



Bikur Cholim: *A Paradigm for Pastoral Caring*

Rabbi Joseph S. Ozarowski

Rabbi Joseph Ozarowski examines the implications of pastoral care as an act of *imitatio dei* and offers a careful analysis of rabbinic texts on *bikur cholim*. He explicates their teachings on the meaning of pastoral care and draws from them concrete guidance on providing pastoral care.

Bikur cholim, the commandment to visit the sick, offers a paradigm for the pastoral caregiver. It embodies a theological framework, and the sacred texts surrounding it provide practical guidance for our conduct with the sick. Although it has been argued that professional pastoral caregiving is different than friendly visitation, pastoral care could be considered the specialization and professionalization of this *mitzvah*. It has also been suggested that *bikur cholim* is a *mitzvah* required of everyone, not just of specialists. We have many other examples of *mitzvot* that apply to all Jews, yet involve trained people who provide leadership in these *mitzvot*, such as *brit milah*, *shechita*, and *talmud torah*. Therefore, we suggest that the teachings surrounding *bikur cholim* offer invaluable guidance to trained pastoral caregivers in their work. Moreover, the Jewish tradition's teachings on *bikur cholim* constitute the primary locus of both values and practical wisdom for the developing field of Jewish pastoral care.

The Theological Framework: Bikur Cholim as Walking in God's Ways

Illness is a crisis point of life, an integral and inescapable part of our existence. Jewish tradition teaches that we affirm life even while facing pain and suffering. A major way we do this is by imitating our Creator, or walking in God's paths. This idea is illustrated beautifully in rabbinic sources.

R. Hama said in the name of R. Hanina: What does it mean, "You shall walk after the Eternal your God" (Deuteronomy 13:5)? Is it possible for a person to walk and follow God's presence? Does not [the Torah] also say, "For the Eternal your God is a consuming fire" (Deuteronomy 4:24)? But it means to walk after the attributes of the Holy Blessed One. . . . The Holy Blessed One visits the ill, as it says, "And God visited him [Abraham] in Elonei Mamreh" (Genesis 18:1), so you too shall visit the ill.¹

Jewish tradition sees *bikur cholim* as a function of *gemilut chesed*, acts of kindness performed in emulation of God's divine kindness and love.² One who truly wishes to walk in God's path must imitate God through loving-kindness at life's crisis points, such as illness. By visiting the ill, we follow God's paths, acting as God does. In this way, we connect to and care for one another in illness and crisis, when we are most vulnerable. At these times, we truly need to be assured of God's love and presence. Our own imitation of God's love can be most effective in helping the troubled and suffering.

The Talmudic teaching about visiting the sick is based on God's appearance to Abraham after Abraham's circumcision (Genesis 18:1–2). The Midrash provides a moving description of this visit:

When God was revealed [to Abraham], the Holy Blessed One stood and Abraham sat, as it says, ". . . and he was sitting in the doorway. . . ." It is the custom of the world that when a student is sick and the teacher goes to visit, [other] students go first and say, "[There is] a delegation of the teacher to the house of the patient," meaning that the teacher wishes to visit the student. Not so the Holy Blessed One. When Abraham was circumcised and was in pain from the circumcision, God told the messengers to go and visit. But before they arrived, God came in first, as the Torah says (verse 1), "And God appeared to him," and after that (verse 2), "And he lifted his eyes and saw three. . . ." Is there no greater Humble One than this?³

From this first example of *bikur cholim* in the Torah, we learn several lessons. First, the visitor must visit the sick with a sense of humility, as did God. Second, the visit is for the sake of the sick person, not the visitor. Third, there is not always a set script for a *bikur*

cholim visit. In fact, there is no dialogue at all between God and Abraham recorded in the Torah's account of this encounter. Often, the presence of the visitor is far more important than the words spoken.

The Mandate for Pastoral Care

Bikur cholim is not a commandment directed at professionals. All Jews are called to care for the ill through fulfillment of this *mitzvah*. But is there any mandate or warrant for skilled pastoral caregivers in these acts of *chesed*?

As in the following example, since Talmudic times, groups of individuals within the Jewish community have been organized for the express purpose of attending to communal needs.

