

Rabbi Yitzchak Feldman



HALACHA IN THE HOSPITAL

Returning to the Land of Israel and establishing our own medical centers has brought with it the blessings and the challenges of balancing *halacha* and medicine on a national level. As Rav of the 10 Assuta medical centers in Israel and the Assuta Hospital in Ashdod, these are challenges I face daily. How do I create a religious atmosphere in a large-scale public hospital? How do I ensure both *halacha* and medical protocol can exist hand in hand?

The main challenge of combining these two elements is in the area of *kashrut*. We need to organize *kosher mehadrin* meals for the patients, and therefore we have a system of *mashgichim* who work 24/7 in all of the kitchens overseeing *kashrut*, with very strict rules. Besides this, inpatients who are *makpid* on a higher level of *kashrut*, like *glatt*, can order a personal meal via the nurses.

Then there is the issue of keeping Shabbat. There are clear rules the staff are required to abide by, such as using “Shabbat pens” and “Shabbat keyboards” when admitting a patient to ER. Once the patient has been admitted, staff no longer need to use these devices and can break Shabbat for him or her because the rule of *pikuach nefesh* now applies. We’ve organized

gramma mechanisms, which allow indirect opening of electric doors, and millions of shekels have been invested in adjusting the hot water system for the public hospital in Ashdod. Every patient also has a “Shabbat lamp” fixed above his or her bed.

Another system in place ensures that *kohanim* can enter the hospital. Our hospital in Ashdod is all one building, such that when a patient is pronounced dead in one department, it means *kohanim* are not allowed to enter the entire area of the hospital. Because of this, a smart “*kohen* alarm” system was installed, which is operated by the paramedics who move the deceased to the morgues. Immediately upon determining the moment of death, electronic monitors with the caption “warning *kohanim*” are activated near the main entrances of the hospital, informing *kohanim* that they cannot enter the hospital until the deceased is removed. Once the deceased has been taken out of the hospital, the warning sign is replaced with “welcome.”

Shabbat meals, Seder Night, Megillah reading, and even lighting candles in a hospital require coordination and creativity. In Assuta, we set up special candle-lighting areas adjacent to the security guard’s station in order to

prevent fires, G-d forbid. In wards in which it is not possible to light candles, we do so using electric lights, relying on the *psak* of Rabbi Moshe Feinstein *zt”l*.

Corona has brought many challenges, among them Shabbat meals and candle-lighting in Corona wards, and even Megillah reading and Simchat Torah. Every time we brought an object into the ward (*tefillin*, a Sefer Torah, a Megillah), we had to leave it there, for fear of contamination. Besides there being a *shul* in every Assuta hospital center, during Corona the religious leaders have had to come up with alternative solutions to allow *tefillot* to continue.

I often feel that religious staff and hospital Rabbis are also part of the medical team, to an extent. *Halachic* questions occupy perhaps 20 percent of the requests I receive. We are blessed that in Israel today, *halachic* issues are mostly taken care of, even in public hospitals, and we have ensured a foundation that deals with almost every possible eventuality (even special doors which help avoid *yichud* issues). Most of the requests I receive are specifically regarding service – booking appointments, advancing appointments, coordination between doctors and patients, and medical inquiries. True, this is not the official role of the Rabbi, but as Jews who know that in every place we find ourselves, and in every position we are, it is our responsibility to help others, we try to do these tasks with dedication and integrity.

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