Avraham was one hundred years old when his son Yitzchok was born to him. Sarah said, “G-d has given me laughter. All who hear will laugh with me” (Bereishit 21:6). The Midrash explains that Yitzchok’s birth did not merely mark the end of Sarah’s infertile journey; when her prayers for motherhood were answered, so were those of many other childless women. According to this interpretation, Sarah’s delivery filled the world with joy, but on the grander scheme, it served to dichotomize a recurrent theme in Judaism: the sorrow of barrenness and the bliss of childbirth.

Today, the birth of a Jewish child is one of the greatest reasons for family and community members to rejoice, gather together, and celebrate over a new blessing. Whether relatives and friends recite tefillot (prayers) at the brit milah (circumcision) of a boy or zeved habat (naming ceremony) of a girl, the spirit of celebration inevitably radiates from the house of a newborn child. There are families, however, that are not as fortunate as to share in Sarah’s “laughter.” Some children are born with devastating health complications and abnormalities, facing early medical hardships and health complications. One such family, a young Orthodox Jewish couple, turned to Rav Moshe Feinstein in 1977 for advice regarding the alarming fate of their newborn conjoined twins [1].

Twinning is the result of two possible scenarios. One scenario occurs when a woman releases two eggs and each is fertilized by separate sperm, which results in fraternal twins [2]. The other common twin type, identical twins, is the result of a single fertilized egg splitting completely and developing into two fetuses. The split usually occurs within twelve days after conception, and according to the “fission theory,” if it delays until after the twelfth day, separation never reaches completion [3]. Conjoined twins are thereby formed. Depending on the extent of the egg splitting, as well as how late in the process it occurs, twins are joined at various places. There are three major classifications of conjoined twins: thoracopagus, omphalopagus, and craniopagus [2]. The third is the rarest case, wherein the twins are joined at the cranium or head, accounting for only two percent of incidents. Omphalopagus twins are attached from the breastbone to the waist and share liver, gastrointestinal, or genitourinary functions, making up to 33% of the conjoined twin pool. Thoracopagus twins are connected at the upper portion of the torso and share a heart. Averaging at 40% of conjoined twin cases, such twins are the most common and often the most difficult to operate on.

The ruling in this case is not merely an exciting finale to a series of mind-boggling debates. It is an exemplary module of how Torah meets science in a world that often views the two as mutually exclusive.

Rav Moshe Feinstein, a great Torah sage and halakhic expert, was consulted as to whether or not Jewish law would permit the separation of the pair of thoracopagus twins, who shared a six-chambered heart [4]. In the case brought to Rav Feinstein, one of the babies, called Baby Girl B, had an essentially normal four-chambered heart which was fused to the stunted, two-chambered heart of her sister, termed Baby Girl A. Leaving the twins conjoined meant a certainty of heart failure and the death of both. Dividing the hearts among the twins was far too dangerous, according to medical experts at Children’s Hospital of Philadelphia; the connecting wall of the hearts, found alongside the left ventricles, was too thin to withstand division, and Baby Girl A had a highly unlikely chance of survival with one half of a normal heart. Dr. Henry L. Edmunds Jr., the renowned hospital’s chairman of cardiothoracic surgery, decided to put all six chambers into Baby B’s chest [4]. Such a surgery meant life for Baby Girl B and death for Baby Girl A. The twins’ parents entrusted Rav Moshe Feinstein, his son-in-law, Rabbi Dr. Moshe DovidTendler, Ph.D., and the latter's son, Rabbi Dr. Yaakov Tendler, M.D., to make a critical judgment call: was it halakhically acceptable to save Baby Girl B at the expense of Baby Girl A?

The rabbis argued every night for a week until a consensus was reached[4]. By drawing references from Talmudic law, they were able to analyze the medical anomaly through a Torah-based perspective. One of the key concerns was whether or not Baby
Girl A was a rodef, or a pursuer, of Baby Girl B. The din rodef, the law that mandates a bystander to stop a pursuer, even by means of killing, is established in the Tractate Sanhedrin in the Babylonian Talmud (Sanhedrin 73a). One of the many sources that supports this obligation is found in the book of Vayikra, when HaShem says to Moses, ““לא תעמד על דם רעך” “don’t stand aside on the blood of your fellow” (Vayikra19:16). Before permitting the surgery, it was imperative that Rabbis Moshe Feinstein, Yaakov Tendler, and Moshe Tendler collectively define Baby Girl A as tantamount to a rodef, in which case it would be halakhically acceptable to give her two-chamber heart to Baby Girl B [4].

