

Verapo Yerape: Diverse Approaches to the License to Heal

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Everything is divinely determined and every human being has individual Divine Providence. However, it is God's will that physicians serve as his agents to heal the sick. Therefore, God grants humans the intellectual ability to diagnose illnesses, to prescribe treatments, and to cure sicknesses and wounds.¹

Essays regarding the role of the physician within the Jewish tradition often begin with introductory remarks similar to those quoted above. Surprisingly, most authors of such statements seem to expect no more than a superficial review, for they rarely offer further elaboration of the underlying message. Honest appraisal of their deeper meaning, however, can leave one fairly perplexed. While the opening assertion contends that the prognosis for all health-related concerns is divinely preordained, the statements that follow suggest that physicians nevertheless can (and therefore presumably should) contribute tangibly to the inevitable outcome.

¹ Avraham Steinberg, *Encyclopedia of Jewish Medical Ethics*, trans. Fred Rosner (Jerusalem: Feldheim, 2003), p. 636.

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In truth, the rationale for such an ostensibly pointless arrangement seems to defy cogent explanation.² If every outcome was truly predetermined, of what practical use is the physician healer? With no conceivable material consequence to his involvement, are not his diagnoses meaningless and his treatments perfunctory? In fact, from the perspective of this rudimentary analysis, exclusive focus on heartfelt prayer would seem to be a far more sensible approach for the afflicted than wasting valuable time and energy diligently searching for the best doctor.

In reality, however, sensible members of our modern, progressive Jewish society do not manage their health matters with that particular mindset. The notion that they might rely on some miraculous alternative that would obviate the need for personal effort seems not only foolish, but categorically unsafe. Instead, like everyone else, we routinely take for granted the inevitability of attending to our own particular medical concerns. There is no doubt that even a very pious and observant Jew will seek out optimal professional medical assistance whenever faced with a serious medical challenge.

² Of course this conundrum may be just another manifestation of the proverbial and unsolvable contradiction between divine foreknowledge and human free will in general. An omniscient all-knowing God unquestionably “knows” all outcomes, yet somehow, human actions are nevertheless considered meaningful. Rambam, *Hilchot Teshuva* 5:5. See also the well-known comments of the Raavad, who takes the Rambam to task for raising this unsolvable problem. Although there are no claims to a definitive response to this issue, there have been attempts to offer possibilities for improved understanding. For example, Rav Avigdor Neventzal, in his commentary on *Parshat Chaye Sarah*, suggested that while ultimate outcomes may be predetermined by God, the means of achieving those ends *are* in the hands of men. Specifically, our spiritual decision-making, whether in the form of negative decisions (*aveirot* or sins) or positive ones (*mitzvot*) will determine by what route a set given outcome comes about. As an example, Rav Neventzal offered Pharaoh’s decision to not let the Jewish people out of Egypt. It was predetermined at that point in history, in that particular location, that a great sanctification of God’s name would take place. Pharaoh had the option of allowing it to come about through his acquiescence and thus be counted amongst the *chasidei umot haolam* (righteous gentiles). Instead, because of his refusal, Pharaoh is remembered as a villain, and he and his people suffered greatly. Either way the predetermined great *kidush Hashem* still took place.

Most importantly, the basis for this “real-life” observation is not just the nervous reaction of frightened, overly health conscious individuals. Rather, the pragmatic approach described, accurately reflects the overwhelming historical and contemporary rabbinic attitude toward the issue.³ Thus, the well-advertised Jewish rejection of a fatalistic response to human sickness can be properly described as “traditional.”⁴ It has been thoroughly documented and shown to be generationally consistent, supported by numerous affirming statements going back to the times of the Gemara,⁵ the *rishonim*,⁶ and the *achronim*.⁷

³ Of course there have been throughout Jewish history isolated cases of exceptions to this rule. Most are familiar with the Ramban’s commentary on Vayikra 26:11, where he describes the ideal of forgoing man-made cures for divine intervention. This, however, is generally explained as a description of unique spiritual times, perhaps *yemot ha’ mashiach*, when the Jewish people are at a very high spiritual level deserving of such direct divine intervention. Other rare examples of this attitude are Ibn Ezra’s and Rabbeinu Bachya’s (Shmos 21:19) comments on limiting the license to heal to man-made maladies alone. Finally, the father of the Avnei Nezer (Choshen Mishpat, no. 193) was noted by his son to have given halachic permission to an individual in his time who wished to forgo standard medical care and rely on prayer alone.

