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IS THERE STILL A DOCTOR IN THE HOUSE

**DOES THE DECLINE OF
 THE SHOMER SHABBOS RESIDENCY
 MEAN THE END OF FRUM PHYSICIANS?**

AN INVESTIGATIVE REPORT

INSIDE!




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Still a Doctor in the House?

By Elisheva Appel



A black stethoscope is positioned on the left side of the image, with its chest piece at the top and its tubing looping downwards. The background is a solid, deep red color.

Frum doctors are prized assets of many Jewish communities — but are they fated to become an endangered species? As residency programs at the heart of every physician's education have cut back on accommodating Shabbos observance, many fields of medicine have become problematic to *shomer Shabbos* students.

AN INVESTIGATIVE REPORT
INTO A LOOMING PROBLEM

Chana Weinstock Neuberger, MD, a medical oncologist in Baltimore, learned many things in medical school. But during her first week of residency, she heard an unfamiliar term from fellow doctors that never appeared in the curriculum.

“Are you Shabbotaged this month?” she heard one asking another.

In her internal medicine residency program at Beth Israel Medical Center in New York, NY, which arranged shifts in order to accommodate the *shomer Shabbos* doctors, their colleagues who took the Saturday calls instead were “Shabbotaged,” a portmanteau of “Shabbos” and “sabotage” — in other words, sabotaged by Shabbos.

The residents covering Shabbos calls were often resentful of having to give up their “golden weekend,” that elusive weekend completely free of call. This undercurrent of resentment was a constant reminder: The opportunity to practice medicine in a *shomer Shabbos* setting was a privilege, one Chana and her fellow *frum* doctors needed to constantly prove themselves worthy of by going above and beyond the call of duty.

It comes as a surprise to many, but even in the land of opportunity and the era of civil rights, there may soon be professions that will be problematic to *shomer Shabbos* Jews, including certain fields of medicine. The barrier will come in the form of stricter requirements for residency programs — the intensive final stage of medical education, when a newly degreed doctor receives on-the-job training in a hospital or clinic, under the supervision of a veteran attending physician.

A combination of challenges — logistics, and an unwillingness to accommodate what some see as a sense of entitlement among *frum* Jews — is creating a shortage of *shomer Shabbos* residency programs. Which means that in the near future, it may become difficult to find a *frum* surgeon, ophthalmologist, or dermatologist.

IT'S NOT LIKE WE'RE WRITING ORDERS TO GIVE THE PATIENT A LOLLIPOP.

—Dr. Daniel Krich



Medical education is a marathon, and residency is a particularly grueling phase of the race for any aspiring doctor. Throw *shemiras Shabbos* into the mix, and it can seem insurmountable.

The standard medical trajectory consists of undergraduate college education, four years of medical school, then a hospital-based residency in the candidate's chosen field of specialty, lasting anywhere from three to seven years. A resident is already a medical doctor, and studies and practices his area of medicine under the supervision of a senior ("attending") physician, who oversees and guides his work. While some opt for a fellowship after residency, for many, residency is the last stop on a long journey to full practice.

The resident's workload is heavy. All residents rotate call shifts — times when they

are required to stay in the hospital, whether day, night, workday, or weekend, overseeing patient care and new admissions. Other general duties include patient rounds, lectures, and private study, for a workweek that hovers around the 80-hour mark. For those intensive hours, compensation is surprisingly low; most first-year residents make less than \$60,000.

The resident's duties run the gamut of every type of work he is expected to encounter in his medical career. Over the course of four months, an internal medicine resident might rotate between the ICU, the geriatric ward, outpatient clinics, and the emergency department.

"It's not like we're writing orders to give the patient a lollipop," says Dr. Daniel Krich, a pediatric pulmonologist at Maria Fareri Children's Hospital in Valhalla, New York.

Routine procedures are rarely scheduled for weekends; most tasks that come up on Shabbos are related to serious conditions or duties that are necessary to keep the hospital running efficiently, says Dr. Krich.

From endotracheal intubation to recording a patient's medical history, from open-heart surgery to signing a death certificate, neither the life-threatening emergencies nor the mundane minutiae of a busy hospital stop for Shabbos. So what's a *frum* doctor to do?

