

Yom Kippur 5778- Living With Limited Time

Shortly after Jane-Rachel and I got married, we did something somewhat strange. We took time to fill out our Advanced Medical Directives for Health Care. The Conservative movement had put out a wonderful form, complete with Jewish guidance on these issues and we thought that it would be a useful thing to do. We were 23 and 25 years old at the time. A few years later, we had our first child, and put together a will. We were all of 29 and 30 years old at the time.

Admittedly, this is not typical behavior for people in their twenties. Maybe it was because I had a mother who had died at the age of fifty. Maybe it was because as a rabbi and had quickly learned that you never know when illness or death could strike. Maybe it was because I am just a bit neurotic and compulsive in that way. I am not so sure. But one thing that I can tell you is this- I am glad that we have started preparing. Because by thinking about how we want to handle serious illness or death, we are able to live more fully. By facing the inevitability of death- we are able to move on with living and focus on the meaning purpose and goals of living life.

This morning I want to talk to you about something that is difficult. It is difficult to hear and difficult to discuss. But it is something that we must discuss nonetheless. Yom Kippur pulls no punches when it comes to

reminding us of our mortality. We wear white, reminiscent of burial shrouds, and refrain from basic human needs as an expression of life's fragility. If we take them seriously, the words of the Unetaneh Tokef haunt us throughout these Yamim Noraim, Days of Awe.

On Yom Kippur it is sealed...

Who shall live and who shall die..

אדם־סֹדוּ מֵעֶפֶר..

מִשׁוּל כַּמָּס הַנֶּשֶׁבֶר. כַּחצִיר בְּבֶשֶׁת. וְכַצִּיל נוֹבֵל. כִּצֵּל עוֹבֵר.

Our origin is dust and our end is dust.... We are like a fragile vessel, like grass that withers, the flower that fades, the shadow that passes.....

We all know that we are mortal. We don't like to think about it. We don't like to talk about it. "It's too depressing," we say. That is true. But it is also a fact of life. And it is also something we must face. And Yom Kippur is the day to do just that.

As a congregational rabbi, I have been privileged to help many of you face issues related to mortality. The conversations that we have had when a loved one is facing serious illness, often very near to the end of life, are among the most sacred moments of my rabbinate. I have had them in the privacy of my office, in the stillness of our small sanctuary, in the privacy of

your homes, and in the not so private halls of hospitals, nursing homes, or assisted living facilities. But the thing is that these conversations are almost always reactive instead of proactive. These conversations are almost always about Jewish perspectives about how someone should die, versus discussions about how someone wants to live. And that is a subtle, but important distinction.

In an incredibly important book entitled, Being Mortal, Dr. Atul Gawande puts it this way:

Our reluctance to honestly examine the experience of aging and dying has increased the harm we inflict on people and denied them the basic comforts they most need. Lacking a coherent view of how people might live successfully all the way to their very end, we have allowed our fates to be controlled by the imperatives of medicine, technology, and strangers... (9)

We don't like to think about the fragility of life. We don't like to think about what will happen when we become more dependent on others.

As a result, most of us are unprepared for it. We rarely pay more than glancing attention to how we will live when we need help until it's too late to do much about it. (Gawande, 55)

You have all heard the expression "living on borrowed time." In Judaism, we believe that we are all living on borrowed time. As a result we are taught to cherish each and every moment. Part of how we do this involves asking some pretty serious questions while facing our mortality honestly and directly. How do we want to live? How do we want to shape our lives? What

choices do we want to be able to make in life and what things matter most to us given our limited existence?

Dr. Paul Kalanithi, author of *When Breath Becomes Air*, wrote a powerful memoir about his experience completing his training as a neurosurgeon while simultaneously being diagnosed with stage IV lung cancer. He was 36 at the time.

It was his oncologist who began to help him face the following life lesson on which the book hinges, and that should be at the core of the proactive conversations that we need to be having with each other. After his first meeting with her, Paul wrote:

I began to realize that coming in such close contact with my own mortality had changed both nothing and everything. Before my cancer was diagnosed, I knew that someday I would die, but I didn't know when. After the diagnosis, I knew that someday I would die, but I didn't know when. But now I knew it acutely. The problem wasn't really a scientific one. The fact of death is unsettling. Yet there is no other way to live (132) .

As Paul and his doctor continued to meet, she asked him the types of non-medical questions that are crucial to these types of conversations. She wanted to know what was important to him. She wanted to know if he wanted to be able to get back to doing surgery. She wanted to know how he wanted to live with this cancer, not how he wanted to die. Paul and his wife

Lucy began seeing a therapist to cope with the challenges in their marriage and the stresses that this diagnosis had added. What did they want their future plans to be?

These were not simply conversations. Paul's doctor worked hard to create a treatment plan that would allow him to possibly do what he wanted to do. Paul and Lucy decided to try to have a child. Their daughter, Cady, was born eight months before Paul died. None of this was simple. But the thing is that Paul was the one who had to decide (along with Lucy), how he wanted to live. Paul was the one whose decisions led him to return to surgery, have a child, and write a book. He knew what was important to him and he made decisions accordingly.

A similar sentiment was expressed by Dr. Gawande when describing some lessons that he learned from Dr. Susan Block, a palliative care specialist in San Francisco whose father was facing a risky surgery at the age of seventy four that included the risk of leaving him a quadriplegic. She had realized that while she was his health care proxy, and they had discussed some medical specifics related to his health care, they had not discussed what he really wanted out of life.

