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# Shomer Shabbos Residency: Required, Desired, or Unnecessary?

Daniel Eisenberg, MD

Department of Radiology  
Albert Einstein Medical Center  
Clinical Assistant Professor of Radiology  
Jefferson Medical College  
Thomas Jefferson University  
Philadelphia, Pennsylvania

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Most of the information included in this lecture is taken from my website. All links and my email address can be accessed from: <https://www.jewishmedicalethics.com/>.

## A Guide to Shomer Shabbos and Shabbos Friendly Residencies

### **What is a Shomer Shabbos or Shabbos "friendly" residency?**

Jewish law proscribes certain forms of creative labor from sundown on Friday until the stars appear on Saturday night (the Jewish Sabbath). The same restrictions are in force for certain major Jewish holidays (Rosh Hashana, Yom Kippur, Sukkos, Passover, and Shavuot). There is no similar prohibition of creative work on other minor Jewish holidays (such as Chanuka and Purim).

While the prohibition of *melacha* (creative work) is set aside to save a human life, routine medical work may not be performed on the Sabbath by an observant Jewish healthcare provider, even in a hospital setting. In cases of true emergency, the observant Jew is *required* to set aside Sabbath prohibitions necessary to safeguard life as part of normative Jewish law.

Practically, the requirements of Sabbath observance would usually preclude a medical student, resident, or attending physician from working in a hospital on the Sabbath or major Jewish holiday if they would be expected to do routine medical work (which would include utilizing electricity and writing, for instance). Except for a gravely ill patient or potentially gravely ill patient, the healthcare provider could not use the telephone, turn on lights, write notes, or fulfill many of their routine hospital functions.

Medical students, not being full-fledged physicians yet, are usually able to avoid Sabbath desecration as the primary responsibility for patient-care does not fall to them. Once medical training is completed, a physician may choose to take a position that fits his/her needs. But residents are in a very vulnerable position, having the responsibility of primary patient care, but lacking the autonomy to control their work environment. As a result, the resident finds him/herself being asked to perform duties as part of training that may conflict with his/her religious beliefs.

Jewish law does not allow the resident to compromise Sabbath observance for the sake of medical training.<sup>1</sup> As a result, the potential resident must seek employment in a training program that will accommodate his religious needs.

Such accommodations have been made for decades. Many programs are proud to be able to accommodate the needs of all residents. Some programs have pre-arranged schedules that are conducive to Sabbath observance. These programs are known as "Shomer Shabbos" residency programs and some even advertise in newspapers.<sup>2</sup> Other programs have no such pre-existing system, but are willing to assure a prospective candidate for a residency position that *if* the candidate matches in their program, they will arrange a schedule that is compatible with the candidate's religious requirements. Such programs may best be called "Shabbos friendly" programs. Both types of programs are completely suitable for Sabbath observant residents.

The Sabbath-observant resident who enters one of these programs understands that while he cannot do the same call as the other residents, he will do an equivalent amount of call to his co-workers. Whether the residency is "Shomer Shabbos" or "Shabbos friendly," it is understood that the resident will work at least as hard as the other residents. Equivalent call responsibilities are usually arranged by having the Sabbath-observant resident do additional call on Sundays and national holidays to make up for Friday nights and Saturdays.

Due to the complexity of Jewish law, what qualifies as a "Shomer Shabbos" or "Shabbos friendly" residency depends on a multitude of factors. Therefore, it is crucial for residency candidates to clarify with prospective programs exactly what their responsibilities will be to determine if the program offers sufficient accommodation of their religious needs.

### **Is one required to pursue a "Shomer Shabbos" or "Shabbos friendly" residency?**

While each person must consult their own personal *posek* for halachic decisions, the prohibition of Sabbath desecration even to become a doctor is accepted by the spectrum of Orthodox rabbinic authorities.

For example, in 2007, Rav Hershel Schachter, Rosh Kollel in RIETS' Marcos and Adina Katz Kollel (Institute for Advanced Research in Rabbinics) and occupant of the Yeshiva University Nathan and Vivian Fink Distinguished Professorial Chair in Talmud. Rav Schachter wrote:

"And even after having completed his school years, the future doctor must take special care to make sure he has a Sabbath-observant residency. If this cannot be arranged, the student must simply look for a different profession."

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<sup>1</sup> See pages 9-13.

<sup>2</sup> See pages 7-8, Appendices A & B

### Isn't there a "doctor" heter?

While Rav Schacter's ruling may appear very strict, it is consistent with all other published responsa on the topic. To the best of my knowledge, there is no *posek* who allows one to pursue a residency in which one will have to transgress even a rabbinical Shabbos prohibition in a setting in which the *melacha* is not justified by halachically valid patient-care indications. The prohibition of Sabbath desecration "merely" to become a doctor is accepted by the spectrum of Orthodox rabbinic authorities. Shabbos is *dechuya* (pushed off) with respect to treating cases of even *safek pikuach nefesh*. There are even *d'rabonon melachos* (rabbinically forbidden Sabbath labors) that do not apply in cases of less severe illness. However, the clear consensus of *poskim* is that Shabbos is NOT pushed off for medical training.

To the extent that a resident is treating someone who is sufficiently ill to merit *melachos* being done for him as part of a residency, the two goals overlap (*pikuach nefesh* and medical training). However, *poskim* have ruled that there is no situation in which one may do even an *issur d'rabonon* on Shabbos merely because it is a required part of a residency program. It goes without saying that one may do no *melachos* for one's personal comfort alone.

Therefore, one may certainly work in a hospital on Shabbos if EVERY action that is performed is permitted due to *pikuach nefesh* concerns. This is not a *heter* for physicians, but applies to anyone present who has the ability and/or expertise to save a life. That is, a lifeguard may carry a lifepreserver into the ocean on Shabbos with no *eruv* to save someone from drowning, a nurse can do a *melacha* to give a patient a necessary medication, and a doctor may treat an endangered patient an endangered patient for the same reason. However, even a candy striper can do the same if he knows how.

### Why is there no "doctor" heter?

Rav Moshe Feinstein<sup>3</sup> (Igros Moshe, YD II:151) clearly states that one may not do any *issurim* to become a physician since there is no mitzvah to become a doctor. The obligation and permissibility of transgressing Shabbos (or any other Biblical prohibition) is limited to one who already has the requisite expertise to save an endangered patient.

The most common source for the misconception that one may transgress Shabbos as part of a residency is from a ruling of Rav Moshe Feinstein as recorded by Rabbi Moshe Dovid Tendler and Dr. Fred Rosner in Practical Medical Halacha, published by the Association of Orthodox Jewish Scientists.<sup>4</sup>

The ruling states that "a physician must seek association with the most reputable and prestigious hospital possible to ensure excellent training and continuing education." But the ruling makes clear that "if superior training is to be acquired at the price of Sabbath desecration, even of rabbinic ordinances only, the student-physician must forego the educational advances of the prestigious hospital." There is no halachic sanction for being *mechallel* Shabbos even once to obtain medical training. Only if one is sufficiently familiar with ALL of the intricacies of *hilchos* Shabbos, and only as the above-mentioned responsa states, "provided that he is certain of his fortitude in maintaining all halachic requirements, despite the less favorable environment," may one even consider working in the hospital on Shabbos.

The responsum further requires that "Open discussion with the training hospital administration must be initiated before accepting such an appointment." This is a clear requirement to investigate any Shabbos conflicts *before* the match and to discuss issues of Shabbos observance with the program director before ranking any program.

That does not mean one must go to an official "shomer Shabbos" residency, but it does mean that one must be scrupulously shomer Shabbos, even during residency. In any situation in which *melacha* (forbidden Shabbos labors) is permitted, one is not desecrating Shabbos. But it is also important to realize that pursuing a medical career is not per se a permission to transgress Shabbos. I personally confirmed the above interpretation of the responsa (that one must sacrifice convenience of religious observance, but not the strict adherence to halacha to obtain better training) with Dr. Rosner in 1993.

It is because of this requirement of Shabbos observance, even during residency (and post-training medical practice), that the need for "shomer Shabbos" and "Shabbos friendly" residencies arises.

## Advice to Medical Students

### How to prepare for a residency interview

If one wishes to pursue a Shomer Shabbos or Shabbos Friendly residency, it is imperative that one enters each interview prepared. The following information is provided to help you prepare for your residency interviews. It does not offer any advice to help gain an advantage of any kind over other applicants. It is merely common sense advice regarding how best to present your need for a residency that can accommodate your Shabbos needs.

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<sup>3</sup> See page 9

<sup>4</sup> *ibid*

**Be able to explain your needs clearly and simply.**

Do not assume that everyone with whom you interact or interview understands what Shabbos observance entails. Many residency programs want to be as helpful as possible in meeting the needs of their residents, but they must understand exactly what they are agreeing to accommodate.

For instance, the program must understand that Shabbos comes every week. While this might seem self-evident, it is not necessarily clear to those who are not Sabbath observant that Shabbos comes every week without exception. It is also important to explain on which Jewish holidays one may not work (Rosh Hashanah, Yom Kippur, Sukkos, Passover, and Shavuot) and on which it is only a strong preference not to work (Tisha B'av for instance).