“NO ONE WANTS A NEW YORK TIMES HEADLINE, ‘RESIDENCY PROGRAM SETS ASIDE SPOTS FOR JEWS.’”

—Dr. Daniel Eisenberg

Understanding where *shomer Shabbos* residencies come from — and where they are disappearing to — means understanding how residencies are assigned in the first place.

Every year, 40,000 medical students apply for residency programs. What is the most efficient way of placing those applicants into 37,000 spots across the country, covering a range of 33 specialties? The answer is the National Residency Matching Program, or NRMP. A fourth-year student typically applies to dozens of residency programs. Landing interviews at ten is considered good, and the interview process is protracted and anxiety-inducing.

After applicants interview at their desired programs, they and the program

for Jews,” says Dr. Daniel Eisenberg, a radiologist at Albert Einstein Medical Center in Philadelphia and noted lecturer on Jewish medical ethics.

For this reason, Dr. Shlomo Minkowitz, a diagnostic radiologist at Weill Cornell Medicine in Manhattan, runs a website (shomershabbosmedicine.com) that hosts a closed database where students can share their firsthand knowledge with others. Started in 2014 with Dr. Dani Poliakoff, now a pediatrician in Baltimore, MD, the database facilitates communication between fully trained physicians — who have already navigated the residency experience — and medical students applying for residencies.

“Sometimes, the chief resident will tell a *frum* applicant, ‘No way, the person who told you Shabbos could be accommodated doesn’t understand how the schedule works,’” says Dr. Minkowitz. “Our database lets others know who’s making it work practically, how, and where.”

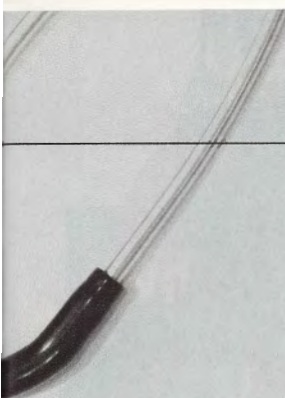
Devorah Segal, MD, PhD, herself a director of a residency program at Weill Cornell until recently, discovered this personally after a period of crushing disappointment. Because her specialty, pediatric neurology, is so complex and uncommon, her residency had three separate required segments. After she had completed one segment — two years of a *shomer Shabbos* pediatric residency — the program director for her next segment, an adult neurology program, was emphatic that they would not accommodate her Shabbos needs.

“That program director shot me down so fast,” she recalls. “[She said,] ‘We have people

directors submit ranked lists to the NRMP, indicating their choices. The Match, as it’s known colloquially, uses a computer algorithm to match students to a program as high on their list as possible.

Aside from researching the myriad criteria that all medical students consider, such as desired specialty, location, and academic prestige, *shomer Shabbos* students also network extensively among themselves to find programs that will work with them. This must of necessity remain a grassroots effort; the programs themselves often don’t advertise this, because of the potential negative publicity.

“No one wants a *New York Times* headline, ‘Top Program Sets Aside Spots



AS A STUDENT, I WAS
UP IN ARMS ABOUT
RELIGIOUS FREEDOM. TO
BE HONEST, NOW THAT
I'M ON THE OTHER SIDE,
I UNDERSTAND.

—Dr. Devorah Segal

of all cultures and religions. When you sign up, you have to understand you may not be comfortable with everything.' I was devastated. I even considered switching out to emergency medicine." Although the pediatric neurology residency program wasn't considered the most prestigious academic program, Dr. Segal had chosen it specifically because of the assurances she'd received that it would allow her to keep Shabbos. Learning that the next segment of the program would be unaccommodating came as a nasty surprise.

However, a quick conversation with the chief resident there revealed that the unsympathetic program director had nothing to do with scheduling, and the chief resident would be happy to accommodate her.

The choices available for *frum* Jews are not all-or-nothing; rather, they fall on a spectrum. The residents in Dr. Minkowitz's database share information on the degree to which the institution, even if not formally *shomer Shabbos*, was sympathetic to their needs. Aside from the official *shomer Shabbos* spots, many residencies are what might be called "Shabbos-friendly" or "Shabbos-protected," offering some degree of support, even if not fully guaranteed to be completely *shomer Shabbos*. Some are even completely *shomer Shabbos*, though not formally designated as such.