Rabbi Yehuda said in the name of Rav: If there is a death in the city, all citizens are forbidden to do work [in order to tend to the needs of the deceased]. R. Hamnuna went to Daromta and heard there the sound of the funeral-*shofar*. He then saw some people who were still doing work. He said to them, "These people should be placed under the *shamta* [a limited form of excommunication]. Is there not a dead person in town?" [But] they told him, "There is a *chevra* [a committee or association] in town [that does these tasks and fills these needs]." He said, "If so, it is permitted [to do work]."⁴

A second example is the following:

Such was the practice of the *chavurot* [associations or committees] in Jerusalem: Some went to the house of the mourners; some to the house of [marriage] feasting, some went to a circumcision, others to gather up the bones.⁵

From these texts, we see that since rabbinic times, particular individuals have represented the community in fulfilling *chesed*-based *mitzvot*. Since the twelfth century, *bikur cholim* committees have functioned in this way. If lay committees can represent the community in attending to the needs of the sick, we can deduce that a trained, pastoral caregiver may individually play the role of community *shaliach*, or representative. Halachic literature suggests that although a personal visit is ideal, sending someone else to convey good wishes also fulfills

the *mitzvah*.⁶ A trained professional indeed represents the entire Jewish community when serving the community's ill, and does not detract from the importance of lay volunteers who visit their ill peers, or even of congregational rabbis' visits to sick congregants. Certainly, the ill see the pastoral caregiver as a representative of the community.⁷ Indeed, one of the therapeutic aspects of pastoral visits for the sick is the knowledge that they will be remembered in the living community. As the Talmud puts it, "*Sheluchoh shel adam kamoto*" (a representative in Jewish law) has the status of the sender.⁸ In all of these aspects, the pastoral caregiver can truly be said to act as the community's *shaliach* or emissary.

The Meaning of Pastoral Care

Bikur cholim, like all of Jewish practice, has a theological foundation. If we see pastoral care as an extension of *bikur cholim*, the rich traditions of this *mitzvah* can illuminate the meaning of pastoral care as well.

The Visitor as the Representative of God

Sickness is an inevitable part of life, but like any experience, illness can be a means to help one grow spiritually. In this context, God is seen as partner, not agent of punishment. For this reason, the Talmud openly says that God's very presence (*Shechina*) rests above the sick person's bed, providing sustenance for him or her:

Rabin said in the name of Rav: From where do we know that the Holy Blessed One sustains the sick? As it says, "The Eternal will support [the sick person] upon his bed of illness" (Psalm 41). Rabin also said in the name of Rav: From where do we know that the Divine Presence rests above the invalid's bed? From the verse, "The Eternal will support [the sick person] upon his bed of illness."⁹

This text assures the sick of God's presence and love in time of illness. By sharing their presence, visitors can truly imitate God. In the eyes of many sufferers, both clergy and lay pastoral caregivers represent the Divine Presence because they come on behalf of both Judaism and of the Jewish community.

Beyond the actual symbolism of the visit, the Talmud teaches us

that the Divine Presence inhabits the place of illness and the place of the sick. If the *Shechina* is at the head of every sick person, a hospital or geriatric facility becomes a holy place. In the bottom line-oriented, contemporary health care system, Jewish tradition teaches us to reclaim the sacred as an integral part of the healing process. Real pastoral care allows both the sick person and the visitor to sense the closeness of the *Shechina*. Whether sufferers formally identify with organized Judaism or are simply Jews by birth, being aware of God's presence can help them reconnect with their spiritual self. This reconnection facilitates spiritual healing, which clearly can help effect physical healing as well.¹⁰

The Reward for Providing Pastoral Care

The sick are not the only ones profoundly affected by *bikur cholim*; visitors, too, may be transformed by accompanying the sick on their journey through a difficult period. As a reward for the kind act of visiting the sick, the psalmist declares in Psalm 41:

The Eternal will deliver him in the day of evil.
The Eternal preserve him and keep him alive, let him be called
happy in the land;
And You will not deliver him unto the greed of his enemies.

The commentaries elucidate the verse as follows:

Rashi: The Eternal will sustain him [the visitor] when he is on his own sick bed.

Ibn Ezra: [The visitor] will live long years.

Metzudot: [The visitor] will be praised by his peers and not given to the desires of his enemies.

Psalm 41 continues:

The Eternal will support him upon his bed of illness
May You turn all his lying down in his sickness.

There is a dispute among the commentaries about whether the divine support promised in the last verse refers to the visitor (as a reward, according to Rashi) or to the sufferer (God's succor of the ill person, according to the Talmud and some modern commentators). It is most interesting to note that the Targum, the Aramaic translation of

the Psalms, renders the Hebrew *yis'ad*, or “support,” as “visit”! Therefore, this verse would be read, “The Eternal will visit him while he is on the bed of illness.” God’s “visit” could mean either that God visits the sick person (as suggested regarding Abraham), or that God will visit the visitor when he or she becomes ill (as a reward for the visitor’s kindness in attending to the sick).

