In September of 1977, Siamese twins joined in the ventral area from the shoulder to the pelvic region were born to an orthodox Jewish family from Lakewood, New Jersey. The children, Baby A and Baby B, shared a six-chambered heart and a conjoined liver. After much extensive medical testing and examination, it was determined that Baby A could not survive no matter what surgical measures were taken, and if no surgery was performed, the two would die. Dr. Koop, the chief of surgery at the time in the Children's Hospital of Philadelphia, recommended that the twins be separated as soon as possible because the heart could not maintain the blood flow to the two infants. Even with surgery there was a large chance that neither baby could be saved. On October 6, Rav Moshe Feinstein made his decision and instructed Dr. Koop to go ahead with the surgery. On October 11, the surgery was completed and Baby B and Baby A were separated; only Baby B survived [1].

The above case is just one example of the medical and surgical capabilities we have nowadays. The ability to separate two human beings successfully demonstrates the tremendous potential that humans have in the surgical field. The phenomenon of surgery gives us the possibility to choose one life over another, recreate and reconstruct, to save lives and to enhance them. It seemingly would not be so unusual to compare surgeons, albeit on a smaller scale, to G-d, who creates and sustains, gives life and takes it away.

In Judaism, it is important to understand the role of doctors and their permission to intervene. We have the physical tools to alter a person’s life, and we are permitted to use them. The Talmud learns from the double language of the pasuk, “V’rapo Yirapei,” (and he shall heal), that a doctor is allowed to heal and a person is allowed to go to a doctor to be healed (Shemos 21:19). Rashi comments that even when a person becomes ill by Hashem's decree, he is allowed to go to a doctor and should not rely solely on faith in Hashem to heal him (Bava Kama 85a).

Surgery has a long history of development and advancement. It was not always possible to separate Siamese twins in an operating room. In ancient Greece, surgery was considered a handicraft and was not performed by physicians. It was considered lowly work that barbers and bath attendants engaged in. When anatomy, physiology and microbiology were recognized as scientific areas of study, surgery began to develop as an accepted practice for physicians. In the 19th century, when anesthesia and methods to avoid surgical infection were recognized, modern surgery became even more advanced [2].

As Jews, we value every moment of life as a precious entity of time during which we can perform mitzvot and become close to Hashem.

If we look in the Talmud, there are a few references to medical cases that required invasive surgery long before surgery became modernized and developed. The main surgical procedures cited in the Talmud include bloodletting, circumcision, neurosurgery, abdominal surgery to remove fat, gynecologic surgery, splenectomy, episiotomy during childbirth, and the removal of putrefied flesh by excision with a knife [2]. All of these procedures involved risks and endangered the patient’s life. Additionally, reference was made to a physician bandaging a leg wound and cutting some flesh away to heal a patient. Lepers in Jerusalem went to physicians to remove dead flesh or limbs. Furthermore, various types of surgical instruments are mentioned in the Talmud such as a drill for brain surgery, circumcision knives, knives for performing post-mortem cesarean section, and a scalpel to cut off diseased skin [2].

In Talmudic times, the surgeon wore a leather apron to protect himself from blood splatters, strapped the patient to the table and used his knife and other instruments that were kept in a box [3]. A specific case of abdominal surgery is mentioned about Rabbi Eleazar and Rabbi Ishmael, who were both so obese that when they stood waist to waist, a yoke of an ox could pass below them. Rabbi Eleazar was taken into a marble room and given a sleeping potion. His abdomen was cut open to remove “basketfuls of fat” (Baba Metzia 83b). Yet another surgical procedure was mentioned about the runners of Adonijah, who had their spleens
removed because of the thought that it would hinder fast runners [4]. Furthermore, post mortem cesarean section is discussed in the Talmud when discussing saving an unborn child even on Shabbat (Arachin 7a). The term for cesarean section is yatzeb dophen and is described in Talmudic commentators as a situation in which a woman's abdomen is opened by a knife. The Talmud also discusses surgical procedures done to amputate a limb of a leper [3].

