

Mandatory Medical Treatment Autonomy vs. Community on Matters of Life and Death

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By Way of Introduction. The date at the top of this page says it all. Although the COVID-19 pandemic that began in 2020 has passed its peak – we hope – the world continues to feel its medical and social shock waves. Among the most painful social consequences of the pandemic was the loud, divisive, and not-too-productive debate over mandatory health measures enforced by governments. Mandates, said the opponents, are unacceptable encroachments upon liberty and personal freedom. And when physicians attempted to justify those measures as a prudent response to medical emergency, their counsel was often shouted down or greeted with suspicion.

Those deep social divisions continue to plague our public discourse, and we don't imagine that anything we say here will heal them. But the fact is that the pandemic and its attendant public clamor raised some serious issues of *halakhah*. Now, with the benefit of some distance from the worst of the pandemic – again: we hope – we think it is a good time to revisit the question of compulsory or mandatory medical treatment from the standpoint of Jewish law.

Is medical treatment compulsory according to the Torah? Does *halakhah* teach that we may never say “no” to the instruction of the physician, especially when that instruction represents the consensus opinion of the medical profession? At first glance, we have good reason to imagine that *halakhah* denies our freedom of choice when it comes to the practice of medicine (*r'fu'ah*), which touches directly upon the preservation of human life. We find the classic statement of the matter in *Shulḥan Arukh Yoreh De`ah* 336:1:

נתנה התורה רשות לרופא לרפאות. ומצוה היא. ובכלל פיקוח נפש הוא.

The Torah grants permission to physicians to practice medicine. [This “permission” is in fact] a *mitzvah*, falling under the category of the protection of human life (*pikuaḥ nefesh*).

We know that *pikuaḥ nefesh* ranks near the summit of our religious obligations. Virtually every other *mitzvah* gives way when its observance would endanger human life.¹ The Talmud (*B. Yoma* 85a-b), asking “how do we know that *pikuaḥ nefesh* takes precedence over/overrides (*doḥeh*) the observance of Shabbat?”, locates the proof in a *midrash* on Leviticus 18:5. The verse reads:

וּשְׁמַרְתֶּם אֶת־חֻקֹּתַי וְאֶת־מִשְׁפָּטַי אֲשֶׁר יַעֲשֶׂה אִתְּכֶם הָאָדָם וְחַי בָּהֶם אֲנִי ה' :

You shall keep My statutes and laws, by the observance of which a person shall live; I am Adonai.

¹ The great exceptions are the prohibitions of idolatry, incest/adultery, and murder. See *B. Sanhedrin* 74a and parallels.

Upon which the *midrash* comments:

וחי בהם - ולא שימות בהם.

“(B)y the observance of which a person shall live” – and not die.

Rashi *ad loc.*² explains the logic of the *midrash*:

אשר יעשה האדם המצות שיחיה בהם ודאי, ולא שיבא בעשייתה לידי ספק מיתה - אלמא : מחללין על הספק.

“(B)y the observance of which a person shall live” – that is, with certainty, meaning that one should not come to the point of potential death. Therefore, we set aside the Shabbat prohibitions to save life when the danger to life is real but less than certain.

Let’s put this into context. *Hillul shabbat*, the violation of the Shabbat prohibitions against *m’lakhah* (“work”), is punishable by death under Biblical law, yet the *halakhah* claims that the Torah itself (by way of this *midrash*) requires that we commit this otherwise capital offense in order to provide lifesaving treatment, even when the danger to life is less than certain. And – critically for our purposes – the tradition leaves the determination whether such treatment is needed (and whether existing ritual prohibitions should be set aside) to the physicians. Thus we read in *M. Yoma* 8:5:³

חולה מאכילין אותו על פי בקיאים ואם אין שם בקיאים מאכילין אותו על פי עצמו עד שיאמר די.

One who is ill is fed (on Yom Kippur) on the instruction of experts. If no experts are preset, the patient is fed on his/her instruction until s/he says “Enough.”

The prescription of the *baki*, the recognized medical expert/licensed physician,⁴ suffices to override or set aside even the most stringent prohibitions in Jewish law when these would endanger patients or impede their recovery.⁵

The rule is codified in *Shulḥan Arukh Oraḥ Ḥayyim* 328:10.

כל חולי שהרופאים אומרים שהוא סכנה ... מחללין עליו את השבת ;
ואם רופא אחד אומר : צריך, ורופא אחד אומר : אינו צריך, מחללין.
ויש מי שאומר שאין צריך מומחה, דכל בני אדם חשובים מומחין קצת, וספק נפשות להקל.