Psalm 41 lends strong credence to the notion that true visitation of the sick involves empathy, sensitivity, and understanding. Apparently, the psalmist experienced this and assures us that the visit is a major value in Judaism, richly rewarded by God.

We may also ask a question regarding a contemporary pastoral understanding of the divine reward promised by the psalmist. How are we to understand the reward today given to either the professional pastoral caregiver or to any Jew fulfilling the commandment of *bikur cholim*? Even the Talmud itself says: “Do not be like servants who serve the master for the sake of receiving a reward, but rather be like servants who serve the master without the expectation of receiving a reward.”¹¹

Perhaps the key concept here is God’s support, sustenance, and preservation; we are promised God’s blessings in a general sense for a sensitive, compassionate visit to the ill. In a deeper way, visitors are assured that God will be with them in their time of need. Visiting the sick is thus not merely gratifying; it can also yield lasting rewards for the visitor. Recent studies have found that serving others may have a positive impact on one’s life, and that people who engage in frequent volunteer activity or are part of a religious community enhance their own health.¹² I have personally experienced the mysterious and powerful benefits of visiting the sick:

I once walked into the ICU [intensive care unit] and saw a male patient wearing a *kippah*. I had barely introduced myself before this gentlemen, through his oxygen mask, began spouting wonderful *divrei torah* comments on the weekly portion! Behind me, the patient’s wife exclaimed, “I don’t believe this! I don’t believe this!” When I explored this further, I learned that the man had been confused and dazed for the forty-eight hours before my visit. My presence, it seems, brought this man back to reality, and I was literally able to remove a fraction of his illness! We talked further,

discovering many people and places in common. As I left, they thanked and blessed me. But there was more. As I spoke further to the patient's wife, I discovered that her parents signed the papers that brought my own grandparents to the U.S. in 1950! Her parents and my grandparents were in the jewelry business together in Lisbon during the Second World War.

We pointed out earlier that *bikur cholim* falls under the rubric of *gemilut chasadim* or *mitzvot* that are acts of kindness. *Gemilut* is related to the Hebrew word for “payback.” It took two generations to pay back one act of kindness with another. This act brought healing to the son-in-law of people who had helped bring a Jewish couple to this country after the Holocaust. This “payback” benefited not only the sick person but the caregiver as well. The rewards for pastoral care can be mysterious and awe-inspiring.

Pastoral Care's Task Is Limitless

The Talmud offers valuable insights about the scope of the pastoral task in visiting the sick.

It was taught: “*bikur cholim* has no set amount.” What is meant by “*bikur cholim* has no set amount”? R. Joseph thought it means there is no set amount for its reward [the reward is unlimited]. Said Abaye to him: Does anyone have the set amount of the reward for the *mitzvot*? Do we not learn: Be as careful with an easy *mitzvah* as with a heavy one, for you do not know the reward of the *mitzvot*.¹³ But Abaye said [it must mean]: Even the greater [*gadol*, goes on a visit] to the smaller [*katan*].¹⁴ Raba said: [“No set amount” means one can visit] even a hundred times a day.

This text describes the limitlessness of *bikur cholim*—whether in terms of its reward, who must visit whom, or the quantity of visits. God's visit to Abraham is the finest example of the greater visiting the smaller. In visiting the sick, in contrast to the classic clergy roles of teacher or preacher, there is no room for hierarchy in relationship. And although multiple visits may be required, Maimonides, himself a physician, encouraged the visitor to be sensitive to the sick person's needs: “One can visit many times in the day. Whoever adds [to this] is

praiseworthy, providing one does not trouble [the patient]" (Laws of Mourning 14:4).

The needs of the sick often seem limitless. But in this age of managed care, all caregivers are called on to use finite resources to treat the ill. Today's pastoral professionals may no longer be able to visit patients "many times in the day," in the praiseworthy manner of Maimonides' suggestion, but they can still offer the infinite compassion of their hearts and souls, in the hope of offering spiritual healing to the ill and in imitation of the Holy One. They can take comfort in knowing they have made a difference, even though there is always more to do.

