

---

7-1-2021

## “Is there no Balm in Gilead?”: Health, Illness, Death, and Dying in the Hebrew Bible and Today

Joel Kaminsky  
*Smith College*, [jkaminsk@smith.edu](mailto:jkaminsk@smith.edu)

Follow this and additional works at: [https://scholarworks.smith.edu/rel\\_facpubs](https://scholarworks.smith.edu/rel_facpubs)



Part of the [Religion Commons](#)

---

### Recommended Citation

Kaminsky, Joel, “Is there no Balm in Gilead?”: Health, Illness, Death, and Dying in the Hebrew Bible and Today” (2021). Religion: Faculty Publications, Smith College, Northampton, MA.  
[https://scholarworks.smith.edu/rel\\_facpubs/25](https://scholarworks.smith.edu/rel_facpubs/25)

This Article has been accepted for inclusion in Religion: Faculty Publications by an authorized administrator of Smith ScholarWorks. For more information, please contact [scholarworks@smith.edu](mailto:scholarworks@smith.edu)



# “Is there no Balm in Gilead?”: Health, Illness, Death, and Dying in the Hebrew Bible and Today

Interpretation: A Journal of  
Bible and Theology

2021, Vol. 75(3) 196–206

© The Author(s) 2021

Article reuse guidelines:

sagepub.com/journals-permissions

DOI: 10.1177/00209643211012116

journals.sagepub.com/home/int



**Joel S. Kaminsky**

Smith College, Northampton, Massachusetts, U.S.A.

## Abstract

This essay argues that the Hebrew Bible contains conceptual resources that can contribute to and enrich the ongoing discussions surrounding healthcare in the U.S. and in other modern Western societies. These biblical ideas may help us reframe our understandings of sickness and health, something urgently needed if we wish individuals and their families to have less medically invasive and less alienating experiences of illness, most especially during end of life care.

## Keywords

Death; Dying; Hebrew Bible; Health; Healthcare; Illness; Immortality; Impurity; Medicine

“When you take away their breath, they die and return to their dust. When you send forth your spirit, they are created” (Psalm 104:29b–30a).

“Death, of course, is not a failure. Death is normal. Death may be the enemy, but it is also the natural order of things.”<sup>1</sup>

There is widespread agreement that as a country the United States spends vastly more on medical care than other developed countries, many of which achieve both better medical and quality of life outcomes for patients and their families, and with greater cost efficiencies.<sup>2</sup> Recent books by Atul Gawande, L.S. Dugdale, and Angelo Volandes point out that dying patients are often subject to additional medical protocols that worsen the final days and weeks for the patient and his or her family.<sup>3</sup> Many terminally ill patients would be better served by hospice, whether at home or in a

---

1 Atul Gawande, *Being Mortal: Medicine and What Matters in the End* (New York: Metropolitan Books, 2014), 8.

2 For an up to date eye opening account of how truly inefficient the U.S. medical system is along with detailed discussions of how the system arose and the many problems that stem from both users and providers (including doctors, insurers, patients, hospitals, government, business, etc.), see Elisabeth Rosenthal, *An American Sickness: How Healthcare Became Big Business and How You Can Take It Back* (New York: Penguin, 2017).

3 Atul Gawande, *Being Mortal*; L.S. Dugdale, *The Lost Art of Dying: Reviving Forgotten Wisdom* (New York: HarperOne, 2020); and Angelo Volandes, *The Conversation: A Revolutionary Plan for End-of-Life Care* (New York: Bloomsbury, 2015).

---

## Corresponding author:

Joel S. Kaminsky, Smith College, Northampton, Massachusetts, U.S.A.

Email: jkaminsk@smith.edu

facility. There are several complex factors that have contributed to this state of affairs both from the side of patients and on the part of the U.S. medical system.

Patients often have unrealistic expectations of what is possible, and frequently their view of various life-saving interventions is based more on popular media portrayals than on informed ideas of what a specific procedure entails or how likely such a protocol might bring in its wake serious or even fatal complications. “[A]lmost everyone has seen a Code Blue on television shows like *ER*, where electric shocks and chest compressions almost always succeed in bringing a patient back to life—in utter defiance of the actual data.”<sup>4</sup> These widespread misconceptions led Dr. Volandes to make videos that show in detail various procedures being performed so that future patients can see exactly what they may be signing up for, leading fewer to request these radical interventions. A more minimalist approach has led to better end of life experiences for many patients and their families.