² *S.v. d’sh’mu’el leit leh pirkha*. Seven midrashic proofs are offered in the *sugya* to demonstrate that *piluah nefesh* overrides the Shabbat prohibitions. The Talmud rejects six of them on the grounds that they do not demonstrate that the Torah requires the setting aside of Shabbat even in cases of “doubtful” (real, but less than certain) danger to life. Rashi here explains why Sh’muel’s proof from Leviticus 18:5 accomplishes that task.

³ On the following see Freehof Institute, *The Mitzvah of Medicine*, https://www.freehofinstitute.org/uploads/1/2/0/6/120631295/the_mitzvah_of_medicine_1.pdf.

⁴ “Expert” is the designation of the physician licensed by the *beit din* to practice. See *Tur Yore De’ah* 336: שאין ביד מרשין למי שאינו בקי

⁵ Violation of the requirement of fasting (“self-affliction”) on Yom Kippur normally brings on the penalty of *karet*, understood by the Rabbis as “death at the hands of Heaven.”

The Shabbat prohibitions are set aside in order to treat a patient suffering from a disease that medical opinion regards as dangerous.

If one physician says that such treatment is necessary, while another physician says it is unnecessary, the Shabbat prohibitions are set aside to administer the treatment.

One opinion holds that an expert is not required for this, since everyone possesses at least a bit of expertise (in diagnosing disease), and we rule leniently [i.e., we set aside the prohibitions] in all matters of uncertainty regarding life and death.

The first clause of this *p'sak* (ruling) establishes that in most cases it is the physician's diagnosis that determines just when *pikuah nefesh* is involved so that the laws of Shabbat give way to the needs of medical treatment. The physicians are the experts; we follow their counsel. The second clause addresses cases of divided opinion, where no general medical consensus can be identified.⁶ When this happens, the *halakhah* has us err (if that's the right word) on the side of life. In other words, when opinion is divided, the Rabbinic reading of Leviticus 18:5 tells us to choose life. Finally, "one opinion"⁷ declares that we don't need "experts" in such cases, given that "everyone" can discern when a person needs to eat on Yom Kippur. No need to call the doctor and wait; feed the patient now, because *anybody* can testify that this patient needs medicine, and *pikuah nefesh* tolerates no delay.

If the physician describes a remedy as "necessary," may the patient refuse it? The 17th-century *Magen Avraham*,⁸ the leading early commentary to *Shulḥan Arukh Oraḥ Ḥayyim*, provides a definitive answer.

רופא אחד אומר צריך. אם לא רצה החולה לקבל התרופה כופין אותו.
חולה אומר צריך אני לתרופה פלונית ורופא אומר א"צ שומעין לחולה ואם הרופא אומר שאותו
תרופה יזיקהו שומעין לרופא.

"If one physician says that such treatment is necessary" – if the patient does not want to accept the treatment, s/he is compelled to take it.

If the patient says "I need this treatment," and a physician says the patient does not need it, we follow the patient's wishes. If, however, the physician says that the treatment will harm the patient, we follow the physician's instruction.

When dealing with a dangerous disease (remember that the *Shulḥan Arukh* speaks of "a disease that medical opinion regards as dangerous"), the patient is *compelled* to follow the physician's instructions. The only exception is when the patient demands a particular drug or treatment that the physician says is not necessary. In such a case, the patient is allowed to take the medicine or accept the treatment. After all, it probably won't hurt; it *might* help; and we always tend toward leniency when it comes to *pikuah nefesh*. However, the patient is *not* allowed to take the medicine or undergo the treatment if medical opinion holds it to be dangerous.

⁶ On the various permutations that occur in cases of *maḥloket* between the doctors or between the doctors and the patient, see *Shulḥan Arukh Oraḥ Ḥayyim* 618, as well as installment #29 of the Twelve Minute Shiur, "[Pikuah Nefesh on Yom Kippur: Loading the Dice](#)."

⁷ The *Tur*, *Oraḥ Ḥayyim* 328 identifies this as the Tosafist R. Yitzhak b. Shmuel of Dampierre.

⁸ *Magen Avraham* 328, no. 6.

