Bikkur Holim: the Origins of Jewish Pastoral Care

Rabbi Charles Sheer

The College of Pastoral Care
Introduction

The genesis for this paper is my appointment to HealthCare Chaplaincy. I came to this work after three decades as Jewish Chaplain and Hillel Director at a major research university. My pastoral education was standard for my generation: courses during seminary years, followed by decades of seminars, case conferences and skill workshops. I’ve always considered pastoral work a strong suit of my rabbinate.

At HealthCare Chaplaincy, I have been exposed to a rigorous and specialized pastoral training program for rabbis, pastors and ministers of all faiths, called Clinical Pastoral Education (CPE). I did not come from this world. Given my new role, I took a course in CPE during which time I served as a chaplain-intern in an acute care hospital. Although this was not foreign territory, I learned a new language and, more importantly, a new way of perceiving and attending to the sick.

When I visit a patient in the ICU, my head and heart are influenced by perceptions from two worlds. My recent CPE training has refined the way I use my ears, eyes and inner sense to assess a patient’s condition and need. The “Living Document” is a term of special import to CPE practitioners. It refers to the whole human being as a living text that must be sensitively examined to ascertain his or her need and to develop a pastoral response. Now, I look at a patient and relate using the assumptions and methods of CPE.

At the same time, my assessment and responses are guided by sources that precede CPE by millennia. I come from a tradition that places much stock on the written word. In classical Judaism, rituals, ethics, values and deeds are shaped in the crucible of text. When I visit a patient, I focus upon the Living Document in the sick bed, but I am also accompanied by the documents of my Jewish heritage, which contains a long and rich literary tradition that addresses the sick and the dying.

The term used in Jewish classical texts regarding the pastoral care of the sick is Bikkur Holim, which literally means “the sick visit.” When I started to research a topic relative to my new position, I searched for a scholarly work that assembled and interpreted the classical rabbinic texts on Bikkur Holim, conceptualizing them in terms I could relate to my CPE training. I wanted to know, for example, how Bikkur Holim was defined. When Jewish texts depicted care for the sick, what kinds of interventions were presented and who were the practitioners? What were the values that informed Jewish pastoral care, and how have these concepts developed over time?
To my surprise, I did not find a critical treatment of the literature that assessed the sources from a developmental perspective. I decided, therefore, to review the various texts on *Bikkur Holim*, and organize the material anew. This paper is the result of my research.

First, I surveyed the classical texts of the Midrash, Mishnah and Talmud, compiled roughly within the first through the sixth centuries in Palestine and Babylonia. This literature forms the bedrock of Jewish thought and practice. Any scholarly attempt to understand Judaism as a religious culture – both conceptually as well as in terms of its practice – must start with these sources.¹

Next, I studied a text written by Nahmanides (1194 – 1270; Spain) that dealt, in part, with *Bikkur Holim*. One of the pillars of Jewish law and Jewish thought, his treatise, *Torat Ha-Adam*, was widely accepted from the medieval period and beyond as a classic treatment of illness and death.²

Then I examined biblical texts, and the rabbis’ attempts to locate legal or narrative precedents for this practice in the Torah. I also traced the development of the term, *Bikkur Holim*, which was formulated in the rabbinic, post-biblical period.

The objective of this paper is to assemble and analyze foundational Jewish texts regarding *Bikkur Holim*. I have undertaken this study with the following understanding. Pastoral care should be driven by tested methodologies, not by texts. The principal focus of a trained practitioner is upon the patient, and a clinical response should be based upon the assessment of the patient’s condition and need. That assessment, however, can be informed by the wisdom of our religious traditions that guide – but do not determine – pastoral care. A Jewish response to the ill should be influenced by – or, minimally, cognizant of - the literature that is the subject of this study.

**Bikkur Holim in Midrashic and Talmudic Literature**

One of the most valued social institutions in the literature of the Midrash, Mishnah and Talmud is “*Bikkur Holim*.” R. Johanan (d. 289(?))C. E.; Palestine) cited a teaching which listed “six deeds, the fruits of which a man enjoys in this world, while the principal remains for him in the hereafter.”³ In addition to *Bikkur Holim*, his list entailed hospitality to strangers, devotion in prayer, early attendance at the house of study, raising one’s children to study the Law, and judging one’s fellow favorably. A composite list of the most meritorious acts – which included these six plus others - was incorporated into the morning service in the late Middle Ages.⁴ For almost one thousand years, Jews have begun their worship each day with a reminder that *Bikkur Holim* was one of the most valued deeds in Jewish tradition.

The most extensive treatment of *Bikkur Holim* is found within the fourth chapter of Talmud tractate *Nedarim*, which taught that “*Bikkur Holim* does not have a fixed limit” to its fulfillment (p. 39b). The phrase, “no fixed limit,” was interpreted variously to
mean there is no limit to the reward for its fulfillment, or that there is a universal mandate to visit the sick regardless of social standing, or that there is no limit to the number of visits one should make.

A later case in Nedarim - which will be discussed below – added an obvious caveat to this open-ended definition of *Bikkur Holim*, requiring the visitor to consider the impact upon the ill. These visits should be undertaken “provided he does not inconvenience the patient” (Maimonides, Spain/Egypt; 1136/8 – 1204; talmudic and legal scholar, philosopher and physician; in his *Mishneh Torah*, Laws of Mourning, XIV: 5). The fulfillment of this commandment must not be at the cost of the patient.

The next passage in Nedarim 39b referred to *Bikkur Holim* as a deed that sought to make a real impact on the sick. R. Aha bar Hanina stated, in grand hyperbolic fashion: “Whoever visits the sick takes away one-sixtieth of his distress.” The rabbis had high expectations for *Bikkur Holim*; they did not see it as a mere “friendly visit,” instituted to pass the time of the sick. The objective of *Bikkur Holim* was to offer a healing intervention. Unfortunately, R. Aha did not tell us what one did to bring about this desired relief.

