Alzheimer's disease is the most common form of progressive dementia in the elderly population. It is a neurodegenerative disorder characterized by the neuropathologic findings of intracellular neurofibrillary tangles and extracellular amyloid plaques that accumulate in vulnerable brain regions. There are several genetic loci on different chromosomes that are relevant to Alzheimer's disease. Specifically, a gene for late-onset Alzheimer's disease is located on the short arm of chromosome #4 [4p14-p13] [1].

Both men and women are susceptible to Alzheimer's disease. As the age of the individual increases, the likelihood to develop the debilitating disorder proportionally increases. The disease affects approximately 5% of people older than 65 and more than 20% of those who reach the age of 80. The onset of Alzheimer's disease is a steady process. The earliest marked symptom is the loss of memory for recent activities. Emotional behavior is typically categorized by depression, anxiety, and failure to keep track of daily happenings. Difficulty in handling spatial relationships and initiation of motor skills may also be present. In the late progression of the disease, a patient may sink into a purely vegetative level losing the ability to perceive, think, speak, and even move. It is usually at this point that the family of the patient must seek solutions to complex issues such as the implementation of advanced life-support systems, the employment of resuscitative measures, and the continuation of necessary nutrition and hydration for the living although fully vegetative patient [2].

A term that is relevant to many aspects of halachah is the category of a “shoteh.” A person who is classified as a shoteh is disqualified from performing specific halachic roles. It should be noted, however, that the use of the word “shoteh” does not actually appear anywhere in Tanach. The term appears in the Talmud, as discussed below. Most commonly, the term is used in association with a clinical manifestation of psychosis, in which the individual lacks the ability to distinguish reality from fantasy. This inability in perception results in the lack of capability to perform expected roles. In Chaggigah 3b, three features of the shoteh are described: he who goes alone at night, he who spends his night in a cemetery, and he who tears his clothes. Rav Huna holds that all three of the aforementioned criteria are required. He maintains that each act in and of itself may be irrational but is not necessarily characteristic of overall insanity. However, Rabbi Yochanan holds otherwise and states that even one of the three principal criteria is sufficient for a diagnosis of shoteh. The Talmud expands the explanation of the shoteh diagnosis. The Talmud states that to be classified as a shoteh, the aforementioned actions must be performed in a derekh shetut, a deranged manner. This requirement of the Talmud excludes the possibility of the actions of the alleged shoteh. There may be, in reality, a logical reason backing the unusual actions of the alleged shoteh going out alone at night, spending the night in a cemetery, or tearing his clothes. Thus, according to the Talmud, the correct diagnosis of a shoteh is not based only upon specified conduct, but also upon a symptom-oriented description of the conduct [3].

Rambam, along with Rabbi Yochanan, maintains that only one criterion was necessary to be classified as a shoteh. However, Rambam provides different examples of what constitutes a shoteh from those stated in Chaggigah 3b. Rambam uses the following criteria to label a shoteh: one who walks naked, breaks vessels and throws stones, and one who remains constantly confused in a particular sphere. The person with these characteristics would be considered a shoteh even if he may speak coherently with regard to other matters. Rambam also states that one who is excessively anxious and hasty in judgment is also deemed as a shoteh. It should also be noted that there are two additional subtypes in the description of the shoteh that are stated in Chaggigah 3b. They are the ittim halim, ittim shoteh (“periodically well, periodically psychotic”), and the shoteh le-davar ehad (“insane with respect to one domain”) [3].