⁴ This very reasonable approach is often underscored by contrasting it with a more radical submissive stance espoused by other, presumably less enlightened religious groups. See Immanuel Jakobovits, *Jewish Medical Ethics* (New York: Bloch, 1975), pp. 1–3. Thus, it has been often pointed out that the pious amongst the Karaites and certain large sects of early Christians viewed standard medical interventions as “an attempt to deify earthly things.” Any similar sentiments noted in the Tanach or its commentaries are explained away as outliers or exceptional circumstances, certainly not representative of the mainstream Jewish view.

⁵ See, for example, Taanis 22b, Bava Kama 85a, Mishna Nedarim 4:4, and Bava Metzia 107b.

⁶ See, for example, Rashba in *Sefer Issur Va’Heter*, chap. 60, secs. 8-9, and Responsa, sec.1, no. 413. See also among related many comments of the Rambam, *Perush Ha’ Mishna* to Nedarim 4:4 and Pesachim 4:10, as well as *Shemoneh Perakim*, chap. 5. See also Ramban in *Toras Ha’Adam*, perek Ha’Chovel.

⁷ For example, R. Nissim Ashkenazi in *Sefer Ma’aseh Avraham*, Yoreh De’ah, no. 55; Rav Eliezer Waldenberg in *Responsa Tzitz Eliezer*, pt. 15, sec. 38; *Birkei Yosef*, Yoreh De’ah 336:2–3; Rav Ovadia Yosef, *Yechavei Da’at* 1:61; *Sefer Shevet Yehudah*, no. 336; and *Sefer Kreiti u’Pleiti* 188:5 among many others.

Aside from the obvious consistency of this view throughout the ages, most of the writings on this issue also convey a refreshing sense of Jewish unity regarding it, across the hashkafic spectrum as well. Thus, even those typically identified as religiously zealous or *chareidi* (if not overtly anti-secular) in their general posture fully accept the legitimacy of human efforts to fight disease. Practically speaking, so-called right-leaning rabbinic figures such as the Chida⁸ or Chazon Ish⁹ were just as likely to insist that a patient seek medical attention when appropriate as were Rav Samson Raphael Hirsch¹⁰ or Rav Yosef Dov Soloveitchik.¹¹

VERAPO YERAPE

Unquestionably, the starting point for all subsequent discussion regarding the propriety and utility of human healing is the well-known derivation from *verapo yerape* (Exodus 21:19) by *Tanna debai Rebbe Yishmael* (Bava Kama 85a): *mikan shenitna reshut larofeh lerafot* (“from here the physician was given license to heal”). This serves as an unambiguous declaration that, at least from a practical perspective, the practice of medicine is divinely sanctioned. At most, the need for Biblical backing admits to an underlying concern (a *havah aminah*) for a potential philosophical difficulty instigated by man’s trespassing on divine territory. The conclusion however, is clear; the Torah explicitly granted us permission to do whatever we can to fight both internal and external disease. Moreover, the halacha actually takes the divine consent one step further. In accordance with the comments of several *rishonim*,¹² the *Shulchan Aruch* upgraded the status of this *heter* (sanctioning) to that of a *mitzvah hiyuvit* (religious obligation).¹³ Chief Rabbi Immanuel Jacobovits,

⁸ *Birkei Yosef*, Yoreh De’ah 336:2–3.

⁹ *Eemunah U’ Bitachon* 1:6 and *Kovetz Iggerot* 136.

¹⁰ See *Collected Writings*, vol.2, p. 449, as an example.

¹¹ See, for example, the quotation from *The Lonely Man of Faith* below in text.

¹² In particular based on the Ramban in *Toras Ha’Adam* cited earlier.

¹³ Yoreh De’ah 336:1.

in his classic work *Jewish Medical Ethics*, summed up his discussion of this issue as follows:

These laws indicate unmistakably that while encouragement was given for the sick to exploit their adversity for moral and religious ends and to strengthen their faith in recovery by prayer, confidence in the healing powers of God was never allowed to usurp the essential functions of the physician and of medical science.¹⁴

RETHINKING *VERAPO YERAPE*

As noted, our discussion of the physician's license to heal to this point has been fairly typical. It is, however, also far from complete, and in that sense, misleading. Ironically, the primary weakness of the classic depiction of the license to heal is in the very aspect that appeared at first to be its greatest strength. By giving the false impression that there is a solitary, unified rabbinic understanding of the *reshut*, *shenitna larofeh lerafot*, one is denied access to *verapo yerape*'s most profound underlying implications.

