaplain at the Philadelphia Geriatric Center. She has done major work in our area and she is excited about the prospect of brainstorming the certification program so that we can bring to the May meeting some sort of plan.

Russell Silverman

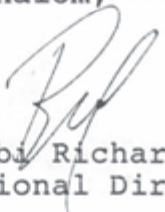
- 3 -

March 3, 1992

That should bring you up to date as of the beginning of March. I'll be back in South Florida around Passover for a few days if we need to get together in person. I look forward to hearing from you. Thanks again for your time last month.

Take care.

B'shalom,

  
Rabbi Richard F. Address  
Regional Director

RFA:er

c.c. Melvin Merians  
Rabbi Alexander M. Schindler  
Rabbi Daniel Syme  
Dr. David F. James  
Lillian Maltzer  
Arlene C. Rephan





Gerontology

August 6, 1986  
1 Av 5746

Rabbi Albert M. Lewis  
Temple Emanuel  
1715 East Fulton Street  
Grand Rapids, MI 49503

Dear Albert:

Many thanks for sharing with me your letter to Mr. Harry Samrick. I appreciate your thoughtfulness.

Keep up the good work. One never knows when the seeds cast along the way will bear fruit.

With warm good wishes and kindest regards, I am

Sincerely,

Alexander M. Schindler

# Temple Emanuel

1715 EAST FULTON STREET • GRAND RAPIDS, MICHIGAN • PHONE GL 9 - 5976

DR. ALBERT M. LEWIS, RABBI

*Al - for your info -*

*Al Lewis*

July 31, 1986

Mr. Harry Samrick  
6289 Greenway, S.E.  
Grand Rapids, Michigan 49506

Dear Harry,

I was pleased that you called today.

I have an idea I would like to explore with you. The idea is expensive, and you may decide to reject it. But I do want to talk it through with you.

For a number of years I have felt that the Union of American Hebrew Congregations, parent body of the Reform congregations throughout the world, should develop a Department of Gerontology to address many of the issues which confront older Jews. In the materials which I have enclosed for background information, the nature and scope of the program is detailed. (I have also included a few articles which I have published on the subject.) I have discussed these ideas with Rabbi Alexander Schindler, President of the UAHC. Rabbi Schindler agrees that there is a need for such a program. That's the easy part!

In order for this department to develop, the UAHC needs a million dollar nest-egg. This money will make it possible to operate the program without having to rob Peter to pay Paul each year. I told Rabbi Schindler I would try to raise that million dollars. It is possible that the donors or donor family would have the department named in their honor. For example, The Harry and Edith Samrick Department of Gerontology. All letterheads and publications would indicate that the department came about as the result of the generosity of whomever the benefactors were.

*Dear Al -  
Keep up the  
good work.  
Who knows.  
Someone*




Mr. Harry Samrick  
Page - 2

With an increasingly aging Reform Jewish community, this program is greatly needed. Harry, I am asking you to read the enclosed materials and to think about helping to fund this national project. I will call you in a few days to set up a time to talk further.

Thank you for your consideration. With warmest regards to Edith. I am

Sincerely,

  
Dr. Albert M. Lewis  
Rabbi

Enc.



**GOODMAN**  
**BERNARD** **EVELYN**

*Hold for [unclear]*

6245 S.W. 117 TERRACE  
MIAMI, FLORIDA 33156  
(305) 661-8458

January 20, 1983

*Gerontology*

Rabbi Sanford Seltzer  
Union of American Hebrew Congregations  
1330 Beacon Street, Suite 355  
Brookline, Massachusetts 02146

Dear Sandy,

My apologies for not replying sooner to your letter of December 21st. (Blame the winter break, children home from school, and a hectic attempt at 'catching up' after they returned!)

For another thing, though, I've been hesitant to reply because what I have to say is better demonstrated. I was hoping to hear that you'd be down here this winter so that we could go over this material, but Rabbi Littman tells me he's unaware of any plans for you to be here.