This point was driven home to me during my residency interviews. One internal medicine preliminary program in New York had reported that they could accommodate Sabbath observant residents on the 1991 survey (see page 5, Developing and using a Shomer Shabbos and Shabbos friendly database). When I came for my interview, they told me that they strongly supported my doing a Shomer Shabbos internship with them, as long as I was willing to work on Saturdays!

**Be ready to explain that you are willing to work as hard as or harder than your co-workers.**

Be sensitive to the needs of the department to which you are applying. A residency program that agrees to accommodate your religious needs is showing great sensitivity to your needs. You should make it clear at the interview that you do not expect any special consideration beyond those scheduling requirements that allow you to be off for Shabbos and Yomim Tovim (major Jewish holidays). Make it very clear that you expect to work at least an equivalent amount of time on Sundays and secular holidays (that do not fall on Shabbos or major Jewish holidays) to make up for the time that you cannot be in the hospital for religious reasons. You should stress that many physicians who have worked out such schedules in advance have completed their training in excellent programs without undue burden on their co-workers.

**Know the call schedule thoroughly.**

It is your job to explain how your Sabbath observance can fit harmoniously into the residency program. It may appear at first glance that accommodating a Sabbath-observant resident is impossible due to a perception that altering the call schedule would be an undue burden on the other residents. However, if you have become familiar with the call schedule in advance and are prepared to propose a solution that is fair and acceptable to the program director (and other residents), it may be possible for the program to accommodate your needs.

There are many ways that a call schedule may be implemented. Call may be for a week at a time or for individual nights. The call schedule may include a night float. Night float may include weekends or only weekdays. It is important for you to understand how the call schedule works (for all of the years of the residency) before arriving at the interview, so that you can be prepared to speak intelligently about whether your needs can be met without unduly burdening others. It also allows you to put your request in perspective for the program director.

For example, in a program with seven residents per year, where one class takes all overnight call, each person is on call an average of every seventh night. While it may sound overwhelming to the program director to contemplate a resident who can “never” take Friday night or Saturday (day) call, you could explain that it realistically means that each of the other residents would need to switch only one Friday and one Saturday with you over the course of the entire year for which you would “pay them back” at another time. Remember, there are many national holidays for which you are available to switch, most of which rarely fall on a Friday or Saturday (Memorial Day, July 4, Labor Day, Thanksgiving, Christmas, New Year’s Day).

**Know the daily workings of the department thoroughly.**

It is very helpful to know the job responsibilities of the residents thoroughly. You should try to find out which departments or departmental sections the residents rotate through and which hospitals they cover. By thinking the monthly schedule through in advance, you may be able to suggest ways of working out the schedule that might not be readily apparent to those who are interviewing you.

The simplest way to familiarize yourself with the daily schedule and the call schedule is to speak with one of the residents or staff with whom you have a relationship before your interview. This may allow you to make a realistic assessment of whether the program can accommodate your needs.

### **Lists of "Shomer Shabbos" and "Shabbos friendly" residency programs**

There are several resources available for finding a Sabbath accommodating residency (Shomer Shabbos or Shabbos Friendly). The three main websites are as follows:

1. Dr. Andrew Gutwein (email: [ShomerShabbosResidencySite@gmail.com](mailto:ShomerShabbosResidencySite@gmail.com)) hosts "ShomerShabbosResidency" at <https://sites.google.com/site/shomershabbosresidency>. Dr. Gutwein describes his site:  
"This website was created 1/1/2007 to help facilitate medical students who are interested in Shomer Shabbos Residencies. There is much misinformation that is passed around and much correct information that does not get to the people who need it. I hope that medical students will use this site to collect information about various programs. I hope that they will then email back updates after their rank lists are in. This will allow information to be updated so that future students can benefit. This is a not-for-profit site."
2. Dr. Shlomo Minkowitz (email: [shomershabbosmedicine@gmail.com](mailto:shomershabbosmedicine@gmail.com)) hosts "Shomer Shabbos Medicine Network" at [shomershabbosmedicine.blogspot.com](http://shomershabbosmedicine.blogspot.com). Unlike Dr. Gutwein's site, it is a closed community. Dr. Minkowitz describes his site:  
"We maintain a national database of trainees (interns, residents, fellows, and students) who have worked with their respective programs to make their training years as Shabbos-friendly as possible - from fully Shomer-Shabbos residencies to various Shabbos accommodations. The database, with over 150 strong and counting, has already been invaluable for scores of medical students researching their options for Shomer Shabbos and Shabbos-friendly training. For privacy purposes, the database is a closed community, and only those who have joined the database have access to its contents. (There are options for maintaining anonymity, of course.) Please join by filling out a 5 minute survey here: [Shomer Shabbos Survey](#). Please send us an email us when you've filled out the survey. We also maintain a Google group to provide a place for questions and sharing of ideas."
3. I ([eisenbda@gmail.com](mailto:eisenbda@gmail.com)) maintain a Jewish medical ethics website with a section dedicated to the theoretical and practical issues of Shomer Shabbos and Shabbos Friendly residencies at <https://www.jewishmedicalethics.com>. Much of the information from my site is included in this presentation.

### **Developing and using a "Shomer Shabbos" and "Shabbos friendly" database**

In 1991, a friend and I, both medical students at the University of Pennsylvania School of Medicine, were preparing to apply for residency programs, he in anesthesia and I in radiology. We prevailed upon Helen C. Davies, Ph.D., Acting Associate Dean for Student and Housestaff Affairs, to help us survey residency programs to determine which programs would accommodate our Sabbath observance.

We prepared a letter and survey<sup>5</sup> spelling out our religious needs and explained that we were trying to compile a list of programs that could fulfill the needs of shomer Shabbos residents. The letter was deliberately simplistic, only explaining the general concept of shomer Shabbos residency and explaining that our survey was only for information and did not bind the program in any way. We asked two basic questions as part of the survey:

1. Has your program ever accommodated Sabbath-observant house officers?
2. Would your program be willing to offer such an option for the coming match or future matches?

If they had accommodated Sabbath-observant residents in the past, we also asked them to provide the name of a Sabbath observant house officer who has been in their program.

The results<sup>6</sup> served as a guide for us in applying to residency programs. Armed in advance with knowledge, in writing, of which programs showed interest in accommodating the needs of Sabbath-observant residents, I was able to apply to only those programs that would potentially allow me to pursue a shomer Shabbos residency- both a preliminary year in internal medicine and a radiology residency. For the sake of increasing shomer Shabbos residencies, I also interviewed at some places that had not responded to the survey to try to convince them to offer a Shabbos accommodation.

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<sup>5</sup> See pages 14-15.

<sup>6</sup> See page 21.

## **Shomer Shabbos Residency: Necessary, Desired, or Unnecessary? - Daniel Eisenberg, MD**

The interview process was also made easier by obviating the need to start from scratch in explaining Shabbos to the program directors. I merely reminded them of the survey, told them that I was one of the students who had prompted the survey and appreciated their interest in accommodating shomer Shabbos residents. Instead spending a great deal of time explaining Shabbos observance, we could discuss the residency program. I only needed to ask enough questions to ensure that they truly understood what accommodating Shabbos observance meant (some did and some did not).

My friend and I both matched at (different) programs for our preliminary years of internal medicine. My program was a pre-arranged "shomer Shabbos" residency and my friend's was a program that did not have a formal "shomer Shabbos" residency but agreed to arrange his schedule in a manner that would not conflict with Shabbos or *Yomim Tovim*.

It is crucial to understand that a shomer Shabbos residency need not be "official." What is crucial is that a medical student receive a promise that the program will accommodate his/her religious needs. This may be as simple as a promise that if the student matches, a shomer Shabbos schedule will be provided for the resident. This promise is best received in writing, either from the program itself or in the form of a confirmatory letter sent by the resident before or after the match (see correspondence with department chairman and residency director, page 16).

In all situations, it is not only in the best interests of the candidate to discuss Sabbath observance during the interview process but is also an ethical imperative. To expect a residency program to adapt its schedule without prior agreement is unreasonable and may create a *chillul Hashem*. Mutual respect between the program and the candidate are imperative to a successful "Shomer Shabbos" or "Shabbos friendly" residency.

Of interest, the same survey procedure was performed by University of Pennsylvania medical students in 1994 (for pediatrics residencies) and again in 2000 with great success.

THE ONLY WAY TO COMPILE AN ACCURATE LIST OF RESIDENCY PROGRAMS THAT CAN ACCOMMODATE SABBATH OBSERVANT RESIDENTS IS TO PERFORM A COURTEOUS AND COMPLETE SURVEY RESIDENCY PROGRAMS. SUCH AN ENDEAVOR WILL REQUIRE THE HELP OF MANY PEOPLE. ANYONE INTERESTED IN HELPING WITH THE ORGANIZATION AND EXECUTION OF SUCH A PROJECT, PLEASE [EMAIL ME](mailto:eisenbda@gmail.com) (eisenbda@gmail.com).

### **A proposal for inclusion of "shomer Shabbos" and "Shabbos friendly" residencies in the national match**

I pursued the possibility of introducing a "Shomer Shabbos" match similar to the current "couples match." I discussed the details with the national head of the match at that time (1993) with Dr. David Longnecker of the Hospital of the University of Pennsylvania Department of Anesthesia. He was extremely receptive and asked me for a written proposal<sup>7</sup>, which I provided.