In search of Shabbos-friendly residencies, residents often need to give up on dreams of a particular specialty or location, opting instead for a second choice that complies fully with halachah.

At the turn of the 20th century, no one had heard of a residency that respected Shabbos observance, for the simple reason that quota systems limited the number of Jews accepted into medical schools and residency programs, and of those accepted, relatively few were religiously observant. Jews were systematically discriminated against by both hospitals and medical schools alike.

The proliferation of Jewish hospitals in the early decades of the century was an attempt to combat this systemic anti-Semitism. Hospitals with names like "Mount Sinai" and "National Jewish Hospital" were chartered by Jewish communities and philanthropists around the country, with the express purpose of providing care that would be sensitive to Jewish law, as well as training Jewish doctors, who frequently found other doors barred. In time, well over 100 Jewish hospitals would serve both the Jewish and gentile populations of America's cities.

It was one of these, Yeshiva University's Albert Einstein College of Medicine, founded in the Bronx, NY, in 1945, that introduced the concept of a *shomer Shabbos* residency to accommodate its religious students, and other hospitals soon followed suit.

The latter half of the 20th century was the heyday for *shomer Shabbos* residencies. At the time, the standard shift was 36 consecutive hours on duty, followed by a rest period of equal length, into which a full 26-hour Shabbos could be shoe-horned.

The eventual decline of the *shomer Shabbos* residency was rooted in a tragedy that occurred in 1984. A young college student, Libby Zion, died under the care of two residents in a Vermont hospital. Libby's father, Sidney Zion, a lawyer and former

New York Times writer, was convinced that the errors leading to his daughter's death were caused by exhausted, overworked residents, and he was determined to change the system.

It took time, but due to the awareness raised by the Zion case, in 2003 the Accreditation Council for Graduate Medical Education, the governing body for all residency and internship programs, began to limit the number of consecutive hours a resident could legally work, as well as the total hours in their workweek.

The standard 36-hour shift, followed by an equivalent amount of time off, was cut to a maximum of 24 hours, with a corresponding reduction to the intervening rest periods. For residents who were using their 36-hour window for Shabbos observance, the shorter working hours proved to be a challenge, since the schedule no longer allowed for a break spanning Friday evening through Saturday night.

Due to the scheduling complexities involved with the new guidelines, fewer programs are willing to accommodate Shabbos observance today.

But wait, didn't we spend years fighting for the right to observe Shabbos in the workplace?

Under Title VII of the landmark 1964 Civil Rights Act, employers are required to accommodate their employees' religious practices — unless it causes the employer "undue hardship." That final clause is what gives hospitals their out: In a high-pressure medical setting, subject to strict scheduling guidelines, it can be argued that giving one resident Saturdays off would impose an undue hardship on the employer. "You can't ask about religious restrictions when interviewing residency candidates, but you are allowed to make clear that they are expected to work the job hours," says Dr. Segal.

When she interviewed at one residency program alongside an obviously *frum* colleague, the first thing the director said was that the program does not make allowances for Shabbos observers. Although at the time she was floored, her recent role as a residency-program director has given her a new perspective.

"As a student, I was up in arms about religious freedom," she says. "To be honest, now that I'm on the other side, I understand."

And that, it seems, is a growing trend.

Only Unscheduled Emergencies

If saving even one Jewish life is like saving a world, and *pikuach nefesh* overrides almost every prohibition, is a *shomer Shabbos* residency even necessary, or is the physician's training permitted in the name of preserving life?

Dr. Eliyahu Stern's biography of the Vilna Gaon (*The Genius: Elijah of Vilna and the Making of Modern Judaism*, Yale University Press) records a story found in the Introduction to *Pe'as HaShulchan*, that the Vilna Gaon wished to study medicine in Italy to complement his understanding of Torah. Concerned that practicing lifesaving skills would interrupt his brilliant son's Torah learning, the Gaon's father did not allow it.