The shoteh symptoms can be divided into four current-day DSM-IV psychotic illnesses. The first disorder is schizophrenia, the most common and arguably the most severe of the psychotic disorders. Symptoms include delusions, hallucinations, incoherent speech, and disorganized behavior. The second category of a modern day shoteh is an individual with mood disorders. Both major depressive (unipolar) and manic-depressive (bipolar) disorders can manifest as psychosis and, thus, fall under the category of shoteh. In this depressed state, the individual will cycle between a normative and psychotic role. This, therefore, describes the shoteh as one who is “periodically well, periodically psychotic.” The third category that falls under the Talmudic description of a shoteh is delusional disorders. Individuals suffering from a delusional disorder lack the thought disorder, abnormal behavior, and prominent hallucinations of schizophrenia. Delusional patients typically only possess the symptom of “being out of touch with reality.” This parallels with the type of shoteh of one who is “le-davar ehad,” insane with respect to one domain. The last contemporary disorder classified as a shoteh is a brief psychotic disorder. This type of disorder is a temporary psychosis; meaning, the psychotic episode is singular in nature and will not last longer than one month. However, in order to be considered a shoteh, the episode must be repeated on at least 2-3 occasions and may be longer than one month [3].

When diagnosed with Alzheimer’s disease, the person is essentially classified as a shoteh. One may argue that Alzheimer’s disease is considered a delusional disorder because Alzheimer’s patients are oftentimes completely out of touch with reality. They also experience a range of mood disorders that are related to a shoteh. Thus, a patient with Alzheimer’s disease is halachically considered to be a shoteh [3].
A shoteh has a unique status in halachah. The shoteh is commonly mentioned alongside the heresh (deaf mute) and the katan (minor); all share the commonality of “lav beni da’at,” the lack of understanding. Because a shoteh lacks understanding, he is restricted in shelihut, i.e., the ability to take upon oneself the responsibility of others’ well being. Therefore, a shoteh cannot be motzi another in the blowing of shofar. A shoteh is also not allowed to bake matzah, to set up an eruv for Shabbos, or deliver a get. Additionally, a shoteh is not permitted to get married or divorced (Yevamot 112b). Aside from lacking understanding, a shoteh also lacks responsibility. Therefore, a shoteh is exempt from certain damages. If the animal of a shoteh wounded the animal of a sane person, the shoteh does not bear any responsibility. Also, a shoteh is not aware of what is in his domain, and is therefore exempt from contributing terumah from his property (Shabbat 153b). A shoteh is also unqualified to engage in any business negotiation. Halachah is also wary of the need to safeguard the shoteh. There are halachos forbidding divorces in the case of one spouse becoming insane later in life as well as various obligations that are incumbent upon the community to assist the shoteh in certain areas of life [3].

There are certain figures in Tanach who have been recorded as having Alzheimer’s disease. One notable figure is Nebuchadnezzar. In the book of Daniel, Nebuchadnezzar dreams that a heavenly messenger suddenly cuts down a huge tree. Daniel interprets the dream and states that Nebuchadnezzar will suffer from seven years of madness before his sanity and his kingdom will be restored. Nebuchadnezzar’s insanity is described as follows: “He was driven from mankind, he ate grass like oxen, and his body was washed by the dew of heaven, until his hair grew like feathers and his nails like talons” (Daniel 4:30). This animalistic-like behavior is a likely indication that Nebuchadnezzar was stricken with Alzheimer’s disease.

Both Doeg and Ben Zoma have also been known to have suffered from Alzheimer’s disease/dementia. In Sanhedrin 106b, Rav Amni states: “Doeg did not die until he forgot all his learning.” This forgetfulness may be a reference to Alzheimer’s disease. Additionally, Ben Zoma, as noted in Chaggah 14b, was also found to have suffered from dementia. It states that, “Four men entered the Garden, namely, Ben Azzai, Ben Zoma, Aher, and R. Akiba… Ben Azzai cast a look and died. Ben Zoma looked and became demented. Aher mutilated the shoots. Rav Akiba departed unhurt.” From here, it can be deduced that Ben Zoma experienced dementia.

The Chasam Sofer states that the community at large has a halachic obligation to care for the mentally disabled. Similar to a mentally incompetent shoteh, a patient with Alzheimer’s disease deserves to be treated equivalently to a patient suffering from any other mentally debilitating illness. Unfortunately, there is no specific and effective treatment for Alzheimer’s disease that currently exists today. Therefore, all other options that are available, such as supportive and symptomatic care, are halachically required to be instituted for the Alzheimer’s patient.

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References: