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This is the third book I have reviewed by Rabbi Weiner. My overall critique of this book is the same as for his two previous books: while claiming to present a Jewish perspective, in reality he only presents an Orthodox Jewish viewpoint. It is true that most of the writings in the area of Jewish bioethics come from the Orthodox community, but they have never been limited to just Orthodoxy; many of the writings are based on, but not limited to Orthodox sources.

Having established that caveat, I shall turn to the book itself. The book’s publisher is based in a Catholic Jesuit University, while the book itself draws heavily on Jewish sources, most of which are unlikely to be familiar to non-Jewish scholars. This led me to question who the publisher thought the book’s target audience was. Would it turn out to be a repeat of Louis Jacob’s *A Jewish Theology*, published half a century ago by another Catholic publisher, Darton, Longman & Todd, on the assumption that it would appeal to a Jewish market, only for it to become popular in the Christian retail market?

*Care and Covenant* has received mixed reviews, both in the Jewish press and in scholarly publications. The usual critique of anthologies is that they are of mixed quality. Unfortunately, exactly the same can be said about this book by just one author.

This assessment notwithstanding, in a time when so much of the world speaks of “rights”, I was glad that Weiner uses the word “responsibility” in the title. As Rabbi Louis Jacobs used to say, Judaism never speaks of a person’s rights but only of their responsibilities.
Let me begin with the two chapters that gave me the most trouble – the introduction and Chapter 4. The introduction is effectively a homage to the late Orthodox Rabbi, Lord Jonathan Sacks, which almost raises him to the level of sainthood. Yes, Jonathan (who was my instructor in the Talmud during my first year of Rabbinical School) had an incredible ability to synthesize and popularize Jewish thought, but overall, I found the introduction to be a bit too deferential.

Chapter 4, “Jewish Hospitals in America”, was more problematic for me. I have some knowledge of the history of Jewish hospitals in the United States, and in fact, there are many parallels with Jewish hospitals in (Western) Europe. However, as is the case for a lot of material from North America, there seems to be neither much interest in, nor any understanding of Jewish history in Europe post-1900 except for the Holocaust, but that is a subject for another day.

I read Chapter 4 with much interest. I was living in St. Louis when the Jewish Hospital there merged with two other institutions to form Barnes-Jewish/Christian Healthcare (now known as BJC) in the early 1990s. A seminal work on the disappearance of Jewish hospitals was written in 1993 by the then CEO of St. Louis’ Jewish Hospital, David Gee (who, interestingly, was not Jewish and who served as the Jewish Hospital’s CEO for 27 years – which is something unusual even in Christian faith-based hospitals today). Imagine my surprise at finding no reference to Gee’s article in this chapter.

I also found myself disagreeing with the very rationale that Weiner offers for the establishment of Jewish hospitals in North America. Unlike Christian hospitals, which were usually established out of faith-based concern for the poor, I always understood the rationale for establishing Jewish hospitals was primarily for Jewish medical graduates to be able to do their residencies. At that time, many, if not most, general hospitals were faith based and would not allow Jews to complete residencies and thus practise as physicians. An additional reason was that Jewish hospitals enabled dietary (i.e. kosher) needs to be met for patients (and staff) who desired it. This is not usually a problem in today’s hospitals, but it was an issue in the early part of the twentieth century.

Weiner raises the question of “Universal Health Care” quite early on in the book (Chapter 3). This has always been a hot topic in the United States. One only has to consider the reaction to the concept of what has become known as “Obamacare” in that society. For those who oppose it, but do not wish to be seen doing so, they will often use the disparaging code name “socialized medicine”. In contrast, there are other Western societies that have been living with universal healthcare for decades. In the United Kingdom, this year, the National Health Service is celebrating 75 years of service.
However, the reality is that no option is perfect. What Weiner does remind us in this chapter is the biblical commandment regarding the obligation to heal (Exodus 21:19). And he does discuss later in the book whether or not there should be limits to this commandment.

This consideration takes the reader back to the topic of the previous Chapter 2, “Allocation and Distribution of Scarce Resources”. The reality of healthcare is that there is always more demand than there are resources available. Perhaps the most obvious example in the medical world is that the need for organ donation far outstrips the supply. It was in reaction to this type of challenge that triage was implemented formally in healthcare, beginning during the Korean War, when part of the daily challenge faced by medics was to decide who to treat first and how to make the best use of scarce resources.

Chapter 6 discusses “Unrepresented Patients”. In general, this seems to be less of a problem than many commentators make it out to be. Where it does become an issue is when I discover that a patient with whom I am chatting reveals that they do not have an advance care directive. I worked in the state of Missouri when there was a Supreme Court case regarding the wishes of a comatose patient, and whether to withdraw her life-support; some family members felt that the young woman would wish to have the support withdrawn, while other family members argued that she would not want this to happen. The reality is that it is quite easy and advisable to execute such a document.

The final two chapters (7 and 8) on “Conscientious Objection” and “Self-Care in Challenging Times” are extremely good, as they develop some important thoughts around these concepts. I found myself applying Weiner’s discussion points, and even adapting ideas which the text implied were strictly Jewish, to the world in which I operate, namely, a faith-based (non-Jewish) hospital.

Conscientious objection is an interesting challenge. There are both physicians and hospitals that object conscientiously to certain procedures. One only has to think about some faith-based hospitals with strong moral objections to procedures such as voluntary assisted dying (otherwise known as euthanasia) or abortion. Some might argue that the Australian Capital Territory (ACT) Government’s take-over of Calvary Hospital as a response to government frustration with a hospital unwilling to provide certain services the government felt it should, even when the hospital’s values put it into conflict with the government, was a step too far. In the case of voluntary assisted dying, the legislation requires those with conscientious objections to refer the patient on to a provider who will perform the procedure. Some might argue that this requirement does not allow the person with
the conscientious objection to feel so strongly that even making an onward referral is a violation of their conscience. Weiner seems comfortable in permitting onward referrals.

The question of self-care is one that will become increasingly prescient in the months and years ahead. We already know that people entering nursing homes are older than they used to be, and are reported as being more sick. In a recent seminar at the hospital where I work, there was a discussion about the emergence of the “Hospital in the Home”, where more and more services including, for instance dialysis, will be provided at home rather than as a hospital outpatient programme. Within this topic, Weiner raises an important issue about self-care of staff. This is an important issue, about which we all became more aware during the COVID-19 pandemic.

Reading this book was a case of “sweet and sour”. For me – and realistically – for a relatively small group of Jewish practitioners in healthcare, this is a book which should not only be included on the bookshelf, but which should be grouped together with the works of David Bleich, Fred Rosner, Avraham Steinberg and Elliot Dorff as an invaluable reference work. The sour part is that many others in healthcare seeking an understanding of Jewish bioethics will find it quite challenging, especially when trying to follow many of the footnotes, which refer to rabbinic sources and are likely to be unfamiliar (and perhaps in some case inaccessible) to the average reader.

**About the Reviewer**

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