Let me proceed to try to tell you what I spoke with Rabbi Schindler about. Ever since I've become interested and involved in gerontology, I have felt that there was a great need to catalogue resources, local, state, national, (including, of course, U.A.H.C. information on the subject). Douglas Gardens, a Jewish Home for the Aged, in Miami, has put together a resource counselor program (which I and several other community 'volunteer' people were part of in its formation, as well--so I've been in on the 'ground floor'). The program has, as its base, a book of all categories of help for senior adults---transportation, health agencies, services of all kinds, social programs, etc., in the community. It is not, by any means fully complete, but it is one of the most comprehensive community information books I've yet seen on subjects relating to the needs of the elderly. My idea is to expand upon it, to reflect Temple oriented programs, resources, etc. and use it as a "role" model for other areas to recreate for their particular community needs.

In addition: The workshop at the U.A.H.C. Southeast Region convention in Jacksonville on Senior adults, "On Golden Pond--Southeast Region", was geared to introducing the South Florida Committee on Aging to the Southeast Council members, and its potential to be of help to them as well as to our area. I spoke about a "resource bank" which I hoped they would feel they could draw on, of programs, materials, etc. from our South Florida Committee. A number of people signed up to be 'linked in' to whatever newsletters or other materials went out. (I've already been in correspondence with some of them, who made it feel hopeful that something 'took hold'). But I was disappointed that there was no resource material laid out in the room provided for this, pertaining to Aging. (That's another area of my discussion with Rabbi Schindler, at the convention). I had brought a packet of such material with me for the workshop, but, of course, hesitated to just 'put it out' in the resource room, without the knowledge and sanction of U.A.H.C.



**GOODMAN**

**BERNARD**

**EVELYN**

6245 S.W. 117 TERRACE

MIAMI, FLORIDA 33156

(305) 661-8458

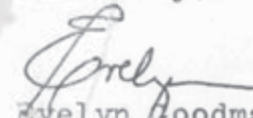
Rabbi Sanford Seltzer, Brookline, Mass. 02146, (January 20, 1983)

I'm sure you see the thrust of what can be done, Sandy, but also why I have been procrastinating detailing it in a letter. If you agree, and want to explore this further, I'll try to be more explicit in future correspondence, but, for now, wanted you to have the 'gist' of it.

As for the South Florida Committee on Aging, I trust that you have been getting the newsletters and other data that has been going out on it, so won't go into detail at this point. Do think you might be interested to know, though, that Rabbi Littman is proposing a Mitzvah Corps plan for our committee which will incorporate youngsters interacting with Senior Adults on South Miami Beach. Sound exciting? We will be exploring this further, shortly.

I look forward to your feelings on the above matters.

Cordially,



Evelyn Goodman,  
chmn So.Fla.Comm. on Aging

(affiliated, Temple Beth Am)

cc: Rabbi Alexander Schindler  
Rabbi Lewis Littman

EG/e



# update: aging and retirement

The Union of American Hebrew Congregations

April, 1976

## CREATING A PRE-RETIREMENT PROGRAM

It is no longer news that members of our congregations are deeply concerned about every aspect of their impending retirement. It is also not news that pre-retirement programs are now going a long way to helping people make careful and intelligent plans about changing their life styles as they become older.

Several companies and educational institutions in all parts of the country are selling packaged programs on pre-retirement for use in various settings to help people make appropriate plans. Some of these packaged programs are crass commercial promotions. Others have "hidden agendas" and are really selling one sort or another of product or service.

It is our view that every synagogue, using resources easily found in the congregation and readily available in a local community, can plan an effective pre-retirement program at little or no cost.

## FIRST STEPS

- (1) The President, the Rabbi or other designated leader should invite ten or twelve congregants (men and women) to meet in an informal setting for a period of approximately two hours. These congregants should be over fifty years old, and should have *not* yet retired.

The theme for the meeting should be a discussion of what the concerns that they, as individuals, have about impending retirement. Obviously, those invited must be congenial with one another, and they should be the kind of people who are secure enough to voice their retirement apprehensions to others.