On the medical side, the fact that hospitals and doctors have been able to bill Medicare for doing procedures, but up until the recent rule change, doctors were not reimbursed by Medicare for having conversations about end of life options, probably exacerbated this situation.<sup>5</sup> Another likely factor is that ailing patients often enter a hospital or nursing home with overlapping problems treated in turn by several groups of physicians. This state of affairs can leave the patient with no single medical professional overseeing or attending to them in a holistic manner. As one physician explains, “At the end of life, a typical patient tends to have multiple interactions with multiple subspecialists, one for each organ that is failing. . . . And patients simply cannot keep track of who is caring for them.”<sup>6</sup>

In my view, there are also several cultural assumptions and reflexes that contribute to the likelihood that patients will receive aggressive medical treatment even when their condition is terminal. These include the following:

- 1) Because death is defined by certain medical criteria (e.g., brain death or the irreversible cessation of circulatory and respiratory functions) many living in the West tend to see a radical divide between life and death rather than acknowledging that we may experience aspects of death and at times rebirth as we live and age.
- 2) A number of recent books and studies have demonstrated that doctors, patients, family, and friends tend to avoid speaking frankly about death, even when it is imminent.<sup>7</sup> As Dr. Haider Warraich forcefully states, in spite of the larger American interest in

---

4 Jessica Nutik Zitter, *Extreme Measures: Finding a Better Path to the End of Life* (New York: Avery, 2017), 86. She notes on page 74 that once patients know the actual CPR survival rates about fifty percent fewer patients opt for it.

5 For an overview of the change that now allows physicians to bill Medicare or Medicaid for routine conversations about end of life care options, see, for example, this PBS story: <https://www.pbs.org/newshour/health/doctors-bill-medicare-end-life-advice-death-panel-fears-reemerge>.

6 Zitter, *Extreme Measures*, 72. This book is one physician’s personal and professional journey from being a doctor who regularly engaged in extreme end of life medical interventions toward becoming a leading practitioner of palliative care.

7 See for example, the Sunday *New York Times* editorial board essay “Helping Patients and Doctors Talk About Death.” <http://www.nytimes.com/2015/07/26/opinion/sunday/helping-patients-and-doctors-talk-about-death.html>. Or similarly, “We Need a Role Reversal in the Conversation on Dying.” <http://opinionator.blogs.nytimes.com/2015/04/22/we-need-a-role-reversal-in-the-conversation-on-dying/>.

mortality as evident from the attention it receives in popular culture, “actual conversations about death occur far too infrequently.”<sup>8</sup> In my estimation, the fact that death is often treated as a conquerable enemy rather than as a part of life itself contributes to this problem. In short, we seem to lack both the vocabulary to articulate what a good death might look like as well as the courage to speak of death frankly.

- 3) A related but not identical issue is our cultural proclivity to avoid acknowledging the place of sickness in our lives. In contemporary America, too few people who are sick with a cold, flu, or other shorter or even a longer-term illness actually allow themselves a time-out to stay home and recover. Rather, many seek out prescriptions or over the counter medications that at times only mitigate the symptoms so that they can try to push through daily life as if they were in perfect health.
- 4) The radical individualism of our age, along with its scientific tenor, tends to occlude or even completely shut out our awareness of larger transpersonal and transcendent realities, likely contributing to the drive to prolong each individual life for as long as possible no matter what may come. That many people using healthcare access it through plans that rarely if ever reveal the actual costs of a procedure tends to worsen this situation because many patients feel they have paid for unlimited care, so they should not hesitate to utilize as much healthcare as possible and use the most extreme measures if they have access to them. As Zitter argues, “The belief that more is better runs deep in this culture, and the prioritization of autonomy translated into handing patients access to all the marketplace had to offer. . . . A typical patient cannot be expected to understand that, in the case of healthcare, doing more might lead to a worse outcome and more suffering.”<sup>9</sup> Furthermore, too few users of the American healthcare system seem cognizant of the reality that community resources spent too freely on healthcare in effect constrain our ability to deploy financial and other resources on equally pressing needs such as bolstering early childhood education or more fully subsidizing college tuition.

In the discussion that follows, I will begin by concentrating on points 1 and 2. In my own classes I relate the following scenario and always see many heads nodding in assent.

You go to visit your grandparent or other close relative in the hospital, and you have gleaned they are gravely ill, possibly having only days or weeks left to live. Yet the conversation in the hospital room might be about how you and others in the room look forward to various activities with this dying relative such as going to the ballgame or attending an upcoming family wedding, or you speak about mundane pleasantries like sports or the current weather conditions. Rarely if ever does either your gravely ill and likely dying relative or anyone else in the room acknowledge the full gravity of the illness, that there may be little hope for recovery, or that death may be something that could occur relatively soon.