In addition to the above cases, the Talmud describes in depth a type of cranial surgery performed to remove a type of growth referred to as ra'atan that rests on the meninges (Kesivos 77b). The person afflicted with this malady had symptoms of “his eyes tear, his nostrils run, he brings spittle from his mouth, and flies swarm around him” [5]. As a cure, Abaye said, “Take the following ingredients: Pennyroyal and wormwood bark of a nut tree and the shavings of a hide, a lily, and the calyxes that cover red dates, and boil them together. Then take the patient into a house made of marble (where there is no draft). Then pour 300 cups of this potion on his head until the surface of his skull softens. Then tear open his skull to expose the organism on the membrane. Bring four myrtle leaves, lift up each and insert one leaf underneath. Remove it entirely with tongs and burn it…” [5].

In this gemara, the surgical procedure appears to parallel the overall process of modern day surgery: prepare the anesthesia, check that the operating room is clean and sterile, sedate the patient, and begin cutting to remove the growth completely. While utilization of anesthesia and sterilization are thought of as relatively recent in the scope of how long surgical procedures have been carried out, a primitive form of these aspects of surgery can be found dating back to the Talmud nearly 2000 years earlier [5].

Now that the surgical procedures in the Talmud have been outlined, two categories of modern day surgery and their halachic implications need to be discussed, as well. Risky surgery and cosmetic surgery both pose problems for much of our fundamental beliefs and commandments. As Jews, we value every moment of life as a precious entity of time during which we can perform mitzvot and become close to Hashem. Anything that would risk this opportunity or diminish it should seemingly be forbidden. It would appear questionable to undergo risky surgery because although it could save one’s life, it could also end it early. In the Talmud, Rabbi Yochanan said that one should not have an ordinary nochri (non-Jew) treat him for a fatal illness, because of the concern that the nochri might kill him (Avodah Zara 27b). However, if one is certain that he will die soon unless he is cured of the illness, he may let a nochri treat him. The Talmud questioned why treatment at the hands of a non-Jew was permitted in this case at all. By allowing the nochri to treat him, he may be sacrificing even the little amount of life he has left. The Talmud answered that since without the treatment, he will only have chayei sha’ah (momentary life), and if the treatment was successful he may gain many years of life, he may ignore the possibility that the nochri might kill him. Based on this gemara, the poskim permitted one to undergo a risky surgery. Despite the fact that a risky operation may cause one’s death sooner, there is reason to permit this surgery when it is clear that the patient will die anyway. All of the poskim emphasize that this is only permitted after both poskim and medical experts have been consulted [6].

The second controversial area of surgery is cosmetic plastic surgery. Cosmetic surgery gives people the power to change the way Hashem created them and requires one to put one’s life at risk in order to beautify him or herself. For these reasons, some rabbis ruled that it is forbidden under all circumstances for men and women to undergo plastic surgery [7, 8]. We know that it is forbidden for a person to wound himself intentionally or ask someone else to do so (Baba Kama 91b). This would be required as part of the surgical procedure in order to alter a physical characteristic.

Under some circumstances, however, plastic surgery is permitted. With regards to the prohibition to wound oneself or someone else, the Rambam in the Mishneh Torah says that this only holds true for degrading and shameful wounds that have no indication (Chovel 5:1). If pikuach nefesh is involved, this issur can be overridden. Furthermore, surgery done to relieve mental suffering is permitted. If there is good reason for undertaking a danger, the prohibition against endangering oneself does not apply. The small risk of plastic surgery is therefore disregarded to remove pain and suffering [9]. This holds true especially if it is a widely accepted and commonly performed procedure. In regard to the concern of interfering with Hashem’s will, there is no issue if one is attempting to just improve Hashem’s creation. It is considered to be “Divinely sanctioned healing” for any treatment that will relieve pain and suffering. Some rabbis are more stringent and only allow plastic surgery for a woman so that she can more easily find her husband, to correct external blemishes which might interfere with shalom bais (peace between spouses) or to fix physiological ailments that cause mental pain and suffering. It is more favorable if the plastic surgery can be done under local anesthesia to decrease the endangerment involved. Of course, a halakhic opinion from a competent rabbinic authority should be sought for every individual case [2].

