The emergence of heart transplant surgery late in 1967 has confronted us with historic moral and religious issues.

To begin, there are fundamental theological scruples regarding heart transplantation related to such doctrines as the physical resurrection of the dead and the Jewish objection to the desecration of a dead body.

There are fundamental biological questions as well. What is death? When is death? Is it when the heart stops beating or when the brain is irrecoverably gone?

Is stopping the respirator and removing the heart from an essentially "brainless" body a form of euthanasia? Or is it murder? Since there is such a high mortality rate in these transplant operations, should the process be stopped legally? Is it that we are merely experimenting with people?

Will heart transplants open up a whole area for exploitation of the poor or the defenseless by the rich and the powerful?

Then there are the questions which have to do with decision making: Who shall decide when and how to make a heart transplant? Should physicians alone make these decisions? Should there be an informal advisory community committee of attorneys, judges, clergymen? Should there be a government structure?

When donor hearts are limited, and many need transplants, who decides which patients receive them and on what basis? Youth? Social usefulness? Family need? Dependents? Wealth? Are there physiologic factors alone on which basis the decision can be made? Is society entitled to the life-saving organs of a man who has no living relatives at the time of his death? Who shall make that decision?

Is man capable of resolving these ethical questions at all?

Few, if any, have the knowledge or the audacity to pronounce definitive answers to questions that are still only vaguely emerging. Three guidelines from Jewish tradition which are relevant to the issue of heart transplant are, however, available to a rabbi.

First, the principle of the supreme value of life; second, the principle of human responsibility for life on earth; third, the principle of the authority and specific responsibility of the physician.

Life itself in Judaism is a supreme value: to live, to heal life, to preserve life is a supreme religious imperative. The Torah itself is called the Tree of Life. Our religion is called a way of life. On the holiest day, a motif prayer is "Inscribe us in the Book of Life, Oh, Thou Who Delightest in Life, God of Life, Sovereign of Life." Our salutation and toast is L'Chaim, to Life.

There is the long healing tradition in Judaism beginning with the book of Leviticus with its chapters devoted to diagnosis and treatment of various ailments. The earliest rabbinic code, the Mishnah, circa 200 C.E. contains much material dealing with physiology, anatomy, diagnostic and therapeutic medicine. A basic principle of all Jewish religious observance is in fact the saving of life which overrides other religious observance, the dietary laws, Yom Kippur or the sanctity of the Sabbath itself.

A Jew who is ill, but despite his doctor's advice refuses to eat on the fast day, is considered, in Jewish tradition, a foolish transgressor and not a pious saint. A physician especially may forego any religious observance to save a life. Life is the overriding principle.

Jewish law is wary about interference with life processes. Our time has seen and now witnesses widespread destruction of life in a brutal and callous way. Our time has seen medicine perverted by Nazi doctors who have experimented with living beings and put to death those whom the Nazis deemed not "useful" to society: Jews, the mentally

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ill, sexual deviates. In such a time as this, one can appreciate the value of those oriental philosophies which go to the extreme of ahimsa or non-violence and refuse to kill even a fly. In our time, such wariness seems quite justified. Therefore, it might seem at first blush that Judaism would be against heart transplants because the removal of a living organism, a beating heart, is involved.

But what is life, the life on which Judaism places so high a value?

One physician presented a group of us with a question: If a turtle's head is cut off, but the body of the turtle is kept alive and its heart beating in a saline solution, isn't that turtle still alive? The Jewish tradition associates life with a total mind-body-spirit unity of being. In the Bible it is said, "The blood is the life." When a person's blood is spilled, the person was considered dead, but this derives from the fact that primitive thought associated a person's virtues, his character, his values, his true being, his personality with his blood. It is possible that one reason the Bible prohibited the eating of blood was to oppose the totemistic notion that if you consumed the blood, you ingested the virtues of the character of the individual.

Today, we know that without a brain, the total being no longer exists. Though a body may be kept functioning through artificial machines, and even though the heart is beating, if the brain function is destroyed, the person is no longer there. He is dead. Then the question clearly becomes, how best do we serve the principle of life? If a person can be given life through a heart transplant from an essentially dead donor, this, it would seem to me, is in accord with the Jewish tradition.

I have read cases and experienced situations in which bodies essentially vegetable were kept functioning and alive by artificial means and "heroic efforts" of teams of doctors and nurses, one of them for eight years. Not to mention the terrible burden this places upon a family, or the economic cost in the skill of physicians and nurses which could bring more abundant life to others, such a procedure does not preserve the principle of life, but is a desecration of life, the distorting of what life really is.

We can summarize this first principle of life with two specific instances taken directly from Halacha, from Jewish law.

In the Mishnah, the position is taken that whereas nothing active should be done to hasten the process of dying, even to the extent of closing the eyes of a moribund individual, nevertheless, if there is something artificial inhibiting the normal process of dying, the inhibition should be removed and the person should be allowed to die. In certain cases, to be sure, there may be a very thin line indeed between these categories. But the case with which we began, that is, the person whose brain is completely inactive and whose breathing therefore depends entirely upon the use of a respirator, according to the Mishnah, would clearly belong to the second category of inhibition.