The next passage (39b-40a) entailed the earliest presentation of a definition of *Bikkur Holim*.⁵

Rabbi Helbo once fell ill. Thereupon Rabbi Kahana went and proclaimed: “Rabbi Helbo is ill!” But none visited him.

He rebuked them saying, “Did it not once happen that one of R. Akiba’s disciples fell sick, and the Sages did not visit him? So R. Akiba himself entered [the disciple’s house] to visit him, and because they [one text: “he”] swept and sprinkled the ground before him, he recovered.

‘My master,’ said the disciple [to R. Akiba], ‘you have revived me!’ Whereupon R. Akiba went forth and lectured: ‘He who does not visit the sick is like a shedder of blood.’”

Rabbi Akiba played a pivotal role in Jewish law and Jewish thought, arguably being the most famous scholar of the tannaitic period – first, second centuries, C. E. His teachings became the core of the Mishnah and they were cited in the Midrash and Talmud. This tale about his reaction to the unvisited sick pupil and his teachings about *Bikkur Holim* were the earliest post-biblical source on this subject in rabbinic texts. His action and words were quoted in medieval sources and in modern rabbinic responsa. This case is a foundational definition of *Bikkur Holim*.

Nedarim 40a gives a concrete description of an act of *Bikkur Holim*: “they swept and sprinkled down the floor,” referring either to his pupils, the family of the sick, or visitors at the sick house.⁶ *Bikkur Holim* is practical and pragmatic. The pupils did acts that, in our modern setting, would have entailed making the bed, calling the orderly to change
the bedpan, or requesting a favorite dish for one whose days were numbered. They did what was necessary for his physical sustenance.

Rabbi Akiba did not play a distinctive role as “rabbi.” The talmudic tale recorded that his personal presence at the sick bed moved – embarrassed? - others to act on behalf of the student. The great Rabbi Akiba taught by example that *Bikkur Holim* was incumbent upon all, even those students who are engaged in Torah study as a primary undertaking. His personal attendance demonstrated the value and character of *Bikkur Holim*. His intervention was not enhanced by advanced rabbinic scholarship and/or learned piety.

*Bikkur Holim* as presented in this text entailed practical service rendered to fulfill an identified and basic human need. No obvious “religious” deed was performed; it did not entail a ritual or prayer. The next passage in Nedarim (40a) presented a different model. In it Rabbi Dimi says “Whoever visits the sick causes him to live, and whoever does not, causes him to die.” In its explanation of Rabbi Dimi’s remark, the Talmud identified prayer – (Hebrew) “bakashat rahamim”, literally, a petition for mercy - offered during a sick visit as the cause for the survival of the ill. One must attend to the sick to assess the need for prayer on his or her behalf - or, possibly, the character or topic of the prayer to be offered. In fact, Rabbi Dimi observed that, in some contexts, it might be appropriate to offer a prayer for the death of the sick.

*Bikkur Holim* in Rabbi Dimi’s teaching entailed the petition for mercy. Unlike Rabbi Akiba’s example in which practical service to the sick was the objective, Rabbi Dimi undertook a sick visit to ascertain how to best approach God on behalf of the sick. Nedarim 39b and 40a presented two different aspects of *Bikkur Holim*. Rabbi Akiba’s interventions were practical and pragmatic; they were directed to the sick. Rabbi Dimi responded with a spiritual intervention directed to God.

The absence of prayer within R. Akiba’s sick visit is problematic. Not only did the rabbis of this period place much stock upon petitional prayer for the sick, it was a necessary and obligatory element of *Bikkur Holim*, as illustrated in the following extended case in the Talmud.

In *Shabbat* 12 a/b, various scholars discussed how one might visit the sick or bereaved on the Sabbath since both undertakings might depress the visitors on this day of joy and peaceful rest. Sabbath celebrates God’s magnificent creation. All activities – whether religious or secular – must be consistent with the uplifting spiritual objectives of the Day of Rest. The Talmud has numerous discussions regarding the appropriate activities for this day. This discussion ranged far beyond those acts which one might anticipate as being inconsistent with the letter and spirit of the day, such as financial transactions, plowing one’s field, hiring laborers, etc. The rabbinic requirement that the Sabbath be a day of *oneg* – pleasure (derived from Isaiah 58:13) – led the scholars to consider whether depressing undertakings, such as *Bikkur Holim*, were Sabbath-
appropriate. (The School of Shammai (Shabbat 12a), in fact, disallowed Sabbath visits to the sick and to mourners.)

This debate was driven not only by the nature of the sick visit, which entailed an encounter with human frailty and mortality. Many medieval commentaries to the Talmud followed the interpretation of R. Isaac Alfasi (North Africa and Spain; 1013-1103) who (ad. loc.) commented that the question regarding the sick visit on Sabbath was “lest he come to cry out in distress.” Petitions for divine judgment were prohibited on Sabbath. The entire Sabbath liturgy focused upon the sanctity of the day and the usual petitions for human need were expunged from the service. Petitional prayers on behalf of the sick - such as those recited in the context of Bikkur Holim – were prohibited on the Sabbath.

The rabbis in Shabbat 12 a/b rejected the restrictive opinion of the School of Shammai which forbade Sabbath Bikkur Holim visits, but they agreed with their concern for avoiding inappropriate liturgical violations of the spirit of the Sabbath. They solved this problem by fashioning prayers for the sick that one could recite on this day. Some began with an introduction that acknowledged the unique context: “although today is not a day of supplication….” This was followed by a declarative, hopeful evocation regarding the healing and peaceful nature of the Sabbath. Their liturgies were positive statements, fashioned to sustain and comfort the sick without “crying out in distress.”