This deficiency is best brought to light by returning to our opening dilemma and allowing (or forcing) ourselves to contend with its philosophically difficult implications. How do those who promote the absolute indispensability of human medical intervention reconcile this with a generally acknowledged belief in divinely controlled, predetermined healing? Or, in other words, (partially borrowed from the summary remarks of Rabbi Jacobovits above) in light of divine determination of outcome, what exactly *are* "the essential functions of the physician"? In what sense have they *not* been "usurped by confidence in the healing powers of God"? As was already implied above, the answers to these questions will, in truth, depend on to whom you address them.

To be precise, the deeper message and actual utility of *verapo*

¹⁴ Jacobovits, *Jewish Medical Ethics*, p. 22.

yerape has been expressed in two very diverse ways. On the one hand, the words *reshut le'rafot* have been translated by some in a very literal manner, deriving from them no more than what they actually seem to say; man is granted “permission to heal” and absolutely nothing more. In contrast, others have interpreted the significance of *ve'rapo yerape* in a way that goes well beyond a simple literal translation. Rather than merely granting permission to heal, *reshut le'rafot* was expanded to express an enthusiastic endorsement of involvement in a great and honorable occupation. Predictably, while the latter proudly publicized the matter in laudatory if not promotional terms, the former tended to disclose it only reluctantly, in an almost apologetic tone.

Proponents of the latter, optimistic view will often attest to its religious authenticity by pointing out the considerable number of great rabbinic figures throughout Jewish history known to have practiced medicine with great skill and enthusiasm.¹⁵ Perhaps Rav Soloveitchik offered the most explicit illustration of this approach in a footnote to his famous essay *The Lonely Man of Faith*. After introducing the reader to the wonderful world of majesty (the attainment of dignity and triumph over our environment) for which man intuitively strives, the Rav described its endorsement by the halacha as follows:

The unqualified acceptance of the world of majesty by the Halacha expresses itself in its natural and inevitable involvement in every sector of human majestic endeavor. . . . This acceptance, easily proven in regard to the total majestic gesture, is most pronounced in the Halacha's relationship to scientific medicine and the art of healing. The latter has always been considered by the Halacha as a great and noble occupation. . . . God wants man to fight evil bravely and to mobilize all intel-

¹⁵ Obviously the Rambam is the most well known, but Ramban was also an active physician. See, for example, *Shu't Rashba* 1:167 describing some of the Ramban's medical activities.

lectual and technological ingenuity in order to defeat it. The conquest of disease is the sacred duty of the man of majesty and he must not shirk it.¹⁶

The Rav's oft-reiterated message here is fairly well known. Man must actively confront all the challenges of life, not out of a desperate need for self-preservation, but rather as a divinely sanctioned opportunity to achieve personal greatness. Apparently, nowhere is this prospect more obvious than in the Torah's encouraging the physician to perfect his skills and implement his talents in the battle against disease. The ultimate success of the therapeutic endeavor is a manifestation of a very special medical partnership between man and God. Without a doubt, according to this view, man's material efforts are tangible in the truest sense of the word and, even more to the point, indispensable to a positive outcome.

Man must first use his own skill and try to help himself as much as possible. Then, and only then, man may find repose and quietude in God and be confident that his effort and action will be crowned with success. The initiative, says the Halacha, belongs to man; the successful realization, to God.¹⁷

In contrast, the literalist camp understood the permission granted by *verapo yerape* as a constrained *bedieved* (after the fact) consent designed to allow therapeutic intervention only when absolutely necessary. All things being equal, disease was to be cured solely by the One who brought it in the first place. To some degree, the license to heal could be understood in a vein similar to the general dispensation to override other prohibitions when human life is in danger based on *vechai bahem* ("and you shall live by them") (Yoma 85a). It was an authorization that was granted begrudgingly,

¹⁶ Rav Yosef Soloveitchik, *Lonely Man of Faith*, pp. 52–53.

¹⁷ *Ibid.*

out of a seemingly desperate necessity to save human life.