The proposal explained the problems inherent in the current match system for shomer Shabbos medical students and suggested creating an opportunity within the regular match for the efficient matching of Sabbath-observant medical students with programs that could accommodate them. A summary<sup>8</sup> of the provisions of the proposal were presented at the 10th International Conference on Jewish Medical Ethics in San Francisco in February, 1999.

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<sup>7</sup> See page 19.

<sup>8</sup> See page 18.

**Appendix A**  
**Article about Shomer Shabbos residency program**  
*The Jewish Advocate* Jan. 3, 1997

THE JEWISH ADVOCATE, JANUARY 3-9, 1997

## Keeping the Sabbath gets easier for med residents

By Miriam W. Jacobs  
MetroWest Jewish News

It is permissible to save a life, but not okay to write on paper.

Such are the distinctions that Sabbath-observant Jewish medical residents have to make if they are called upon to work on Shabbat.

"In many, if not most cases, it is permissible for a Shabbat-observant doctor to come in on Shabbat, but it requires a vast knowledge of Halacha to know what is permitted and what is not," said David Hirschorn, now living in Elizabeth and a fourth-year medical student at the University of Medicine and Dentistry of New Jersey-New Jersey Medical School, Newark.

Beginning next summer, some observant residents in UMDNJ-affiliated programs will not have to make those distinctions.

In October, Uri Adler approached the school's administration in search of an answer to this dilemma. As a result of this and later conversations in which Hirschorn also participated, the New Jersey Medical School will implement an experimental program come July. If successful, it will be expanded.

The program, according to Dr. Marilyn Miller, director of the medical school's internal medicine training program, will be designed to accommodate the schedule of those who are Shabbat observant and are in their first year of residence, known as the preliminary program. Week after week, these residents now have to

find someone with whom they can trade schedules. The program will "remove the burden of having to run around. It's not fair to have to go week to week to find someone to switch with," Miller said.

In July, four of the 10 residents participating in the school's preliminary year will be the first to try out the program.

Although hospital staff members may have respect for "our religion," they cannot be expected to be familiar with the intricacies of Shabbat observance, Hirschorn said. It is "very inconvenient for the hospital staff. For example, it may be okay to draw blood, but not to write certain non-essential notes in the chart; it greatly disrupts the normal routine of the hospital."

Hirschorn offered other examples: "Some of the doors are electronically opened, so you have to get people to open doors for you. And if it isn't an emergency, you might have to get someone else to make a phone call for you."

The bottom line, Hirschorn explained, is that if the task is not an essential one, then it is not halachically permissible to do it.

However, Hirschorn pointed out, "In an emergency, if life or limb are at risk, it is not a violation of Shabbat [to perform a certain task] — on the contrary, one is obligated to do what you must to save that person."

Luckily, it seems that "the medical world has seen that medicine and a shomer Shabbat lifestyle can coexist," Hirschorn said.

Whether Adler and Hirschorn will be two of the four when the

residency program starts in July is unknown at the moment. Medical students all across the country go through a matching process, whereby students and schools file requests; in March of every year, matches are made.

"It's no surprise that UMD is offering this program," Hirschorn said, "because as a whole, my educational experience here has been supportive of my religious observance needs. Not just me, but of all three of us."

Asked what medical students before his generation did about this conflict, Hirschorn explained that they had to rely on constant switching. He also observed that things are different now; in Hirschorn's view, the "comfort level" about one's religious observance has increased.

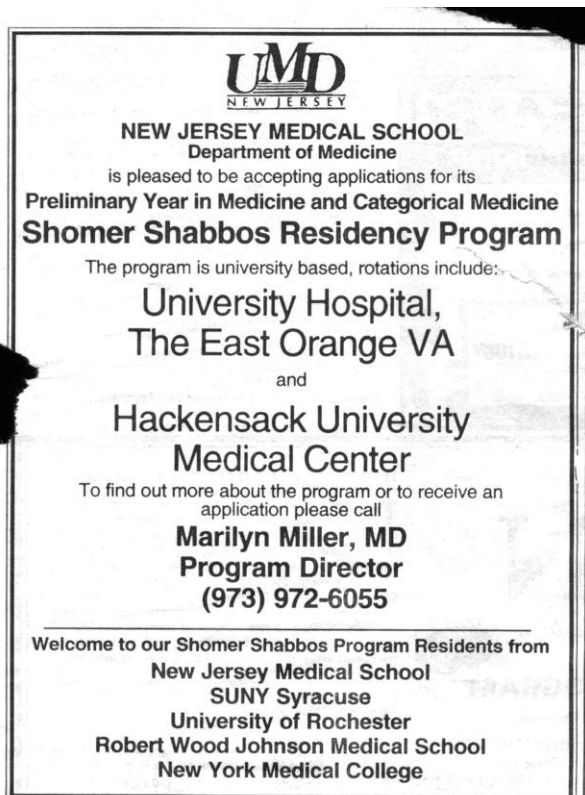
"Medicine is slow to change," Hirschorn said, "There was a very rigid, patriarchal hierarchy in medicine that's the kind of legacy of medicine." Twenty-five to 50 years ago, he continued, observant Jews "didn't dare ask a program director to guarantee" that their Shabbat schedules be accommodated. That would have been unheard of, Hirschorn added.

And though he credits his fellow students with having been "consistently supportive of my needs," Hirschorn noted that some residents at institutions that have shomer Shabbat programs have had difficult times.



## Shomer Shabbos Residency- Public Relations

### Appendix B Advertisements for a Shomer Shabbos residency programs Hackensack University Medical Center & New York Medical College



**UMD**  
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**NEW JERSEY MEDICAL SCHOOL**  
Department of Medicine

is pleased to be accepting applications for its  
**Preliminary Year in Medicine and Categorical Medicine  
Shomer Shabbos Residency Program**

The program is university based, rotations include:

**University Hospital,  
The East Orange VA**  
and  
**Hackensack University  
Medical Center**

To find out more about the program or to receive an  
application please call  
**Marilyn Miller, MD  
Program Director  
(973) 972-6055**

Welcome to our Shomer Shabbos Program Residents from  
**New Jersey Medical School  
SUNY Syracuse  
University of Rochester  
Robert Wood Johnson Medical School  
New York Medical College**



At Touro's New York Medical College, delivering excellent medical education is very important to us. So is Shabbos observance.

*Dr. Jerry Frankel, School of Medicine NYMC '17, during one of his clinical rotations.*

We are a national leader in education of doctors and healthcare professionals.  
Our medical school has an academic calendar respectful of Jewish observance as well as glatt kosher dining facilities, an on-site synagogue, a campus eruv and regular shiurim.

**New York Medical College is taking the lead with its partner hospitals in founding and promoting Shomer Shabbos residency training positions.**  
These slots allow accommodation of Jewish observance with the understanding that primacy is always given to the needs of our patients.

**At Westchester Medical Center in Valhalla, New York,** Shomer Shabbos residency positions are offered in Internal Medicine, Pathology, Pediatrics\*, Psychiatry and Radiology. Located in Westchester County, near Mamaroneck, New Square, New Rochelle, Rye Brook, White Plains and Queens.

**At St. Joseph's Hospital Medical Center in Paterson, New Jersey,** Shomer Shabbos residency positions are offered in Anesthesiology, Emergency Medicine, Internal Medicine and Pediatrics. Located near the northern New Jersey communities of Clifton, Englewood, Fair Lawn, Passaic, and Teaneck.

\*All of these residency positions are offered on the Shomer Shabbos option of the National Resident Matching Program (NRMP) except pediatrics at Westchester Medical Center which is a NRMP program that accommodates Shomer Shabbos trainees.

**TO LEARN MORE CONTACT SHOMERSHABBOSGME@NYMC.EDU**

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## Shomer Shabbos Residency- Responsa and Halachic Material

### שו"ת אגרות משה חלק יו"ד ב סימן קנא

ואני מוסיף דאף אם מצד החששא היה זה חשש שראוי לדחות עליו איסורין נמי לא היה דוחה איסור ניתוח המת, משום דלהתלמד לרפאות אין חיוב על האדם, ולא מצונו שיהיה חיוב על כל אדם שילמוד חכמת רפואה כדי לרפאות החולים שישנם ושיהיו אף שחולים מצויים ויש לחוש להם, משום שהחיוב על האדם הוא רק להציל את חברו במה שיכול, דאם הוא כבר רופא איכא חיוב עליו לרפא את חבריו החולים ואם הוא יכול לשוט בימים מחויב לשוט בנהר ולהציל אדם שטובע בנהר, אבל אין חיוב על האדם שילמוד איך לשוט ואיך לרפאות חולים כדי שאם יזדמן לו להציל ולרפאות יוכל להצילו ולרפאותו, ודמי זה להא שאין חיוב על האדם לעבוד ולהרויח הרבה כספים כדי שיוכל לקיים מצות צדקה ולהציל נפשות בהם, דהחיוב על האדם הוא רק על האופן כמו שהוא נמצא שיעשה מה שבכחו לעשות, דהרי אדרבה חזין שמי שתורתו אומנותו כרשב"י וחבריו לא עסקו במלאכתו רק כדי חיותם ונחשב זה למעלה היותר גדולה אף שאם היו עוסקין במלאכה הרבה והיו מתעשרין היו יכולין להציל נפשות שהוא חיוב גם על מי שתורתו אומנתו. אלא ודאי משום דהחיוב הוא על האדם רק כפי מה שהוא נמצא ולא שיצטרך לעבוד ולהתעשר שהוא להשתנות מכפי מה שהוא עתה בשביל פ"נ, וכן הוא גם במה שאינו מחוייב להתלמד להיות רופא כדי שיוכל לרפאות חולים. ולכן גם לנתח מתים כדי להתלמד מזה איזו רפואה נמי אין על האדם שום חיוב וממילא אסור משום שהוא ניוול המת.