- (2) On the basis of experience, these are some of the themes the groups of this sort articulate:
  - a. Housing: to remain in local community, to move to warm climates, to maintain two residences, etc.
  - b. Financial: social security, planning for future needs especially in view of continuing inflation, general financial planning including budgeting, new tax situations, maintaining life style as much as possible, other income sources (part-time work), etc.
  - c. Health: physical changes to be expected and anticipated, meeting health and sickness costs (insurance, Medicare), etc.



- d. Legal: needed changes in estate plans, types of ownership, legal rights and obligations.
- e. Use of Time: use of leisure and planning for leisure, second careers (third careers), returning to school, opportunities for community service, etc.

This grouping of themes is not all inclusive; there may be other specifics that the members of your group will want to include. In addition, there are other areas which are more general and attitudinal. For example, role adjustments, attitudes of parents to children and children to parents, being placed outside of the mainstream of life, etc.

Do not give this list to your group before-hand. Let them evolve the list in their own way, using their own words.

### PLANNING THE PROGRAM

- (3) Perhaps the participants in the initial discussion-planning group will be interested in sharing in the development of a congregational pre-retirement program. Perhaps others will have to be added to the core group.

Invite leaders to head up small groups working to plan each of the five areas listed above. A steering committee of the five groups should do the coordinating of the program, and focus on the overall adjustment to retirement and other psychological problems.

- (4) Each group should develop its own agenda and seek resources in books, pamphlets and articles that will be helpful to the participants (see beginning bibliography on page 4). Especially important is the process of seeking out members of the congregation and other professionals in the community who will be willing to give freely of their advice. For example:

Housing: Talk to members and friends who have changed their residence. How do they feel about it? Are they willing to share the experiences with others in the pre-retirement program? Make certain that there is a variety of opinion. After all, there are two sides to every story.

For those who do not wish to live alone, what alternate possibilities are there in the community? How about facilities for those in failing health?

Financial: How does insurance help to make certain that retirement is not fraught with financial concerns? Ask insurance experts in the congregation (more than one from more than one firm) to talk with the members of the planning group, and ultimately to make a presentation to participants in the larger program. The Social Security Administration is often willing to make staff members available to talk to groups about benefits of the program. Ask one or two accountants to discuss tax changes upon retirement.

Health: Physicians who are members of the congregation are good resource people. Insurance experts on health plans and Medicare are important to consult.

Legal: Attorneys who have had estate experience should discuss in broad brush strokes the changes that retirees should anticipate in legal matters.

The four updates are:

- I. Gerontology programs in Stephen Wise Free Synagogue, New York; Temple B'nai Israel, Clearwater, Florida; Temple Emanu-El of the City of New York; and Temple Oheb Shalom, Baltimore
- II. The Brookdale Add Life to Years Program of the Hebrew Union College-Jewish Institute of Religion
- III. Excerpts from a presentation by Rabbi Sanford M. Shapero at the 23rd Annual Southern Conference on Gerontology at the University of Florida
- IV. A description of the aging program at Westchester Reform Temple, Scarsdale, New York, winner of the Federation of Jewish Philanthropies Abraham J. Heschele Award plus additional programming resources

Butler, Robert, M.D., *Why Survive? Being Old in America*. Harper & Row, New York, 1975

de Beauvoir, Simone, *The Coming of Age*. G. P. Putnam & Sons, New York, 1972

De Boer, John, *Let's Plan*. United Church Press, Philadelphia, 1970

Kimmel, Douglas C., *Adulthood and Aging*, John Wiley & Sons, New York, 1974

Kreps, Juanita, *Lifetime Allocation of Work and Income*. Duke University Press, Durham, North Carolina, 1972

Manney, James, Jr., *Aging in American Society*. Institute of Gerontology, University of Michigan, Ann Arbor, 1975

*Never Too Old To Learn*, Academy for Educational Development, 680 Fifth Avenue, New York, 1974

Puner, Morton, *To The Good Long Life: What We Know About Growing Old*, Universe Books, 381 Park Avenue South, New York 10016, 1974

Simpson and McKinney (eds.), *Social Aspects of Aging*, Duke University Press, Durham, North Carolina, 1972