Furthermore, we are cautioned by this approach against being misled by what appears on the surface to be a physician's triumph or achievement. Any outwardly admirable human medical accomplishments are, in actuality, no more than an illusion. In truth God has never relinquished His role as the sole practitioner in curing disease. Genuine *emunah ve'bitachon* (belief and trust) always did and still really does demand that we seek out restoration of health through prayer alone. Physician assistance is, for unclear reasons (yet undoubtedly somehow related to deficient human merit), an obligatory formality, an unfortunate distortion of what was meant to be. It is no exaggeration to characterize the license to heal for this group and the requirement for human involvement altogether, as a regrettable deviation from the ideal fully spiritual life originally intended for mankind in general, and for the Jewish people in particular.

In a letter (later printed in the Torah journal *Zichron Yaakov* in 5739) the Chazon Ish described medical efforts as follows:

Just as in an acquisition of money or wealth, human attempts to acquire are no more than the fulfillment of an obligation, and heaven forbid we think "by my strength and my awesome hand, etc." So too human effort to save lives is also *just* a mitzvah, and we must remember that we do not possess the power to do anything. Rather, with our therapeutic efforts we are merely awakening the gates of mercy that our actions fulfill that which is requested, and one who prays and laments over the saving accomplishes *more* than one who actually is involved in the effort.

Reading this excerpt, one is immediately struck by the expression "just a mitzvah." The word "just" generally connotes something of minimal value. Is a mitzvah ever a trivial matter? Rather, "just" here must imply: as opposed to something more. What has greater value than a mitzvah? Obviously, the Chazon Ish was attempting to nullify what he considered a prevalent misconception about the

function and effectiveness of therapeutic interventions attempted by man. Evidently, he felt the need to emphasize that the actions of even a highly trained physician do not necessarily have any direct concrete effect of their own. The physician may think he is doing substantially more, but in reality he is at most demonstrating concern or sincerity of effort, in a sophisticated, albeit inferior, form of prayer. Our natural tendency to marvel at the intricacy of open-heart surgery or the achievements of a gifted surgeon is, in truth, totally misplaced. He has in reality repaired nothing, and he and we must remain ever mindful of that verity. No matter how delicate the procedure, or tenuous the condition of the patient, the operator has simply performed a mitzvah and nothing more.¹⁸

In a carefully designed analogy, the Chazon Ish compared medical intervention to the acquisition of wealth. Many are familiar with the *gemara* (Beitza 16a) that states that an individual's *parnasa* (income) is predetermined every year at Rosh Hashana irrespective of his efforts. According to this interpretation, the same can be said for the saving of a life in distress. In both contexts the outcome is fully divinely predetermined and our material efforts, practically speaking, are irrelevant yet somehow necessary.¹⁹

¹⁸ For ego-driven men, and at times physicians have been known to be considered a somewhat proud group, this perspective is obviously not readily acknowledged. Moreover, to the physician who has dedicated considerable time and effort to learning the art and science of medicine, and has spent countless sleepless nights at bedsides actively fighting disease, the notion that these efforts might be pointless is particularly difficult.

¹⁹ *Kovetz Iggerot* 136. It is worth noting the fact (and we will return to this later) that the Chazon Ish himself appears to question the far-reaching implications of his characterization in the very next sentence. There, he continues as follows: "However, the matter requires *shikul* (weighing, contemplation), since in a situation in which the rescue is clearly dependent upon a human action, [if he does not act] he transgresses the prohibition 'do not stand idly by the blood of your fellow.' " It is interesting that this is not the only place where the Chazon Ish revealed a conciliatory tone in this area. Elsewhere, in a different correspondence with an individual asking about the correctness of seeking medical assistance, he projected an even more open attitude toward medical intervention: "*Uke'she'ani*

Our objective for the remainder of this paper will be to uncover the possible origins of these two very different expressions of the license to heal and better understand the practical repercussions that stem from them. Furthermore, we hope to demonstrate in what regard, and to what degree, the particular viewpoints noted in this context reflect a far broader hashkafic debate that has encompassed many other areas of human activity.

