

**And the ears of the deaf shall be unstopped:**

*Isaiah 35:5*

**An Examination of the Cochlear Implant From  
a Jewish Bioethical Perspective**

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## Introduction

The literature on Jewish bioethics covers a range of conditions, diseases, and procedures. The relatively new medical procedure of surgically implanting a device called the cochlear implant has only recently been addressed from an ethical perspective. Experts in the medical and deaf communities have authored studies on the ethics of the cochlear implant; however, the procedure has yet to be addressed in literature written specifically from a Jewish ethical perspective. From a Jewish bioethical perspective the cochlear implant represents a new and unusual phenomenon. The cochlear implant is different from other types of implants, technology, and procedures, and as such it draws attention to different issues within Jewish law and the Jewish bioethical dialogue. The question of whether or not the cochlear implant is ethically permissible for people who are deaf can be addressed by looking at these different issues and applying them to the specific context of the cochlear implant. This process will demonstrate that a Jewish bioethical position requires only that individuals considering this particular medical procedure have access to all of the medical information about it as well as relevant information from within Deaf culture and the Jewish tradition. These individuals must then be allowed the freedom to reach their own conclusions and make their own decisions.

Mackler writes that, “those engaged in Jewish bioethics should undertake a process of back and forth reasoning,” and I have adhered to this model in my analysis.<sup>1</sup> I will lay out the issues that set the cochlear implant procedure apart from other medical conditions and procedures. I will address different perceptions of deafness. For example, one perception of deafness is that it is a disability and another is that it is not.

Accordingly I will examine some of the Jewish perspectives on disabilities. Finally, I will address issues in Jewish law and in the Jewish bioethical dialogue that are particularly relevant for assessing the permissibility of the cochlear implant. Some of these issues suggest that the cochlear implant is permissible, and some suggest that it is not. This “back and forth reasoning,” which Mackler advocates, demonstrates how different issues within Judaism generate potentially different conclusions with respect to the permissibility of the cochlear implant.

Three points must be clarified at the outset. First, the scope of this paper will not be wide enough to exhaust all of the possible relevant ethical issues in addressing the cochlear implant from a Jewish perspective. At best, I hope to illuminate some of the most significant areas within Judaism that merit attention vis a vis the cochlear implant and to briefly suggest how they might apply. Second, this paper will only address the Jewish ethical considerations of infant or pediatric implantation, not the implantation of adults. Some of the same ethical issues apply in both cases, but there are also different specific considerations. Finally, as Elliot Dorff indicates when he cites Lewis Newman in *Matters of Life and Death*, in examining the question of what a specifically Jewish ethical response to pediatric cochlear implantation is, we can reasonably expect not to uncover what Judaism says in regard to cochlear implants, but only what we can piece together from various traditional sources.<sup>2</sup> That is to say, we may be able to uncover “a Jewish position, but not *the* Jewish stance.”<sup>3</sup> Carl Astor makes a similar point in the introduction to his text *Who Makes People Different: A Jewish Perspective on the Disabled* when he writes, “[a]s we examine Jewish attitudes towards the disabled, it is

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<sup>1</sup> Mackler in Dorff & Newman 1995:185

<sup>2</sup> Dorff 1998:9,12

important to understand that there is not a monolithic view on this matter.”<sup>4</sup> This paper represents efforts to piece together some of the elements within Jewish law that are most relevant to a discussion on the ethics of the cochlear implant.

### **Defining Bioethics**

Scholars have written about how the field of Jewish ethics can be applied to the field of medicine. By “ethics” I mean, “moral principles adopted by an individual or group to provide rules for appropriate conduct.”<sup>5</sup> This ethical examination of the field of medicine has resulted in the term “bio-medical ethics,” or “bioethics.” The relatively new field of bioethics “examines the ethical dimension of problems at both the heart and cutting edge of technology, medicine, and biology in their application to life.”<sup>6</sup> The field of bioethics consists of the core principles of *beneficence*, *nonmaleficence*, and *respect for autonomy*.<sup>7</sup> *Beneficence* refers to the medical professional’s responsibility to “do good.” *Nonmaleficence* refers to the responsibility of avoiding harm. *Respect for autonomy* recognizes that individuals or their legal guardian(s) must retain the freedom to make decisions for themselves regarding treatment. This process of deliberation requires full disclosure of all information related to the specific treatment, which is known as *informed consent*. “Informed consent” has been defined as “the willing acceptance of a medical intervention by a patient after adequate disclosure by the physician of the nature of the intervention, its risks, and benefits, as well as of alternatives with their risks and

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<sup>3</sup> Dorff 1998:9,12

<sup>4</sup> Astor 1985:Introduction p.7

<sup>5</sup> Christensen & Leigh 2002:chapter 10 p.2

<sup>6</sup> Shannon 1997:4

<sup>7</sup> Beauchamp & Childress 1979, see also Christensen & Leigh 2002:chapter 10 p.3

benefits.”<sup>8</sup> Informed consent also requires similar disclosure when no intervention is recommended.

