



So how do we determine that it is ok to take a risk, to avoid a different risk?

1. Rabbi Yaakov Ettlinger (19th century Germany), Binyan Tzion 137

Even though we have a principle that nothing stands before guarding a life, and we do not follow the majority in matters of guarding a life, that is only where there is a definite threat to life before us. For example, this is where someone is beneath a ruin, and we are concerned for even a tiny minority [possibility that he yet lives]. But where there is no need to guard a life right now, but only to be concerned for a future danger, we follow the majority as we do regarding prohibitions. Otherwise, how could one enter the sea, or go into the wilderness, activities for which we thank Gd when we are saved!

2. Thomas Eisenberg, Martin Schmalz, *Anxiety in the Face of Risk*, Federal Reserve Bank of NY 2015

https://www.newyorkfed.org/medialibrary/media/research/staff_reports/sr610.pdf

Horizon-dependent risk aversion is very well documented experimentally. Subjects tend to be more risk averse when a risk is temporally close than when it is distant, in both across-subject and within-subject studies. In this section, we first review the experimental evidence that temporal distance affects risk-taking behavior and then discuss potential origins of this phenomenon. Jones and Johnson (1973) have subjects participate in a simulated medical trial for a new drug; each subject has to decide on the dose of the drug to be administered. The subjects are told that the probability of experiencing unpleasant side effects increases with dosage – but so does monetary compensation. More risk averse subjects should then choose lower doses than less risk averse subjects. The study finds that subjects choose higher doses when the drug is to be administered the next day than when it is to be administered immediately...

While our model uses an expected utility formulation with standard intertemporal lotteries over monetary outcomes, we find it intuitively plausible that HDRA arises due to the effect of emotions on decision making and the fact that emotional responses are stronger for more salient cues. Loewenstein, Weber, Hsee, and Welch (2001) point out that cognitive evaluations of risk do not depend on temporal distance; in contrast, emotional reactions to risk such as fear and anxiety increase as the risk draws closer (see also Loewenstein, 1987, 1996; Monat and Lazarus, 1991; Paterson and Neufeld, 1987). The authors point out that when such departures between thoughts and emotions occur, feelings often exert a dominating influence on behavior. As a result, agents tend to behave in more risk averse ways with respect to risks at shorter horizons, even when cognitive evaluations of the risk remain constant....

3. K. Kim, H. Kim, *Time Matters: Framing Antismoking Messages Using Current Smokers' Preexisting Perceptions of Temporal Distance to Smoking-Related Health Risks*, Health Communication 33:3 (2018)

[Abstract] Based on construal level theory (CLT), a causal model delineating the relationships among four variables—perceived temporal distance, personal relevance, perceived susceptibility, and behavioral intention—was proposed. The model was validated by an online experiment with a sample of 222 current smokers, revealing the effects of perceived temporal distance on behavioral intention via personal relevance and perceived susceptibility. Following the CLT-grounded model, the effects of different temporal frames (near future vs. distant future) on the four variables were tested. The near-future frame featured a risk perceived to be more temporally proximal (i.e., heart attack), and the distant-future frame featured a risk perceived to be more temporally distant (i.e., larynx cancer) among current smokers. Participants exposed to the near-future frame reported significantly shorter perceived temporal distance, greater personal relevance and perceived susceptibility to the risk portrayed in the message, and greater intention to quit smoking than participants exposed to the distant-future frame.

Review Questions

- What two biblical verses mandate avoiding harm to ourselves?
- How does the Talmud demonstrate the importance of avoiding harm to ourselves?

- How do we know that the mandate to protect our lives includes protection from future harm?
- What modern medical technology did Rabbi Moshe Feinstein require using for protection from harm?
- What do people do every day, demonstrating that one may take one risk to avoid another risk?
- What three factors do we consider in deciding which risk to take?