While it is possible that the avoidance of explicit talk about a family member’s approaching death reflects mere social niceties, my suspicion is that this is a symptom of our cultural denial of disease and death being part and parcel of life, or of the contemporary tendency to view death as a disease that we might just be able to beat with the correct medical protocols. It is not hard to imagine that this mindset further contributes to the tendency to use very aggressive medical treatment right up until the patient is completely beyond any intervention.

8 Haider Warraich, *Modern Death: How Medicine Changed the End of Life* (New York: St. Martin’s, 2017), 181.

9 Zitter, *Extreme Measures*, 70.

One sees something similar in our tendency to avoid acknowledging sickness and actually allowing ourselves time to be sick. Thus we tend to push through sickness rather than view it as a normal periodic state that might require a time-out to step back from our hectic everyday lives until we properly recover, only then returning to our busy daily routines. In summary, it seems likely that our ability to face death when it finally does arrive is weakened by our lack of a full and honest acknowledgement of death's presence within our everyday lives in the following ways: as we experience the deaths of others near to us; as we ourselves periodically move back and forth between full health and less than full health over the course of our lives; and as our bodies and minds become less able as we age.

Perhaps readers of this essay will accept that I have put my finger on a number of critical issues. Yet many may be skeptical that the Hebrew Bible can contribute useful ideas to the discussion as our culture searches for better ways to understand sickness and health, and especially as we seek to persuade individuals and their families to consider forgoing certain last-ditch medically invasive procedures in the hope of achieving less alienating experiences of dying. Aside from more radical groups like those belonging to the Christian Science movement, few today might see much point in turning to the Bible to make informed healthcare choices. Although one finds occasional marketing of biblical cures and health advice (here one thinks of Ezekiel Bread sold in many health food stores), it is not likely that the Hebrew Bible will provide useful scientific information leading to new medical breakthroughs.<sup>10</sup> In fact, because our scientific and technical abilities are vastly more advanced than they were in the Iron Age, it may seem odd to suggest that the Bible has anything substantive to contribute to the conversations surrounding healthcare and end of life issues. Yet, the Hebrew Bible does shed quite a bit of light on these questions, offering insights and alternative frameworks to our often over-medicalized and psychologically impoverished approach to aging, sickness, and death.

## **Placing the Bible in Conversation with the Contemporary Healthcare Debate**

Before proceeding further I should say a bit about the complex process involved in trying to bring ideas or concepts from the Bible to bear on any contemporary issue. In my view bringing insights from the Bible into productive conversation with contemporary social, political, or cultural issues requires one to conduct a sympathetic but also critical reading of the biblical text, as well as of our own contemporary context. By a sympathetic reading, I mean one that seeks as best as possible to understand the text in its historical context rather than simply judging the biblical text against our very different contemporary mores. Of course, after engaging in a sympathetic contextual reading one should assess the Bible's ideas on a topic in a fully critical manner against our own ways of thinking, even as our own ideas should be critically examined in the light of biblical concepts that may reveal how in certain areas we may come up ethically short compared to ancient Israelite mores.

I highlight this point precisely because some scholars would reject the idea that one should first engage in a sympathetic contextual reading of the Bible and view doing so as unethical, inasmuch as they are quite sure that our ethical ideas today are far superior to those present in the biblical text. Note the following excerpt from an essay by David Clines outlining his approach to ancient biblical interpreters and their interpretations of the Bible:

---

10 One can learn more about Ezekiel Bread at: [http://www.foodforlife.com/about\\_us/ezekiel-49](http://www.foodforlife.com/about_us/ezekiel-49).

I have in mind, however, a rather more critical approach to ancient interpreters . . . one that does not seek principally to *understand* them and their interpretations within their historical context, but to critique them and judge them by a standard other than their own—that is, by my own, by our own. Otherwise I cannot be ethical . . . For myself, however, I do not feel any such debt to the past, and would rather spend my time making serious and well-informed judgments about human behavior than merely acquiring knowledge or developing ‘understanding.’<sup>11</sup>

I find Clines’ approach deficient for many reasons, but especially because he is certain that neither his understanding of the biblical text nor his own ethical stance can in any way be deepened, challenged, or nuanced by a sympathetic encounter with the biblical text or the Bible’s pre-modern interpreters. While I recognize the complexity involved in attempting to bring the biblical text into conversation with contemporary social and ethical issues, this is exactly what Jews and Christians who view the Hebrew Bible as Scripture have been doing for centuries, admittedly at times poorly, but often quite successfully.