ORIGINS OF THE CONFLICT

The earliest indication of a philosophical tension over medical interventions was introduced in the Talmud (Berachot 60b) by way of a dispute over what benediction should be said when an individual submits himself to a medical procedure.²⁰

R. Acha said: One who goes to have his blood let says: May it be Your will, Hashem, my God, that this therapy should serve me as a remedy, and that You should heal me, for you are God, the faithful Healer, and it is your remedy that is truth. *For it is not the place of people to seek medical treatment, but so have they accustomed themselves.* Abaye said: A person should *not* say this, for a *baraisa* was taught in the academy of R. Yishmael, “And he shall provide for healing”; from here that authority was given to a physician to offer treatment.

What is the essence of the disagreement between R. Acha and Abaye? *Prima-facie* (and consistent with Rashi’s comments here) the debate appears to be very closely related to our previous discus-

le’atzmi (when I am to myself) *hineni choshev et hishtadlut hativiit bameh shenogea labriut* (I consider efforts to preserve health) *le’mitzvah ve’chova* (as a mitzvah and obligation). *ke’achat hachovot le’hashlamat tzurat ha’adam, asher hitvia hayotzer B”H be’matvea olamo* (as one of the obligations designed for the completion of man that the Creator instilled into the fabric of His world).”

²⁰ Bloodletting was an accepted medical practice for both therapeutic and prophylactic purposes.

sion. Perhaps R. Acha and Abaye are simply debating the legitimacy of seeking conventional medical therapy rather than, or in addition to, seeking divine mercy. While R. Acha is making a statement that doing so is wrong, Abaye appears to be pointing out that based on the teaching of the academy of R. Yishmael, it is totally acceptable. Does not that *pashut pshat* (simple rendering) directly parallel the viewpoints of the Chazon Ish and Rav Soloveitchik, respectively? Tempting as this simple explanation may be, it is obviously not correct, since it is quite unlikely that the Chazon Ish rejected Abaye's (generally accepted) position for that of R. Acha. Granted that with some other Tannaitic backing R. Acha could theoretically dissent from the teaching of the academy of R. Yishmael; nevertheless, as emphasized earlier, all subsequent commentators and codes of Jewish law clearly did not. Therefore, it is most likely that the medical intervention dichotomy originates within an understanding of Abaye's view alone.

Nevertheless, the subtleties of Abaye's position might be best appreciated through its contrast to R. Acha's statement, which is where we will begin. What exactly was R. Acha's objection to the patient's seeking medical intervention that warranted a declaration of *viduy* (admission and verbalization of guilt) and repentance in the first place? Two very different explanations are offered by the *rishonim*. On the one hand, many understood R. Acha's final position to simply be that one should not seek any earthly assistance for medical problems, such issues being in God's jurisdiction alone.²¹ In line with this, these commentators suggest, we must assume that Abaye also acknowledged that human trespass on divine territory was the underlying tension in the discussion. Thus, according to this overall approach, both R. Acha and Abaye understood that in the ideal, man's recourse in fighting disease *should* be limited solely to prayer that the divine edict be lifted. Not only are material human

²¹ Tosafot and Rashba (Baba Kama 85a), for example, noted that without *verapo yerape* we would have thought that "he who smites should heal, and anyone else who attempts to do so is trying to override a heavenly decree."

efforts completely unnecessary, they should be considered in every respect *unlawful* as well.

What, then, according to this approach was the amoraic debate? While R. Acha and Abaye share a common ideal, it is apparent that they part ways on its practical application to man's current reality. R. Acha's addition of the *vidoy*, "for it is not the place of people to seek medical treatment, but so have they accustomed themselves," reveals his position that the original ideal opposition to human involvement remains fully intact and legally binding. It is still absolutely forbidden for man to be involved in medical therapy on any level. Nevertheless, he continues, due to human frailty mankind illegitimately gets involved anyway, and therefore beseeches God for salvation despite the shameful display of weakness. Evidently, even *le'maskana* (as a final ruling) seeking healing through the medical procedure in the first place was a serious and, more to the point, *sinful* mistake. According to R. Acha, davening for restoration of health and avoiding the procedure altogether would have been a far more righteous alternative.²²

How, then, does Abaye, who obviously sees things differently, respond? Based on the teaching of the academy of R. Yishmael he replies that "a person should not say this"; truthfully, no *vidoy* is necessary, no sin was actually committed. The ideal may be true, but it corresponds to a different time and very different set of circumstances. In our current situation, once divine permission was granted, seeking medical intervention is crucial and advisable. It is beyond any doubt *legal*. Despite this ultimate sanctioning, however, the message to be emphasized by this overall rendering was that even Abaye agrees in principle that medical interventions remain nonvirtuous encroachments on strictly divine territory.