This discussion in tractate Shabbat was based upon the assumption that one was required to offer a prayer in the context of a sick visit. The debate here was regarding how this could be accomplished. Thus, the total absence of prayer in R. Akiba’s visit, as described in Nedarim 40a, seems to contradict this assumption. This contradiction bears particular weight since the four rabbis in Shabbat 12 were all pupils of Rabbi Akiba! I shall address this seeming contradiction below.

**The Medieval Period: The Conceptualization of Bikkur Holim by Nahmanides**

In the Middle Ages, scholars incorporated these talmudic sources in their writings about Bikkur Holim. The most famous treatment of this topic was in a treatise entitled “Torat Ha-Adam” (literally, “The Law of Man”), composed by R. Moses ben Nahman - Nahmanides – who was a rabbi, Bible and Talmud commentator, philosopher, legal decisor, mystic, poet and, in addition, a practicing physician. This monograph – which in the standard Hebrew edition (Chavel; 1963) runs about 300 pages - covered topics such as the treatment of the sick, the moribund state and the definition of death, burial and mourning laws, and a final section regarding reward and punishment after death. It became the reference book for all subsequent treatment of these topics.

In the opening chapter on ailments, Nahmanides cited many of the Nedarim texts discussed here. He presented a concluding summation of Bikkur Holim, which I have divided and numbered here to aid the reader in my subsequent analysis.
We understand from this [i.e., the various talmudic passages he previously cited, largely from Talmud Nedarim] that [the practice or commandment of] 
Bikkur Holim is in order that
(1a) they should sweep and sprinkle [down the dirt floor] before him and
(1b) so that they may might attend to all his needs that he required relative to his sickness.
(2) [On account of their actions] he [i.e., the patient] will derive much gratification nahat ruah [literally, “pleasure of the spirit/soul”] from his friends.
(3) Additionally, [the commandment is so that] he [i.e., the visitor] will be moved to compassion and he will petition [in prayer] on his behalf, as it is taught (Talmud, Moed Katan 5a): “…and he shall call out, ‘Unclean! Unclean!’ (Lev. 13:45)” -
(4) “he [the sick] must declare his distress publicly so the public will petition [to God] for mercy on his behalf.”

Therefore, one who visited the sick and didn’t petition for mercy on his behalf did not fulfill the commandment.

In the next section Nahmanides digested the Talmud’s later discussion (Nedarim 41a) regarding various patients who should not be visited. This included persons with severe head/eye ache, high fever, or one suffering from dysentery or diarrhea, who might be uncomfortable or embarrassed in the presence of a visitor. He wrote:

Therefore, if one is in such severe straits – due to fever or other ailments, or conversation is difficult for him – we do not visit him directly. Rather, we enter the outer chamber [of his house] and (#1a) enquire after him, and we investigate if there is need to sweep or sprinkle down [the dirt floor], or (#1b) other tasks such as this. (#4) We listen to his distress and (#3) ask for mercy on his behalf.

From these various statements, one can derive an understanding of Nahmanides’ conceptualization of Bikkur Holim. The terminologies from the case with R. Akiba resonate throughout Nahmanides’ presentation. Section #1a is a direct citation of the R. Akiba episode: sweeping and sprinkling became the code word for the pragmatic/practical service to the sick.

Section #1b could be an expansion of #1a from sweeping and sprinkling to other personal service needs of the sick. This seems to be self-evident, however. It is possible that Nahmanides added this clause to allude to actions “relative to his sickness,” which is to be taken literally, such as making a potion, administering some medication, applying a treatment prescribed by a physician, etc. This reading of this phrase might have reflected Nahmanides work as a physician, or the reality in the Middle Ages, when professional physicians did not attend the sick, and family, friends, or the member of the community most skilled at this art provided medical care.
Nahmanides’ peg for this interpretation may have been the story about R. Akiba, in which his pupil thanked him for having “revived” him. Although the act reported was sweeping out the sick room - and modern knowledge might suggest that the healing resulted from good hygiene rather than an esthetically pleasant environment – Nahmanides could easily justify including medical care within practical service since it “revived” the sick. This talmudic tale could have been the precedent which allowed Nahmanides to expand practical service from comforting home care to medical interventions.

Nahmanides’ next objective of *Bikkur Holim* was prayer - #3 – in accordance with R. Dimi, whose words he cited earlier in *Torat Ha-Adam*. Since prayer did not appear as a central element of *Bikkur Holim* in the case with R. Akiba, Nahmanides sought to assure its normative inclusion by his emphatic words: “one who visited the sick and didn’t petition for mercy on his behalf, did not fulfill the commandment.” The later codes cited his words to advance prayer to a more central position within *Bikur Holim*.

Nahmanides also presented an additional objective of *Bikkur Holim* – #2 - that, to my knowledge, was not explicated in this fashion by earlier sources. Nahmanides stated that due to the practical attention to the physical and medical needs of the sick, the patient “will derive much gratification [*nahat ruah*] from his friends.” He did not refer here to the direct benefit from the sweeping of the floor or other helpful services. *Nahat ruah* referred to the psychological gratification the sick would feel from the caring and presence of the Other. Nahmanides presented *nahat ruah* as a distinct component of *Bikur Holim*. The demonstration of human emotion inherent in the sick visit impacted the sick in addition to the service rendered, and could bring about or aid the healing process.

In the second citation (above) from *Torat Ha-Adam*, Nahmanides discussed treatment of exceptional cases (high fever, eye/head pain, or dysentery) where a sick visit was countermanded, according to *Nedarim* 41a. The Talmud flatly stated that such ill need not be visited. Maimonides in his code, *Mishneh Torah*, paraphrased the Talmud:

> All are duty bound to visit the sick. Even a man of prominence must visit a less important person. The ill should be visited many times a day. The more often a person calls on the sick, the more praiseworthy he is, provided that he does not inconvenience the patient.
> Those who suffer from intestinal trouble or have eye trouble or headaches should not be visited, because it is hard for them to see callers (Book of Judges, Laws of Mourning, Chapter XIV: 4, 5).