Fostering Spiritual Healing

The process of healing may also offer a spiritual opportunity. The pastoral caregiver can have a vital role to play in the spiritual journey of the ill person. As the Talmud puts it:

R. Alexandri said in the name of R. Hiyya b. Abba: A patient does not recover from sickness until all his sins are forgiven, as it is written, "Who forgives all your iniquities; Who heals all your diseases" (Psalms 103:3). R. Hammuna said: He then returns to the days of his youth for it is written, "His flesh shall be fresher than a child's, he shall return to the days of his youth" (Job 33:25).¹⁵

This passage does not mean that people who cannot recover are unforgiven. But the illustrative quote from Psalms clarifies that healing is coupled with forgiveness and God's love. Although nearly all sick people aspire to be physiologically cured from illness, this hope is often not fulfilled. But cure can also be defined mentally, spiritually, and emotionally, as the Hebrew term *refuat hanefesh* implies. Forgiveness from sin or a sense of spiritual renewal can make one's life spiritually fresher.

The rabbinic comment on Psalm 103 also implies that good pastoral care can offer the sick a sense of reconciliation with God, as well as with other people. The presence of the familiar symbols of Judaism as well as a human, Jewish presence can help the ill make sense of life at a time when their regular routines have been disrupted.

The Means of Pastoral Care

Empathy

Human beings can imitate God through empathy. Pastoral caregivers use their minds, hearts, and imagination to share the pain of the sufferer, even though they do not necessarily feel the exact same pain. A caregiver's understanding helps alleviate the sufferer's sense of aloneness and even lessens the pain.

All Jews, not just professional pastoral caregivers, are called on to follow God's ways in acts of *chesed*, such as *bikur cholim*. However, professionals' training and skills may provide them with special gifts to share with those who are ill. This type of pastoral relationship obviously makes demands of the giver. The following Talmudic tale illustrates the heart of the pastoral task:

R. Joshua b. Levi met Elijah [the prophet] sitting at the opening of the cave of R. Shimon bar Yohai. . . . He said to him [Elijah], "When will the Messiah come?" He answered, "Go and ask him himself." "Where is he sitting?" "At the gates of the city." "What is his sign [that I may recognize him]?" "He sits among the poor who suffer from wounds. All of them unbind and rebind [their wounds] in one act. But he unbinds and rebinds [each wound] separately, saying, 'Should I be wanted, these [wounds, all dressed at once] should not delay me.'" ¹⁶

Rashi understands the text "and he is wounded as well" to mean that the Messiah shares in the suffering of those around him. As proof of this, Rashi quotes the passage from Isaiah 53:4, "But our illness he carried and our pain, he suffered." From this text we learn that the Messiah, descendant of King David and the very symbol of redemption in Judaism, shares the pain of those who suffer, especially of those who are sick. He is able to do this because he himself feels the wounds. In other words, he shares empathy with those who are afflicted. He is able to offer redemption and hope because he understands what suffering is.¹⁷ Pastoral caregivers, like Elijah, are called to share the pain of suffering people, to use their own experiences of vulnerability to help and to support them.

Attending to Physical Needs

Attending to the physical needs of the sick is an integral part of *bikur cholim*. In the following Talmudic story, the great Rabbi Akiba demonstrates the importance of offering personal and practical care:

R. Helbo took ill. R. Kahana proclaimed, "R. Helbo is sick!" but no one came to visit. He rebuked the others as follows, "Did it not happen that one of R. Akiba's students took sick and none of the sages came to visit? But R. Akiba [himself] entered to visit and because [R. Akiba] swept and sprinkled the room before him, he recovered. 'My master [said the student] you have made me live!' Following this R. Akiba went and lectured, 'Whosoever does not visit the sick is like a shedder of blood.'" ¹⁸

We see several concepts in this story. First, the story emphasizes the greatness and importance of *bikur cholim*; second, it is an excellent example of "the greater visiting the lesser"; and third, we see that tending to the ill person's actual physical needs is part of the *mitzvah*. In fact, the Hebrew term the Talmud uses for "sweeping and sprinkling" is *kibdo v'rivtzo*. The word *kibed* also means "to honor." Even an act as mundane as sweeping the room is considered a way of honoring the sufferer. Today, making sure the ill person has adequate care is a way of fulfilling the *mitzvah*.¹⁹ Helping the ill to arrange their personal affairs also falls into this category.