ולכן אף שטעם הנו"ב דלא דחיין איסורים משום חששא קלה זו שמא יזדמן חולה הוא טעם דחוק דהא מצוי חולים בעלמא ובפרט בזה"ז שאפשר לידע מכל בתי החולים שבעולם שיש שם חולים כאלו וגם אשר נקל במהירות לשלח לשם את הרפואה שימצאו ע"ז, זה, הוא אסור משום דלהתלמד לרפאות ליכא חיוב על האדם וממילא אסור משום ניוול המת.

150 / PRACTICAL MEDICAL HALACHAH

**Subject:** Training in hospitals without Sabbath obligations.

**Question:** Is a physician obligated to seek training, employment, or attending physician status at a hospital where there is a minimum or no conflict between hospital policy and Sabbath observance? Should a house officer seek training at an inferior quality hospital where he is "guaranteed" not to have to work on the Sabbath or should he seek training in a hospital where training and overall patient care is far superior, but where there may be interference with the Sabbath spirit but not with the observance of halachic restrictions? Must one compromise one's medical education in order to simplify Sabbath and kashrut observance?

**Answer:** A physician must seek association with the most reputable and prestigious hospital possible to ensure excellent training and continuing education.

**Comment:** Jewish law requires that the physician acquire maximum skill and competence to practice his chosen profession. Therefore, he should forego the personal comfort and convenience of training in a hospital that is sympathetic to his religious needs in favor of the hospital that will provide him with the best possible training, provided that he is certain of his fortitude in maintaining all halachic requirements, despite the less favorable environment.

If the superior training is to be acquired at the price of Sabbath desecration, even of rabbinic ordinances only, the student-physician must forego the educational advantages of the prestigious hospital. It is important to emphasize that residents in non-"shomer shabbos" programs have often found themselves under great stress from hospital administrations and mentors who are unsympathetic to their religious convictions. Open discussion with the training hospital administration must be initiated before accepting such an appointment.

Igros Moshe,  
Yoreh Deah II:151  
Rabbi Moshe Feinstein

Practical Medical Halacha,  
Fred Rosner, MD and  
Rabbi Moshe Dovid Tendler,  
3rd revised edition, (AOJS)  
1990.

## Shomer Shabbos Residency- Responsa and Halachic Material

**Nishmat Avraham, Aruch Chaim**  
(Vol. 1),  
**Dr. Avraham S. Avraham,**  
**Mesorah Publications, p. 108-109**

### Email exchange with Dr. Avraham:

**From:** Professor A.S.Abraham  
**To:** Daniel Eisenberg  
**Sent:** Sunday, September 11, 2005 10:19 AM  
**Subject:** Re: shomer shabbos residency website

Dear Daniel,

Thank you for your letter. Incidentally do these boys have any preparatory shiurim in the Yeshivot before entering medical school. I don't mean medical halacha but on the vital importance of keeping Shabbat even if it means becoming a bank clerk (not meant disparagingly to bank clerks!)??

In answer to your questions:

1. **One may not (under any circumstances) rank or accept a job at a program that will not commit in advance to the person being off on Shabbat (starting Friday afternoon & the afternoon before Yom Tov). I cannot agree with the 2nd part of the sentence since you have to be a real talmid chacham and posek to deal with all the problems - some of which I have mentioned and under peer pressure.**
2. **One cannot choose a speciality for which there is no opportunity to do shomer shabbos residency nor a speciality where one will have to do other issrei Torah on a weekday - for example- abortion, contraception, vasectomies and other forms of sirus in males or females when not sanctioned by Halacha.**

One must do one's best does not mean that one can bargain with HaKadosh Baruch Hu. Taking a job that involves working on Shabbat is not "doing one's best" but becoming a *mechallel Shabbat bemeizeid* and one should ask a *sheila* whether one's wife and children can drink the wine he touches for kiddush or be counted in a minyan! To be *mechalel Shabbat* under the *heter* of *meshum aiva* is only appropriate *bedieved* and if one is to *lechatechela* work on Shabbat that cannot be a *bedieved*. It can only apply in *Eretz Yisrael* and in certain very few areas in the US. Even then the *heter* is not a blanket *heter* that turns Shabbat into a weekday. . .

With best wishes  
ASA

### NISHMAT AVRAHAM

split equally between the two.

Most residency programs in the United States are not designed to allow an observant Jewish intern or resident to choose *Shabbat* as his day off from work. Consequently, it is not uncommon for these interns or residents to be "on call" in the hospital on *Shabbat*. *Rav Moshe Feinstein zt"l*<sup>[13]</sup> rules that one must do his best to receive permission from his superiors to arrange his schedule so that he will not be required to be in the hospital on *Shabbat*. If a doctor does find that he has been put "on call" on *Shabbat*, he must do his best to change with a non-Jewish colleague, even if he will need to do more on-calls or pay him for doing so. *Rav Feinstein zt"l* rules that if there is no alternative he may change with a non-religious Jewish colleague. *Rav Auerbach zt"l*<sup>[14]</sup> on the other hand, rules that he may not do so.

Should a doctor make his services available to his patients on *Shabbat*, even though this might require him to violate its laws? *Rav Moshe Feinstein zt"l*<sup>[15]</sup> rules that when there are other physicians in the area whose services are easily accessible, one must close his office on *Shabbat*. Furthermore, his home telephone number must be unlisted, in order to avoid his being called by a patient on *Shabbat*. How-

ever, if one of his patients were to come to his home, he would be required to treat him. *Rav Moshe Feinstein zt"l* was asked: "Is a physician obligated to seek training, employment, or attending-physician status at a hospital where there is a minimal or no conflict between hospital policy and Sabbath observance? Should a house officer seek training at an inferior quality hospital where he is "guaranteed" not to have to work on the Sabbath or should he seek training in a hospital where training and overall patient care is far superior, but where there may be interference with the Sabbath spirit but not with the observance of *halachic* restrictions? Must one compromise one's medical education in order to simplify Sabbath and *kashrut* observance? Answer: A physician must seek association with the most reputable and prestigious hospital possible to ensure excellent training and continuing education. Comment: Jewish law requires that the physician acquire maximum skill and competence to practice his chosen profession. Therefore, he should forgo the personal comfort and convenience of training in a hospital that is sympathetic to his religious needs in favor of the hospital that will provide him with the best possible training, provided that he is certain of his fortitude in main-

15. שו"ת אג"מ שם

13. שו"ת אג"מ א"ח ח"ד סי' עט  
14. שמירת שבת כהלכתה פ"ב הערה קכה

### NISHMAT AVRAHAM

taining all *halachic* requirements, despite the less favorable environment. **If the superior training is to be acquired at the price of Sabbath desecration, even of Rabbinic ordinances only, the student-physician must forgo the educational advantages of the prestigious hospital** (emphasis mine). It is important to emphasize that residents in non-*"shomer Shabbos"* programs have often found themselves under great stress from hospital administrations and mentors who are unsympathetic to their religious convictions. Open discussion with the training-hospital administration must be initiated

before accepting such an appointment.<sup>[16]</sup>

This ruling I also heard from *Rav Auerbach zt"l*,<sup>[17]</sup> *Rav Eliashiv shlita* and *Rav Neuwirth shlita*.

In Israel, a religious doctor (or nurse) must not change his (or her) *Shabbat* rotation of duties with a non-religious or non-Jewish doctor (or nurse) should the only reason for doing so be his (or her) unwillingness to work on *Shabbat*.<sup>[18]</sup>

### SIMAN 248

(A) **Sunday:** According to the *Raza*, these three days are linked to the previous *Shabbat*<sup>[1]</sup> and therefore, one need not take precautions at this time to prevent dese-

איסורי דרבנן ולא איסורי תורה. ולכן, לפי הפוסקים הנ"ל, ההיתר שייך רק בדיעבד ובשעת הדחק ואינו מתיר לכתחלה. וראה גם בשו"ע (הגר"ל) א"ח סי' של סע' ב וביריד סי' קנר סע"ב. וכן אמרו לי הגרש"ז אויערבך זצ"ל, הגר"ש אלישיב שליט"א והגר"י נויבירט שליט"א

17. ראה בשמירת שבת כהלכתה פ"מ סע' כג ופ"ב הערה קכה

18. שמירת שבת כהלכתה פ"מ סע' כג והערה סה\*\*  
וראה שם בח"ג הערה על סעיף זה

1. שיטת הר"ה מובא בבי"

16. עבודה בבה"ח בשבת

Practical Medical Halacha, Rabbi M. D. Tendler and Dr. F. Rosner, Rephael Society of the Association of Orthodox Jewish Scientists, p. 150, 1998. In a preface, the authors write: "Because of the far-reaching significance of many of these *halachic* decisions, they were submitted to HaGaon Moshe Feinstein of blessed memory for review."