With these preliminary remarks in mind, let us look at some specific texts. A number of biblical passages suggest that life and death are on a continuum and might be thought of as states of varying intensity that one passes back and forth between over the course of a lifetime. This would be in contrast to the tendency we often encounter today to conceive of persons as fully alive throughout life and then suddenly dead at the end. One place this can be glimpsed with particular clarity is in a number of levitical laws surrounding ritual impurity found in Leviticus 12–15. There is now a growing consensus that within Leviticus 12–15 the Hebrew terms translated as “pure” and “impure” are in many, if not all cases, used strictly in a ritual sense to denote transient bodily states rather than to describe a moral state.<sup>12</sup>

To focus the discussion, we will examine Leviticus 15 more closely. This passage presents five pieces of legislation (dealing with various bodily emissions) arranged in an orderly fashion. Leviticus 15:1–15 begins with the case of a man who has an abnormal genital discharge, and then vv. 16–17 describe the ritual for a male who had a nocturnal emission, an event the text seems to view as quite natural. Interestingly, Lev 15:18 notes that short-term ritual impurity even arises from sexual intercourse between a man and a woman. Not only is such sexual contact viewed as normal, but it is divinely ordained, for according to the Priestly author (who scholars believe penned this part Leviticus as well as the opening chapter of Genesis), God’s first command (or according to others his first blessing) to humans in Gen 1:28 is to be fruitful and multiply.<sup>13</sup> Leviticus 15:19–24 discusses the ritual rules surrounding menstruation, also a completely natural event, although one that women in antiquity likely experienced with less frequency than women in the modern West

11 David J. A. Clines, “Why is There a Book of Job and What Does It Do to You if You Read It,” in *The Book of Job*, ed. W.A.M. Beuken, BETL 114 (Leuven: Leuven University Press, 1994), 1–20 (14–15, emphasis original).

12 This conceptual framework is concisely articulated in Jonathan Klawans, *Impurity and Sin in Ancient Judaism* (Oxford: Oxford University Press, 2000), 21–31. Klawans builds on Jacob Milgrom’s decades long work on Leviticus (Milgrom’s major work is referenced in note 14). Klawans’s attempt to distinguish various forms of biblical impurity remains useful even though, as he recognizes, the food laws in Leviticus 11 seem to involve both ritual and moral impurity. For a recent critique of Klawans’s position and others like Christine Hayes (*Gentile Impurities and Jewish Identities: Intermarriage and Conversion from the Bible to the Talmud* [Oxford: Oxford University Press, 2002]), who similarly argue that there are several distinct biblical and rabbinic categories of impurity, see T. M. Lemos, “Where There is Dirt, Is There System?: Revisiting Biblical Purity Constructions,” *JSOT* 37 (2013): 265–94.

13 For the notion that Gen 1:28 should be read as a blessing and not a command, see Nahum Sarna, *JPS Torah Commentary: Genesis* (Philadelphia: JPS, 1989), 13, comment on vs. 28.

due to the numbers of pregnancies, the length of nursing time, and the less protein-rich diets such women experienced in their lives. Leviticus 15:25–30 then turns to irregular female genital flows, and the chapter finishes with a summary statement.

Of these five cases, only irregular male and female discharges are in any way possibly associated with sin.<sup>14</sup> That one becomes impure through a normal nocturnal emission, through regular marital intercourse, or in the course of naturally occurring menstruation demonstrates that for P, becoming impure need not be equated with committing a sin or being a morally inferior person. According to Leviticus 15 becoming impure in these three cases is not a problem but rather something that occurs periodically and quite naturally throughout one's life. I like to tell my students that if the author of Leviticus 15 had a bumper sticker on his chariot it might read "Impurity Happens." Experiencing ritual impurity is not in itself a sin. The only possible sin that might occur in cases of ritual impurity would be if one flouted the rules governing particular impurities that function to restore one to a state of purity, allowing for full reintegration back into the community.

If laws surrounding ritual impurity are not aimed at identifying sinners then what is the language of impurity about? Many scholars suggest that states of ritual impurity symbolize a fracture in the fabric of ordered everyday life. The most likely explanation for the ritual laws found in Leviticus 12–15 is that they are attempting to rectify various symbolic encounters with death. Because death and life existed on a continuum, death could be seen as a very diminished form of life. In turn, certain types of sicknesses that diminished one's quality of life were viewed as a form of death. This explains why according to Leviticus 13–14 one who experiences a severe skin disease becomes impure, and it also explains why a male or a female who has an abnormal genital discharge is impure. Those who suffer from these conditions are living a diminished life.