This is a clear ruling for mandatory medical treatment. Its source, according to our editions of the *Magen Avraham* in the *Shulhan Arukh*, is a *t'shuvah* (responsum) of Radbaz, R. David ibn Zimra, 16th-century Egypt and Eretz Yisrael. Radbaz addresses the following *sh'elah*:⁹

שאלה שאלת ממני אודיעך במי שאמדוהו שצריך לחלל עליו את השבת והוא אינו רוצה שיתחלל שבת בשבילו מפני חסידות. היש בזה חסידות ושומעין לו או אין שומעין לו.

Your question concerns a patient who, according to physicians' diagnosis, requires medical treatment that would violate the prohibitions of Shabbat. The patient, out of piety (*hasidut*), does not want others to violate Shabbat on his account. Is this in fact piety? Should we heed his wishes or not?

The word *hasidut*, which we've translated as "piety," denotes a more stringent standard of religious observance than that which is required of all. The *hasid* is one who consciously imposes that higher standard upon him- or herself. The question here is whether this patient, who knows that the Shabbat prohibitions are waived in his case, may as an act of pious devotion choose to observe those prohibitions even if that choice increases the danger to his life.

Radbaz wastes no time in arriving at his answer.

הרי זה חסיד שוטה והאלהים את דמו מידו יבקש והתורה אמרה וחי בהם ולא שימות בהם.

This man is a pious fool,¹⁰ and God will punish him for taking his own life. The Torah says (Leviticus 18:5): "one shall live by them" – the *mitzvot* – that is, one shall not die through their performance (*B. Yoma* 85b).

He moves immediately to confront a possible objection: the law concerning martyrdom. According to classic *halakhah*, there are some cases (called *ייהרג ואל יעבור*, "accept death rather than transgress") in which a Jew is required to die as a martyr, for the sake of his or her faith, "for the sanctification of the Divine name (*kiddush hashem*). For example, there are some transgressions - idolatry, adultery/incest, and murder – that one must *never* commit, even to save one's life.¹¹ The case before us, the violation of the Shabbat prohibitions for the sake of saving life, is not one of those cases. The question: may one *choose* martyrdom in a case such as this, submitting to death *voluntarily*? While Rambam forbids "voluntary" martyrdom – "such a person is culpable for their own death"¹² – other authorities permit an individual to make such a fateful choice as an example of pious conduct (*midat hasidut*). Radbaz himself is inclined to accept that opinion. But, he emphasizes, "martyrdom" does not apply to the patient in question.

אפי' הכי בנדון דידן כ"ע מודו שמתחייב בנפשו דבשלמא התם איכא קדוש השם... אבל בני"ד אין כאן קדוש השם כלל... דבשלמא התם יש גדר וסייג שלא יעברו על התורה ועל מצותיה שהרי אומרים ראו

⁹ *Resp. Radbaz* 4:67 (no. 1139).

¹⁰ See *M. Sotah* 3:4. The Talmud (*B. Sotah* 21b) defines the חסיד שוטה by way of example, namely one who refuses to rescue a drowning woman because out of modesty he does not want to look upon a female. Rambam (*Commentary to Mishnah Sotah* 3:4) turns this into a general concept: the "pious fool" is one who is overly punctilious in their religious observance, in our own terms a "religious extremist."

¹¹ See note 1, above.

¹² *Hil. Y'sodei Hatorah* 5:4.

כמה חשובה מצוה זו שפלוני מסר נפשו עליה... אבל בנדון דידן אין שום גדר, דהא כולי עלמא ידעי דניתנה שבת לידחות אצל מי שיש בו סכנה...

In our case, all authorities would agree that this individual would be culpable for his death. It's one thing to permit martyrdom when that act involves *kiddush hashem*... But our case involves no *kiddush hashem* whatsoever... One who chooses martyrdom safeguards the Torah, acting to prevent others from transgressing against its *mitzvot*. He serves as an exemplary character, of whom mothers will say "see how precious that *mitzvah* is to him; he sacrifices his life for it!" But our case involves no such safeguard, for it is known to all that the Torah permits us to set aside Shabbat for a patient with a serious illness¹³...

We would note another difference. As traditionally understood, *kiddush hashem*, the sanctification of God through one's death, takes place in a situation of *sh'mad*, religious persecution: the oppressor either forces us to choose between our life and our religion or kills us simply *because* of our religion. In our case, the "oppression" comes from nature, which is not trying to force this Jew to violate a *mitzvah*. In such a situation the Torah has already instructed us to save our lives by setting Shabbat aside, and for the patient to violate that instruction does not exalt or honor God.