Application to Vaccines

4. Rabbi Avraham Yitzchak Kook (20th century Israel), Daat Kohen 140

The simple explanation of the words of the Sages, "'And he shall heal' – From this we see that the Torah permitted a doctor to heal," indicates that the knowledge involved in medicine is uncertain. Were it clear, how could anyone think there was no obligation to heal? Would one not be violating, 'Do not stand by while others' blood is shed' for [not intervening to prevent] any trouble which befell a person, even trouble from Heaven! Even a lion is from heaven, and yet we are instructed to save people from lions and there is no concern of "G-d strikes; how may I heal?" So, too, in medical treatment.

5. Rambam (12th century Egypt), Guide of the Perplexed 3:37

The sages said explicitly that therapeutic treatments are not subject to "Emorite ways", meaning that anything mandated by natural studies is permitted, and anything else is prohibited... Anything proven by experience may be practiced, even where logic does not dictate it.

6. Rabbi Chaim Yosef David Azulai (18th century Italy), Shiyurei Berachah to Birkei Yosef, Orach Chaim 328:1 Today, when no one may treat without license from their scholars, all who are involved in treating are called "experts".

7. Rabbi Yosef Karo (16th century Israel), Shulchan Aruch Yoreh Deah 336:1

One should not attempt to heal unless he is expert, and no one greater is present. Otherwise, he sheds blood.

8. Rabbi Yaakov Emden (18th century Germany), Mor uKetziah Orach Chaim 328 **וכן אם רופא אמר**

Even an unknown treatment is considered certain, if authorized by an expert physician.

9. Rabbi Eliezer Waldenberg (20th century Israel), Tzitz Eliezer 4:13:3

The common denominator among the views cited above is that so long as the doctor intends to heal via the medical methods he possesses, he is permitted to do so, and it is a mitzvah for him to treat the patient via the accepted medical approach for this illness.

10. Rabbi Yaakov Reischer (17th century Prague), Responsa Shevut Yaakov 3:75

In this case, since he will certainly die [without the treatment], we leave the certainty and take the possibility; he might be healed. Still, the doctor should not simply proceed with this; he must be very patient, checking with local expert doctors and deciding based on the majority of views, meaning a recognizable majority – which is double – for there is concern regarding frivolous people. Therefore, he should follow the majority of medical opinions, and the agreement of the leading local authority.

11. Yehuda Shurpin, *What Does Jewish Law Say About Vaccination?* Chabad.org

http://www.chabad.org/library/article_cdo/aid/2870103/jewish/What-Does-Jewish-Law-Say-About-Vaccination.htm

When the polio vaccine was being implemented in Israel, there were those who turned to the Lubavitcher Rebbe, Rabbi Menachem M. Schneerson, of righteous memory, for his opinion. The following is a sampling of his replies. In the winter of 1957 the Rebbe wrote a reply, pointing out that he was hurrying to do so because of the prime importance of the issue at hand:

...Regarding your question about inoculations against disease:

I am surprised by your question, since so many individuals from the Land of Israel have asked me about this and I have answered them in the affirmative, since the overwhelming majority of individuals do so here [in the United States] successfully. Understandably, if there are inoculations that are produced by multiple pharmaceutical companies, you should use the ones whose product has been safely tried and proven.

In the spring of 1956 the Rebbe wrote:

...In reply to your letter in which you ask my opinion about the injections that are commonly given to young children: It is with regard to matters such as these that the axiom "Do not set yourself apart from the community" applies. You should act according to that which is done by [the parents of] the majority of children who are in your children's classes...

Even as the polio vaccine effectively eliminated the dreaded disease, there were instances where faulty shots actually brought about illness. In a letter from the winter of 1957, the Rebbe addressed this issue:

...The event that occurred in the United States was at the beginning of the use of these vaccines, before the [exact] medical compound was definitively established. This is not the case at present, after months of experience with the vaccine. Therefore, once a vaccine's reliability is firmly established, there is no worry. To the contrary...