It should be mentioned that several psalms and various passages in Job make this same equation between sickness and death. For example, many "complaint" or "lament" psalms speak of sickness and social alienation through the language of death and dying. When the psalmist in 88:6 speaking to God calls out in despair, "You have put me in the depths of the Pit," he seems to be saying that his situation is so bad that even though biologically he is alive, it is as if he is dead. One finds similar notions in Psalm 38 or in Job 19, both texts that also pair the experience of physical disease with social alienation from friends and family. Note the following excerpt from Psalm 38:

There is no soundness in my flesh because of your indignation; there is no health in my bones because of my sin. . . . My heart throbs, my strength fails me; as for the light of my eyes--it also has gone from me. My friends and companions stand aloof from my affliction, and my neighbors stand far off (vv 3, 10-11).

This psalmic passage has an additional twist that links the petitioner's diminished condition to his sinful state that he now confesses, which distinguishes this outlook from that found in much of Leviticus 12–15. In Leviticus 15, such a linkage between sinning and being sick, if it applied at all, would pertain only to the first and last cases that deal with abnormal male and female genital discharges. The more pressing question raised by Leviticus 15 is why would a normal seminal emission, regular menstruation, and societally encouraged intercourse make one ritually impure?

14 In fact, many leading scholars think that even in these cases where the person affected is required to make a sacrificial "sin offering," the text does not see the person involved as having sinned. Rather, the offering purifies the sanctuary that had been ritually tainted with impurity regardless of any intent on the part of the sick person. Note Jacob Milgrom's forceful statement: "One bearing physical impurities, even the most severe kind, is not accused of sin." (*Leviticus 1–16*, AB [New York: Doubleday, 1991], 926).

The answer appears to be that although these are natural bodily functions, they still symbolize encounters with death. This is most obvious in the case of menstruation, which when it occurs, indicates a lost chance at a potential pregnancy that could have produced a new life. The logic is probably the same for a nocturnal emission in that it too is a lost chance to procreate.

Yet why should male-female intercourse result in one becoming impure? The likely answer is that while it may potentially produce a new life, the emission of semen that occurs during this act was perceived to result in a waning of the male life force. This belief may have been heightened in the ancient world, because the mechanics of semen production and pregnancy were inadequately understood. This understanding can perhaps be traced to a belief that a male had a limited amount of seminal fluid, and each drop expended would bring him closer to death.<sup>15</sup> Or possibly it stems more from the notion that men are weakened after intercourse. Similar ideas are still found today in the French euphemism for orgasm, *la petit mort* (the little death), as well as in the widespread belief that athletes like boxers are more aggressive if they avoid intercourse before a bout.

My point in discussing these seemingly arcane matters is to highlight that most ancient Israelites over the course of their lives would have had many moments when even though they were fully alive from a modern, scientific perspective, they would have understood themselves to be experiencing a diminished form of life associated with the realm of death. Rituals guided those who either passed through regularly occurring ritually impure states or those recovering from serious illnesses that facilitated their reintegration back into the community of the fully living after having encountered a symbolic death that temporarily diminished them. In my view, certain elements of ancient Israel's conceptual understanding of sickness/health and life/death are better attuned to the realities of our actual lives in which most of us regularly experience cycles of diminished health followed by recovery to fuller health, and as we, over the course of our lives, age and become less vigorous. In contrast, often what we find in much of contemporary, Western society is that death is only associated with the very end of one's life rather than recognized as a process we experience, at times in partial and symbolic ways, as our lives unfold, which reaches its acme when we die. One could imagine that this ancient Israelite outlook gave people a chance to come to terms with death over a much longer span of their lives, because they were able to try on the reality of death in a partial and symbolic form with some regularity.

Of course, some might object at this point and argue that the levitical pre-occupation with ritual impurity and its link to death indicates an avoidance of death rather than an engagement with it. I could imagine a Freudian seeing these levitical rituals as neurotic avoidance strategies. Here a comparison between our contemporary experience with death and that of ancient Israel is instructive. In America today around seventy percent of people die either in a hospital or in another type of care facility in spite of the fact that seventy percent of respondents to surveys on the subject say they would prefer to die at home.<sup>16</sup> In ancient Israel, people regularly died at home, surrounded by family who also buried their own dead. What this means is the average ancient Israelite would have witnessed firsthand the death of his or her close relatives. Today we too often avoid encountering

15 Milgrom (*Leviticus 1–16*, 934) asks: “Why is the sexual act defiling?” In reply he cites the thirteenth-century Rabbi Moses ben Nachman, (also known as Nachmanides or Ramban): “The reason for the defilement of seminal emissions, even though it is part of the process of procreation, is like the reason for the defilement of death . . .” Ramban goes on to suggest that impurity ensues because one does not know immediately if the act of coitus produced a child or the semen was wasted. Similarly, on page 1002 Milgrom notes: “Vaginal blood and semen represent the forces of life; their loss—death.”