### **The Cochlear Implant**

A cochlear implant is a device that is surgically implanted in the skull just behind the ear. There is also an external component to the device that is removable, and attaches to the skin above and behind the ear by means of an electromagnetic connection to the internal component. The external component has a wire connected to a receiver, which is worn behind the ear and looks somewhat like a conventional “behind the ear” hearing aid. The device’s useful function is much like that of a very powerful hearing aid, although it works differently, and is stronger than a conventional hearing aid. The cochlear implant is designed to provide deaf individuals with the ability to hear some sounds. Although it is sometimes alluded to as a “cure” for deafness, it does not restore full hearing. Extensive therapy and training is required before an implant user will reap maximum benefits, even in the most successful implant cases.<sup>9</sup> At best, a cochlear implant permits a deaf individual to have access to auditory information, including environmental sounds, and to acquire speech skills with the proper intervention.

The cochlear implant is not appropriate for all individuals with hearing loss. Before the implant can be considered a serious option, candidates must be screened by a medical team that includes audiologists and physicians, who then determine if one is an appropriate candidate for the implant.<sup>10</sup> In spite of the extensive screening done prior to implantation, there is no way to absolutely guarantee if an individual will benefit from an

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<sup>8</sup> Jonsen, Siegler, & Winslade, 1998: as cited by Christensen & Leigh 2002:chapter 10 p.3

<sup>9</sup> Christensen & Leigh 2002:chapter 10 p.6

implant or not. Christensen and Leigh note that, “there is ongoing variability in individual benefits with the implant and...lack of reliable predictors for implant effectiveness.”<sup>11</sup> In fact, in some cases the device can fail altogether.<sup>12</sup>

In spite of the failures, the medical community maintains that the implant does work, and the younger the candidate for implantation, the greater the chances are for success.<sup>13</sup> In his article “Cochlear Implant/Deaf World Dispute: Different Bottom Elephants,” Thomas P. Gonsoulin reinforces that not only did the FDA approve implantation of children in 1990, but that it has been noted and demonstrated that implanting children at younger ages leads to greater chances for success with the implant.<sup>14</sup> In fact, it has been said that children as young as three years of age may already be considered “middle-aged” for the cochlear implant.<sup>15</sup>

In the best-case scenario when the implant is successful, the transformation in an individual can be remarkable. A cochlear implant coupled with speech and listening therapy and training may ultimately help an individual to function like a hard-of-hearing, and in some cases, like a hearing person. By this I mean that a deaf person can learn to speak intelligibly, understand spoken language, and in some exceptional cases, to talk on the phone. In short, the medical community contends that individuals with a cochlear implant have the potential to assimilate into hearing society with increased opportunities to take full advantage of all that society has to offer. Put another way, they contend that the cochlear implant increases the chance of improving a deaf person’s quality of life.

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<sup>10</sup> Christensen & Leigh 2002:chapter 10 p.5

<sup>11</sup> Christensen & Leigh 2002:chapter 10 p.2

<sup>12</sup> Christensen & Leigh 2002:chapter 10 p.8

<sup>13</sup> Waltzman, Cohen 1998, Clark 1999, Tye-Murray, Spencer 1995, and Robbins et al. 1997 as cited by Gonsoulin 2001:553

<sup>14</sup> Gonsoulin 2001:553, See also Christensen & Leigh 2002:chapter 10 p.2

<sup>15</sup> N. Cohen 4/2/00 as cited by Christensen & Leigh 2002:chapter 10 p.13

Implicit in this idea and technology is the sentiment that a deaf person's quality of life stands to be improved, and that auditory amplification can provide that improvement.

### **Perceptions Of Deafness**

The very people whom the implant was designed to help, namely deaf people, have reacted to this new technology in a variety of ways. This variation in response corresponds to the fact that deaf people, in the United States in particular, fall into two primary categories: those who, like the medical community, see deafness as a disability and handicap, and those who do not. These two categories represent the main opposing views of deafness- namely, that of pathology, and that of culture.