An entirely different understanding of the Talmudic discussion was suggested by others. For example, the Talmudic commenta-

²² As noted, this extreme view does not appear to have a contemporary counterpart.

tor Ben Yehoyada²³ points out that the expression “and it is your remedy that is *truth*” is quite unusual. In what sense does healing specifically relate to truth? One can easily understand describing it as thorough, or reliable, but why characterize it principally as truth? Apparently, Ben Yehoyada went on to explain, Chazal were emphasizing here the fact that inherently human endeavors are potentially fraught with error and subject at times to horrific failure. This gloomy reality manifests itself, if not directly at the time they are attempted, perhaps later on in the form of unforeseen complications. In that sense, as acts of proper healing, human interventions are patently false. Divine healing, on the other hand, is absolutely true in that it is exact and guaranteed, without overt or hidden risk.

With this alternative understanding of the Talmudic text, one could explain the statement “For it is not the place of people to seek medical treatment” as meaning: Since human therapy is imperfect, it may be dangerous and should therefore really be avoided, perhaps even *al pi din* (by law). In this vein, the words “but so have they accustomed themselves” could then be explained as: Despite the inherent risks, we take our chances anyway, therefore God, please protect us. To this Abaye responded: No, despite the relative limitations and dangers of human therapy, the Torah has granted license (and perhaps dispensation for mistakes)²⁴ for doctors to try their best and for patients to seek their assistance.²⁵ This construct is fully consistent with one of the suggestions the Ramban offered for understanding our *sugya* in his *Toras Ha’Adam*: “lest the physician say, Why do

²³ Yosef Chaim of Baghdad (1832–1909) was a leading Sephardic authority on Jewish law and Kabbalah. He is best known as author of the work *Ben Ish Chai*.

²⁴ See Ramban, loc. cit. in *Toras Ha’Adam*.

²⁵ Perhaps to be understood along the lines of the well-known halachic principle in risk taking: *keivan di’dashu bei rabim shomer pesaim Hashem* (“in cases where the risk is reasonable, God protects the simple”). Alternatively, perhaps it is also related to the *gemara* in Bava Metzia (112b), where dispensation to take reasonable risks is allowed in order to allow for one to make a living.

I need this trouble, perhaps I will err and kill souls inadvertently; therefore the Torah gave permission to heal.”²⁶

Unlike the previous analysis of the debate noted above, within this latter framework neither R. Acha nor Abaye makes any reference to the need for an official divine consent to heal. Presumably this is because there is an underlying assumption that human involvement in medical therapy in the first place (were it not dangerous) is perfectly permissible and perhaps even laudable. In Da’at Kohen, Rav Abraham Isaac Kook expresses this approach as follows:

The essence of effective healing based on medical science is in doubt, for if it were definitive how could anyone entertain the possibility that it would not be obligatory . . . *even on illness that has come from heaven?* Rather, [and only] because effective medicine is fundamentally in doubt . . . therefore permission was necessary.²⁷

It has been suggested by some that the assumption that human involvement in medical intervention is elementary, and does not require specific Biblical support, actually stems from a *svara ris-hona peshuta* (straightforward logical assumption).²⁸ As a Talmudic source for this, many cite the famous rejoinder of R. Yishmael and R. Akiva to the farmer who took them to task for meddling in divine concerns after they had attempted to give him sound medical advice.²⁹ The two great *tannaim* pointed out what seemed to them to be a very obvious flaw in the farmer’s reasoning. A physician is no more interfering with God’s designs by making use of his intellect and available natural resources for medical therapy than a farmer is in working the land and harvesting produce from it for the production of food. Notably, R. Yishmael and R. Akiva did not resort to

²⁶ See Ramban, loc. cit. in *Toras Ha’Adam*.

²⁷ Da’at Kohen, no. 140.

²⁸ Jacobovits, *Jewish Medical Ethics*, loc. cit.

²⁹ *Midrash Socher Tov* (Shmuel 4:1).

Biblical verse or *drash* to make this contention, relying instead, it seems, solely on logical deduction.