*Understanding Aging*, United Church Press, Philadelphia

The above bibliography is for congregations beginning interest or study groups on Gerontology. A more comprehensive list is available from Rabbi Sanford M. Shapero, UAHC, 119 East Flagler Street, Miami, Florida 33131

- S. M. Shapero  
L. A. Schoolman

This publication is made possible through a grant by HYMAN and ESTHER BYLAN of Grand Rapids, Michigan, in support of the UAHC Program in Gerontology



# Institute for Creative Development

A NATIONAL GERONTOLOGY TRAINING CENTER  
at the University of Georgia

Sponsored by the  
UNION OF AMERICAN HEBREW CONGREGATIONS

**NATIONAL CHAIRMAN**  
Mr. Bernard Linden

**DIRECTOR**  
Dr. Sanford M. Shapero, Rabbi  
119 E. Flagler Street, Suite 238  
Miami, Florida 33131  
(305) 379-4553

**CONSULTANTS**  
Dr. David Levine, Ph.D.  
University of Georgia  
Herbert I. Epstein  
Staff Training  
Leonard Kramish  
Education

DEAR MEMBERS OF THE UAHC FAMILY:

Rabbi Alexander Schindler, President of UAHC, has approved a series of training workshops in the field of human services to be held during 1977. The first session will be held in Atlanta from March 9 - 12, 1977, as discussed in the attached materials.

These sessions are in response to numerous requests from our congregations for training in Gerontology, Needs Assessment, and numerous other areas.

I encourage you to reserve places immediately as space is limited. Our international faculty requested small groupings to insure personal attention and maximum training time.

Hopefully, you will respond immediately and I will have the pleasure of training with you in Atlanta.

Faternally,

*"Sandy"*

Dr. Sanford M. Shapero  
National Director - Gerontology - UAHC  
Director - The Institute

cm1

Atlanta, Georgia

March 9-12, 1977

# Institute on Aging and Human Services

## PROGRAM FACULTY

Dr. George M. Gazda is Professor of Counselor Education at the University of Georgia and Consulting Professor of Psychiatry at Medical College of Georgia, and is serving this year as President of the American Personnel and Guidance Association.

Mr. Steve Gerson is a degree candidate in the Graduate School of Social Work at the University of Georgia.

Ms. Terri Kaplan is a degree candidate in the Graduate School of Social Work at the University of Georgia.

Dr. Leonard Kramish is Director of Education at The Temple in Atlanta.

Father Daniel M. Munn is Associate Professor of Humanities at Medical College of Georgia.

Dr. Sanford M. Shapero, Rabbi, is the Director of the Institute for Creative Development, a national gerontology training center sponsored by the Union of American Hebrew Congregations.

Dr. James A. Thorson directs training programs in gerontology and human development for the Georgia Center for Continuing Education, University of Georgia, and is serving this year as Chairman of the Advisory Council on Aging for the State of Georgia.

## GENERAL INFORMATION

The registration fee for the conference is \$35, which includes program tuition and educational materials. All participants will receive a copy of Dr. Gazda's latest book, **Human Relations Developments**. Checks, made payable to the Union of American Hebrew Congregations, should be sent along with the conference registration form to:

Dr. Leonard Kramish  
1589 Peachtree Street, N. W.  
Atlanta, Georgia 30309

Please make your arrangements for housing separately. A block of rooms has been reserved at the Admiral Benbow Inn, which is located at:

1470 Spring Street, N. W.  
Atlanta, Georgia 30309  
(404/872-5821)

Conference rates at the Admiral Benbow for the three nights are \$85 for single occupancy and \$65 per person for double occupancy; this rate includes the continental breakfasts.

The University of Georgia continues its policy of non-discrimination on the basis of sex in compliance with Title IX of the Education Amendment of 1972 in all activities and programs under its sponsorship. In addition, the University of Georgia is an Equal Opportunity Employer.



ABOUT THE INSTITUTE

The Institute on Aging and Human Services is designed for congregational leaders as a training program in gerontology and human relations across the generations. It will be of particular value to those who wish to improve their understanding of aging, their interpersonal skills, and for those who may wish to begin intergenerational programs within their own congregations. The conference is a cooperative effort of the Georgia Center for Continuing Education of the University of Georgia and the Institute for Creative Development of the Union of American Hebrew Congregations.