Nahmanides, however, stated that even in situations where a face-to-face visit was not appropriate, one must still ascertain whether there are service needs that would aid the sick:
we do not visit him directly. Rather, we enter the outer chamber [of his house] and (#1a) enquire after him, and we investigate if there is need to sweep or sprinkle down [the dirt floor], or (#1b) other tasks such as this. (#4) We listen to his distress and (#3) ask for mercy on his behalf.

Although *Nedarim* 41a stated that such individuals need not be visited, Nahmanides maintained that all forms of *Bikkur Holim* be accomplished, but through indirect means. The moral obligation to attend to the sick has not evaporated. The means of fulfilling this action on behalf of such patients needs to be adapted to the physical condition of the sick.

But there is more. Nahmanides twice referred to “listening to the distress” of the sick (#4) as a required element of *Bikkur Holim*. What did this mean and what was Nahmanides’ source for this action?

Nahmanides adopted this phrase from midrashic texts in Talmud *Moed Katan* 5a and elsewhere. These words appear in discussions about the treatment of one afflicted with a skin disease, sometimes misidentified as leprosy.

Such a person was considered ritually impure. Leviticus 13:45-46 stated, “…his clothes shall be rent, his head shall be left bare…and he shall call out, ‘Unclean! Unclean!’ Being unclean, he shall dwell apart; his dwelling shall be outside the camp.”

The purpose of these actions seems to have been to isolate this afflicted person from others. His disheveled physical appearance, rent clothing and placement outside the camp clearly identified him and his status; his public announcements – “Unclean! Unclean!” - assured that he would remain in isolation.

Yet, in *Moed Katan* 5a, the Talmud interpreted his announcement differently: “He must declare his sorrow to the public so that the public will ask for mercy on his behalf.” “Unclean! Unclean” was not a warning to sustain the isolation of the afflicted; it was a call for social connection, compassion and prayer. “Unclean! Unclean!” was an invitation for public sympathy and empathetic prayer on behalf of the afflicted to overcome his exclusion from the community.

Nahmanides applied this interpretation of the announcement of the scale-diseased person to those uniquely sick individuals listed in *Nedarim* 41a. Although one should not visit these ill directly, one could remain outside their chamber, address them appropriately and supplicate on their behalf.

Such public prayer would convey to the sick a positive message of special resonance. Individuals afflicted with illness often view themselves as abandoned or punished by God. Their physical exile or seclusion in the sick house merely confirmed to these folk their unworthiness and rejection. The public petition would demonstrate that they were
still God’s children who merited divine favor. Their sense of abandonment from God was countered by the public’s demonstration of their ultimate value.  

This phrase - that “we listen to his distress” – may suggest that another objective motivated the midrash and Nahmanides. Both the skin malady and the various unique ailments listed by Nahmanides necessitated physical distance between the afflicted party and others. Because of their isolation, these persons could not unburden themselves by sharing their travails with another human being. In both cases they were forced to endure loneliness and the psychological pain that accompanied it. By mandating that the visitor attend to such patients to “listen to his distress,” Nahmanides seems to be instituting a context that would allow for a cathartic moment, one that would enable these afflicted to relieve their anxiety by conversation with another.

Nahmanides expanded the objective and methodology of Bikkur Holim to allow the sick to communicate their pain, isolation and heartache, even to a silent visitor who stood outside the sick room. This response differed from the other forms of Bikkur Holim in that the visitor did not actively “do” anything. Nonetheless, Nahmanides mandated the visitor to be present with the afflicted and to provide an ear to his or her lament. He moved beyond the active service models of R. Akiba’s case. This response to illness – “we listen to his distress” – did not follow the same active models of sweeping, medicating, treating or praying. It was a valuable and sustaining act demonstrating human caring and love. It flowed logically and consistently within Nahmanides expansive appreciation of Bikkur Holim.

**Bikkur Holim in the Hebrew Bible...According to the Rabbis**

In the opening section of *Torat Ha-Adam*, Nahmanides cited a maxim by R. Hama bar (son of) R. Hanina (3rd century; Palestinian) found in Talmud *Sotah* 14a that focused upon a different concern. He presented a rabbinic version of *imitatio dei* in regard to many of the fundamental acts of kindness, citing biblical instances where the Almighty clothed the naked, comforted mourners and buried the dead. “So too you should visit the sick,” he said, citing Genesis 18:1.

Genesis 18 opens with a visit to Abraham by the Lord. The purpose of this divine visitation is not stated. Only after the intervening episode that deals with Abraham’s reception of the strangers, does God address Abraham regarding His intent to destroy Sodom and Gomorrah, and His plan to save Abraham’s family.

> The Lord appeared to him [Abraham] by the terebinths of Mamre; he was sitting at the entrance of the tent as the day grew hot. Looking up, he saw three men standing near him. As soon as he saw them, he ran from the entrance of the tent to greet them and, bowing to the ground, he said, “My lords, if it please you, do not go on past your servant. Let a little water be brought; bathe your feet and recline under the tree. And let me fetch a morsel of bread that you may refresh
yourselves; then go on—seeing that you have come your servant’s way.”
They replied, “Do as you have said.” (verses 1-5)

One of the standard methods of rabbinitic interpretation was to note the sequence of
passages in the Tanakh, and to use proximity as an interpretive device. The rabbis
observed that 18:1 immediately followed the narrative about Abraham’s circumcision. The rabbis
connected 18:1 with the previous unit and interpreted God’s appearance to
the Patriarch as a divine sick call: He “appeared” to Abraham to enquire after him since
he had recently undergone an operation. Thus, R. Hama “proved” Bikkur Holim as a
divine undertaking from Genesis 18:1.