The Talmud (Shabbas 50b) states that a man may remove
scabs from his body to ease pain but not to enhance his appearance. This seems to implicate that plastic surgery is forbidden because the same way one cannot remove scabs to beautify himself, he shouldn't be able to induce injury to enhance his physical appearance. However, Tosfos on this gemara raised a concept that is key to determining the underlying issue regarding the permissibility of plastic surgery: “If the only pain that he suffers is that he is embarrassed to walk among people then it is permissible, because there is no greater pain than this” [10]. Tosfos established that there is no greater affliction than psychological pain due to embarrassment or shame because of a self-perceived imperfection. It is only when cosmetic surgery is for purely vain purposes that the rabbis are inclined to prohibit the procedure [10].

Many specific cases involving invasive surgery arise nowadays and we use pre-standing halacha to determine when it is permissible to perform such surgery or not. In the case of the Siamese twins where the surgeon was forced to sacrifice the life of one baby for the survival of the other, how do we reconcile this with halacha and Judaism? One of the fundamental rules of halacha is that one life is not to be sacrificed for another. The gemara teaches us that one person's blood is not more red than another's, and we cannot actively end one life to save another (Sanhedrin 74a). As humans, we do not have the right to evaluate the significance of individual's lives. This stems from the yehareg v'al yavor (when one must give up one's life rather than transgress a prohibition) of shfichus damim, murder. If a murderer tells a man to kill his friend otherwise he will kill him, the man must die before committing the murder of his friend. We must, therefore, ask, how could Rav Feinstein have allowed for the surgical separation and simultaneous sacrifice of one baby?

The ability to derive answers and halakhic rulings from original texts is a tool and a gift that we always have to use in order to solve ethical and halakhic questions that arise.

To develop his answer, Rav Feinstein looked to the mishnab in Ohalos 7:61 and the Talmud in Sanhedrin 72b. Ohalos 7:61 noted that if a woman is in difficulty during childbirth, it is permissible to surgically exterminate the fetus because the mother's life comes first. However, if the head of the fetus has already been delivered, it is forbidden to intervene even to save the mother's life. The fetus has become an infant, an independent viable life. This Mishnah taught us that we do not choose to save one life over another. The gemara in Sanhedrin 72b elaborates on the mishnab by asking, “Why should you not sacrifice the infant even though the head has already been presented, since this infant is endangering the life of the mother? Is not the infant, then, a rodef (pursuer)? The law of the pursuer should apply, which is to kill the pursuer in order to save the life of the victim” [1]. The Talmud answered: “No, Heaven is the pursuer” [1]. This means that the infant endangering the life of the mother is considered an act of Hashem, and, therefore, one may not assume that the fetus is the attacker. We cannot decide to favor either the child or the mother in this fight for life because Hashem is the only One who can decide. Rav Feinstein compared the case of the Siamese twins to this conflict of survival between a mother in childbirth and the fetus. It was important to establish that Baby A had no independent ability to survive. She was completely dependent on her sister, who had the circulatory system to support the functioning of the heart and liver. Without the surgical separation, both would die, and, therefore, in halakhic terminology we classify the baby that had no chance of independent life as the rodef, as if she were threatening the life of her sister [1]. With this analysis, Rav Feinstein was able to conclude that the surgical procedure was indeed within our license to heal.

Similar to the complex case of the separation of the Siamese twins, when considering every decision to undergo invasive surgery, we must remember that everything that happens is, in fact, an act of Hashem and our power to heal and create is limited in this world. We have the Torah and all of the previous examples in the Talmud to guide us in using our advanced surgical abilities in the most ethical and halakhic way.

ACKNOWLEDGEMENTS
I would like to thank my parents for everything they have done for me. Their constant support and encouragement helps me to continue pursuing my goals. Additionally, thank you to Rabbi Katz from MMY for taking the time to review my article and for contributing to its content. Finally, I would like to express my gratitude to Dr. Babich for this opportunity and for being a great teacher who truly cares about all his students.

REFERENCES


[8] Responsa Shevet Halevi, Part 6 #198

[9] Ramah, Yoreh Deah 241:3