Most pastoral caregivers focus on spiritual and emotional issues during a pastoral sick call; after all, hospitals usually provide adequate medical and physical care. Nevertheless, we are obligated to inquire about physical aspects of care. From the Jewish perspective, this is a pastoral concern; other pastoral care and health care professionals may not always understand this. There is a specific pastoral value in looking after the ill person's physical needs. In fact, in another version of the Talmud's story hinted at in the Meiri commentary and quoted in the commentary of the "Netziv" (Rabbi Naftali Tzvi Berlin of Volozhin [Lithuania, nineteenth century]), Rabbi Akiba visited his student but did not do the sprinkling and sweeping himself. Rather, an attendant, noticing the presence of Rabbi Akiba, was moved to sweep and to sprinkle the room. We can learn a significant lesson for our mode of care from this version of the story. Even though we assume

that the physical needs of the ill are attended to by paid staff, and that we ourselves do not have to “sweep and sprinkle,” these needs are not always adequately met. However, our mere presence in visiting the patient can often prompt health care workers to do their jobs of “sweeping and sprinkling” better. By checking on the food, facilities, and even medical care of the ill, we show them our concern. We empathize with them during their time of difficulty by helping arrange their affairs when they are unable to do so. In this way, we take our lead from the Almighty Who loves us and looks after our needs in times of distress.

Timing Pastoral Visits

The Talmud teaches the following regarding visiting hours:

R. Shisha the son of R. Idi said: A person should not visit the sick during the first three hours of the day or the last three hours of the day, for he may dismiss praying for him [the sick person]. During the first three hours his illness is easing; during the last three hours his sickness more greatly weakens him.²⁰

The thrust of this *Gemara* emphasizes the importance of prayer on behalf of the ill. However, in codifying this rule, Maimonides leaves out the last part of the passage and simply states, “The patient is not visited during the first three hours and the last three hours [of the day] because they are for dealing with the needs of the patient.”²¹ Maimonides, a physician, saw the Talmud’s idea of visiting hours as a medical necessity. One should not visit during the first or last hours of the day because this is when medical treatment is administered.

Modern sources hold that the Talmud’s words here are not halachically part of the *mitzvah*, but simply good advice.²² Visitors may come when they are able, even if the visit is during the Talmud’s proscribed times; but visitors—professional or lay—should avoid times when medical treatment is given and not overtax the patient.²³ In sum, visits should be timed to maximize the potential for spiritual connection and to minimize burden.

Placing Oneself in Relation to the Ill Person

Rabbinic sources offer us the following wisdom about how to approach the patient physically:

It was also taught: One who enters to visit the sick should not sit on a bed, nor a bench, nor a chair but should enrobe himself and sit on the ground, for the Divine Presence rests above the bed of the patient, as it says, "The Eternal will support him upon his bed of illness" (Psalm 41).²⁴

This Talmudic teaching underlines the reverence one should have when visiting the ill. In codifying this, the Shulchan Aruch maintains that the text applies exclusively to a case in which the ill are lying on the ground, as was usually the case in those days.²⁵ In such instances, the visitor should not be higher than the sick person.²⁶ But if the sick person is in bed, as is our universal practice today, then sitting on a chair or bench is preferable. Being on the same level as the ill indicates empathy,²⁷ eliminating a feeling of hierarchy that might separate visitor and sufferer and offering instead a sense of true presence and interest. By placing oneself at the same level as the sick person, pastoral visitors communicate that their true interest is in the patient. Feeling the concern and closeness of pastoral caregivers through this physical gesture can help the sick. When pastoral caregivers are in this proximity to the sick person, they emulate God Who is present at the very head of the sick person and alleviates the suffering.²⁸

Most contemporary halachic authorities say that the level, the position, and the posture of the visitor depend on the needs of the sick person. If the sick person requests that the visitor be in a certain spot, those wishes are to be respected.²⁹

One modern source interprets "enrobe" as dressing with modesty.³⁰ According to this authority, visitors should dress as if going to synagogue because they will be greeting the Divine Presence as well as the sick person. Also, according to this source, visiting the sick fosters thinking about the ultimate issues of life and death associated with illness. Visitors' demeanor and dress ought to reflect the seriousness of the moment and circumstance, but one should not dress in a way that will frighten or upset the ill. Again, the tradition calls us to be aware of the impact of every aspect of our presence when visiting the sick. Every gesture, every concrete action, has the power to foster healing, or conversely, to alienate an already suffering person.