Generally speaking, the Torah allows abortion only in the event that the fetus poses a direct life-threat to the mother (Obiolo 7:6). Since a fetus is still completely dependent on its mother for survival, if it puts its mother at risk for death, the fetus’ existence is analogous to that of a parasite with the intention to kill [1]. The rabbis compared this scenario to that of the twins and tried to establish a correlation between the role of the fetus and Baby Girl A. If the latter was perceived as “pursuing” the segment of heart that really belonged to Baby Girl B, it would be obligatory by the Torah to allow the surgery. However, there is an exception to the rule in the Talmud: if the fetus’ head is already out of the mother’s birth canal, they are considered to be two people, each with an equal opportunity to live (Obiolo 7:6). Neither is deemed a rodef and “biblical ethics demands that you take a hands-off policy.” The rabbis tried arguing this scenario, since Baby Girl A and B, though conjoined, had separate nervous systems and were, in fact, two babies. The application of this interpretation would forbid separation on the account that it is an equal struggle, during which the twins make “an independent claim to life”. Intference, such as by surgery in this case, is prohibited as it would be considered the forfeit of one life for another [4].

The rabbis then referred to a parable of two men jumping out of a burning airplane, each anticipating his parachute to open and deliver him safely to the ground. The second man’s parachute remains shut, so he grasps on to the first man’s foot; however, the parachute proves too small to maintain the weight of both men and suddenly they both find themselves plunging to their deaths. Regarding such an incident, the rabbis agreed “it is morally justified” for the first man to kick off the second because he is a rodef who threatens the first individual’s life. Also, since it was the parachute of the second man that did not open, it is he who was “designated for death,” and not his friend. Applying this excerpt to the case of Baby Girl A and Baby Girl B, the first man’s parachute is analogous to Baby Girl B’s heart, making Baby Girl A the rodef who clings to her sister’s heart, thereby threatening Baby Girl B’s chance at survival. The rabbis were concerned that perhaps Baby Girl A was indeed “designated for death,” as was the jumper whose parachute did not open. If she could have survived with a two-chamber heart, the rabbis would have had reason to oppose the surgery; be that as it may, Baby Girl A’s fatality with one-half of a conjoined heart was ineluctable [4].

Saving a Jewish life is an unparalleled mitzvah according to Torah law. Often referred to as pikuach nefesh (Erwin 45a) or the obligation to save a life in jeopardy, this mitzvah prevailed in Rav Moshe Feinstein’s ruling [4]. In the case of the thoracopagus conjoined twins, Baby Girl A and Baby Girl B, rabbinical approval for separation of the twins by surgery was granted [1]. The surgery was successful and entailed minimal complications; as was predicted, Baby Girl A did not survive. Dr. C. Everett Koop, the chief surgeon at Children’s Hospital of Philadelphia, built a commodious chest around Baby Girl B’s six-chambered heart, sewed up the incision, and attended a press conference for several reporters who anxiously waited the post-surgery update [4].

The ruling in this case is not merely an exciting finale to a series of mind-boggling debates. It is an exemplary module of how Torah meets science in a world that often views the two as mutually exclusive. The ongoing partnership between the rabbis and doctors, defined by communal respect and appreciation, is iconic of a kinship we must embrace. Rabbi Dr. Samuel Belkin, the second president of Yeshiva University, said in his inaugural address, “We prefer to look upon science and religion as separate domains which need not be in serious conflict and, therefore, need no reconciliation. If we seek the blending of science and religion and the integration of secular knowledge with sacred wisdom, then it is not in the subject matter of these fields but rather within the personality of the individual that we hope to achieve the synthesis” [5]. Such is the harmony the students at Stern College for Women experience in their ambitious journey through the rigorous study of science and sacred texts of Torah.

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