This program has been certified by the University of Georgia as a Class I continuing education activity and participants will receive a certificate of completion of the course as well as 2.2 CEUs (Continuing Education Units) of credit for their participation. U. S. Treasury Regulation number 1.162-5 permits an income tax deduction for educational expenses.

SPONSORED BY

- The Union of American Hebrew Congregations  
Institute for Creative Development
- Hebrew Benevolent Congregation (The Temple), Atlanta
- The University of Georgia  
Georgia Center for Continuing Education
- in cooperation with the
- Commission on Jewish Education, Union of American Hebrew Congregations
- National Federation of Temple Sisterhoods and Brotherhoods

CONFERENCE SCHEDULE

Sessions will take place at the Admiral Benbow Inn and at The Temple, 1589 Peachtree Street, N. W., Atlanta

WEDNESDAY, MARCH 9		4:00	Workshop on Integrating Programs for Young and Older Generations —Rabbi David Kaplan
10:30–11:30 a.m.	Registration, Admiral Benbow Coffee and Rolls in the Hospitality Room	5:30	Adjourn (Dinner on your own)
Noon	Opening Luncheon, The Temple Orientation to the Training Program —Dr. Sanford M. Shapero	8:00	Informal Discussion—Questions and Answers on Program Development, Admiral Benbow
1:30 p.m.	Adult Development and Aging Physical and Demographic Factors —Dr. James A. Thorson	FRIDAY, MARCH 11	
3:15	Coffee Break	9:00 a.m.	Continental Breakfast, Admiral Benbow
3:30	Social and Psychological Factors —Dr. Thorson	10:30	Human Relations Training—Developing Interpersonal Skills, The Temple —Dr. George M. Gazda
5:30	Cocktail Hour, Admiral Benbow (Dinner on your own)	Noon	Lunch (on your own)
8:00	Media Presentations and Discussion, Admiral Benbow	1:30 p.m.	Human Relations Training—Group Work and Dealing with Individuals and Families —Dr. Gazda
9:30	Adjourn	4:30	Adjourn
THURSDAY, MARCH 10		6:00	Shabbat Dinner, The Temple
9:00 a.m.	Continental Breakfast, Admiral Benbow	8:15	Services —Speaker: Father Daniel M. Munn
10:30	Directions in Gerontology and the Human Services, The Temple —Dr. Sanford M. Shapero	SATURDAY, MARCH 12	
Noon	Lunch (on your own)	9:00 a.m.	Continental Breakfast, Admiral Benbow
1:30 p.m.	Establishing Linkages of Human Services on a Congregational Level —Dr. Leonard Kramish	10:30	Implementing Programs and Dealing with Persons in Crisis Situations —Father Munn
2:30	Workshop on Social Services —Steve Gerson and Terri Kaplan	Noon	Graduation Luncheon, The Temple Presentation of Certificates and Concluding Remarks —Drs. Shapero and Thorson

REGISTRATION FORM

Mr.  
Ms.

(name — please print or type)(social security no.)

(street address)(telephone)

(city)(county, if Georgia)(state)(zip)

(affiliation and position)

REGISTRATION: (Make check payable to Union of American Hebrew Congregations.)  
Registration Fee \$35 ( )

HOUSING: Please make your arrangements for housing separately. A block of rooms has been reserved at the Admiral Benbow Inn, which is located at 1470 Spring Street, N. W., Atlanta, Georgia 30309 (404/872-5821). Conference rates at the Admiral Benbow for the three nights are \$85 for single occupancy and \$65 per person for double occupancy; this rate includes the continental breakfasts.