Language and Nuance

It is not always easy to find the right words to share with a patient in pain and suffering. Both Jewish tradition and human experience (at least my own experience and that of colleagues) indicate that the ill person needs companionship rather than scintillating conversation. God's visit to Abraham is a model of *bikur cholim*. There is no dialogue between God and Abraham recorded in the Torah's text. Apparently, the Divine Presence was enough to heal Abraham. God's example teaches us that the visitor's actual presence is far more important and meaningful than anything said. A smile, a touch of the hand, or some quiet time together is more healing than platitudes.

Therefore, being present with the person who is sick does not solely involve talking. Listening and feeling are perhaps even more valuable. Psalm 41 is traditionally associated with *bikur cholim* and begins, "Happy is the one who considers the poor [sick] . . ." In his commentary on this verse, Ibn Ezra says:

Some say "considers" (Heb. *maskil*) means sees; the more correct [interpretation for *maskil*] is to understand with one's heart regarding the patient; and some say *maskil* is an active verb referring to [actual] visiting, speaking to the heart [of the sick person] and understanding him or her.

Bringing one's heart to the visit can make all the difference.

The sick sometimes have difficulty articulating their feelings. A model for responding to this can be drawn from the etiquette used for visiting a mourner during the *shiva* week after the funeral. The visitor is obligated to allow the mourners to share their concerns and to respond to whatever is on their minds. Rather than engaging in meaningless chatter of little concern to grieving people, caring visitors give mourners the chance to work through their grief in their own way.

We can draw a parallel between the ill and the bereaved, for a person in a sick bed or hospital also experiences grief or loss. Using the *shiva*-house model, the visitor lets the sick person guide the conversation, but this does not necessarily mean that one must wait for the sick person to begin the dialogue in a visit. Pastoral visitors can take the initiative by introducing themselves and starting the conversation; but from then on, they follow the lead of the sick person, and in this way, we show that he or she is their primary concern.

Praying with and for the Sick Person

Rabbinic sources also emphasize prayer as a major goal of the pastoral visit.

When R. Dimi came, he said, "Whoever visits the sick causes [the sick person] to live, and whoever does not visit the sick causes [the sick person] to die." How does one "cause" this? Does this mean that whoever visits the sick will ask mercy [pray] that [the sick person] may live, and whoever does not visit the sick will ask mercy that [the sick person] should die? Would you think this? But [it must mean] that whoever does not visit the sick will not ask mercy, neither that [the sick person] should live nor die.³¹

This source emphasizes the importance of praying during a visit, but it does not tell us of the content of these prayers.

One of the commentaries suggests, "There are times when one must ask mercy for the ill person that he should die, such as when he suffers so much in his illness and it is impossible for him to live."³² This perspective is derived from the Talmudic account of the death of R. Yehuda HaNasi in BT Ketubot 104a, in which the great rabbi's devoted maidservant, observing his tremendous suffering, prayed for her master's death.

At least one contemporary authority allows the suffering to pray for their own death.³³ It is clear that the content of our prayers with the sick should be tailored to their particular needs, hopes, and fears. Regardless of the content of the prayer, we learn from our tradition that engaging in prayer is an essential aspect of visiting the sick.

Attending to the Dignity of the Patient

The Talmud offers etiquette about whom to visit and proscribes visits to those with intestinal trouble, eye disease, or headaches.³⁴ Nachmanides applies these restrictions to anyone who has difficulty speaking.³⁵ In these cases, the visitor is to inquire about the sick person from someone in an outer room, to tend to the sick person's physical needs, and to "listen to [the sick person's] pain . . . and ask mercy on [his or her] behalf." These guidelines appear to be intended to protect the dignity of those whose conditions are such that they might be embarrassed by a visit. Today, halachic etiquette depends on the sick

person's condition, but the principle is still to provide joy and relief for the sick without troubling them. Some contemporary authorities advise those in doubt about the appropriateness of a visit to ask family members first and to use discretion.³⁶ One current source writes that it is a special *mitzvah* to visit when others are not around and the sick person in this case is especially lonely, embittered of soul, and troubled. A visit may help the ill person to forget worry and pain.³⁷

The Talmud offers another valuable teaching about the sick person's dignity:

"May You turn all his lying down in his sickness" (Psalms 41:4).

R. Joseph said: This means he [or she] forgets his [or her] learning. R. Joseph took ill and his learning was removed [forgotten]. Abaye restored it to him. Thus it is often stated, "R. Joseph said, 'I have not heard this particular lesson,' and Abaye would say, 'You yourself taught it to us and said it from this teaching.'"³⁸

This story reminds us that sickness, debilitation, and hospital stays have emotional and spiritual effects on the patient. The disruption of illness, both physical and emotional, can cause forgetfulness, among other symptoms. The experience of illness can literally strip one of a sense of self. Visitors must be acutely aware of the damage that illness and hospitalization can do to one's dignity, for visitors have the opportunity of restoring dignity to the suffering through interactions that remind the sick of who they are, of their value and irreplaceable uniqueness.