This interpretation has been ingrained in Jewish consciousness for almost two
thousand years. As any teacher of Judaism can verify, if one would ask a student of
Jewish lore for a biblical passage that illustrated an instance of Bikkur Holim, Genesis
18 would be universally provided. Nahmanides opened his discussion of illness and
Bikkur Holim with this midrash since it had been a pivotal source for the sick visit for
over a millennium.

This understanding of Genesis 18:1 is especially remarkable since the literal text does
everything to contradict this interpretation. Without taking into consideration
Abraham’s age at his circumcision (Genesis 17:24: “Abraham was ninety-nine years old
when he circumcised the flesh of his foreskin…”), chapter 18 clearly states that he has
been sitting under his tent at high noon. He is not resting in bed but is looking beyond
his residence to the road where he spies some travelers. He runs with alacrity to invite
these strangers to his table, and when they accept his welcome, he dashes about with
much gusto to treat them with a full repast, in accordance with the Middle Eastern
norm of hospitality for strangers. The description of Abraham and his behavior in these
opening verses does not seem circumcision-appropriate. The midrashic vision of a
re recuperating Patriarch visited by the Almighty due to his “condition” is not sustained by
the text.

What motivated the rabbis to offer such a fanciful interpretation of this biblical
sequence? I believe that the driving factor behind this imposed interpretation was the
absence of any biblical mandate for Bikkur Holim. Nahmanides, in his Torat Ha-Adam,
sought to posit Bikkur Holim as one of the principal acts a Jew could do for another
person. It was, after all, one of those deeds whose reward extended to the world to
come. As a scholar of Jewish law he surely would have wished to sustain his
introduction to Bikkur Holim with a biblical mandate for this deed. The standard for a
work such as this required that he open with the biblical source for this observance.

However, no commandment for Bikkur Holim exists in the Tanakh. Most
commentators hold that Bikkur Holim is one of a set of deeds that were mandated as
behaviors in fulfillment of the command to “love your fellow as yourself.” Thus,
Maimonides wrote:
The following positive commands were ordained by the Rabbis: visiting the sick; comforting the mourners; joining a funeral procession; dowering a bride; escorting departing guests; performing for the dead the last tender offices; acting as pall-bearer; going before the bier; making lamentation (for the dead); digging a grave and burying the body; causing the bride and the bridegroom to rejoice; providing them with all their needs (for the wedding). These constitute deeds of loving kindness performed in person and for which no fixed measure is prescribed. Although all these commands are only on rabbinical authority, they are implied in the precept: “And you shall love your fellow as yourself” (Lev. 19:18), that is: what you would have others do unto you, do unto him who is your brother in the Law and in the performance of the commandments.  

(Mishneh Torah, Laws of Mourning, 14:1)

Bikkur Holim does not appear as a specific commandment with Tanakh; in addition, no biblical narrative provides an illustration of how this deed is to be performed.  

Nahmanides also cited another famous rabbinic interpretation dealing with God and the sick visit – Genesis 47:29-31. In this passage, Joseph is called by his dying father who beseeches his pledge that he be buried in the ancestral burial place in Canaan. The context of this father-son discussion is a sick visit. However, the function of the episode is to document the primacy of returning Jacob/Israel to the family burial-place, and to record within the earliest chapters of Jewish history, the ultimate value of the Promised Land.

Although the purpose of the passage is not to illustrate how to make a sick visit, or to commend its virtue and mandate, the rabbis used this unit in the Talmud (Shabbat 12b) to develop an essential teaching about the sick and God’s presence with them. There are two technical problems with Genesis 47:31, and those probably were the stimulus for their homily. In the Hebrew, the adverb is unclear. The passage could be translated as Jacob bowed “at the head of the bed” or “toward the head of the bed.” And in general, what is the purpose of this bowing, and to whom?

The Talmud offered an interpretation that solved both problems: the patriarch bowed “toward” the head of bed, and he did so because the Almighty was right there, at his bedside. The purpose of his gesture was to express his thanksgiving to God for his assured return to the Homeland.

This midrash sustains the view that the agenda of this biblical passage is the primacy of the Jewish presence in the promised land, even in death. Israel bowed to celebrate his eternal association with God’s land, and the connection of the nation of Israel within its borders. But the rabbis extracted from this biblical passage another vital teaching that God is present at the bed of the sick. He hovers over those who are ill with great love, demonstrating His constant presence in protection of His children during moments of danger.
The most famous of all medieval Bible commentators, Rashi (1040 – 1105), included this midrash in his Commentary (to Genesis 47:31):

“at the head of the bed”: [means] he [Israel] turned himself towards the Shekhinah (Divine Presence). On the basis of this [passage], they [the Rabbis] said [see Talmud, Shabbat 12b] that the Shekhinah is above the head of the sick.

Rabbinic imagination, with this creative interpretation, converted the sick bed from the domain of the demonic, devoid of divine attention, to a holy site, in which the Shekhinah lovingly resided and could be encountered. This midrash also depicted the sick visit as a holy undertaking, thereby teaching that by doing Bikkur Holim, mortals imitate God.

Although the rabbis did not find a legal commandment for the sick visit, they identified a higher mandate for this act of kindness by envisioning it as a godly undertaking. Such interpretations afforded Bikkur Holim with the highest standing: to visit the sick was to imitate God. No specific biblical command was needed to buttress this teaching.

How Did the Term “Bikkur Holim” Develop, and What Did It Mean?

From the discussion above it is obvious that the rabbis in the talmudic period had a rich tradition of teachings regarding the sick visit. They also had a formal term for this visit – Bikkur Holim - that appeared in the earliest mishnaic and midrashic texts. Where did the term Bikkur Holim come from?

