

“Therapy and Enhancement: Jewish Values on the Power and Purpose of Medicine”

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The question before us—how to distinguish between therapy and enhancement—is complex and confusing. We all recognize, and Jewish tradition wholeheartedly affirms, that medical technology can and frequently must be used to heal the sick and repair the physical and psychological ailments that all of us suffer from. Yet, medical science can also be used for enhancing our bodies even when we are not ill, as we know from the use of steroids by athletes and from the example of plastic surgery. With rapid advances in genetic medicine, we are now or soon will be able to enhance our physical abilities and very likely extend our longevity significantly beyond anything we could have done in the past. And this latter possibility is troubling because it appears to involve tampering with what is natural or normal. Yet, defining the boundary between what is natural and what is not, what is normal for the human species and what is “enhanced,” turns out to be a vexing problem, indeed. (After all, vaccines are designed precisely to give our bodies enhanced abilities to fend off diseases that we would otherwise get, and few of us would regard vaccinations as illegitimate.)

I want to suggest that this issue, like so many others raised by medical technology, is at root a question of how we use our power (in this case the power of medicine) to enhance and even transform the capabilities of our bodies — to make ourselves stronger, or smarter, or to enhance the capacities of our senses or our minds. The first rule of ethics is that all power comes with responsibilities. The difficulty is in discerning the specific risks that come with a given kind of power, and so the responsibilities and limits that should attend the exercise of that power. And if the power in question is unprecedented, or vastly greater than similar powers we have enjoyed in the past, we rightly sense that we are “out of our depth” and lacking in clear guidance. I will not take the time here to review the many proposals that have been made for distinguishing between “therapy” and “enhancement.” Suffice it to say, this is a very difficult distinction to draw clearly.

What I shall offer here can be characterized as a “values” approach — an approach that I regard as the best way to unravel these moral quandaries. Let me begin, then, with a word about values. We do well to think about values in terms of goals or end-states. If I say that I value justice, I mean that I seek to create a world in which judges are unbiased and impartial, and in which everyone has an equal opportunity to share in the goods and opportunities that society offers. If I say that I value compassion, I mean that I seek to create a world in which people help those who are underprivileged or marginalized, and in which people strive to forgive those who have harmed them. Values, in short, can be

defined in terms of the goals we seek, the sort of world we wish to create through our moral deeds. To take a “values-based” approach to a moral problem, then, is to consider the end-state that we wish to achieve, the goal that we “value,” and then to act so as to maximize that outcome.

Problems arise, however, when we face a situation in which we value two different goals and life conspires to make it impossible for us to achieve both. Justice may demand that a convicted murderer receive a harsh sentence, while compassion may demand that we seek to empathize with and forgive him. In such cases, to work toward one goal is necessarily to impede our progress toward another. In short, we face a conflict in values and we often lack a clear sense of how to determine which value, which goal, should have priority. We cannot serve two masters, at least not equally. Such is the case with the therapy/enhancement debate, I think. On the one hand, we value the power of medicine to maximize our healthy functioning. On the other hand, we value a world in which we are roughly equally endowed, or at least in which physical advantages are distributed among us randomly, not available for purchase by those with the monetary resources to avail themselves of the latest “enhancements.” We cannot have it both ways, and we are uncertain how to mediate between the conflicting values that make claims upon us.

Within Judaism’s vast corpus of moral teachings, we find values most clearly articulated in the non-halakhic, non-legal sources. Midrash, liturgy, aphorisms—these are the primary sources of Jewish values, because they provide us with stories or visions of how the world ought to be, of what ends we ought to seek and how to pursue them. (In saying this, I do not at all mean to denigrate the importance of halakha to Jewish ethics. I only wish to note that legalists will approach a moral problem with an eye to finding the rule or precedent that is most applicable, rather than with an eye to finding the value that should be maximized, or the best way to mediate among conflicting values.) In the remainder of this essay, I want to introduce a few midrashic and liturgical texts that I think capture these conflicting values. For, as we will soon see, Jewish texts concerning medicine, healing and the human body reflect the very tension that I think we all feel when we face the vexing questions of distinguishing between legitimate therapy and illegitimate enhancement. And yet, I also hope to show that there is at least one overriding Jewish value that helps us to mediate this conflict and points toward a resolution of this problem.