While we don't *pasken* halachah from stories, this one illustrates an important halachic principle: *pikuach nefesh*, which overrides all other considerations, applies only when there is an immediate, present danger. In fact, *Igros Moshe* (Yoreh Deah 3:155) writes that no individual is obligated to learn lifesaving skills, and being able to save lives at some distant future time does not allow for any leniency in halachah. Hence, according to many *poskim*, including Rav Hershel Schachter, rosh yeshivah of RIETS, there is no *heter* to join a residency program that will require participants to work on Shabbos.

"This is a serious halachic problem without an easy solution," says Rabbi Daniel Neustadt, rav of Pine River Village in Lakewood and *posek* for Chai Lifeline. According to Rabbi Neustadt, if the resident entered a program in good faith, with the understanding that he would be off on Shabbos, but something unavoidable came up — for example, a patient went into cardiac arrest shortly before the end of his Friday shift, or his replacement failed to show up — then he could do what needed to be done, within the parameters of halachah. "However, that doesn't give him permission to set his residency up in that way," qualifies Rabbi Neustadt.

While there are *poskim* who permit residents to enroll in programs that do not guarantee accommodation of Shabbos observance, such a resident would have to achieve a firm mastery of halachic knowledge, thorough knowledge of which *issurim* are *d'Oraisa* and which are *d'Rabbanan* and which hospital tasks are critical to patient care and which can wait, as well as the moral fortitude to stand up to superiors who demand tasks that he can't perform — and of course, maintain constant contact with a *posek* familiar with the issues.

Yet other *poskim* have a more lenient view.

Because of the complexity of both the *issurim* incurred and the job demands, it is essential that anyone seeking to go into the medical field confer with a *posek* before embarking on this journey.

A full treatment of this topic, with a collection of the various views of contemporary *poskim*, can be found in *Journal of Halachah and Contemporary Society* (Number LVIII, pgs. 45ff).

“YOU NEED TO BEND OVER
BACKWARD TO SHOW
YOU’RE WILLING TO
WORK TWO OR THREE
TIMES AS HARD AS THE
OTHERS.”

—Dr. Shlomo Minkowitz

The shortage of *shomer Shabbos* residencies isn’t simply a question of logistics — there’s the human factor as well. No resident, Jewish or non-Jewish, wants weekend shifts, but most personal preferences aren’t accommodated when scheduling duty hours. If the *frum* Jew is always getting off Shabbos, it can easily breed resentment.

The shift known as a “black weekend,” in particular, can ruin a resident’s weekend plans like nothing else. It entails working overnight Friday through Saturday morning and then again Sunday, and *shomer Shabbos* residents never have to do it. In any permutations, Saturdays are considered difficult days to be on call, since trauma and ER cases tend to be higher, with fewer staff to share the work. As a program director herself, Dr. Segal says she gained a better understanding of the hardships the other residents face in accommodating a *shomer Shabbos*. “If you have a small program, or there’s a disparity over how much work there is on certain days, it’s really hard to accommodate everyone and be fair.”

“There’s definitely the potential for animosity,” agrees Dr. Shlomo Minkowitz. “Lots of other residents’ personal preferences aren’t accommodated in a similar way.” Often, the resident’s colleagues don’t see Shabbos observance as the non-negotiable obligation that we understand it to be. They figure they work shifts that are inconvenient for them, including their days of rest, and don’t really get what’s so different about Shabbos.

He cautions aspiring doctors not to play the religious-freedom card; it’s not a question of religious rights, he says. Since the job

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requires those hours, it's a question of abiding by whatever terms your agreement contains.

To offset the resentment engendered by constantly requesting portions of the weekend off, our sources urge *frum* doctors to go above and beyond the call of duty to show their commitment to the team. Dr. Yisroel Chaim Cofsky, an internal medicine doctor in Lakewood, for example, reports taking more than double his share of night call in order to swap for Shabbos off.

"You need to bend over backward to show you're willing to work two or three times as hard as the others," says Dr. Minkowitz.

"I used up a lot of my social credit with the other residents," agrees Esther, an emergency room doctor in an East Coast hospital. "You don't want to be that person that everyone's avoiding because every time you open your mouth, it's, 'Hey, can you swap this shift?' " She and other *frum* residents made sure to take every Xmas, New Year's, and Easter shift without fail and without complaint.

