

no known cure. That child needs the love and support of both his "parents". If disclosure might destroy the fabric not only of the relationship between husband and wife but possibly "father" and "child", considerations of *pikuach nefesh* (preservation of life) dictate a policy of silence. Indeed, I would go so far as to say that even the mother not be told at this point (although she might already know) since this could place her in the unbearably difficult position of having to decide whether she should tell or keep silent. In light of false positives and halachic uncertainty regarding the efficacy of these tests, *lashon hara*, *shalom bayit* and especially *pikuach nefesh* all combine to counsel silence, at least at this stage of the game. □

The voice of sh'ma readers

Adena K. Berkowitz

The response of the *Sh'ma* readers was framed by a judicious balancing of the legal and cardinal principles of medical ethics such as autonomy and informed consent with the Judaic concepts of *pikuach nefesh* (safeguarding a life) and *rapo yirapheh* (the imperative to heal). The subtext, though, to the conversation, was the necessity not only for *what* information is to be conveyed but *how* it is to be told. On this score, the non-medical respondents seemed to emphasize the human interaction and human drama which frame medical procedures sometimes to the exclusion of even responding to the "what". What is apparent from the responses is the importance of molding together an I-Thou and I-It approach, which only proves the importance of the entire bioethical conversation.

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Specifically in the struggle between maternal-fetal rights, most *Sh'ma* respondents felt that pregnant women should be compelled to be tested, and to be administered AZT if they are found to be HIV positive. A minority were concerned that mandating tests would be counterproductive, driving women away from prenatal care. Rather, they felt that educating women in a non-threatening manner would be the wiser choice. Even those who believed in compulsory treatment felt that educational efforts were vital. As to routine testing of newborns and whether to inform their mothers, most respondents felt that the mother should be told, enabling the newborns to be treated.

Regarding fetal reduction, all were in agreement that such reduction was acceptable if the criterion was the well-being of the mother. Most rejected the idea of gender as the determinant for selective abortion. One writer said the parents should be able to choose the gender if they already have children of a certain sex. Most endorsed discarding the embryos.

Regarding the insurance question, our respondents suggested that the insurance companies cover the individual with higher rates, thus compensating for what most termed only a mere possibility. A few respondents offered the Solomonic proposal to have the insurance companies cover the individual but mandate periodic physical exams to facilitate early detection and treatment.

Shalom bayit (harmony between spouses) and concern with emotional distress framed the response to the last question. While the respondents felt that the counselor should tell the wife the truth--one said perhaps not until later--all agreed that it was up to her to tell her husband or to engage in a white lie for the time being to avoid emotional harm. The readers felt that ultimately the ill child should also know who its true father is. One writer said the biological father must also know that he is a CF carrier.

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