The Hebrew root BKR occurs in Tanakh only seven times. In these contexts BKR connotated a visit, examination or investigation. Three of the seven occurrences were in Ezekiel 34:11 and 12.

Ezekiel 34: 1-5, 8 states:

The word of the Lord came to me: O mortal, prophesy against the shepherds of Israel. Prophesy, and say to them….Ah, you shepherds of Israel, who have been tending yourselves! Is it not the flock that the shepherds ought to tend? You partake of the fat, you clothe yourselves with the wool, and you slaughter the fatlings; but you do not tend the flock. You have not sustained the weak, healed the sick, or bandaged the injured; you have not brought back the strayed, or looked for the lost; but you have driven them with rigor, and they have been scattered for want of anyone to tend them; scattered, they have become prey for every wild beast....
Verses 10-13 states:

Thus said the Lord God: I am going to deal with the shepherds! I will demand a reckoning of them for My flock, and I will dismiss them from tending the flock....

For thus said the Lord God: Here am I! I am going to take thought for My flock and I will seek them out [root: BKR]. As a shepherd seeks out [root: BKR] his flock when some [animals] in his flock have gotten separated, so I will seek out [root: BKR] My flock, [my emphasis] I will rescue them from all the places to which they were scattered on a day of cloud and gloom. I will take them out from the peoples and gather them from the countries, and I will bring them to their own land, and will pasture them on the mountains of Israel, by the watercourses and in all the settled portions of the land.

Verse 16 concludes:

I will look for the lost, and I will bring back the strayed; I will bandage the injured, and I will sustain the weak; and the fat and healthy ones I will destroy. I will tend them rightly.

One of the motives of this chapter is the root, BKR; it is repeated three times in quick succession within the initial segment of the unit. Ezekiel thrice emphasizes that God is going to personally assess the condition of His people, and He will undertake whatever is needed to restore the nation to well-being.

Although the finale of the chapter deals with the deliverance of the nation, the overarching theme, which is underscored repeatedly throughout the chapter, is that God cares for His nation Israel. He emphasizes His personal engagement with them; the first person is repeatedly used throughout the entire segment. God proclaims (verse 11): “Here am I!” He is with them in their distress. “I am going to take thought for My flock and I will seek them out” “as a shepherd seeks out his flock.” The tenderness of that caring image would not be lost on His people.

The finale brings the unit to full circle: “And I will grant them a covenant of friendship (v. 25)” and “...they shall dwell secure and untroubled (verse 28).” The national healing is due to the covenantal relationship between God and His people. The brit shalom – the eternally abiding covenant of well-being – will heal the nation.

Moshe Greenberg, in his commentary to Ezekiel 34:11, reviewed the meaning of BKR in the Tanakh and in the rabbinic term, Bikkur Holim:

“...the range [of the root, BKR]...is from the strong sense of “examine, inspect, check (for presence/absence of something)” – so here [i.e. Ezekiel 34:11-12] and Leviticus 13:36 (check the skin for yellow hair) – to the weaker “visit” (Mishnaic Bikkur Holim “visiting the sick,” and perhaps Psalms 27:4 “to visit his temple”).19
Greenberg stated that *BKR* in Ezekiel meant an investigation, and that the translation of the rabbinic term, *Bikkur Holim*, was “visiting the sick,” in its “weaker” sense. However, when the rabbis depicted *Bikkur Holim* in the texts we cited above, they clearly used this term in both senses, to mean a) visitation with the intent b) to examine or inspect. The purpose of *Bikkur Holim* was to visit the sick to ascertain whether a further intervention was in order, and to identify its nature.

In fact, I think that Ezekiel 34 may have provided the rabbis with their definition of *Bikkur Holim*, and these biblical verses may have also served as the source for this *terminus technicus* itself. The divine visitation in Ezekiel is remarkably congruent with the rabbinic conceptualization of *Bikkur Holim*. Like the divine visitation in Ezekiel, the genesis of the sick visit was a sense of caring. The visitor must be moved to declare, “Here I am!” as the introduction to the encounter. One’s sense of responsibility for the ill was the driving force behind *Bikkur Holim*. Without such empathy, *Bikkur Holim* would not occur.

As in Ezekiel, the initial element in *Bikkur Holim* was the “visitation,” by which the individual was simply present with the sick. No words or deeds accompanied this visitation. The caring that was expressed by one’s presence at the bedside was, in itself, an expression of the bond between the parties.

This aspect of *Bikkur Holim* as a visitation was illustrated in the *midrashic* image of the Almighty who hovered lovingly over Patriarch Israel’s sick bed. God performed no specific act on behalf of the dying Patriarch. He was simply “there” with him. Similarly, when God “appeared” to Abraham (Genesis 18), the *Tanakh* does not record any divine utterances, nor does Genesis indicate that He did anything other than “visit.”

With delightful and profound complexity, the rabbis combined both the weaker and stronger meanings of the biblical BKR within their new term, *Bikkur Holim*.

This rich conceptualization resonates in the formulation of the medieval code, *Tur* (R. Jacob ben Asher; Spain, 13th – 14 century), who defined *Bikkur Holim* as follows (citing Nahmanides as his source):

> It is an important commandment to visit since on account of this [my emphasis] he will petition for compassion on his behalf and this is as if he gave him life. Additionally, since he has [actually] seen him and examined his situation – if he requires something, he will endeavor to provide it for him. [For example,] he will see to it that they sweep and sprinkle [the floor of his room]....

According to *Tur*, the rabbinic command to do *Bikkur Holim* entailed the literal fulfillment of the root *BKR* in both its weaker and stronger aspects. The pivotal words in *Tur*’s formulation were “on account of this.” He emphasized that it was the visitation
that engendered the various acts that might follow “on account of” his presence at the sick house.

*Bikkur Holim as visitation* was the outgrowth of human compassion and empathy. The sense of identity or covenantal bond with the sick engendered presence at the sick bed.