16 See the list of related statistics culled by Frontline at: <http://www.pbs.org/wgbh/pages/frontline/facing-death/facts-and-figures/>.



death, preferring to turn it over to the professionals in hospitals and then to morticians. But doing so frequently leads to the medicalization of death and dying as well as to the walling off of death and burial from most people's common experience. One could argue that the professionalized funeral services that in America often includes embalming corpses and for some groups holding wakes in which the dead are displayed as vividly alive only further exacerbates our cultural inability to acknowledge death openly. In any case, our practices and behaviors today seem like a much greater avoidance of death than does the legislation found in Leviticus or the reality of death as likely encountered by an ancient Israelite.

That said, I am not imagining a movement spreading across North America or Western Europe in which wide swaths of the population will start observing the purity regulations found in Leviticus 15, nor am I advocating that we should reinstitute the rules socially isolating those with severe skin diseases along the lines suggested by Leviticus 13–14. Rather, I am interested in recovering some of the elements that animated ancient Israel's worldview toward life and death/sickness and health.

There are religious Jews who have long observed aspects of the ritual purity laws in Leviticus and will likely continue to do so. Such individuals are already in touch with the notion that human beings, over the course of their lives, undulate between life and death. For example, observant Jews wash their hands upon awakening from sleep and when returning from the graveyard, as both are symbolic encounters with death. But for others living in Western society today, I am suggesting that we may be able to draw on certain biblical insights to reframe the way we approach sickness/health and life/death. I am advocating this not only because it may be beneficial for individuals psychologically, but also because as a nation it is unclear that we who live in the U.S. can continue on our current course. Recent projections predict that nearly twenty percent of U.S. GDP will be spent on healthcare by 2028, continuing the upward trend of the last decades.<sup>17</sup> While some of the exponential growth in healthcare spending is simply due to the fact that we are living much longer, there is little doubt that too many U.S. healthcare dollars are spent trying to avoid death, as if death were something that could be cured if we simply had better technology. Furthermore, resources we spend prolonging the life of someone at all costs often means we are diverting time, money, and energy from other pressing societal concerns and hence often not striking the proper balance between the needs of a given individual and the needs of the larger society.

## Death as Natural and Immortality as Occurring in Life

Here our discussion touches upon a few other aspects of the Hebrew Bible's outlook that have something substantial to contribute to this conversation. Firstly, there is the matter of whether death was conceived as unnatural. It is not difficult to find assertions like the following one: "While evolution teaches on the basis of observation that death is a natural and necessary process . . . the Bible tells us on the contrary, that death was not part of the original plan."<sup>18</sup> Yet such an interpretation ignores not only the fact that there is no explicit evidence that humans were created immortal in either Genesis 1 or Genesis 2, but also that a host of passages in the Hebrew Bible seem to view death after a long and fulfilling life as quite natural. One need only think of the descriptions of both Abraham's and Job's deaths in Gen 25:7–11 and Job 42:16–17, respectively, or texts like Psalm

---

17 <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NHE-Fact-Sheet>.

18 Jacque B. Doukhan, "'When Death Was Not Yet': The Testimony of Biblical Creation," in *The Genesis Account of Creation and Its Reverberations in the Old Testament*, ed. Gerald Klingbeil (Berrien Springs, MI: Andrews University Press, 2015), 329–42 (329).

104:14–30 that speak of the natural cycle of life and death.<sup>19</sup> Even today, people regularly react much differently to the death of someone young and vibrant who was, so to speak, “taken before their time,” and the death of an octogenarian who lived a full life and whose body and perhaps mind were failing.

It is true that apocalyptically oriented texts like Isaiah 25, Daniel 12, or Wisdom of Solomon 1 describe death as something that God will eventually circumvent or defeat, and in the case of Wisdom of Solomon as something God did not create in the first place. But it is likely that some if not all of these passages were written under circumstances in which people were persecuted and died before their time.<sup>20</sup> One should not lose sight of the fact that many deaths recorded in the Bible use language that indicates something perfectly natural and quite in tune with God’s purposes for creation has occurred. Recognizing that there is often such a thing as a good death may help doctors and patients resist the urge to engage in intensive and often futile last minute medical procedures that in effect treat death, even of a long-lived person, as if it were itself something to be avoided in all circumstances and at all costs.