She also cautions residents to pick only the critical battles. "Chol Hamoed? Move on. Get Yom Tov and Shabbos and move on. If you're asking for Tishah B'Av, you're fighting the wrong battle."

Dr. Eisenberg suggests that abuse of the religious accommodations by individual *frum* residents may have led to the downtick in the number of programs, a charge echoed by several other doctors we spoke with.

"Some people took advantage," notes Dr. Eisenberg. "Purim and Chanukah are not days that you are absolutely forbidden to work."

Entitled overreach in the name of religious accommodation breeds bitterness, and ultimately reduces the opportunities for other *frum* Jews.

HE WAS COMFORTABLE GIVING ME THAT
PSAK BECAUSE HE KNEW I'D COME
TO HIM WITH QUESTIONS LIKE, 'CAN I
WEAR MY LAB COAT ON SHABBOS, OR
IS IT A *BOSIS* FOR *MUKTZEH*?'

—Esther, emergency medicine

Shabbos in a hospital setting presents halachic challenges from the moment a doctor steps through the door (which might very well be automatic). *M'd'Oraisa*, halachah allows *melachah* to be performed to save Jewish lives, and Chazal further allowed the violation of *issurim d'Rabbanan* to save the lives of non-Jews, since *eivah*, or animosity, could in turn endanger Jewish communities.

Make Me a Match

Dr. Daniel Eisenberg, a noted medical ethicist, has proposed leveraging the Match's efficient system to solve the *shomer Shabbos* quandary.

A highly sophisticated program, the Match can manage more than just a simple one-to-one pairing. Already, he says, couples who wish to stay together can participate in a couples' match, where the match prioritizes a shared location over other preferences. In other words, by choosing a couples' match, an applicant is sacrificing a more desirable program for a preferred location.

Similarly, Dr. Eisenberg suggests a *shomer Shabbos* match condition. In his vision, each residency program would decide how many *shomer Shabbos* residents it would realistically be able to accommodate. Applicants who indicate a *shomer Shabbos* preference agree that if they cannot secure a *shomer Shabbos* spot at their higher-ranked choices, they will resort to lower choices that did have *shomer Shabbos* spots, thus securing their *shemiras Shabbos* while not receiving preferential treatment at the expense of any other applicants.

"Let's say Penn can accommodate two *shomer Shabbos* residents," Dr. Eisenberg says. "Penn can mark two spots with an S. The computer will fill Penn's first five spots with whomever. Then, if it gets to my name, and there is still an available S spot at Penn, I get it. Otherwise, I drop down to the next S spot."

The beauty of this plan, explains Dr. Eisenberg, is that non-participants cannot be harmed by others' participation. Candidates who choose to rank *shomer Shabbos* spots on their list are only discriminating against themselves.

While Dr. David Longnecker, then head of the national match, was amenable in theory, practical considerations tabled the plan. Many Orthodox residents didn't want to be restricted to the formally *shomer Shabbos* spots. They felt confident that they could manage in typical residencies, by making swaps or relying on various *heterim*. And without full participation, it's very hard to tabulate accurate numbers, or to explain why one yarmulke-wearing resident is getting special terms while the other is permitted to work on the supposedly nonnegotiable day of rest.

For now, at least, those interested in pursuing *shomer Shabbos* residencies will continue to need help from their network of peers, lots of prayer, and a hefty dose of *siyata d'Shmaya*.

Practically speaking, in today's hospital wards, lifesaving treatment is generally allowed, but questions and confusing details abound. Is taking a patient history part of lifesaving care? What about routine care, which is not immediately lifesaving but part of the running of a hospital? Does it make a difference if the patient is in the ICU or the maternity ward? May a doctor draw blood, a clear *issur d'Oraisa*?

Because of the complexity of the halachic issues, many *poskim* forbid medical students from choosing residencies that will require them to be on call on Shabbos (see sidebar).

Even programs that express a willingness to accommodate Shabbos observance can present challenges. Sometimes, the confusion centers on the very basic understanding of Shabbos, which we often take for granted. Program directors may not be aware that Shabbos is not merely Saturday, but extends from sundown until nightfall, and that a resident also needs time to get home on Friday.