PLEASE COMPLETE FOR THE CENTER STATISTICAL RECORD:

Education completed: high school ( ) ; college ( ) ; graduate work ( )

Age group: under 22 ( ) ; 22–35 ( ) ; 36–55 ( ) ; over 55 ( )

Sex: male ( ) ; female ( )

University of Georgia Alumnus: yes ( ) ; no ( )

Please return to:  
Dr. Leonard Kramish  
1589 Peachtree Street, N. W.  
Atlanta, Georgia 30309





# National Interfaith Coalition on Aging

## Office of the Secretariat

220 South Hull Street  
Athens, Georgia 30601  
Telephone: (404) 543-3513

### President:

**The Reverend Mr. Donald F. Clingan**  
Executive Director  
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National Benevolent Association  
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Telephone: (317) 353-1491

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Chairman, Committee on Aging  
National Federation of Temple  
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Executive Secretary  
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### Director of the Secretariat:

**Dr. Roger N. Carstensen, President**  
Christian College of Georgia

### Survey of Aging Programs Under Religious Auspices

A Research and Demonstration  
Project funded under Title IV  
of the Older Americans Act

**Thomas C. Cook, Jr., Project Director**  
298 South Hull Street  
Athens, Georgia 30601  
Telephone: (404) 546-5939

July 31, 1973

**Rabbi Sanford M. Shapero**  
12th Floor Dade Federal Building  
21 Northeast 1st Avenue  
Miami, Florida 33132

Dear Rabbi Shapero:

This is to acknowledge the welcome dues of \$200.00 received from the Southeast Council of the Union of American Hebrew Congregations.

The flow of funds to the Coalition is beginning to increase, reflecting the confidence and enthusiasm of its membership.

I will look forward to meeting you at our next Board of Directors meeting.

Sincerely,

**Roger N. Carstensen**  
Director of the  
Secretariat

RNC:ca

cc: Donald F. Clingan



May 22, 1973

The Reverend Mr. Donald F. Clingan  
The National Benevolent Association  
of the Christian Church  
222 South Downey Avenue  
Indianapolis, Indiana 46219

Dear Donald:

Our Board of Trustees meetings are over and I'm just about regaining my feeling of strength and vitality. I'm sure you can appreciate the sapping of strength which comes from a long series of meetings and discussion of vital matters.

Happily, I can report that our Board of Trustees looked with favor on our participation in the work of the National Interfaith Coalition on Aging and we have received their approval. We look forward to a fruitful and achievement filled cooperative effort in this important area of mutual concern.

With every good wish and warmest regards, I am

Sincerely,

Alexander M. Schindler  
President-Elect

cc: Rabbi Sanford Shapero



May 10, 1973

The Rev. Mr. Donald F. Glingan  
National Inter-faith Coalition  
on Aging  
222 South Downey Avenue  
Indianapolis, Indiana 46206

Dear Don:

Needless to say, your letter of May 3rd was a source of much gratification, although no surprise. When I appointed Sandy to serve as the UAHC representative to the Coalition I knew that he would do so with distinction and that the two of you would enjoy a very satisfying relationship.

Our Board of Trustees will be meeting next week and our association with the Coalition will be discussed by our leadership. It is my fond hope that they will approve our continuing relationship and that we will enjoy a fruitful and accomplishment filled association.

With warmest regards, I am

Sincerely,

Alexander M. Schindler  
President-Elect

cc: Rabbi Sanford M. Shapero





# National Inter-Faith Coalition on Aging

Christian College of Georgia: Secretariat  
220 South Hull Street  
Athens, Georgia 30601  
Telephone: (404) 543-3513

AIR MAIL

May 3, 1973

**OFFICERS:**

**President:**

**Donald F. Clingan**  
Executive Director  
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The National Benevolent Association,  
the Division of Social and Health  
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(Representing the Jewish Faith)  
Chairman  
Council on Gerontology  
School of Social Work  
University of Georgia  
Athens, Georgia 30601

**Secretary and  
Director of the Secretariat:**

**Dr. Roger N. Carstensen**  
President  
Christian College of Georgia  
220 South Hull Street  
Athens, Georgia 30601  
Telephone: (404) 543-3513

Rabbi Alexander M. Schindler  
President-Elect  
The Union of American Hebrew Congregations  
838 Fifth Avenue  
New York, New York 10021

Dear Alex:

I still remember with great joy the visit I had in your office last February concerning a relationship to the National Interfaith Coalition on Aging. It was a privilege to meet you and Rabbi Leonard Schoolman on this occasion.