Conclusion

Judaism affirms that God is with us in everyday life, but also—and perhaps especially—in sickness and in times of sorrow. Ultimately, our comfort comes from the Almighty. But at the same time, we human beings are expected to help each other when we are in need of spiritual sustenance, guidance, and shepherding. We do this in imitation of the One who is the Source of compassion because, as the Talmud teaches, "Abba Shaul says [interpreting the biblical verse, "This is my God and I will glorify God"]: Be like God, for just as God is merciful and compassionate, so you too be merciful and compassionate."³⁹

Notes

1. BT Sotah 14a; also Midrash Genesis Rabba 8.
2. It is not clear whether the commandment to visit the sick is biblical, as Nachmanides opines in his commentary on this section, or rabbinic, as Maimonides suggests in his Code.
3. Midrash Tanhuma Vayera 2.
4. BT Moed Katan 27b.
5. BT Semahot Chapter 12.
6. In fact, R. Waldenberg in Tzitz Eliezer 8:5 and Ramat Rachel 8 writes this as accepted Jewish law.
7. There is a precedent for this notion in the Talmud. In BT Taanit 9a, the rabbis note that Moses, the first rabbi, was regarded by God as the representative of the community: "Because he prayed for the public, he is considered as the public."
8. BT Baba Metzia 96a, BT Brakhot 34b, BT Kiddushin 41b, and many other places in rabbinic literature.
9. BT Nedarim 40a.
10. See Herbert Benson's pioneering *Timeless Healing* (New York: Scribner, 1996) and Larry Dossey's *Healing Words* (New York: Harper, 1993), both of which offer impressive statistics about the efficacy of faith and prayer in the healing process.
11. Pirke Avot 1:3.
12. A positive attitude to life, followed with compassionate acts to others, could indeed affect a person's physical condition. Many who are quite ill are assisted in their recovery by their own attitudes. See Howard F. Andrews, "Helping and Health: The Relationship between Volunteer Activity and Health-Related Outcomes," *Advances* 4, no. 1 (1990): 25–34, and Bill Moyers, *Healing and the Mind* (New York: Doubleday, 1993), p. 157 ff. Also see the works of Benson and Dossey.
13. Pirke Avot 2:1.
14. There are differing interpretations of this particular passage. Rashi understands it to mean greater and smaller in stature. Also thus *Shita Mekuwetzet* (digest of Talmudic commentaries by R. Betzalel Ashkenazi, sixteenth century Egypt and Jerusalem): "Even the greatest personage should visit the humblest" and Soncino. See *Perisha* (commentary on Tur Shulchan Aruch by Rabbi Joshua b. Alexander ha Cohen Falk, sixteenth-century Europe) who refers in the previous way to God's visit to Abraham. However, Maimonides understands it to mean age—that an older person should visit a younger one.
15. BT Nedarim 41a.
16. BT Sanhedrin 98a and following, Rashi's interpretation.
17. *The Wounded Healer* (Garden City, N.Y.: Image Books, 1979) by Catholic theologian Henri Nouwen is predicated in large part on this Talmudic passage. Although his theological interpretations of the healing Messiah in the Talmud as

Jesus is, of course, completely unacceptable from a Jewish point of view, Nouwen's pastoral understanding of the need for the healers to feel with and understand those whom they are attempting to heal spiritually is very much compatible with Judaism.