Secondly, even though orthodox Judaism is opposed to the indignities done to the body of a dead person, such as takes place in autopsies, nevertheless the position has been lately expressed in certain orthodox circles that if there is a clear indication that a person's life can be directly saved as a result even of an autopsy, it may be done. Could the same principle be applied to heart transplants?

This then is one guideline to the ethical problem of heart transplant. The supremacy of the principle of Life.

If the first principle is the supremacy of life, the second principle is human responsibility for life.

Some physicians and some clergymen are utterly opposed to the heart transplant operation on a fundamental basis. I do not refer here to those who are saying that we are not yet at the stage of readiness for more heart transplant operations; nor to those who say we need to know more about tissue compatibility; nor those who say there must be more laboratory work in the immuno-suppressive area or that there is too much publicity now and therefore all kinds of pressures on the physician for glory, for money, for prestige which may, at present, weaken the judgment of the practitioner. These considerations in timing or preparedness lie in the realm of personal values and scientific judgment. But there are physicians who say that man does not have the moral or spiritual knowledge or capability of dealing with so fundamental a process. We are out of our depth. In the case of other transplants, they say, skin graft, bone graft, blood transfusion, even kidney transplant, the donor is left alive, but in heart transplants, you have done the fundamental act of removing the organ from one person and giving it to another. You remove also the recipient's heart. This presents us with choices we are unable to handle.

What about this fundamental objection?

First there is the practical consideration. To say that there ought to be no more heart transplants is like King Canute of the Danes trying to chain the ocean. Having once taken this step, we cannot go back. We are barred as by angels with revolving swords of flame from the paradise of previous innocence. As the chance of survival is linked to a new heart, the operation will be demanded and the
physicians who conceive of doing it as a sacred duty to the patient will insist upon it. We will simply have to deal as best we can with the problems with which heart transplantation confronts us.

This the practical side. On the religious side, there is the Biblical emphasis on human responsibility. The most fundamental idea in the Hebrew Bible, the concept of the covenant, implies that man is a partner with God and his partnership involves this very responsibility for human life on earth. Like all forms of surgery which have preceded, there is a halting, tentative and experimental dimension with a higher mortality now than we would wish, but in proceeding as best we can, using the very best safeguards we know, we are fulfilling our covenant responsibility.

Even more basic, as man's technical knowledge grows, so does his moral responsibility grow. We are forced to expand our moral potential with every new step of knowledge, to discover moral principles, to expand our ethical capacity. Technical progress forces us to spiritual evolution.

The Bible symbolizes this principle of the human condition, at the very outset. As man ate the fruit of the tree of knowledge, so also he was forced to develop a sense of good and evil, right and wrong, and to assume the burden of moral choice. This is human destiny.

It is just at this point that we come literally and figuratively to the heart of the problem, the question of decision-making.

Who shall make the decision as to who is to receive the heart when many could use it? And on what basis? Some have suggested that a non-medical community committee should assume this task. I question this. While physicians, clergy, philosophers should actively engage in discussion together these days, so that criteria and bases and principles on which these decisions must be made could be worked out, nevertheless I would prefer that this kind of decision-making remain as long as possible within the hands of the medical profession. I would hope that for a time at least these decisions could be made on the same basis that kidney transplant, and medical abortion decisions are made.

These are my reasons:

First, there is the practical reality. A good part of the decision will rest upon biologic data which the physician alone is competent to interpret: tissue compatibility, types of antigens in the blood, medical history, comparability of the size of hearts and of age and perhaps other factors that may some-day even be computerized. At this stage, only the physician can deal with these medical factors.

Secondly, with the Hitler experience in mind and with the fact of widespread corruption in politics, I have far more regard for medical ethics than for the ethics of government-appointed institutions. I would rather place my trust in the medical oath, in the sacred covenant between doctor and patient, and in the strict canons of medical procedure. Furthermore, despite the temptations of fame and prestige that jealously guarded secret discoveries could bring to doctors, scientists have a remarkably good record in the immediate sharing of information, procedures and practices with the whole medical and scientific community at every advancing step.

Medical control of such decision-making is very much in accord with Jewish tradition. Jewish tradition gives ultimate, almost divine, authority and responsibility in the realm of medical decision-making to the physician. The operational phrase used in the classic code of Jewish law, the Shulchan Aruch, is: God has given it into the hands of the doctor to heal.

These religious guidelines then are available to us for application to the issue of heart transplant: (1) the principle of the supremacy of the value of life; (2) the principle of the responsibility of humanity for life; (3) the principle of the special authority and responsibility of the physician.

These obviously do not solve all the problems involved. On the contrary, many perplexing issues remain. Let me give you one brief example. Some have said that the decision as to who is to receive the heart should be made on the basis of the social utility of the person, that is, which individual is more useful to society. But who is to assume the role of God and decide such a question as that? On the one hand there are such realistic factors as the number of children dependent upon a person; on the other hand there is the danger of deciding, as the Nazis did, that the mentally ill or retarded are less useful to society than others.

Is the principle of social utility valid at all? Does the individual exist in behalf of the society, or does society exist in behalf of the individual? These are the types of problems with which we are still confronted.

Choices still confront us: "See I place before you this very day, life and death, good and evil, the blessing and the curse. Choose life."

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