Now I come to you with the report of a most gratifying and fruitful relationship with your representative, Rabbi Sanford M. Shapero, at a recent Interfaith Conference on Aging held as part of the Western Gerontological Society Annual Meeting in Los Angeles, CA., April 29-May 1. Sandy served as the Jewish representative on a team including also the Protestant and Roman Catholic faiths as well as the Federal Administration on Aging, the team being moderated by myself. I enclose a program of the occasion (INSTITUTE 7) for your information. I must say that through our team relationship we were effectively able to plan together and work together toward involving approximately 70 religious body leaders in the Western United States who attended our Institute in real commitment to ministry for and with the elderly. Sandy ably assisted our team, was refreshing to hear, and warm to know. Thank you for sending him to us.

We are convinced that concern for the elderly is growing significantly. Witness to this fact was the growth in attendance at the Western Gerontological Society Annual Meeting from 125 to 1050 in one year. We were grateful that the Interfaith Conference on Aging (Institute 7) and the newly organized Southern California and Northern California Interfaith Coalitions on Aging contributed to this growth.

Rabbi Schindler  
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May 3, 1973

We look forward, Alex, to the Coalition Annual Assembly in Chevy Chase, Maryland, May 7-9, and are grateful to know that the Union will be represented by a delegation. We await the decision of your lay leadership and Board of Trustess, meeting on May 17-19, relative to the Union's relationship on a continuing basis with the Coalition. Sincerely do we hope for increased and warm cooperation between us. We know that together we can accomplish so much more than we can alone.

Best wishes to you and yours always.

Most sincerely yours,



Donald F. Clingan  
President

CC: NICA Executive Committee  
Rabbi Leonard Schoolman  
Union of American Hebrew Congregations  
838 Fifth Avenue, New York, N.Y. 10021

Rabbi Sanford M. Shapero  
UAHC Southeast Council  
12th Floor, Dade Federal Building  
21 N. E. First Avenue  
Miami, Florida 33132



*may Board agenda*

February 15, 1973

The Reverend Mr. Donald F. Clingan  
The National Benevolent Association  
of the Christian Church  
222 South Downey Avenue  
Indianapolis, Indiana 46219

Dear Donald:

It was a delight to meet with you and to discuss the program of the National Interfaith Coalition on Aging. There is very little doubt in my mind that we would have a great deal to gain by becoming a member of your conference.

Unfortunately, I am not empowered to make the decision myself. It has to have the approval of our lay leadership which will convene May 17-20, 1973. It is my intention to propose our joining your Coalition then and I know of no reason why this recommendation should not be approved.

Accordingly, I would appreciate it if you were to be able to invite our organization to your forthcoming conference which is scheduled for early this May, even on an observer basis if you will, so that we can begin to establish a relationship which will undoubtedly be mutually fruitful in the future.

In all likelihood we will appoint Rabbi Sanford M. Shapero, Director of our Southeast Council, as our representative to your Annual Assembly. As I told you, he is the person in charge of a staff task force charged with responsibility for developing our own program of work in the field of the aging. Rabbi Leonard A. Schoolman will serve as the alternate representative. Their addresses are:

Rabbi Sanford M. Shapero, UAHC Southeast Council,  
12th Floor, Dade Federal Building, 21 N. E. First Ave.,  
Miami, Florida 33132

Rabbi Leonard A. Schoolman, Union of American Hebrew  
Congregations, 838 Fifth Avenue, New York, N.Y. 10021

I do hope that our hopes for the future will come to fulfillment.

With warm regards, I am

Sincerely,

Rabbi Alexander M. Schindler  
President-Elect



The Reverend Mr. Donald F. Glingan  
February 15, 1973  
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cc: Rabbi Maurice H. Eisendrath  
Harry K. Gutmann  
Rabbi Sanford Shapero  
Rabbi Leonard A. Schoolman  
Rabbi Balfour Brickner  
Eleanor Schwartz