*Bikkur Holim as investigation or assessment* was driven by information received as the result of the visitation. Empathy inspired the visitation; the visitation motivated action.

This nuanced appreciation of the root BKR in *Bikkur Holim* allows for a deeper understanding of the story with Rabbi Akiba, and justifies the absence of prayer in the context of his visit to his student (*Nedarim* 40a). *Bikkur Holim* requires that the sick be visited and his needs determined; it does not mandate any set intervention. Thus, whereas R. Akiba surely valued prayer as an appropriate response to illness, as evidenced by the teaching of his pupils (*Shabbat* 12a/b), he apparently held that it was not a necessary action in all cases. The crucial factor in the sick visit is to define and respond to the need of the sick.

When the sick cannot be visited directly – as in cases when the physical condition precludes such contact – Nahmanides insisted that the mandate of *Bikkur Holim* was still in force. In such instances one sat outside the sick chamber and made an investigation, albeit indirectly. Minimally, one listened to his travail, thereby enabling the sick to unburden his soul to a caring presence. The basic requirements for empathy and presence were fulfilled.

**Final Thoughts and Topics for Future Research and Discussion**

The texts I have presented here are those that inform my pastoral work. When I enter a patient’s room the priorities and concerns that I bring with me are heavily influenced by the model of R. Akiba, as interpreted by Nahmanides, *et. al*.

In most instances, the values and methodological implications of *Bikkur Holim* mesh comfortably with CPE and my previous clinical training. But there are some areas of tension that call for analysis, as well as some opportunities for further exploration.

1) How does the Jewish concept of *Bikkur Holim* relate to the high value CPE places on spiritual assessment in the delivery of chaplaincy services?

2) In accordance with the concepts presented, how might we define “successful” chaplaincy services?

3) How do other religious systems understand the sick visit, especially those traditions that have strong text or legal orientations, such as Roman Catholicism
and Islam? Do practitioners from these religious communities share the sense of bringing an “additional document” to the sick bed? How have they worked out the relationship between their denominational positions and clinical practice?

4) How does the classical concept of *Bikkur Holim* relate to recent research regarding the infrequency of prayer in chaplains’ visits (*Journal of Health Care Chaplaincy*, Vol. 14(1), 2008; see pp. 47, 54 and 70)? Do Jewish chaplains have less of a need to introduce prayer in their pastoral visits?

5) Although prayer was clearly identified as a desideratum in the fulfillment of a sick visit, its character in all Jewish sources is prayer *on behalf of* the sick. This differs from Christian practice that also encourages spontaneous bedside prayer *with* the patient. What are the textual or ideological roots of these different practices and to what extent should Jewish chaplains seek to incorporate spontaneous prayer in their pastoral work?

6) How do the values and objectives of *Bikkur Holim* relate to outcomes-oriented chaplaincy, which is increasingly the policy direction in hospital care?

7) Given the emphasis Nahmanides placed upon personal assessment during a sick visit – as explicated in this paper - can *Bikkur Holim* be properly fulfilled by a layperson? Given the complex world of modern medicine and the nature of acute-care hospitalization, might we conclude that a clinically trained chaplain is the proper person to fulfill this rabbinic commandment today?

**Acknowledgements**

I wish to thank Dr. Jackson Kytle, Vice-President for Academic Affairs, HealthCare Chaplaincy, for his enthusiastic support of this research project. Additionally, he offered helpful suggestions regarding the structure of the paper, as well as its language and style. My HCC colleague, Rabbi Bonita Taylor, offered many helpful comments about the style and content of the paper. I thank Rabbis Daniel Coleman, Harry Rothstein and Zev Schostak for their suggestions. Helen Tannenbaum, Librarian at HealthCare Chaplaincy, identified and obtained many books and articles. Various Hebrew texts were found by Mr. Zalman Alpert, librarian at Mendel Gottesman Library of Hebraica/Judaica of Yeshiva University. Both played vital roles in my research. My wife, Judy Adler Sheer, served as a thoughtful reader throughout this project; she also subjected the draft to her consummate editorial skills. I am indebted to all for their valuable contributions.

An abbreviated version of this paper will be published in the Journal of Health Care Chaplaincy, Vol. XV, Issue #2, 2009.
Footnotes

1 The character of Midrash and Talmud differs greatly from modern compositions. Complex and often profound concepts are expressed in parables; the style of this literature is terse and – to modern sensitivities – often obscure; the written text is often composed based upon the assumption that an oral commentator – or commentary – would amplify, apply and explicate the written law. The proper interpretation of a midrash, for example, requires trained decoding skills, based upon knowledge of the operating systems of the literature, as well as a good eye. My analysis will focus very carefully on the language of these texts, exploring the nuances of the terminologies as well as the subtle shift in interpretation, often over centuries. Such shifts are vital to understanding the meaning of these texts since a basic assumption of traditional Jewish scholarship is that scholars possessed, knew and took seriously the standard texts formulated by earlier generations.

I will demonstrate that these foundational texts impacted on the conceptualization of Bikkur Holim in the Late Middle Ages and beyond. They continue to function as guides for this valued religious practice in normative Jewish life.

2 The two main codes of Jewish law –Tur by R. Jacob ben Asher (1270?-1340), and the Shulhan Arukh (Code of Jewish Law) by R. Joseph Karo (1488-1575) - drew heavily from this text for the structure and content of their compositions, especially in Yoreh De’ah #335. References in this paper to “Codes” refer to these two works, which are cited here in my translation.

3 Babylonian Talmud, Shabbat 127a. Henceforth, all citations from the Talmud are from The Babylonian Talmud, Isidore Epstein, editor, Soncino Press (London, 1948).