Dr. Eisenberg interviewed at one program where the staff had previously indicated they would be supportive of his Sabbath observance. At the interview, they reiterated the commitment, but added that they were happy to support his religious observances, as long as he'd work on Saturdays. In general, he says, non-Jews sometimes have a hard time wrapping their heads around the very Jewish concept of being "forbidden" to perform work.

"They don't understand that it's not just a preference, we can't just ask a rabbi for a dispensation or indulgence," he says.

Esther advises medical students to start speaking to their rav well in advance of application season. "If the first time you speak to a rav is after you've already interviewed, to find out whether you can take a residency that requires you to come in on Shabbos, then you're probably not asking the right *sh'eilos*," she says.

In her own case, she'd been asking *sh'eilos* since beginning her medical education. So by the time she came to the rav to discuss the possibility of accepting a residency that was not officially *shomer Shabbos*, but sympathetic, the rav knew he was dealing with a careful *yirei Shamayim*, and allowed it.

"He was comfortable giving me that *psak* because he knew I'd come to him with questions like, 'Can I wear my lab coat on Shabbos if the pockets are empty, or has it become *bosis* (a holding vessel or surface)?" says Esther.

She explains that prospective residents need to have their *psak* boiled down into a two- to three-sentence elevator pitch that they can explain simply to a program director, allowing them to be on the same page from the outset. For example, an applicant might say, "I won't be able to come in from sunset on Friday until nightfall on Saturday, but I can carry a pager and return emergency calls from home."

Aside from the cut-and-dry halachah, residents also need to be comfortable with their *psak*. Even if a rav allows a non-Jew to drive you home, for example, is that what feels right for your family?

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Dr. Daniel Krich received a fairly lenient *psak* from his rav, since so much of his work as a pediatric pulmonologist deals with life-or-death situations. He made sure to wear his Shabbos suit even while on call, so as to keep the atmosphere of Shabbos front and center.

"Never get so used to it that going in the car on Shabbos doesn't bother you," he says. "Stay in the mindset. It should always be a little bit of an odd feeling."

Once matched into a residency program, the resident has little leverage if there is no official, in-writing guarantee of Shabbos observance. Chief residents are the ones who actually create the schedule, so even a sympathetic program director does not guarantee Shabbos accommodations.

"My first-year scheduler had no idea what was flying, and I spent a ridiculous amount of time swapping shifts," remembers Esther.

While her prodigious efforts ensured she never ended up on call on Shabbos, she did have a half-dozen times when she needed to pay a non-Jewish driver to get home. One memorable Friday evening, she waited in vain for her driver to pull up outside the hospital, not realizing that he was a mere 50 feet away — inside the hospital. Being unable to call him, she needed to find a cab company that could help her, trying awkwardly to explain that she had no money, but that it was waiting in her purse in the trunk of her car, which she would give them access to once they reached her home.

Other residents have had to find creative solutions to a variety of halachic problems they faced. A physician Dr. Neuberger knew who did his residency when no *shomer Shabbos* options were available was told he could bandage patients, but not cut the bandages, so he was constantly leaving rolls of tape hanging off patients.

One suggestion that often comes up is hiring a non-Jew to perform *melachah*.

"I thought, 'Who's actually going to hire a scribe?'" says Dr. Eisenberg. "But then a resident I knew in Boston Children's Hospital, who had previously attended my weekly Jewish medical ethics *shiur*, brought it to the hospital's legal committee, and they allowed him to hire a non-Jewish med student to take notes for him."

“WE’VE BEEN REALLY
BLESSED WITH
TALENTED RESIDENTS.”

—Dr. Keith Armitage,
University Hospitals, Cleveland

The chances of landing a *shomer Shabbos* residency vary widely by specialty and location. Some specialties, like surgery, contend with particularly complex scheduling involving multiple teams, and are simply too complicated to also factor in Shabbos observance. Others, like dermatology, are so incredibly competitive that they have no reason to try to accommodate anyone's preferences.