Similarly, although many classical rabbinic texts view death as something not originally intended by God, others proclaim that death was in fact always intended from the beginning, and that it served important purposes. Note the following reflection from *Gen Rabbah* 9:5 on Genesis 1:31’s summary statement that God surveyed all of creation and saw that it was very good.

In the copy of R. Meir’s Torah was found written: *And indeed, it was very (me’od) good*: and indeed death (*maweth*) was good. . . . R. Johanan said: Why was death decreed against the wicked? Because as long as the wicked live they anger the Lord, as it is written, *You have wearied the Lord with your words* (Mal 2:17); but when they die they cease to anger Him as it is written, *There the wicked cease from raging* (Job 3:17a), which means, there the wicked cease from enraging the Holy One, blessed be He. Why was death decreed against the righteous? Because as long as the righteous live they must fight against their evil desires, but when they die they enjoy rest; that is the meaning of *And there the weary are at rest* (Job 3:17b).<sup>21</sup>

The opening of this midrash takes its cue from the verbal assonance between the Hebrew word *me’od* (spelled *mem, aleph, dalet*) here translated “very” and the Hebrew word for death, *mot*, spelled *mem, vav, tav*. Not only is death seen as part of God’s plan from the beginning, but we are given an explanation of the purpose it serves. It both prevents the wicked from continuing to sin, thus further angering God, and serves as a reward for the righteous who deserve rest from their lifelong vigilance in avoiding sinful actions.

Another important related insight is that within the Hebrew Bible a number of passages contain metaphors that suggest immortality is not about avoidance of death but rather about the quality of one’s life. Thus, there are passages that link life and death with certain kinds of psychological states rather than with actual biological states. For our first example, let us examine Proverbs 13:12:

19 For deeper discussion, see chapter 2, “The Naturalness of Death and the Path to Immortality” in James Barr, *The Garden of Eden and the Hope for Immortality* (Minneapolis: Fortress, 1992), 21–56.

20 There is broad agreement that the apocalyptic materials in Daniel 7–12 were written in the wake of the persecution that led to the Maccabean revolt (Daniel 11:33–35). While the exact socio-historical setting of Wisdom of Solomon and Isaiah 24–27 are unknown, Wisdom of Solomon 2–5 also explicitly speaks about righteous people who have been persecuted and martyred.

21 This is a slightly emended version of the Soncino translation excerpted from Davka software’s *Soncino Classics* in which I updated some of the archaic English expressions especially in the verse citations.

“Hope deferred makes the heart sick, but a desire fulfilled is a tree of life.” In the Hebrew this verse contains four juxtaposed states or images, each consisting of two words, eight words in all. It suggests that state one, “hope deferred” results in state two, “a sick (or we might say a broken) heart.” Next comes the third word pair, “a tree of life,” followed by the idea that one reaches this state of bliss when word pair four occurs, that is when “desire is fulfilled.” A terser and perhaps more accurate way to represent the meaning of this verse would be: Hope deferred=sick heart; tree of life=desire fulfilled. But when the text evokes the image of a tree of life, an image we quite naturally associate with the Eden story, and hence with everlasting life, is the text really saying that one attains eternal life when a long-held desire reaches fruition? Similarly, is this verse implying that one should consider visiting a cardiologist when something long hoped for continues to be deferred time and again, leaving one depressed? It seems more probable that this proverb is saying that certain types of experiences in life bring one into a reduced state of life, perhaps even a state of living death, while other types of experiences rejuvenate people and in some sense make them hyper-alive for at least a time. Note how Jacob is inconsolable at the loss of Joseph (Gen 37:35) and then later we hear that “the spirit of their father Jacob revived” when he realizes Joseph is still alive (Gen 45:27).

An analogous but slightly different idea is expressed in Proverbs 10:7: “The memory of the righteous is a blessing, but the name of the wicked will rot.” Here both strophes appear to be talking about people who have died. Yet a person who has lived his or her life rightly continues to live on after death in a way that a wicked person does not as noted in Maimonides’ comment below.