כללא דמלתא איני רואה במעשה הזה שום חסידות אלא איבוד נשמה הילכך מלעיטין אותו בעל כרחו או כופין אותו לעשות מה שאמדוהו והשואל הרי זה שופך דמים ופשוט הוא.

The point is this: I see no *hasidut* in this action, only the destruction of life. Therefore, this individual may be coerced into accepting the prescribed treatment. "One who hesitates in its performance by asking halakhic questions is guilty of bloodshed."¹⁴ The answer is clear and obvious.

The logic is as clear as it is inexorable: there is no acceptable religious reason (and certainly not "piety") for a patient to reject lifesaving medical treatment because it violates the Shabbat prohibitions. One is therefore obligated to accept that treatment on the instruction of medical experts. And since one has no right to say "no" to *pikuaḥ nefesh*, one is compelled or coerced (*kofin oto*) to accept the treatment should one refuse it.

Radbaz's responsum, as we've said, is the source for the ruling of *Magen Avraham* that "if the patient does not want to accept the treatment, s/he is compelled to take it." On the surface, this sounds like a *p'sak* that medical treatment, when prescribed by experts, is mandatory. That conclusion, though, would be hasty. These *poskim* are talking about a patient refusing medical care out of misplaced piety, so that the language of "coercion" serves to dissuade him or her from such thinking: this act is tantamount to suicide, which the Torah does not condone. But are there other grounds on which a patient is entitled to refuse a prescribed treatment or therapy?

¹³ That is, by insisting upon observing Shabbat at the cost of danger to his life, this individual does not inspire us to uphold the Sabbath – that might be an instance of *kiddush hashem* – because everyone knows that in a situation like this we are *not* to "uphold the Sabbath."

¹⁴ A quotation from Ramban's *Torat Ha'adam*, which contains the earliest treatise on the *halakhah* of medical practice.

This brings us to R. Yaakov Emden (Germany, d. 1776), who in his commentary to the *Tur* and *Shulḥan Arukh* introduces a new factor into the equation. With respect to the ruling of *Magen Avraham*, he writes ¹⁵

ני"ל דווקא כשרוצה למנוע מהשתמש ברפואה הודאית (אף הסתמית ע"י רופא מומחה,
כודאית חשיבא) ...

(A) It seems to me [that we may compel the patient to accept medical treatment] only if the patient is refusing a treatment of proven [*b'dukah*] effectiveness. (Any treatment prescribed by an expert physician [*rofe mumḥeh*] is presumed to be of definitive [*vada'it*] effectiveness) ...

The new factor is the recognized *efficacy* (or lack thereof) of the prescribed treatment. Until now, the sources have comprehended the medical situation as relatively straightforward. The physician examines the patient, diagnoses a particular disease or condition, and prescribes the indicated remedy or treatment. “Straightforward,” of course, does not mean “simple.” We rely upon the counsel of experts because medical matters require a breadth and depth of specialized knowledge that exceeds the layperson’s abilities. Still, the previously cited texts speak as though the physicians themselves are always certain as to the proper course of action and as to the effectiveness of the treatments they prescribe. R. Yaakov Emden reminds us that this is not so. Since he describes some treatments as *r'fu'ah b'dukah*, “proven,” it follows that other treatments are considered *unproven*, of uncertain efficacy.

The language “ני"ל (לי נראה לי, “it seems to me”) indicates that this distinction between proven and unproven treatments is Emden’s *hiddush*, an idea he derives from his own logical reasoning (*s'vara*). And truly, it does strike the contemporary reader as reasonable. While one can make a persuasive halakhic argument that a patient must accept a treatment of proven medical effectiveness, we would not think that she or he may be compelled to accept a therapy that is untested, not thoroughly tested, or experimental in nature. Treatments falling into this latter category, we might say, are not (yet) to be defined as “healing” (*r'fu'ah*), or at least not the sort of healing that deserves the label *pikuaḥ nefesh* and is therefore mandatory.

In practical terms, the question is how to distinguish between proven and unproven treatments. More precisely, *who* makes that decision? On this point, Rabbi Emden’s reasoning loses its clarity. Let’s look at the two following segments of his text.

אבל אם נמנע מפני שאינו מחזיקה לרפואה בדוקה, אפ"י מדעת עצמו בלבד, כ"ש אם מסייעו רופא
אחד (המתנגד לרופא שאומר צריך) אין כופין, וכ"ש אם חושש הוא שמזקת לו אותה תרופה שסדר לו
הרופא האומר צריך.

