

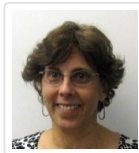
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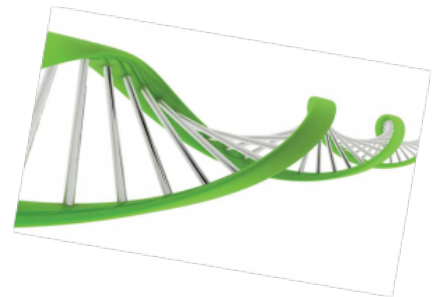
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# Mindfulness at the End of Life

By [Robert Pollack](#) | Issue Date: May 2012

Our brains do not contain minds at birth; a mind emerges through weeks, months, and years of interaction with some small number of other members of the species, usually but not necessarily our biological parents. For people in this role, the newborn must be of such deep meaning that he or she is fed and cared for despite being wholly without any utility to anyone. Our version of DNA does not encode a thought, but it does encode this path to mindfulness and meaning, through a survival strategy that depends on a novel human capacity for sharing—interdependence—to get us through an extended period of dependency.



We need love and are capable of giving love, both without measure; and from those inherited, inborn capacities emerges a human being with the sense that some acts are right and others wrong. This has been true for every human in all generations. It is equally true that this DNA-encoded strategy of survival through interdependence leaves us at risk of becoming an adult who chooses to live in a world of imagined, total independence.

In the end, whether one takes that path or whether one holds on to the experience of interdependency to become an adult who chooses to share in an interdependent way throughout a lifetime, we all have some sense of right and wrong linked to the biological necessity of freely given love in each of our pasts. If we do not know it earlier, we learn it when we return to a state of total dependency at its end.

As Rabbi Adin Steinsaltz, whose siyyum on completion of his Talmud was only last year, said once to me in a conversation about evolution, "Ha Shem says to the angels, 'Make for Me a creature who can decide to say Thank You. I do not care how.' "

That gets us to the question at hand: What is the place of religion in doctor-patient relations at the end of life? Let's say that "religion" is the acknowledgement of the existence of right and wrong as meaningful despite their absence from nature. Then the place of religion, in all cases including the one we are addressing, is always the same. It is to insist that when we know something is wrong, we say it is wrong. That means we cannot ignore its wrongness even though right and wrong are not among the facts of nature as understood through science.

In particular, it means that we may not excuse wrong acts by a claim that they serve a "greater good for the greater number." We know this from Pesaḥ: Certainly the greater happiness of the greater number in Egypt was dependent upon a small number troublesome slaves to do the dirty work, even of making bricks without straw. But slavery, we know as Jews and as human beings, is wholly without love, and so always wrong.

Have we examples of current policies and future trends that make sense in political terms, in fiscal terms, in business terms, in utilitarian terms, and in professional terms, but that are wrong nevertheless? When we find such a situation, the place of religion is simply to say, "No, that's wrong."

Consider the work my colleagues and I are doing with the Terence Cardinal Cooke Hospital and the Archdiocese of New York. We are working to establish a procedural guide for all places where people are helped at the end of their lives, by physicians as well as by others. Our model involves bringing all helpers into the conversation with doctor and family, so that everyone who knows the person about to die contributes to the discussion of what that person's wishes are likely to be.

Those wishes, rather than the person's utility, are at the heart of the sacred component of this project.

*Professor Robert Pollack and his wife Amy have been members of BJ since 1994.*

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