The first text I want to introduce comes from Sifre Devarim, a rabbinic midrash on the book of Deuteronomy:

“Rabbi Simeon ben Yohai, quoting ‘The Craftsman, whose work is perfect’ (Deut. 32:4) said: The Craftsman who wrought the world and man, His work is

perfect. In the way of the world, when a king of flesh and blood builds a palace, mortals who enter it say: Had the columns been taller, how much more beautiful the place would have been! Had the walls been higher, how much more beautiful it would have been! Had the ceiling been loftier, how much more beautiful it would have been! But does anyone come and say: If I had three eyes, three arms, three legs, how much better off I would be! If I walked on my head, or if my face were turned backward, how much better off I would be! I wonder. To assure that no one would say such a thing, the King of kings of kings, the Holy One and His court had themselves, in a manner of speaking, polled concerning the placing of every part of your body and set you up in a way that is right for you.”¹

One cannot read such a text today, in light of the promises of genetic technology, without experiencing a touch of irony. No one, perhaps, would set out to design a person with three eyes or a face turned backwards. But a great many people do indeed wish to redesign people to be “better” than they are by nature—stronger, less susceptible to disease, more of one thing, less of another. Our text suggests that such efforts are foolhardy, for we are already the products of a “master designer;” all of our essential needs can be met without altering the form in which we have been created. And in the contrast drawn to the way we respond to human creations, the text further suggests that we ought not to regard our bodies as akin to a human artifact. Artifacts we design to our liking, and we can readily re-design them to better suit our needs. But our bodies are not of our own making; hence, we ought not to indulge in idle speculation about how we might improve on them.

It should be noted that this text does not seem to address the problems of those born with physical deformities, but only the normal physical traits of our species. We know from other sources that the rabbis did not object to altering or curing physical ailments in those who are abnormal. So, we can infer that they mean to condemn only the effort to improve upon the characteristics of humankind as a whole. Any such effort would imply that we are better “craftsmen” than God, which is precisely what this *midrash* wants to refute.

Viewing God as the master craftsman of our bodies could inform a very skeptical attitude toward genetic enhancements, but before pursuing this line of thinking, we do well to consider another *midrashic* text that points in a rather different direction.

“It is told of Rabbi Ishmael and Rabbi Akiva that, while they were walking through the streets of Jerusalem accompanied by a certain man, a sick person confronted them and said, ‘Masters, tell me, how shall I be healed?’ They replied, ‘Take such-and-such, and you will be healed.’ The man accompanying the sages asked them, ‘Who smote him with sickness?’ They replied, ‘The Holy One.’ The

man: ‘And you bring yourselves into a matter that does not concern you? God smote, and you would heal?’ The sages: ‘What is your work?’ The man: ‘I am a tiller of the soil. You see the sickle in my hand.’ The sages: ‘Who created the vineyard?’ The man: ‘The Holy One.’ The sages: ‘Then why do you bring yourself into a matter that does not concern you? God created it, and you eat the fruit from it!’ The man: ‘Don’t you see the sickle in my hand? If I did not go out and plow the vineyard, prune it, compost it, and weed it, it would have yielded nothing.’ The sages: ‘You are the biggest fool in the world! Have you not heard the verse, ‘As for man, his days are as grass,’ (Ps. 103:15)? A tree, if it is not composted, weeded, and [the area around it] plowed, will not grow; and even if it does grow, if not given water to drink, it will die—will not live. So, too, the human body is a tree, a healing potion is the compost, and a physician is the tiller of the soil.’”²

Here the operative metaphors—the human body as a plant, the physician as a farmer—point toward a more active stance in relation to the body’s needs. We must “cultivate” our bodies, intervening in the natural process to ensure that they develop properly. There is here a kind of interplay between what is naturally given (earth/plant, or the human body) and the human activity of developing that (through agriculture or medicine). The rabbi’s interlocutor is made to look simple-minded, though on one level he simply represents a different theological perspective, albeit one that the rabbis have forcefully rejected. From that man’s perspective, what God has created should be left in God’s hands.³ The rabbis challenge that view through a kind of *reductio ad absurdum*. To preclude people from interfering in God’s world entirely would greatly impede normal human development, just as refraining from tilling the soil would impede the growth of a tree. So, too, when we intervene in the natural processes of the human body we are only “pruning away” the elements that preclude it from developing in the way that God intended. One could also read this *midrash* more restrictively, as sanctioning such interventions in the natural order *only* when they are necessary for sustaining human life, as in the case of agriculture. That reading would be supported by the reference toward the end of the passage to the threat that without intervention the plant (or person) will die. Where human life is imperiled, intervention is required; we do not uniformly prohibit tampering with nature on the grounds that it is God’s domain.