ועיין היטב בע"ז כו ע"א ותוס' שם ד"ה סבר, שימוש איבה" מתיר רק ביום חול. ובשבת, רק

## Shomer Shabbos Residency- Responsa and Halachic Material

נושא	לימודי רפואה; שבת
כותרת	בחירת התמחות ברפואה הדורשת עבודה בשבת - Shomer Shabbos Residency
שאלה	I am a medical student in the United States and am in the process of choosing a residency. Here in the States, there are some specialties in which one can obtain a residency that does not require working on Shabbos (eg, internal medicine, pediatrics, psychiatry and radiology), whereas there are other specialties where working on Shabbos is a requirement (eg, general surgery, OB/Gyn, urology, cardiology). Is it permissible to pursue training in one of these latter fields in the United States?
תשובה	It is preferable to train in a Shomer-Shabbat program. If one feels very strongly that he can best serve as a physician in a field which has no such program, it is permissible to train in a regular program. However, one should be very knowledgeable concerning the laws of Shabbat, which is quite a complicated matter.
נענה ע"י	הרב ד"ר מרדכי הלפרין (4/9/2005)

Dear Dr. Halperin,

I wanted to ask you a question that has become very "hot" in America. There is a great deal of discussion about shomer shabbos residency in America. I created a website a few years ago dedicated to helping residents find them ( <http://www.daneisenberg.com/shabbosresidency/index.html?1125805641703> ). I have encountered a lot of resistance from medical students, residents, and attending physicians who claim that there is a heter for doctors to be mechalel shabbos because they are doctors (independent of actual specific cases of pikuach nefesh). I have steadfastly claimed (with the support of Dr. Avraham) that there is no blanket heter. A few weeks ago, Rabbi Hershel Schacter of YU opened the discussion again with an article that stated:

"Even a doctor or a paramedic who is performing a great mitzvah when he violates Shabbos laws for the sake of pikuach nefesh must still observe the Shabbos laws for the rest of that very same day of Shabbos. He should not think that since this Shabbos has already been violated, there is no use in observing the remaining hours of Shabbos. Any additional act of chilul Shabbos not done for the sake of pikuach nefesh is an unqualified aveira of chilul Shabbos."

There is a terrible misconception that the laws of Shabbos do not apply to doctors. This is absolutely incorrect. No profession exempts anyone from any mitzvos. Medical students are certainly not exempt from Shabbos observance. And even after having completed his school years, the future doctor must take special care to make sure he has a Sabbath-observant residency. If this can not be arranged, the student must simply look for a different profession."

Needless to say, some people went crazy and began disparaging Rav Schacter.

I challenged readers to find a written tshuva that allows non-shomer shabbos residencies where one will be expected to do melacha on shabbos that is not otherwise condoned by Jewish law. You have been brought as the proof that one need not do a shomer shabbos residency and and one may pursue a specialty that will require chillul shabbos as part of the training, based on a very brief answer that is on the Schlesinger website.

You wrote that:

"It is preferable to train in a Shomer-Shabbat program. If one feels very strongly that he can best serve as a physician in a field which has no such program, it is permissible to train in a regular program. However, one should be very knowledgeable concerning the laws of Shabbat, which is quite a complicated matter."

[IRP # 1386](#)

Could you please expand on your very brief answer and describe whether one may do melachos on shabbos that are not permitted based on the laws of pikuach nefesh in order to become a physician? Understand, that many residents spend money in cafeterias and call their friends on Shabbos because they are "doctors" and shabbos does not apply to them.

Thank you in advance.

Daniel Eisenberg, MD

[www.jewishmedicalethics.com](http://www.jewishmedicalethics.com)

### 2. clarification of Halachick terms and conditions

I was very sorry to hear the misunderstanding of my clear statement:

" However, one should be very knowledgeable concerning the laws of Shabbat, which is quite a complicated matter"

Therefore it should be clarified as follows:

It is permissible to take part in such a program if and only if the following terms are met-

**One:** Halachic knowledge on the doctor's part, enabling him/her to tell what actions are forbidden MiDeoraitah or MiDerabanan; In what situations even the first type of Issurim are allowed, or only the latter kind.

**Two:** strong personal character enabling him/her to stand the Halachick ground and refrain from Chillul Shabbos when forbidden, even if for such a stand the Residency position will be lost.

If both terms are not met- it is not permissible.

If both are met- it is allowed, and in some cases is even a Mitzvah.

(Rabbi Dr Mordechai Halperin (11/30/2007

**Schlesinger Institute for Medical-  
Halachic Research, Rabbi Dr.  
Mordechai Halperin,  
International Responsa Project,  
IRP #1386**

## Shomer Shabbos Residency- Responsa and Halachic Material

### *Shemiras Shabbos* for Doctors and Medical Students

Rav Hershel Schachter

Torah Web Foundation

The Vilna *Gaon* is quoted as having said that to the extent that one is lacking in his knowledge of science, to that extent his Torah learning will be deficient.<sup>9</sup> It is for this reason that the *Gaon* wanted very much to go to Italy to study medicine. His father did not permit him to do so, because he felt that his son Eliyahu was so brilliant, that if he would attend medical school, he would master the science of medicine much better than the other students, and then if someone would become sick, his son would be obligated to take time away from his learning to heal the sick person, since he would probably be better qualified than the other doctors.

A brilliant person is not obligated to go to medical school in order to learn medicine in order to save lives. Only one who already knows medicine is obligated to take time away from his learning to attend to issues of *pikuach nefesh*.

The *medrash*<sup>10</sup> derives from a *posuk* in *Parshas Lech Lecha* that one may violate the laws of *Shabbos* to save the life of a *choleh sheyesh bo sakanah* (an individual with a life threatening sickness). The Talmud clearly states that even when we are not sure whether there is a real danger to someone's life or whether the *chilul Shabbos* will save the life, we still declare that the *chilul Shabbos* is allowed. Rav Shimon Shkop, in his famous *sefer Shaarei Yoshel*, points out from the *Gemarah* that even in a case of *sfek sfeka* we still allow *chilul Shabbos*.

However, all of these *halachos* only apply once someone is already a doctor. **We would not, however, allow one to be *mechalel Shabbos* in order to attend medical school in order to save lives at some later time.**

Even a doctor or a paramedic who is performing a great *mitzvah* when he violates *Shabbos* laws for the sake of *pikuach nefesh* must still observe the *Shabbos* laws for the rest of that very same day of *Shabbos*. He should not think that since this *Shabbos* has already been violated, there is no use in observing the remaining hours of *Shabbos*. **Any additional act of *chilul Shabbos* not done for the sake of *pikuach nefesh* is an unqualified *aveira* of *chilul Shabbos*.**

**There is a terrible misconception that the laws of *Shabbos* do not apply to doctors. This is absolutely incorrect. No profession exempts anyone from any *mitzvos*. Medical students are certainly not exempt from *Shabbos* observance. And even after having completed his school years, the future doctor must take special care to make sure he has a Sabbath-observant residency. If this can not be arranged, the student must simply look for a different profession.**

This misconception has led some otherwise Orthodox people to be *mechalel Shabbos* in situations where there is absolutely no *heter*. We have heard of medical students who feel uncomfortable reciting *Kiddush* on *Shabbos* because they had violated the sanctity of that *Shabbos*. Of course they should recite *Kiddush*. **Their discomfort should motivate them to no longer be *mechalel Shabbos*.**

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<sup>9</sup> Introduction so sefer Pe'as Hashulchan, by Rav Yisroel Mei'Shklov, a student of the Vilna Gaon

<sup>10</sup> When Avraham Avinu was approaching Egypt he was concerned that because his wife Sarah was so good looking the Egyptians may kill him in order to take her away. In order to save his life he made up with Sarah that they would lie about their relationship and have the Egyptians believe that she was his sister, rather than his wife. Under normal circumstances it is highly improper to lie, but for the sake of *pikuach nefesh* we certainly permit it. From this *posuk* we derive that for the sake of *pikuach nefesh* one may violate almost all Torah laws.

## Shomer Shabbos Residency- Responsa and Halachic Material

MONDAY, JUNE 12, 2006

### Shomer Shabbos Residency

From Practical Medical Halacha by Dr. Fred Rosner and Rabbi Dr. Moshe Tendler (the section on "Training in hospitals with Shabbos obligations is reproduced"). . .

Their source for the Torah requirement to achieve maximal medical training I believe appears in the previous topic on p.7. There they write:

A physician is required by Jewish Law to acquire the maximum skill and knowledge possible to practice the highest quality of Medicine. The Code of Jewish Law (Shulchan Aruch, Yoreh Deah #336) specifically states that "no man should occupy himself with medicine unless he is well trained and there is no one better fitted than he in the place; otherwise he is shedding blood." It is not obligatory for anyone to become a physician but once an individual undertakes to heal the sick, then he accepts the responsibilities that are entailed by the profession ... Therefore, within the framework of halachic permissibility (emphasis by author, not mine), the medical student or house officer must sacrifice some of the "spirit" of the Sabbath in order to obtain the maximum training in his chosen profession.