"If they accept one out of every 1,000 applicants, they don't need to accommodate you," says Dr. Minkowitz. Instead, he advises medical students, "If you train at a prestigious medical school or otherwise have an outstanding application, you can leverage to try to get into a slightly lower-tier residency program, because that will trade off the hassle for the prestige you bring."

Hospitals that offer less academic prestige, such as inner-city community hospitals, often offer *shomer Shabbos* spots as a way of attracting talent they might not otherwise have access to.

Dr. Cofsky interviewed at one program that told him frankly that they offered four *shomer Shabbos* spots, because they got much better candidates that way. "When people within the program get upset at what they perceived as the *frum* residents' preferential treatment, the director tells them that these doctors wouldn't come to our program otherwise."

Hospitals with larger programs can also more easily accommodate a particular restriction, since there are more people available to pick up the slack. The University Hospitals program in Cleveland, OH, where Dr. Cofsky served his completely *shomer Shabbos* residency, had about 50 residents.

"It's always been a goal to attract a diverse group," says Dr. Keith Armitage, who heads Dr. Cofsky's residency program. "We've been doing this for 30 years, started by my immediate predecessor, and we've attracted some really talented students, some of whom have stayed for fellowships and joined our faculty. We've been really blessed with talented residents."

"One person I know who was in a small program had colleagues who became very resentful of his special treatment; they felt they were always covering for him, Dr. Cofsky says. "In a large program, you don't work with the same people all the time."

WE NEED *FRUM* DOCTORS.

—Dr. Daniel Krich

If you personally don't aspire toward a medical career, is the endangered *shomer Shabbos* residency a concern for you? Dr. Krich believes that it should be.

Decades ago, his wife's grandfather broke his leg, and the paramedics refused to take him to the local hospital: "He's a Swej," they said, using a pejorative term for Jew.

While today we enjoy federal protection for our civil rights, and such blatant anti-Semitism would never be tolerated, Dr. Krich points out that we need advocates who are sensitive to halachah at critical times, such as when deciding how to prioritize care for a mother in labor whose baby is endangering her life.

"We would never want to return to the old style, before they let Jews become doctors," he says. "We need *frum* doctors."

Dr. Neuberger counts off the ways a *frum* doctor is an indispensable asset to the community. When she once had a *sh'eilah* about fasting on Yom Kippur, her rav called a community member who was an endocrinologist. In another case, a cancer patient she knew needed to travel many miles to do routine lab work and follow-up at the distant hospital that was treating her, so a local *frum* doctor gladly agreed to see her at her own practice, no questions asked or red tape to cut through. Shidduch concerns? Ask the psychiatrist, oncologist, or geneticist neighbor. Fertility and family halachah? The local *frum* ob-gyn.

"Having people who understand where you're coming from as a *frum* person, who are willing to answer the phone at 10 p.m. — these things are invaluable," she emphasizes. "You're not getting that from every doctor."

When she was considering her career options, Dr. Neuberger remembers a rav who taught in her school telling her, "As a medical student, you'll be *treif* only until you graduate — then you'll be a hero."

In hindsight, she can appreciate the wisdom in that brutally honest counsel. Medical education places students on the horns of unsavory dilemmas, to the point that many rabbanim advise their students to avoid the profession. At the same time, the *frum* doctor is a prized community asset. Can we afford to do without them? Will our most committed young people feel forced to choose different careers?

A shortage of *shomer Shabbos* residencies is a loss to individuals who are compelled to forgo their calling, to students whose desperation leads them to compromise their precious Shabbos observance, and to a community that needs physicians who understand its value system. While many a joke hinges on the Jewish mother kvelling about "my son, the doctor," for the *frum* community, he may be part of a vanishing breed. ●

In the height of
medical crisis,
we are a source of

HOPE

We bring love, food, and laughter to the homebound and seniors of Manhattan and beyond. During the Covid-19 pandemic, we help relieve loneliness and isolation by replacing monthly senior Rosh Chodesh gatherings with weekly phone conferences featuring engaging speakers and conversation. We deliver nourishing home-cooked meals to those who cannot shop and prepare their own. Through lockdowns and restrictions, our volunteers venture out to offer connection and hope.



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