(B) However, if the patient refuses the treatment because he does not regard it as “proven,” even if he bases this decision solely upon his own knowledge, let alone if

¹⁵ *Mor U'k'tzi'ah, Oraḥ Ḥayyim* 328. The paragraph divisions (A), (B), and (C) in the translation are, of course, not original with Emden. We’ve added them here to facilitate our analysis, below.

another physician supports him, we do not compel him to accept it. This is especially true if the patient fears that the treatment prescribed by the first physician will be harmful to him.

רק בחולי ומכה שבגלוי שיש לרופא ידיעה ודאית והכרה ברורה בהם, ועוסק בתרופה בדוקה וגמורה, ודאי לעולם כופין לחולה המסרב במקום סכנה, בכל ענין ואופן שנתנה תורה רשות לרופא לרפאותו.

(C) However, in a case of illness or a visible injury, where the physician possesses definitive [*vada'it*] knowledge, can make a clear diagnosis, and is dealing with a proven and tested treatment, the patient may certainly be compelled to accept that treatment should he refuse to do so. This applies in every aspect of medical practice authorized by the Torah.

In paragraph (C), the standard is established by medical opinion: it is the physician, acting upon his or her training and presumably reflecting the consensus among medical practitioners,¹⁶ who tells us that a particular treatment is “proven” (*r'fu'ah b'dukah*) or “definitive, certain” (*r'fu'ah vada'it*). Indeed, as we read in paragraph (A), the qualified physician is presumed to prescribe treatments that have been tested and found effective.¹⁷ In paragraph (B), by contrast, it is the *patient* who decides that the prescribed treatment is unproven, “even if he bases this decision solely upon his own knowledge,” an opinion not supported by medical expertise.

This represents a serious internal contradiction (*kashya*) in R. Yaakov Emden’s argument, one that can’t be easily resolved. We certainly won’t try to resolve it. But we would make the following points.

- Although R. Yaakov Emden allows the patient the discretion to refuse treatments of unproven effectiveness (paragraph B), he does not endorse a doctrine of patient autonomy. He agrees that the patient *must* accept *r'fu'ah b'dukah*, treatments of proven effectiveness (paragraphs A and C). This conclusion incompatible with patient autonomy as that principle is defined in contemporary medical ethics.¹⁸
- We should read this grant of discretion within its historical context. The state of medical science (if we can call it that) in the mid-18th century was quite different than it is now. There was a great deal that doctors, even “expert physicians,” didn’t know – for example, the science of immunization and the germ theory of disease. Given the lack of certainty over what constituted medical “fact” and how such fact could be established, let alone tested, a patient might have had good reason to question the knowledge and wisdom of medical professionals. This would be particularly true on matters of risk, where “the

¹⁶ Emden doesn’t mention consensus, but it’s difficult to imagine a legitimate basis for the physician’s certainty other than his/her training and the experience of the profession as a whole.

¹⁷ The word *הסתמית* in paragraph (A), which we’ve translated as “any treatment,” means more precisely “a treatment prescribed without qualification.” That is, the expert physician prescribed a treatment without saying explicitly that it is “proven.” Nonetheless, because he’s a *מומחה*, the treatment is presumed to be *b'dukah*. It’s possible, of course, that the expert physician would prescribe a new and untested (“experimental”) treatment. If so, s/he would make the patient aware of that fact.

¹⁸ On patient autonomy and the competing principle of beneficence, see our discussion “[Must Doctors Always Tell Their Patients the Truth?](#)”

patient fears that the treatment prescribed by the first physician will be harmful to him.” Today, the practice of medicine is indisputably a *science*, a form of inquiry in which “expert opinion” is built upon solid and trustworthy foundations. As a 1999 CCAR responsum put it:¹⁹

(W)e rely upon “the overwhelming view” of scientists, not because scientists are immune to error, but because today’s science is a discipline defined by a rigorous methodology that leads to the recognition and correction of mistakes. The findings of any researcher are tested and retested carefully; they are subject to close scrutiny and peer review. Questions concerning the safety of any vaccine are vigorously examined by the medical community, and these examinations can and do lead to changes ... It is precisely because scientists acknowledge that they *can* be wrong and precisely because the medical community trains such a watchful eye upon the issue of vaccine safety that “the overwhelming viewpoint,” the consensus opinion among practitioners, is worthy of our confidence.