Although Rabbi Tendler is widely quoted as permitting one to accept a "non-shomer shabbat" residency, **I believe that part of this heter is misrepresented.** Indeed, Rabbi Tendler and Dr. Rosner would allow a resident to accept a position that will require clinical responsibilities on Shabbat. However, they only permit him to "forgo the personal comfort and convenience of training in a hospital that is sympathetic to his religious needs", **but he/she may NEVER violate the Shabbat "even of Rabbinic ordinances only".** This means that only those melachot that are halachically permissible to perform for a given patient and scenario (eg. ONLY Rabbinically prohibited actions for a non-seriously ill patient [chole she'ein bo sakana] and Biblically prohibited actions for ONLY a seriously ill patient [chole she'yesh bo sakana]). **If the medical student or resident will be required to perform melacha on Shabbat that is not permitted by Jewish Law for that type of patient then Rabbi Tendler's heter does not apply and "the student-physician must forgo the educational advantages of the prestige hospital."** (The classic example is the need to sign a death certificate.) In other words, a resident in training may sacrifice the "spirit" of Shabbat, but may NEVER desecrate the law of Shabbat. Whether the same ruling would be true for a medical student needs to be clarified.

Other Poskim (notably, Rabbi H. Schachter) have publicly taken a more stringent stand against accepting a "non-shomer shabbos residency". Dr. Avraham S. Avraham, author of the Nishmat Avraham, spoke on this topic at a recent AJOS conference in Woodmere, NY. He argued that given the complexity of Hilchot Shabbat and the often inflexible demands clinical practice on the wards, it would be extremely difficult NOT to violate Shabbat. . . Since there is no obligation to become a physician and accepting clinical responsibilities on Shabbat will inevitably lead to violation of the Shabbat, therefore **Dr. Avraham concludes that outside of Israel (where the majority of the patients are not Jewish) one is obligated to seek a shomer-Shabbat residency or arrangements that will circumvent the need to work in the hospital on shabbos.** Indeed, Dr. Avraham related that during his training as a chief resident (in the days before "shomer-shabbos programs" existed) he traded every Sunday for an entire year just to be off for three Shabbatot!

Poskim clearly have multiple opinions on this topic (only two were presented above) and each individual must ask their own posek to address his/her personal situation. Personally, I believe that the story of Dr. Avraham and the intern also highlights that the crucial time to study Hilchot Shabbat is well before these issues arise.

Avi Oppenheimer

<http://nmhs.blogspot.com/2006/06/shomer-shabbos-residency.html>

The National Medical Halacha Society hopes to create a forum for discussion of practical medical halacha and bioethical dilemmas encountered by medical professionals. This society is open to all undergraduate, medical, and PhD students, residents, nurses, attendings and laypeople interested in investigating, gaining knowledge of, and educating others about issues of medical halacha. The purpose is to create a practical, relevant and dynamic learning experience.



**Letter to program directors requesting information on accommodating Sabbath observant residents**

*UNIVERSITY of PENNSYLVANIA*

School of Medicine  
Academic Programs  
Office of Student and Housestaff Affairs  
Suite 100, Medical Education Building  
Philadelphia, PA 19104-6087  
Tel. 215-898-7190/92  
Fax: 215-898-0833

August 29, 1991

Dear Director of Residency Program:

Orthodox Jewish students from the Class of 1992 have contacted our office concerning placement in a residency program that can accommodate their Sabbath observance. Unfortunately, our list of such programs is out of date, so I am writing to you and other residency program directors in order to create a current list of such programs. In order to be on the list, a program would offer the Sabbath-observant house officer the possibility of taking off before sundown Friday until Saturday night. Participating house officers would agree to be on call additional times during the week to compensate. Has your program ever accommodated Sabbath-observant house officers? If so, would you continue to be able to do so for this coming match? It would be helpful to have the name of a Sabbath-observant house officer who has been in your program. If you would be willing to offer such an option for this coming match or future matches, we would also appreciate hearing from you.

We would be grateful if you could reply by September 1, 1991. Of course, your response does not represent a commitment at this time, but merely provides information for counseling our students. I have attached a questionnaire, in case you prefer filling that out to writing a letter. I greatly appreciate your effort in providing this information, so that our office will be better able to guide our medical students to residency programs that will best meet their needs.

Sincerely yours,

Helen C. Davies, Ph.D.  
Acting Associate Dean for  
Student and Housestaff Affairs

HD/sh

Enclosure: Questionnaire



## SABBATH-OBSERVANT RESIDENCY QUESTIONNAIRE

Name of Hospital: \_\_\_\_\_

Field(s) of Training: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

1. Has your program ever accommodated Sabbath-observant house officers?

If so, could you provide the name of a Sabbath observant house officer who has been in your program?

2. Would your program be willing to offer such an option for this coming match (1992) or future matches?

Please return to: Dr. Helen C. Davies  
Acting Associate Dean for  
Student and Housestaff Affairs  
Suite 100, Stemmler Hall  
Philadelphia, PA 19104-6087

**Letters to department chairman and program director following successful match**

Daniel Eisenberg, MD  
March 16, 1993

Stanley Baum, MD  
Chairman, Department of Radiology  
Hospital of the University of Pennsylvania  
3400 Spruce Street  
Philadelphia, PA 19104

Dear Dr. Baum:

I am very excited about beginning my residency in radiology in July. As we discussed at my interview, I am a Jewish Sabbath observer. At that time, you indicated to me that my Sabbath observance should not present an impediment to my participation in the residency program. We did not discuss the practical aspects of arranging a schedule conducive to Sabbath observance, leaving it for a later time in the event that I matched at HUP. Happily, I will be starting my residency at HUP in a few months, and am writing to see if there is a convenient time at which you would be available for a short meeting to discuss the practical aspects of my schedule. I appreciated your openness in discussing the issue with me last year and am hoping that by ironing out any schedule conflicts early, my Sabbath observance will cause the least possible inconvenience to the department and my colleagues. I am currently finishing my internal medicine internship at Long Island Jewish Medical Center in a program that accommodates Sabbath observance and scheduling has not presented any major problems.

If you have time for a personal meeting, I would be happy to try to arrange my schedule to be available to meet with you in Philadelphia at your convenience. I appreciate that you are very busy so if you would prefer to speak by phone, I am including both my home and work telephone numbers (home: 718-343-2025; work: 718-470-7700, beeper 8548). Please let me know if there are any other faculty or residents with whom I should discuss this matter,

Sincerely,  
Daniel Eisenberg, MD

.....

Daniel Eisenberg, MD  
March 16, 1993

Wallace Miller, MD  
Department of Radiology  
Hospital of the University of Pennsylvania  
3400 Spruce Street  
Philadelphia, PA 19104

Dear Dr. Miller:

I am looking forward to beginning my radiology residency at HUP in July of this year. During the interviewing process, Dr. Baum and I discussed my Sabbath observance. He informed me that this should not present a problem for my participation in the residency program. Since we are approaching July, I have written a letter to Dr. Baum attempting to set up a time to discuss my schedule. I feel it appropriate to send a copy to you, since I know that you are instrumental in the functioning of the program. If my primary inquiry regarding Sabbath observance should have been directed to you, I apologize in advance and would be happy to discuss anything I can do to insure that my participation in the program will be beneficial both for myself and for the department of radiology.

Sincerely,

Daniel Eisenberg, MD

**Sample questionnaire for program directors regarding attitudes toward SS residency**

March 22, 1999

Dear Program Director,

There are hundreds of Jewish Sabbath observant students in North American medical schools today (approximately 400 in New York and Massachusetts alone) who are or will be seeking Sabbath observant residency positions. As part of a research project, we are investigating the attitude of residency directors throughout the country to the presence of Jewish Sabbath observant residents in their radiology residencies and the ease with which such students may find residency positions. The answers to this survey are confidential and none of the responses represent a commitment to offering any residency positions. (Because there has been a reluctance on the part of programs to rank Sabbath observant medical students in the past because of a fear of too many of this type of student matching at a program than the program felt that they could handle,) the results of this survey may be helpful in the future to better configure the national residency match to serve medical students whose needs are not currently being met. If you are not sure of any answers, please make your best estimate.

For the purposes of this survey, a Sabbath observant resident is one who does not work, or consistently avoids working, between sundown on Friday and dark on Saturday, and instead takes extra Sunday, Holiday, and weekday call to balance the schedule.