12. The Orthodox Union (OU) and the Rabbinical Council of America, *Statement on Vaccinations*, June 17, 2015
Orthodox Jewish parents, like responsible parents across the United States, overwhelmingly vaccinate their children against measles, mumps, rubella, polio and the other childhood diseases for which inoculations are now almost miraculously commonplace. As in many communities, a small minority of parents chooses not to do so. The ongoing measles outbreak demonstrates how this could bear very serious consequences, not only for their own children but others' too, especially those medically unable to be vaccinated. The Orthodox Union (OU) and the Rabbinical Council of America (RCA) strongly urge all parents to vaccinate their healthy children on the timetable recommended by their pediatrician.

Compulsion to Take Risks for the Community's Sake

13. *Is Immunization Mandatory in Canada?* <https://immunize.ca/immunization-mandatory-canada>

Immunizations are not mandatory in Canada; however, in Ontario, and New Brunswick, proof of immunization is required for children and adolescents to attend school. In these same provinces, exceptions to immunizations can be made only for medical (can require a note from a healthcare provider) or ideological reasons.

In the event of outbreaks, children who are not immunized may be asked to stay home from school, child care or other organized activities until the outbreak is over, which can often take several weeks.

14. Talmud, Sanhedrin 73a

How do we know that one who sees another drowning in a river or being dragged by a beast or being beset by bandits must act to save him? The Torah says: Do not stand by while others' blood is shed. (Leviticus 19:16)

15. Rabbi Yosef Babad (19th century Poland), *Minchat Chinuch* 425:3

Granted that all mitzvot are overridden in the face of danger, still, the Torah instructed us to do battle for this mitzvah. It is known that the Torah will not depend upon miracles, as explained by Ramban [Bamidbar 5:20], and it is normal for people to be killed on both sides in a way, and so we see that the Torah decrees to do battle despite the danger. If so, then the concern for danger is overridden in this case.

16. Rabbi Avraham Yitzchak Kook (20th century Israel), *Mishpat Kohen* 143

One cannot learn from obligatory wars at all, because matters of the community and of war do not come under the rubric of "You shall live by them"... War and the laws of the community are unique.

17. Talmud, Nedarim 80b

If a spring is owned by a certain town, and there is a choice between their lives [in access to the spring] and the lives of others, their lives come before those of others. Their animals precede the animals of others, and if there is a choice between their laundry and that of others, their laundry comes before that of others. If there is a choice between the lives of others and their laundry, the lives of others precede their laundry.

Rabbi Yosi said: Their laundry precedes the lives of others.

18. Rabbi Asher Weiss (21st century Israel), Minchat Asher 3:123

Regarding kidney donation, if I did not fear my peers, my heart would be inclined to say that today it is entirely obligatory, for all studies show that the danger to the donor is very low, almost non-existent, and the possibility of saving [a life] is very great.

19. Rabbi Dr. Avraham Steinberg (21st century Israel), HaRefuah kaHalachah X 2:2:2:4 (Vol. 6 pg. 484)

A live person may donate a kidney from his body to a patient who suffers from end-stage renal insufficiency. This is a pious trait and the mitzvah of saving a life. But one is not obligated to do this.

20. Talmud, Bava Metzia 62a

Two were travelling and one held a jug of water. If both would drink then both would die, and if one would drink then he would reach civilization. Ben Petura taught: Better for both to drink and die rather than have one see the other die, until Rabbi Akiva taught, "It is written, 'The life of your brother is with you,' so your life precedes your friend's life."

21. Rabbi Yosef Shalom Elyashiv (20th century Israel), cited in Rabbi Dr. Akiva Tatz, *Dangerous Diseases and Dangerous Therapy in Jewish Medical Ethics*, pg. 48

In fact, Rabbi Elyashiv went so far as to assert that failure to immunize would amount to negligence. Refusing childhood immunizations on the basis of unsubstantiated fears of vaccine side-effects is irresponsible and out of order halachically.