4 The earliest reference to this is found in Tosaphot sheh-k’var , to Talmud Brakhot 11b, which refers to the inclusion of this list in the prayers of the French. This commentary by a German Tosaphist is dated by E. Urbach (Ba’alei-Tosaphot, p. 470) as not later than the second half of the 13th century. This reading became widespread and nearly universal.

5 This case was recorded in the name of two scholars (Rabbi Kahana and R. Helbo) from the late third, early fourth century; both men traveled between the great Torah centers in Babylonia and Palestine. Rabbi Kahana quoted an earlier tradition regarding Rabbi Akiba (died 135 C.E.; Palestine).

6 Some commentaries had a different text or understanding of this episode. Meiri (Commentary, ad. loc. and Prishah to Tur, Yoreh De’ah 335, 4) had a different reading of the episode, stating, “he swept and sprinkled the ground.” According to this version, the great sage, R. Akiba, did not simply visit the sick. He picked up the broom and swept the floor himself.

7 The students’ prioritization could be supported by Mishnah Peah 1:1 which lauded “acts of kindness,” but reserved the highest praise for Torah study – “it superseded them all.” Since R. Akiba’s pupils were so involved in the study of God’s law, they might have felt they could set aside compliance of ethical deeds. As a result, while they devoted their lives to Torah study, their sick colleague suffered alone.
9 Page 17.
11 So Maimonides, Mishneh Torah, Book of Purification, Laws regarding Impurity of the Leper 10:8: “...not only the lepers, but all who were impure who [could] defile others had to announce to all that they were impure (or “unclean”) so they would keep their distance from them. As it is said, (Leviticus 13:45), “Unclean! Unclean!” he would declare,” the unclean would announce that he was unclean.”

See “Life in a Medieval Village,” Frances and Joseph Gies, Harper and Row (USA, 1990): “Leprosy, mysteriously widespread, inspired a vague terror that outlasted the Middle Ages. Its victims were isolated, either singly or in colonies, and were permitted to emerge in public only when clothed in a shroud and clacking a pair of castanets in warning. The isolation of lepers represented a remarkable advance in medical theory, the recognition of contagion, but at the same time a sad irony, since leprosy (Hansen’s disease) is only slightly contagious (p. 116).”
12 I wish to thank Rabbi Zev Schostak who suggested this interpretation to me.
13 The opening section of his first chapter - which he entitled “ailments” or “indispositions,” as compared to the second chapter, which he called “life-threatening illness” – was a section from Talmud Shabbat, 32a, which stated: “R. Isaac, the son of Rab Judah said: Let one always pray for mercy not to fall sick; for if he falls sick he is told, Show thy merits [rights] and be quit.” I think this passage was used as a general introduction to the entire unit dealing with illness. It offers advice how to avoid illness, and that is by prayer to God that one be spared from it. The chapter then proceeds with the passage from Sotah 14, which actually introduced the response to illness, by the act of Bikkur Holim.
14 Tanakh is the acronym for the three books of the Hebrew Bible: Torah (Pentateuch) Nevi‘im (Prophets) and K’tuvin (Writings).
15 Genesis 17:23-27: “Then Abraham took his son Ishmael, and all his home born slaves and all those he had bought, every male in Abraham’s household, and he circumcised the flesh of their foreskins on that very day, as God had spoken to him. Abraham was ninety-nine years old when he circumcised the flesh of his foreskin, and his son Ishmael was thirteen years old when he was circumcised in the flesh of his foreskin. Thus Abraham and his son Ishmael were circumcised on that very day; and all his household, his home born slaves and those that had been bought from outsiders, were circumcised with him.”
16 The absence of Bikkur Holim in Tanakh does not suggest that the notion of a sick visit did not exist in the ancient world, or that it was not valued. The development of the Hebrew canon and the process by which topics where included or excluded from Tanakh, are complex. They go beyond the scope of this paper. Many issues were not contained in Scriptures, including basic details about the observance of holy days, commercial transactions, or religious ceremonies and rites such as a wedding ceremony.
The various factors that guided the determination of Scripture resulted in a text that might not treat all of the topics that moderns – and those who preceded us – would have selected. To judge the Bible with modern interests is unfair to this text and to any other literature that boasts a hoary pedigree. Thus, the argument from silence that *Bikkur Holim* did not exist in *Tanakh* and therefore was not valued – is not a successful one.

Although there are biblical passages that entail a sick visit or some action on behalf of a sick person, I have not found a *Tanakh* narrative that appears to have been included within the Canon to illustrate the nature of *Bikkur Holim*, or to mandate it as a proper deed. For example, one of the most extended biblical narratives that entails illness and a sick visit is the sequence in II Kings, chapter 20. Isaiah visits King Hezekiah to inform him that he is going to die. The King prays and God extends his life. The rabbis (*Midrash Rabbah* to Ecclesiastes 5:4) are confounded by Isaiah’s callous announcement: "Thus said the Lord: Set your affairs in order, for you are going to die; you will not get well (verse 1)." They declare that this seems inconsistent with normal behavior in the context of *Bikkur Holim*, or the response of a physician to illness, etc. According to this midrash, this biblical narrative *contradicts* the anticipated compassionate behavior which is the hallmark of *Bikkur Holim*.


See comment by *Prishah* to *Tur*, 335:

“This teaching [Genesis 18:1 - that God had come to Abraham to pay a sick visit] is based upon the fact that the subsequent text does not state what the Lord said to him. This teaches that he had not come to speak to him but to visit him.”

Cleary, he understood *Bikkur Holim* to entail a visit to the sick, as we have defined it in this paper.

© 2009 by HealthCare Chaplaincy

All rights reserved. No part of this paper may be reproduced or transmitted in any form or means, without permission in writing from the publisher.

For further information or copies of this paper, contact:

Rabbi Charles Sheer
HealthCare Chaplaincy
307 E. 60th Street
New York, NY 10022-1505
212-644-1111 x213