1. Have you ever had a Sabbath observant resident in your program? Yes\_\_\_ No\_\_\_  
Do you currently have a Sabbath observant resident in your program? Yes\_\_\_ No\_\_\_
2. Do you consider the inclusion of a Sabbath observant resident in your program as an undue burden? Yes\_\_\_ No\_\_\_
3. Are there any other religious observances that significantly impact scheduling in your program? Yes\_\_\_ No\_\_\_  
If so, what are they? \_\_\_\_\_
4. Can your schedule accommodate at least one Sabbath observant resident per year? Yes\_\_\_ No\_\_\_  
If not, how frequently could your program accommodate a Sabbath observant resident? \_\_\_\_\_
5. Do you feel that residency programs should accommodate the individual religious needs of their residents? Yes\_\_\_ No\_\_\_
6. Do you feel that other residents should be encouraged to accommodate the individual religious needs of their co-residents? Yes\_\_\_ No\_\_\_
7. When you were a resident, were individual religious needs adequately met? Yes\_\_\_ No\_\_\_
8. Do you feel constrained by administrative issues (ie. hospital policy or other departments) in offering Sabbath observant positions? Yes\_\_\_ No\_\_\_
9. If your schedule could accommodate at least one Sabbath observant resident, would you consider ranking one? Yes\_\_\_ No\_\_\_
10. If your schedule could accommodate at least one Sabbath observant resident, would Sabbath observance cause you to rank a candidate lower on your rank list? Yes\_\_\_ No\_\_\_
11. Would you be more likely to rank one or more Sabbath observant residents if there was a guarantee through the match system that you would not match more than a specific number of Sabbath observant candidates predetermined by you? Yes\_\_\_ No\_\_\_
12. If you have had Sabbath observant residents in the past, has the scheduling been done by the residents themselves or by the program director? RESIDENTS \_\_\_\_\_ PROGRAM DIRECTOR \_\_\_\_\_
13. Do you have any suggestions to make the process of accommodating Sabbath observant residents easier within radiology residencies? \_\_\_\_\_

THANK YOU FOR YOUR TIME!

**Presented at 10th International Conference on Jewish Medical Ethics, San Francisco, CA**

**Main Provisions of Proposal to Include Sabbath Observant  
(Shomer Shabbos) Residencies Within the National Resident Match**

1. No residency spots will be reserved for Sabbath observant applicants. All spots will be available to every applicant, but if the maximum number of Sabbath observant applicants that a program can accommodate matches at a program, no other Sabbath observant applicants will match in the program.
2. Programs matching Sabbath observant house staff will know that they can rank as many qualified Sabbath observant applicants as they wish (i.e. they will not run the risk of matching more Sabbath observant residents than the program can handle).
3. Applicants matching in a Sabbath observant spot will know that the spot is secure (i.e. that there will not be more Sabbath observant residents than the program can handle).
4. Applicants will be free to try to arrange a Sabbath observant schedule at any program that does not state in advance that they can accommodate a Sabbath observant schedule.
5. Applicants may rank all programs, both those with “declared” Shomer Shabbos spots and those without “declared” Shomer Shabbos spots.
6. An attempt will be made to perform a national survey of program to compile an up-to-date list of Shomer Shabbos programs and to encourage the creation of new spots at appropriate programs. This attempt may include using the FRIEDA database as reference and a tool for conducting a survey and disseminating the results.

Daniel Eisenberg, MD

**Proposal submitted to the national head of the match to create a national Shomer Shabbos match within the national resident match**

Daniel Eisenberg  
March 22, 1992

Dr. David E. Longnecker  
Chairman, Department of Anesthesia  
Hospital of the University of Pennsylvania  
3400 Spruce Street  
Philadelphia, PA 19104

Dear Dr. Longnecker:

We met on February 17 regarding the issue of officially incorporating Sabbath observant residencies for Orthodox Jewish residents as an official option in the National Resident Matching Program. To review, Sabbath observant residencies allow Sabbath observant physicians to be off duty approximately 25-26 hours for one day per week beginning a little before sunset every Friday night, with the same arrangement for major Jewish holidays (approximately 10-12 days during the year, depending on overlaps with Sabbath days). In return, the resident makes up the missed call days with extra Sundays, and secular and non-Jewish holidays, with the understanding that all residents take an equitable amount of call in the course of the year.

In view of the above time constraints, there are two main requirements that must be met before Sabbath observant residencies can be viable options:

1. Residency programs must be protected from matching more Sabbath observant physicians than their schedule can reasonably accommodate; and
2. Sabbath observant physicians must be protected from finding that their Sabbath needs cannot be met because their program accepted an excessive number of Sabbath observers.

There are difficulties inherent in the current system. Programs are unable to rank Sabbath observant physicians whom they may want, or they may be forced to discontinue their Sabbath observant residency programs altogether because of the fear of accepting an excessive number of Sabbath observant physicians (both of which have occurred). There are a few programs that tend to have many Sabbath observant applicants, but have room for only a few of them and structure their schedule to accommodate this specific number. They are forced to ask for a (non-binding) commitment from applicants before the match to protect themselves from matching more Sabbath observant physicians than they can handle. An official option for Sabbath observant residencies within the match would obviate the need for this commitment. While the quality of medical training is of paramount importance in Jewish Law, many Sabbath observant applicants would be more than happy to match at their second or third choice if it would guarantee Sabbath observance.

Many programs are open to the idea of Sabbath observant residencies as indicated by a limited survey of the situation performed this past year by myself and another student in conjunction with the University of Pennsylvania School of Medicine (please see the appendix and accompanying materials). An expansion of this survey, such as presenting it as a set of questions on the FRIEDA questionnaire and including the results in the FRIEDA program, would open up many more programs than currently exist and broaden the training options for Sabbath observant physicians.

As we discussed, a system to remedy the above problems must not be discriminatory in nature, nor burdensome on residency programs. Residency positions cannot be "set aside" for Sabbath observant applicants, and residency programs must retain complete autonomy over whom they match. With these considerations in mind, I would like to make the following proposal:

Each residency program, after having the concept of Sabbath observant residencies explained to them, would decide each year on a maximum number of Sabbath observant physicians that they could accommodate, with the understanding that such positions are not promised, but available to Sabbath observant residents. In other words, if a program states that it can accommodate two Sabbath observant residents, the program is not required to accept two Sabbath observant residents. Rather, those two positions would be equally available to applicants who are not Sabbath observant. Yet, if a program does rank more than two Sabbath observant residents, the program must be guaranteed that it will not end up accepting more than the maximum number of Sabbath observant physicians that it can handle. This can be accomplished by the assigning of a special number to the Sabbath observant spots. Both the regular and Sabbath observant spots would be combined at the time of the match so that the special numbers only come into play if their are Sabbath observant candidates high enough on a program's match list that they would match anyway. The value of the special number is as follows: if three candidates all listed the special number for a given program and all of them were sufficiently high on a program's match list to receive spots, the third candidate would be removed from the program's list (by his/her own request by choosing the special number). In this way, while no spots are reserved for Sabbath observers, the match computer would limit how many Sabbath observers could match to a given program based upon the residency program's pre-submitted limitations. This system would fulfill both requirements of a Sabbath observant residency program, while neither being discriminatory nor unduly limiting the applicants or the programs.

In review, in order to address all of the concerns discussed above, we are proposing the following system by which a residency program will be able to indicate how many Sabbath observant residents they could accommodate:

1. Each residency program would decide on the maximum number of Sabbath observant physicians it can reasonably accommodate. That program would then be given a separate number in the matching system which applicants would use to designate their choice for Sabbath observance. The programs would rank their list in the usual manner, but the computer would only match up to the maximum number of Sabbath observant physicians indicated by the program. Thus, the programs could rank all of their applicants regardless of their Sabbath observance status, yet not be exposed to the risk of accepting more Sabbath observant physicians than their program could handle. In this way programs would not jeopardize their autonomy over whom they list for the match.
2. The FRIEDA questionnaire would ask residency programs whether or not they would like to offer this Sabbath observant option to their residents. This information would then be made available to all applicants via FRIEDA.

I have discussed this proposal with several residency program directors, both in and out of Philadelphia, who have been very supportive of developing a system such as the one outlined above as an option in their departments. Thank you very much for your time and consideration of this proposal.

Sincerely,

Daniel Eisenberg  
University of Pennsylvania  
School of Medicine  
Class of 1992



## Appendix

### Sabbath observant Questionnaire Results

The fact that many programs are amenable to accommodating Sabbath observant physicians was demonstrated by an informal study that was carried out last summer. At that time a questionnaire (please see enclosed survey) was sent to numerous programs to determine whether or not they have ever offered a Sabbath observant residency previously, and would be interested in offering this option to their future residents. The survey included programs in Internal Medicine, Radiology, and Anesthesiology.