Not surprisingly, the Rambam, *kedarko* (as is his way), reiterated these rationalist sentiments in fairly strong terms.³⁰ The Mishna (Pesachim, chap. 4) mentions some of the actions for which *Chizkiyahu ha'Melech* was praised. Among these commendable accomplishments, was his hiding of the *sefer refuah* (a book capable of providing incredible cures for any disease). Rashi commented on that the reason this act was praiseworthy was because the book's fail-safe cures prevented people from more properly pleading divine assistance for their ills. After first offering a completely different understanding of the Mishna, the Rambam, in very strong language, denounced the implications of Rashi's comments as quite foolish.

The Rambam's condemnation is at the very least reminiscent of the retort of R. Yishmael and R. Akiva to the farmer, if not derived directly from it. In summary, then, the obvious message offered by all these great sages is that human involvement in both the manufacture and employment of medical treatments requires no more divine dispensation than planting, harvesting, and eating from earth's produce when one is hungry.³¹

As further indication that the Rambam did *not* require *verapo yerape* to sanction medical practice, it is important to realize that he never cited that *drash* in the context of describing the Biblical source for the mitzvah of medical practice. Instead he does refer to an al-

³⁰ See Rambam, commentary on the Mishna (Pesachim 4:4).

³¹ It should be noted that some have taken issue with the entire premise of this last point. They would contend that man's working the land and making use of its bountiful gifts itself required special divine dispensation in the form of *bezeat apecha tochal lechem*. According to this, a totally opposite conclusion to ours would be drawn. From this perspective, the comparison that the tannaitic sages and the Rambam were making regarding working the land or eating its products might actually support the need for specific divine consent for all human endeavors. This point of contention is significant, and we will return to discuss it in greater detail shortly. See Rabbi J. David Bleich, "Cloning: Homologous Reproduction and Jewish Law," Tradition 32 (1998): 47–86.

ternative verse, *ve'hashevota lo* (“and you will return it to him”) as the Biblical source for the *obligation* to heal. Similarly, when codifying our opening *sugyah* regarding what benediction is fitting before undergoing a medical procedure, although the Rambam clearly paskens like Abaye, he again makes no mention at all of *verapo yerape* or any license to heal. Instead he merely excludes the negative statements suggested by R. Acha.

In summary, in developing the philosophical underpinnings of the debate between R. Acha and Abaye, two very different attitudes emerge. One position derived a significant Torah concern for illegitimate human interference in heavenly decrees. The other position rejects the underlying assumption of infringement altogether. Absent the pragmatic issue of individual fallibility, human involvement in medical therapy per se is intuitively legitimate.

Still, is the uncovering of this underlying debate of any practical importance? Having granted that the consensus of normative opinion indisputably sides with Abaye, does it still matter that there is a difference in understanding the broader conflict underlying that conclusion? In other words, granting (like Abaye) that for all intents and purposes we certainly are allowed to participate in medical care, is there any formal halakhic or *hashkafic* consequence related to the constellation of factors leading up to that authorization?

Interestingly, the author of the *Tur* presented both views as equally viable alternatives in his halachic work without deciding between them.³² Similarly, while clearly codifying Abaye's conclusion as normative, the Shulchan Aruch somewhat conspicuously does not take a stand on the reasoning underlying that decision nor the need for *verapo yerape* in the first place.³³ This gives the impression that perhaps there is no practical *nafka mina* (halachic ramification).

³² Yoreh De'ah, no. 336.

³³ It is possible to speculate that the *Shach* and *Taz* (ad loc.) were debating this very issue. In explaining the basis for the need of a license to heal mentioned by the *Mechaber*, the *Shach* only presents the second option (fear of physician error). In contrast, the *Taz* (generally more prone to theoretical discourse) elaborates at

Nevertheless, the contrast between the two positions described is fairly obvious. For that reason, one might project that the contemporary opponents in the hashkafic debate described above would align themselves neatly within the most fitting projected world outlook. Thus, while the Chazon Ish would be expected to follow the first view (which requires divine dispensation to heal), Rav Soloveitchik would probably be expected to prefer the second. It is conceivable, therefore; that the contemporary debate over the significance of *verapo yerape* simply parallels that fundamental *machloket*.

length on the first (healing being fundamentally off-limits to man). However, neither the Shach nor even the Taz in his long discussion appears at first glance to convey a practical consequence of their respective explanations.