In light of these two contrasting sources, the moral challenge we are addressing today might be cast as that of finding some equilibrium between 1) accepting and honoring our bodies just as they are, as the work of a Master Craftsman, and 2) “cultivating” our bodies, nourishing and pruning them to maximize their potential for healthy development (or, at least, to preserve life). Both sources make powerful claims

upon us. The former instructs us that we are, after all, God's creation and we dishonor our Creator if we presume to improve fundamentally upon God's work. The latter reminds us that human life requires us to intervene in the workings of nature, which include the processes of the human body; we are partners with God, "cultivating" and "tending" the raw material that God has given us.

Into this pair of conflicting values, I wish to introduce yet another text, this time a blessing which Jewish tradition requires that we recite upon seeing someone physically deformed:

"Blessed are you, Lord our God, who fashions diverse creatures (*m'shaneh ha-b'riyot*)"⁴ [please provide citation]

The notion of reciting a blessing praising God for something that is "abnormal" may seem odd, even perverse. The value implicit in the practice of reciting such a blessing is worth examining more closely. All that occurs naturally is from God. The same Creator who is the source of rainbows and cloudless, sunny days is also the source of devastating storms and earthquakes. More to the point, God is behind both the perfectly healthy, wondrously functioning human body and the body that is naturally impaired, less than whole and healthy. The tradition of reciting this blessing, then, challenges us to set aside, at least temporarily, our preconceived notions about what is "normal" vs. "abnormal" and, more importantly, to abandon our instinctive inclination to value the former and devalue the latter.⁵ If we were to internalize the message of this blessing, we would come to affirm that God is at work in all of creation, including those parts that seem to us "dysfunctional."

And yet, of course, reciting this blessing in no way mitigates our obligation to heal the sick, or to remove such impediments to healthy human functioning as can be removed. But the goal of healing is not that healthy, functioning bodies are "better" or "more blessed" than malfunctioning ones, for otherwise there would be no point to the blessing. The goal and meaning of healing is decidedly not about making our bodies "better" or "more perfect," more like some ideal represented by a Greek statue or (to use a more contemporary example) a Hollywood model. All bodies, no matter how impaired, are occasions for praising God as creator of all. We come, then, to the critical question: how are we to understand the responsibility to heal, the power of medicine and its limits, from a Jewish values perspective?

I think Maimonides best captured the essence of the classical Jewish view of health and healing when he wrote:

"He who regulates his life in accordance with the laws of medicine with the sole motive of maintaining a sound and vigorous physique and begetting children to do his work and labor for his benefit is not following the right course.

A man should aim to maintain physical health and vigor in order that his soul may be upright, in a condition to know God. ... Whoever throughout his life follows this course will be continually serving God. . .because his purpose in all that he does will be to satisfy his needs so as to have a sound body with which to serve God. Even when he sleeps and seeks repose to calm his mind and rest his body so as not to fall sick and be incapacitated from serving God, his sleep is service of the Almighty.”⁶

Medicine is valuable because it is essential to the human flourishing that alone enables us to fulfill our divine mission. In order to do God’s work in the world, we must first and foremost make every effort to preserve life against any and all forces that threaten it. Moreover, we must ameliorate any condition that diminishes our ability to observe God’s law, and to do deeds of lovingkindness. In short, the human body and its health are valued, not as ends-in-themselves, but as the necessary means to the end of serving God and bringing more holiness into the world.⁷ Dysfunction and pain—whether physical or psychological—make this work more difficult and, in extreme cases, impossible. Healing the sick, then, is just a way of ensuring that our ability to serve God is restored, as much as that is possible.