18. BT Nedarim 40a.
19. This includes medical and other forms of therapy, as well as general care. Tending to the sick person's food and dietary needs, in my opinion, would come under this rubric.
20. Rashi and R. Nissim: When the visitor sees the sick person stronger in the morning, the visitor believes the prayers are not as necessary. When the sick person weakens in the last three hours, the visitor will not pray because he or she has given up hope for recovery.
21. Ibid. 14:5.
22. *Aruch Hashulchan* 335:8 (premodern reworking of the Code of Jewish Law by R. Yehiel Epstein, nineteenth century Lithuania); *Ramat Rachel* 12 (R. Eliezer Waldenberg, twentieth century Israel), who mentions that according to Radbaz on JT Terumot 11:5, one can even visit at night.
23. Levine, 77, note 62, cites a point from the late Rabbi Y. Ruderman of Baltimore in the name of R. Hayyim of Brisk (Lithuania, nineteenth century) that the maximum amount of time for a *bikur cholim* visit is six minutes. I also recently heard in the name of R. Hayim of Volozhin (Lithuania, eighteenth century) an interpretation of Exodus 18:20: "The way that they shall walk," explained by the Talmud as referring to *bikur cholim*, to mean that there comes a point in the visit that the visitor should walk out (e.g., know when to leave) and not tire the sick person!
24. BT Nedarim 40a.
25. Shulchan Aruch Yoreh Deah 335:3.
26. See Maimonides, Laws of Mourning 14:6, "One who visits . . . should not sit on a bed, chair, bench, or any high place, and not higher than [the sick person's] head but should enrobe and sit below his [or her] head, ask mercy for him [or her], and leave."
27. Encountering this particular selection from the Talmud has affected the way I do my hospital calls. I am much more sensitive to how I enter a hospital room and to where I place myself when I enter the room. It is not always possible to be on the same level as the sick person, but I always try to be.
28. The Bet Hillel commentary on the Shulchan Aruch confirms that the main issue in all this is the height of the visitor, not the seating position. But Rashi on BT Shabbat 12 quotes the *Zohar*, which says a person should be neither at the head because of the Divine Presence nor at the foot because of the Angel of Death.
29. N. A. Tuckaczinski, *Gesher HaHaim* (Jerusalem: 1960), 28.
30. R. Waldenberg, *Ramat Rachel* 10, based on earlier sources.
31. BT Nedarim 40a.

32. R. Nissim on Ketubot 104a.
33. R. Waldenberg in Ramat Rachel.
34. BT Nedarim 41a.
35. Torat Ha-adam.
36. Aruch Hashulchan 335.
37. Ramat Rachel 3.
38. BT Nedarim 41a.
39. BT Shabbat 133b.

Bibliography

For further study of *bikur cholim*, see the following:

Hebrew Sources

- Epstein, Yehiel. Aruch HaShulchan 335. New York: Friedman, undated.
- Greenwald, Y. Y. Kol Bo Al Aveilut. New York: Feldheim, 1973, pp. 16–24.
- Levine, Aaron. Zikhron Meir. Toronto: Zikhron Meir, 1985, pp. 23–138.
- Shulchan Aruch (Code of Jewish Law). Yoreh Deah section 335.
- Tukaczinski, Y. M. Gesher HaHaim. Jerusalem: Solomon Printers, 1960, pp. 27–34.

English Sources

- Benson, Herbert. *Timeless Healing*. New York: Scribner, 1996.
- Dossey, Larry. *Healing Words*. New York: Harper, 1993.
- Encyclopedia Judaica*. 1972 ed., s.v. “Sick Care, Communal.”
- Katz, Robert. *Pastoral Care and the Jewish Tradition*. Philadelphia: Fortress Press, 1985.
- Kestenbaum, Israel. “The Rabbi as Caregiver.” *Tradition* (spring 1988): pp. 32–40.
- Levine, Aaron. *How to Perform the Great Mitzvah of Bikur Cholim*. Toronto: Zikhron Meir, 1987.
- Levine, Joseph. “Visiting the Sick: The Delicate *Mitzvah*.” *Moment* (December 1980): pp. 20–24.
- Ozarowski, Joseph S. *To Walk in God's Ways: Jewish Pastoral Perspectives on Illness and Bereavement*. Northvale, N.J.: Jason Aronson, 1995.
- . Curriculum on “*Gemilut chasadim*” (acts of kindness) for National Jewish Outreach Program, Orthodox Union and Yeshiva University, 1994.
- . Curriculum on *Bikur Cholim* for Coalition for the Advancement of Jewish Education, 1999.
- Schur, Tsvi G. *Illness and Crisis: Coping the Jewish Way*. New York: NCSY–Orthodox Union, 1987.

Joseph S. Ozarowski, D.Min., was ordained as an Orthodox rabbi at Chicago's Hebrew Theological College and received his doctorate

from Lancaster (Pa.) Theological Seminary. He has had a distinguished career spanning over two decades as a pulpit rabbi, educator, author, and hospital chaplain. His published works include *To Walk in God's Ways: Jewish Pastoral Perspectives on Illness and Bereavement*, and he coauthored *Common Ground* (both Jason Aronson) as well as numerous articles and curricula. He is now the Executive Director of the Chicago Rabbinical Council.