#### Results

**Question 1: Have you had a Sabbath observant residency program before?**

**Question 2: Would you consider doing so for the upcoming match?**

Specialty	Surveys sent	Responses received	Y/Y	N/Y	N/N	Y/N	Ambig	Responding programs amenable to Shabbos accommodation
Internal medicine	131	52	25	14	9	0	4	75-83%
Radiology	62	21	13	2	4	2	0	71%
Anesthesia	50	30	10	10	5	4	1	67-70%

**Please note that while the survey was small, a large percentage of programs responding in each specialty expressed an interest in accommodating shomer shabbos residents.**

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 308  
(A-05)

Introduced by: Medical Student Section

Subject: Eliminating Religious Discrimination from Residency Programs

Referred to: Reference Committee C  
(Harry S. Jonas, MD, Chair)

Whereas, Religious observance is often a vital part of a resident physician's life, and there are instances in which the restrictions placed on a resident by their religion are indeed a fundamental requirement of the religion itself; and

Whereas, Working in a hospital environment during the Jewish Sabbath comes into direct conflict with the beliefs of Orthodox Jews--e.g., the use of electrical devices, revolving doors, and overhead lights in hospitals on the Sabbath is in direct violation of Orthodox Jewish law; and

Whereas, The National Resident Matching Program leaves little room for students to negotiate for a specific schedule, forcing students concerned about potential religious issues to limit their program choices as well as compete for a small number of positions in the few more accommodating programs; and

Whereas, Title VII of the Civil Rights Act of 1964 states that employers should "reasonably accommodate the religious beliefs of an employee or prospective employee, unless doing so would impose an undue hardship," thereby allowing hospitals to place the interests of patients first and foremost above the religious convictions of employees; and

Whereas, By this reasoning, any accommodation for the Jewish Sabbath or other religious conflicts which would create undue hardship for the hospital, staff, or patients would take second place to the first priority of ensuring patient safety; therefore be it

RESOLVED, That our American Medical Association encourage the adoption of residency requirements that allow individuals to honor their religious beliefs and practices (New HOD Policy); and be it further

RESOLVED, That our AMA encourage the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA) to extend its current policies regarding religious exceptions to include the observance of religious holidays and observances (Directive to Take Action); and be it further

RESOLVED, That our AMA encourage the ACGME and the AOA to require that all residency programs become aware of and make an effort to ensure that residents be allowed to practice in a manner that does not interfere with their religious convictions, including observance of religious holidays and observances (Directive to Take Action); and be it further

RESOLVED, That our AMA study the current state of religious conflicts with residency requirements and report back at the 2006 Annual Meeting. (Directive to Take Action)

Fiscal Note: Estimated cost of \$3,677 includes hiring outside consultant to study current state of religious conflicts with residency requirements and prepare a report for the 2006 Annual Meeting.  
Received: 5/8/05

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 10-A-06

Subject: Eliminating Religious Discrimination from Residency Programs (Resolutions 308 and 316, A-05 )  
Presented by: Carl A. Sirio, MD, Chair  
Referred to: Reference Committee C (Erin E. Tracy, MD, Chair)

Resolution 308 (A-05), submitted by the Medical Student Section and referred to the Board of Trustees, asked that our American Medical Association:

Encourage the adoption of residency requirements that allow individuals to honor their religious beliefs and practices;

Encourage the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA) to extend its current policies regarding religious exceptions to include the observance of religious holidays and observances;

Encourage the ACGME and AOA to require that all residency programs become aware of and make an effort to ensure that residents be allowed to practice in a manner that does not interfere with their religious convictions, including observance of religious holidays and observances; and

Study the current state of religious conflicts with residency requirements and report back at the 2006 Annual Meeting.

Resolution 316 (A-05), submitted by the New York Delegation and referred to the Board of Trustees, asks that our AMA

Encourage the ACGME and AOA to require that all residency programs become aware of and make an effort to ensure that residents be allowed to practice in a manner that does not interfere with their religious convictions, including observance of religious holidays and observances, assuming that patient care is not compromised.

There was conflicting testimony before the Reference Committee, which noted that while the AMA opposes discrimination of all kinds, the resolutions raised serious practical and ethical concerns related to continuity of care and obligation to patients. This Council on Medical Education report has been developed with the advice of Council on Ethical and Judicial Affairs members and staff, who provided the discussion of ethical issues.

This report builds on existing AMA policy which recommends respect for the religious beliefs of practitioners at all stages of education and practice, but also holds responsibility to the patient paramount. This responsibility includes continuity of care. These standards of ethical medical practice, along with accreditation requirements lead to the conclusion that residents' religious observances and holidays should, as a general rule be accommodated when patient care will not be compromised.

There are, however, variation in the types of religious observances that occur and the time commitment that they require of residents. For example, for logistical reasons major holidays can be easier to accommodate than weekly or daily observances. This is a consideration in determining the feasibility of accommodation.

## Discussion of Ethics Issues (Principles and Opinions)

The AMA Code of Medical Ethics supports religious diversity among medical students, residents, and physicians. The *Principles of Medical Ethics* state broadly that “A physician shall respect the rights of patients, colleagues, and other health professionals,” which would include the right of religious expression. The *Principles* also note that “A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.”

Further, Opinion E-9.03, “Civil Rights and Professional Responsibility” explicitly prohibits discrimination, including discrimination based on religious grounds: “Opportunities in medical society activities or membership, *medical education and training*, employment, and all other aspects of professional endeavors should not be denied to any duly licensed physician because of race, color, religion, creed, ethnic affiliation, national origin, sex, sexual orientation, age, or handicap.” (emphasis added). Finally, another Opinion notes that “it may be ethically permissible for physicians to decline a potential patient when . . . [a] specific treatment sought by an individual is incompatible with the physician’s personal, religious, or moral beliefs.” (Opinion E-10.05 “Potential Patients” AMA Policy Database)

However, every physician’s professional obligations to patients are also given substantive support in the AMA Code of Medical Ethics, beginning with *Principle VIII*: “A physician shall, while caring for a patient, regard responsibility to the patient as paramount.”

Moreover, several Opinions emphasize continuity of care and warn against patient neglect. Opinion E-10.01 states clearly: “The patient has the right to continuity of health care.” This is reiterated in Opinion E-8.115, which states: “Physicians have an obligation to support continuity of care for their patients.” Finally, Opinion E-8.11 states “Once having undertaken a case, the physician should not neglect the patient.”

## Discussion of Medical Education Issues

About 30 residency program directors responded to an online survey that asked how they accommodated religious observances among their resident physicians. Many indicated that residents’ needs could be met through appropriate scheduling, and that residents supported each other in providing coverage for religious holidays and other observances. Formal policies were often not available, and program directors developed their own mechanisms to provide accommodation. The hospital administration often provided support, for example, setting aside a room for prayer. Other respondents, however, noted the complexity of the issue, especially in smaller and highly diverse residency programs, and stated that accommodation, especially for weekly and daily observances, was not always possible.

The ACGME Institutional Requirements specify that residents must be informed of available vacation as part of the benefits and conditions of their employment. In the online survey, residency program directors generally expected that residents would notify them of the need for time for religious observance so that schedules could be set prospectively. Alternatively, residents could trade time-off directly with their peers. AMA Policy 310.999 (Guidelines for Housestaff Contracts or Agreements) also specifies that residency programs should explicitly describe the amount of vacation time to which a resident is entitled, and that residents should be told if there are any restrictions on scheduling vacation time.

## Analysis

Two concerns weigh heavily on any attempt to accommodate religious observances and holidays: continuity of patient care and fair and reasonable scheduling.

First, continuity of patient care may be compromised by religious observance, although there is no specific evidence at this point. There is already significant concern about continuity of patient care given the limits placed on resident duty hours.<sup>1-3</sup>

Second, scheduling around the religious observances of one resident may lead to unfair scheduling for others. In large residency programs this is less likely a concern, but in residency programs with fewer residents, special scheduling of one resident may not be feasible. Moreover, some religious observances may be incompatible with the demands of medical education. For example, prayer at specified times during the day may be incompatible with the needs of a surgical residency. Hence, flexibility in observance may be required of residents.

In law, Title VII of the Americans with Disabilities Act requires an employer to “reasonably accommodate the religious beliefs of an employee or prospective employee, unless doing so would impose an undue hardship.” Title VII of the Civil Rights Act of 1964, as amended, prohibits discrimination in employment on the basis of race, color, religion, national origin or sex by institutions with federal contracts. However, AMA policy is somewhat ambiguous regarding the employment status of residents: “Residents and fellows are simultaneously post-graduate students, institutional employees, and in some instances, fully licensed physicians. Their hours of duty and other working conditions are prescribed by others and they are somewhat isolated from the financial aspects of providing patient care. . .” (CEJA Report 8-A-05) This is significant in part because residency programs often classify residents as “students” and Title VII requires reasonable accommodations for “employees.”

For accreditation, the ACGME has instituted certain limits on resident duty hours, including: an 80-hour a week limit and one day off per week averaged over four weeks. In many cases it will be feasible for the day off to be scheduled according to religious observances and holidays.

Disputes over residents’ requests for accommodation should be guided by Opinion E-9.055, Disputes between Medical Supervisors and Trainees. AMA Policy also calls for good faith efforts at accommodation: “Residency programs must offer means to resolve educational or patient care conflicts that can arise in the course of training. All parties involved in such conflicts must continue to regard patient welfare as the first priority. Conflict resolution should not be punitive, but should aim at assisting residents and fellows to complete their training successfully.” (CEJA Report 8-A-05) Although this policy does not specifically address religious observance, it is a useful guide to resolution of any type of dispute.

## Recommendations

The issue of accommodating religious observance is complex. Generally, residency programs make an effort to meet residents’ needs. However, the demands of patient care and the issue of fairness to other residents also must be considered. Therefore, the Council on Medical Education, with the concurrence of the Council on Ethical and Judicial Affairs, recommends that the following be adopted in lieu of Resolutions 308 and 316 (A-05), and that the remainder of this report be filed.

1. That our American Medical Association encourage residency programs to make an effort to accommodate residents’ religious holidays and observances, provided that patient care and the rights of other residents are not compromised. (Directive to Take Action)
2. That our AMA encourage residency programs to explicitly inform applicants and entrants about their policies and procedures related to accommodation for religious holidays and observances. (Directive to Take Action)

Fiscal Note: \$500 for staff time.

Complete references for this report are available from the Medical Education Group.