But how does this perspective on health and healing shape our response to the therapy vs. enhancement issue that we face? I want to suggest that, if medicine as a whole is meant to enable us to serve God, it follows that any particular medical therapy is valid only to the extent that it furthers this purpose. A medical therapy that made serving God more difficult would be self-defeating. It might serve our bodies, but only at the cost of ignoring the fact that our bodies are meant to serve God. The ultimate goal of Jewish moral life, the highest value in Judaism’s moral system, is reverence for God. The world that we strive to create through our moral action is, in the classic phrase, “the kingdom of God on earth,” a world in which all recognize and revere God’s sovereignty. It is that value that helps us to mediate between the conflicting values we noted earlier. Our purpose on earth is to live reverently, serving God in all we do. Sometimes this requires that we “cultivate” the body that God has given us; at other times, it requires that we honor the natural order of things just as God has created it. Just as we do God’s bidding both when we labor for six days and when we rest on the Sabbath, so too we must distinguish between the times when we serve God through medical interventions and those when we accomplish the same purpose through refraining from such manipulations of our natural state.

This criterion, broad as it is, helps us to distinguish between those genetic therapies that are morally required and those that are forbidden. In general, we are required to provide any therapy that will either a) save life, or b) restore those basic capacities

required for the performance of righteous deeds. Those capacities include, of course, the abilities to walk, talk, hear, and see, as well as the mental capacities to think, feel, plan, and cooperate with others. A person lacking one or more of these capacities will face significant impediments to doing deeds of lovingkindness.⁸ From the perspective articulated by Maimonides, medical intervention is morally required when it is necessary to enable people to do what is required of them to serve God through righteous deeds.

On the other end of the spectrum, certain sorts of therapies (which we usually think of as “enhancements”) are plainly precluded by this criterion. Any therapy used to give someone a physical or mental capacity far beyond that which is required to perform deeds of lovingkindness is prohibited. This would include the oft-discussed efforts to give people extraordinary athletic or artistic or intellectual endowments. While it could certainly be argued that such therapies would exponentially increase one’s abilities, including the ability to do God’s work in the world, such powers are not required for that purpose. To put it starkly, having more great athletes or musicians in no way furthers the moral and religious goals for which we were created, which is to do deeds of righteousness and holiness.⁹

It is important to note that this criterion cannot be applied on the basis of the motive of the patient or even the likelihood of a therapy being used in a specific way. The patient with spinal cord injury who can (hypothetically) be cured with stem-cell therapy may be motivated by the possibility of someday running a marathon. Still, since that therapy removes a major impediment to the patient’s mobility, and so makes it easier to perform good deeds, it is required, notwithstanding the patient’s less than noble goals (from a religious perspective). Similarly, the person who is functionally blind, but whose sight may be restored through medical intervention, may use that sight to shoot a high-powered rifle at innocent civilians. It is not the physician’s job to pass judgment on the moral motivations of the patient, or to assess the probability that the patient will use his or her newfound capacity for good or ill. From the religious standpoint adopted here, the critical issue is whether the therapy is necessary to give the patient those capacities needed to live a full moral life.

The theological perspective I have been advocating here points to two further issues that deserve attention. First, since only the living can serve God, any genetic therapy that saves life or prolongs it is necessary.¹⁰ One of the major promises of genetic therapies is that of greatly extending human longevity, and such a development would be most welcome from this values perspective. The longer we live (assuming continued health and vitality), the greater our opportunities to perform deeds of lovingkindness. Second, if further research into the human genome were to identify a specific gene that encouraged violent behavior, and which seemed to have no socially positive effect, I

suggest that, based on the values outlined here, it would be morally appropriate (and perhaps even required) to alter this gene (assuming, of course, that this could be done safely, that we knew the long-term consequences of this change, etc.) This would constitute a medical intervention in the name of creating people more prone to righteous behavior (or, at least, less prone to destructive behavior), and this would put the technology directly in the service of living a godly life.¹¹

In closing, I want to note one important way in which this values orientation is similar to a more halakhic orientation to Jewish ethics. As a practical matter, neither traditional Jewish values nor traditional Jewish laws bind us unless we choose to be bound. It is one thing to discover the core values that animate Jewish discussions of health and healing; it is quite another to adopt those values as our own. Indeed, I suspect that many of us (and I include myself in this description) will feel some degree of discomfort with the idea that such specifically theological values should guide our decisions about the proper uses of our medical technology. But this is just as it should be. For most contemporary Jews (perhaps, for most contemporary religious people of all persuasions), we delve into the wisdom of our respective traditions not because we are committed to adopting wholesale everything that we find there. We do so, instead, precisely because it often challenges us to consider values quite different from our own. Confronted with traditional Jewish values, we may be stimulated to re-consider our own, to reflect on what goals and end-states we really do wish to pursue. In the case before us, we may come to realize that what is at stake is not merely how we distinguish therapy from enhancement, or even how we understand the goals of medicine in general, but rather how we view the goals of human life as a whole. In doing this, we begin to frame our moral options differently and perhaps to weigh the conflicting values we espouse differently, as well. And it is precisely by considering alternative sets of values that we enrich our sense of moral imagination, hone our ability to discern the relative merits of the various values we might choose among, and deepen our appreciation of the responsibilities that come with our awesome power to heal.