However, resurrection is only for the righteous. . . . How, after all, could the wicked come back to life, since they are dead even in their lifetimes? Our sages taught: ‘The wicked are called dead even while they are still alive; the righteous are alive even when they are dead’ (Ber. 18b).<sup>22</sup>

My point here is that the understanding of life/death, health/sickness, and of immortality or its lack implied in such texts may help people realize that it might be better to strive for lives filled with certain qualities than simply seeking to live longer. Today, too often we think of being alive only in biological terms; hence the drive to extend our biological lifespans even when doing so seems questionable in view of quality of life issues.

## Conclusion

One final way in which the Hebrew Bible can contribute something productive to current conversations surrounding the issues discussed in this essay is by helping our culture regain a more balanced understanding of the relationship between the individual and the larger community in which he or she is embedded. I am not advocating or expecting a return to certain biblical norms, in which the will of the community almost always took precedence over the individual’s wishes. But if an individual has little sense of his or her connection to the larger society, then each individual almost inevitably comes to view their life and its preservation for as long as possible as the highest possible good. Such a view occludes the ability to strike a balance between the wishes and needs of the individual and the resources and priorities of the wider society in which we all live.

Ancient Israelites grasped that our individuality is rooted and ultimately only flourishes within a dense web of familial, communal, and national ties. While there are many blessings that have

22 From Maimonides, “Helek: Sanhedrin, chapter Ten,” trans. Isadore Twersky, *A Maimonides Reader* (New York: Berman House, 1972), 414.

come from the growing attention not only to the value of each individual human life but also to the right of each individual to make choices in an autonomous fashion, the growing emphasis on individual rights has tended to eclipse our awareness of an individual's ties to family and to wider communities, be they religious or secular, local or national, or perhaps even global. While Marx saw Western religious eschatology playing a negative role because it served as an opiate that sedated the populace and prevented them from rearranging the current political order in which the rich unfairly exploited the working class, I would argue that having an eschatological vision may allow us to see that one individual life is part of a larger (religious) community's unfolding story and part of the larger human community's story.

Furthermore, the emphasis in all three major Western religious traditions on both the preservation of the soul after one's death and the idea of a future resurrection may help dampen the current tendency to do whatever we can to preserve each life for as long as possible, regardless of the financial costs or the physical and psychological toll a given treatment might inflict on the dying patient and his or her family. When people see their relationship to wider society with greater clarity, they may be less driven to take all possible measures to keep themselves or their loved ones alive at all costs, even when the quality of a particular individual's life at that point might not warrant intensive medical intervention. One would hope this would be all the more the case for those who believe in a post-mortem existence of the soul or who foster a hope in a future bodily resurrection.<sup>23</sup>

I acknowledge that it is easier to speak in generalities and to urge what others should do in the abstract than it is to take full account of the difficult choices that specific patients and their families must make when faced with life and death decisions. And it is certain that at times even very informed parties will disagree about whether a medical intervention is worth the physical, psychological, and financial costs involved. The larger issue is that we are not having these types of conversations as candidly as we should. As Dr. Haider Warraich reports, many of his own patients, "even when moments away from death, have never had a serious conversation about the end of life."<sup>24</sup> This is especially troubling today when death is often successfully delayed for many years, because frequently a medical proxy is placed in the position of imagining what end of life medical options the patient might have wanted to pursue or to forgo. Unfortunately, evidence suggests both that such medical proxies often guess wrongly and that they frequently choose to treat dying patients more aggressively than the actual patient would have wanted if their own preferences were more clearly articulated and followed.<sup>25</sup>

In conclusion, we are unlikely to solve our healthcare crisis without having a deeper change of mindset concerning how we approach sickness and death. As Zitter argues, "In order to rebuild this broken system, we must begin by facing our fear of personal extinction and the resultant drive to find something, anything, to save us from our own deaths."<sup>26</sup> Yet key passages in the Hebrew Bible offer us a different and I believe a helpful alternative for framing how we might think about and treat sickness and experience death as well as what meanings our difficult and at times too brief lives have as we cyclically move between health/life and sickness/death, along our journeys from birth toward our inevitable demise.

23 Unfortunately, some studies suggest more devout adherents, especially from lower socio-economic strata "died more frequently in the ICU, were more likely to get aggressive care, and had poorer quality of life closer to death." See Haider Warraich, *Modern Death*, 161–62.

24 *Ibid.*, 181.

25 *Ibid.*, 199–201. For a recent Christian approach to grappling with these difficult issues and having ethically informed end of life discussions with family and friends, see Nancy J. Duff, *Making Faithful Decisions at the End of Life* (Louisville: Westminster John Knox, 2018).

26 Zitter, *Extreme Measures*, 146.