She wrote: We had this quite agonizing conversation where he said- and this totally shocked me- "Well, if I'm able to eat chocolate ice

cream and watch football on TV, then I'm willing to stay alive. I'm willing to go through a lot of pain if I have a shot at that."

"I would have never expected him to say that," Block said. I mean, he's a professor emeritus. He's never watched a football game in my conscious memory. The whole picture- it wasn't the guy I thought I knew." But the conversation proved critical...(because when a surgical complication arose)...I had three minutes to make this decision, and, I realized, he had already made the decision." She asked the surgeons whether, if her father survived, he would still be able to eat chocolate ice cream and watch football on TV. Yes, they said. She gave the okay to take him back to the operating room. (Gawande,183-184)

Gawande explains:

As people become aware of the finitude of their life, they do not ask for much....They ask only to be permitted, insofar as possible, to keep sharing the story of their life in the world- to make choices and sustain connections to others according to their own priorities (146-147)

All of us in this room who are adult children would do well to remember this story. Too often, according to Karen Brown Wilson, one of the founders of the assisted living movement, wrote: "We want autonomy for ourselves and safety for those we love." But the problem of this is that "Many of the things that we want for those we care about are the things that we would adamantly oppose for ourselves because they would infringe on our sense of self... (106)"

Here I should point out that Judaism has a great deal to say about these conversations. From how we are to live, to how we are to approach illness, and death, to what aspects of life are considered more important and what

areas are considered to be less critical. Discovering what our tradition says about the ways in which we should strive to live our lives is also a part of this conversation.

And so it is time. It is time for us to learn how to have these conversations **when we are not** facing a life threatening diagnosis. It is time for us to learn how to have these conversations **before** we are forced into them with parents who are quickly aging and becoming dependent. And if we are facing loved ones who are ill, and aging, it is critical that we learn how to proactively ask them **what they want** out of life instead of just reacting after we find out that they have been dealt a bad hand.

Dr. Gawande suggests that we learn to ask questions such as the following to help us with these discussions:

1. What are your biggest fears or concerns?
2. What goals are most important to you in our life?
3. What tradeoffs are you willing to make in life, and what ones are you not?

If we are speaking to someone who is not in good health, we should also make sure that they understand the situation that they are experiencing, and are, with the answers to these larger questions about life goals and aspirations, able to make decisions accordingly. (Gawande, 234, 259).

I know that this is difficult. I know that this is fraught with emotion. I know that you would rather just not talk about this at all. But if there is one thing that I know as a rabbi it is that people have a choice: They can face their mortality directly, honestly, and proactively; or they can wait for the shoe to drop and react. Either way- the shoe always drops. Health challenges and death are not things that we escape in this world. The question is not whether or not we will die. The question is- given the fact that we all will die one day- *how do we want to live?* What matters most to us? What quality of life do we want given the limited time that we all have?

Have the conversation- with those who are seriously ill and with those who are not. If your parents are aging, have the conversation sooner, rather than later. Avoiding it is not helping anyone. It is, in fact, likely hurting them, and you.

If you want to discuss any of these things with me, if you want to learn more about what Judaism has to say about these issues, please reach out to me directly. Additionally, in the coming months, we will be hosting a two part session with taught by myself, and one of our members, Dr. Joshua Schor, a Geriatrician and the Medical Director at Daughters of Israel Nursing home in West Orange. In that class we will discuss some of the practical things to consider when having these types of conversations from both a Jewish and

medical perspective. Please look for more information and consider joining us.

This past year I lost an uncle to cancer. Single, stubborn, the keeper of our family history, extremely hard working, humble, generous and determined- he was the oldest of three siblings. Thankfully, he lived most of his life in excellent health. A war hero from the greatest generation, this was a man who knew what he wanted in life and spent the majority of his life doing things exactly how he wanted them. So, when he got the news that he was dying- his response should not have shocked any of us. Treatments were not going to buy him much time- and he knew right away that if it was a choice between quality and quantity- he was choosing quality. What would happen, would happen. Based on the medical information, he did not have much time left, regardless. He had worked hard, seen the world, lived for over ninety years, and had blessed us as one of the patriarchs of our family. He knew that he had both loved, and been loved. He knew that the values that he had taught us would be passed on. He knew, for example, that I was taking the hundreds of family tree documents that he had painstakingly collected over the decades home with me. He knew that we would carry on his legacy. He wanted his siblings to let him go peacefully. And that's exactly what they did. It wasn't easy. It wasn't pleasant. But as my cousins and siblings visited day after day, as his sister took the difficult journey to see her brother, and

my father sat by his brother's bedside feeding him soup during his last days- I know that all of them knew that they were honoring his wishes. We knew that we were doing what my Uncle Arnold wanted. We knew- because he had told us.

There are two siblings remaining. My father and my aunt. Both of them, like their mother before them, currently have Parkinson's, a vicious and cruel disease. As I stand before you on this Yom Kippur, I am keenly aware that my time with them becomes increasingly limited by the day. And though I hope that both of them will be around to see all of my children become bar and bat mitzvah-I know that life offers no such guarantees. I don't know exactly what their goals are during their remaining years. There are actually a lot of things that I don't know when it comes to their wishes. It might surprise you to know that I don't talk about these things very easily with them. I may be a rabbi to all of you, but I am a son and a nephew to them. The relationship is different. Nevertheless, I was surprised to learn that of the few books my dad has read recently, he has read the Gawande book. I am starting there, using the book as a starting point for our conversation. Yom Kippur has come to teach me that I, like you, dare not wait until it is too late.

Gmar Hatimah Tovah. May you have a meaningful Yom Kippur and an easy fast.