¹ Sifre Deuteronomy 307 cited in Hayim Nahman Bialik and Yehoshua Hana Ravnitzky, eds., *The Book of Legends [Sefer Ha-aggadah]*, (New York: Schocken, 1992), 14. A variation of the same text appears in Sifre Deuteronomy 307. The midrash plays on the word “tzur” (“Rock”) in Dt. 32:4, reading it instead as “tzayyar,” (“Craftsman”).

² Midrash Samuel 4, cited in Hayim Nahman Bialik and Yehoshua Hana Ravnitzky, eds., *The Book of Legends [Sefer Ha-aggadah]*, (New York: Schocken, 1992), 594-5.

³ The rabbis skillfully point out the man’s inconsistent application of this theological principle. But we need only consider the views of contemporary Christian Scientists with respect to medical interventions to appreciate that such a view can be held consistently.

⁴ B. Berakhot 58b (my translation).

⁵ The same theological point, I think, is expressed through the notion that “one must bless God over the evil [that occurs to us] just as one blesses God over the good.” See Mishnah Berakhot 9:5.

⁶ Maimonides, *Mishneh Torah*, Hilchot De’ot 3:3, as cited in Isadore Twersky, ed., *A Maimonides Reader* (New York: Behrman House, 1972), 57.

⁷ It is standard in many presentations of Jewish healthcare ethics to suggest that the preservation of life is an absolute value in Judaism, not relative to any other purpose or goal. But classical sources affirming the value (in extreme cases, even the requirement) of martyrdom belie such simple formulations. In certain cases, one is required to sacrifice one’s life for a higher good, that of serving God and fulfilling the most important of God’s commandments. The same is true, I suggest, in the realm of health care.

⁸ Note that “disability” and “impediment” are always matters of degree. The clearest moral cases are those in which the disability involved makes it impossible or very nearly impossible to do that which God put us on earth to do. There will always be “borderline” cases in which medical intervention can incrementally improve a patient’s functioning. In such cases, it will always be a judgment call as to whether the impediment suffered by the patient is significant enough to warrant removal.

⁹ Between the extremes of that which is morally required and that which is morally prohibited lies that all-important and ambiguous area of the permissible. In the case of genetic therapies, that territory might be defined as including incremental enhancements that are not necessary to restore basic physical or mental functions, but which also are not used to produce super-natural abilities. Here presumably other criteria will need to be invoked, including the needs and history of the individual patient, and the social

ramifications of making such therapies available to some patients, but not others. It seems to me that Jewish ethicists, including those who adopt the approach I advocate here, could legitimately differ on these borderline cases.

¹⁰ This presumes that the threat to life is both immediate and reversible. Many Jewish authorities have held that when death is imminent and unavoidable, we are permitted to let events run their course. This position is consistent with the view advocated here.

¹¹ Some could object here that, if we were genetically “programmed” to be righteous, we would lose the merit that we accrue by overcoming our natural evil instinct in order to do good. On this view, part of the “value” of doing righteous deeds is that, for most of us, it doesn’t come “naturally,” we have to work at it. But I contend that Jewish authorities have generally been more concerned about consequences than about motivation, at least in the realm of ethics. The person who gives charity, even for the wrong reason, is to be preferred over the person who does not. By the same token, the tradition would value the person who lives righteously over the violent sociopath, irrespective of the circumstances that produced this behavior. Moreover, as Noam Zohar has suggested to me, one could argue that violent sociopaths are victims of inner compulsions they cannot control, so genetic therapy would really serve to give them the free will necessary to serve God. Again, all this assumes that there is some specific genetic basis for extremely violent behavior, that it could be altered, that this could be done safely, and that there were no adverse consequences for the physical or mental health of the individual involved. I am grateful to Dr. Alan Astrow for his thoughtful probing of this point.