The implication is obvious. If the *halakhah* has traditionally instructed us to follow the counsel of medical experts in responding to disease, and if physicians today possess a greater level of proven expertise than ever before (and certainly greater than the level of the mid-18th century), the, Emden’s grant of discretion to the patient to reject that counsel on the basis of medically unfounded fears (let alone social and political concerns) is sharply reduced.

- Let’s return to the germ theory of disease, a scientific development of the late 19th century of which Rabbi Yaakov Emden could not have been aware.²⁰ An individual may have the right, as Emden believes, to refuse a treatment because he or she imagines it to be harmful and because that refusal in any case will affect the health of that individual alone. But does that right extend to the point that the individual’s refusal will harm others? In cases of dangerous communicable disease, the public has a real and significant interest – call it “*pikuah nefesh*” – in assuring the widest possible acceptance of measures that in the opinion of medical experts will halt or impede the spread of that disease. These measures include preventive medicine – vaccinations, masking, limitations on public gathering – which are among the most effective ways to safeguard the public health. Making those measures mandatory certainly limits an individual’s freedom to choose. It also saves lives.

Conclusion: Autonomy vs. Community. Even within these limitations, Rabbi Yaakov Emden’s opinion remains useful. Indeed, his *hiddush*, the distinction between “proven” and “unproven” medicine, is a vital contribution to halakhic thought, and we believe it is the proper and indispensable framework within which to argue the question of compulsory medical treatment.

¹⁹ “Compulsory Immunization,” *Reform Responsa for the Twenty-First Century* (2010), vol. 2, pp. 107-120, <https://www.ccarnet.org/ccar-responsa/rr21-no-5759-10>.

²⁰ For a summary see “A Theory of germs,” *Science, Medicine, and Animals*, National Center for Biotechnology Information (2004), <https://www.ncbi.nlm.nih.gov/books/NBK24649>.

As we've seen, *halakhah* requires that we follow medical instruction when it comes to *r'fu'ah b'dukah*. And according to rabbinic opinion from across the Jewish religious spectrum, this requirement extends to preventive medicine, including vaccination. To be clear: Jewish law supports vaccine mandates when these are based upon the consensus of medical opinion.²¹ On the other hand, to the degree that a treatment is determined to be unproven or experimental, a patient is entitled under *halakhah* to refuse it.

Who makes that determination? In almost every case, the decision rests with the consensus opinion among medical experts. The standing of contemporary medicine as a science renders that opinion reliable. True: doctors can be wrong, but the corrective procedures of scientific medicine are the best insurance of correction and accuracy. Also true: doctors can disagree. Doubt, as R. Yaakov Emden reminds us, is a real factor. Not every answer is obvious, and changing and insufficient data will mean that medical consensus may not exist on particular issues. Such cases require careful judgment and evaluation before we reach our decision. The point is that medical consensus is the *sole* factor that determines whether any treatment is effective, necessary, or compulsory. There is no justification for basing our medical decisions upon other sources of information, such as Internet conspiracy theories, political ideology, or the views of individual physicians who are either non-specialists or outliers. Rabbis bear a special responsibility to instruct their communities about the Judaic requirement to follow the counsel of medical experts on matters of serious health concern.²²

Finally, a word about autonomy, the freedom of the individual to make decisions regarding her or his life and health. As progressive halakhists, heirs to the tradition of Western liberalism that has prevailed in our culture since the days of the Enlightenment, we are especially sensitive toward claims of liberty and personal autonomy. The freedom of the individual is among our highest values. Then again, so are *pikuaḥ nefesh* and the demand for justice. To ignore the counsel of medical experts on serious questions of health is an act of self-endangerment, and a Jew, who is both a child of God and a partner in the covenant between God and Israel, is not entitled to damage or destroy the Divine image that dwells within him or her as it does within every human being. Even less is a Jew entitled to ignore or oppose public health measures that protect the lives of all of us. "Freedom" is an ideal to cherish; it is *not* a slogan we may use to disguise behavior that is ill-considered, ignorant, dangerous, or unjust.

²¹ For a survey of opinions written before the COVID-19 pandemic, see "[Compulsory Immunization](#)," *The Freehof Blog*, April 29, 2019.

²² See "[Coronavirus, the Halakhah, and the Counsel of Experts](#)," Freehof Institute, 2020, and "[COVID-19 Immunization: Should It Be Mandatory? A Conversation](#)," Freehof Institute, 2020.