The medical community typically views deafness as a pathology and as an aberration. In this view, deafness is seen as a disability. Gonsoulin cites Englehardt, who “characterizes disability as the failure to achieve an expected level of function.”<sup>16</sup> Even more emphatically he cites Davis, who says that the “inability to hear is a deficit, a disability, a lack of perfect health.”<sup>17</sup> According to this view, since people are expected to be able to hear, those who are unable to hear must have something wrong with them. Something in them must be “broken.” The medical community believes it has a responsibility to attempt to “fix” the problem in accordance with the bioethical principle of *beneficence*.

In contrast, the deaf community or “Deaf culture/ Deaf world” asserts that deafness is not a disability, it is simply a part of the self, an aspect of identity.<sup>18</sup> As part of their affirmation of their deafness, members of Deaf culture often choose to spell the

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<sup>16</sup> Englehardt 1996 cited by Gonsoulin 2001:553

<sup>17</sup> Davis 1997 cited by Gonsoulin 2001:553

word, deaf, with a capital “D.” Members of Deaf culture self-identify as a culture under the rubric of a shared history, shared experience, and shared language. Within Deaf culture, American Sign Language or ASL is the predominant language. The shared experience of Deaf culture consists not only of the shared minority experience of being deaf in a majority hearing world, but also of shared social norms and customs.

According to this viewpoint, deafness is the greatest common denominator for inclusion into the culture. There is nothing wrong with deafness, and certainly nothing defective about it. What makes the deaf experience unique is that being deaf is different from being hearing, and requires different ways of negotiating some aspects of life. Without one’s deafness however, one might very well not be who one is.<sup>19</sup> Deafness is an integral part of the identity of the whole person. As Christensen and Leigh succinctly put it, “these individuals identify themselves as a normal part of the spectrum of human diversity that exists throughout the world.”<sup>20</sup> Consequently the potential threat from the cochlear implant to Deaf identity and membership within Deaf culture is perceived by some members of the deaf community as a direct violation of not only the principle of *beneficence* but also of *nonmaleficence* and *respect for autonomy*. The claim of violation of *respect for autonomy* is made as a matter of principle insofar as infants cannot decide for themselves if they wish to be implanted or not. Their legal guardians make that decision. While it is true that legal guardians make countless decisions for children all of the time, the decision to implant a child is radically different than any decisions a guardian is typically called upon to make. A decision to implant a child entails major

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<sup>18</sup> Gonsoulin 2001:552, Christensen & Leigh 2002:chapter 9 p.1-2

<sup>19</sup> This sentiment is addressed with respect to race, ethnicity, and gender in Appiah 1990. In his article Appiah indirectly confirms that in fact if a deaf person were not deaf, via surgery and socialization, that individual would not be the same person. Appiah 1990:494

invasive surgery in a non life-threatening situation where the child is otherwise fully healthy.

It is important to keep in mind that the deaf community and even Deaf culture are not comprised of homogeneous groups of individuals. There are approximately 28 million people in the United States who are classified as “hearing-impaired.” Most of those people have a progressive hearing loss and lose their hearing gradually as they grow older.<sup>21</sup> There are approximately 2 million individuals who are categorized as deaf, and 400,000 who may be connected to the Deaf community in some way.<sup>22</sup> In popular media and publications, the deaf perspective on an issue tends to be presented as a single cohesive voice. It is rarely the case that the voice which is heard, is actually a fair representation of all of the views within the deaf community. As is typical with the media, however, the voices that are heard are often the ones that scream the loudest. Nevertheless, some of the issues raised by this loud voice with respect to the cochlear implant have implications for a Jewish analytical perspective.

### **Jewish Bioethical Perspectives**

From a Jewish bioethical perspective, the cochlear implant is in a category by itself. Any analogy or comparison to other medical implants such as pacemakers, or organ transplants is moot. Specifically, the fundamental distinguishing feature between the cochlear implant and other medical procedures is that the cochlear implant is surgically implanted in individuals who are deaf, but otherwise completely healthy. Although Jews are commanded to break every Jewish law, except for those against

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<sup>20</sup> Christensen & Leigh 2002:chapter 9 p.2

<sup>21</sup> Niparko 2000 as cited by Christensen & Leigh 2002:chapter 9 p.1

murder, idolatry, and incestuous or adulterous sexual intercourse, in the interest of saving a life,<sup>23</sup> deafness is not a life-threatening condition. No continuation of life is at risk in the case of deafness, only a *way* of life for both deaf and hearing people. A deaf way of life may include sign language as a primary mode of communication and membership in Deaf culture. A hearing person's way of life might require adjustments for full incorporation of deaf people into the larger society. The arguments for and against the cochlear implant may very well center on these quality of life issues. No progress can be made in determining the permissibility of the cochlear implant here, however, because both sides can (and do) argue that issue with equal tenacity.<sup>24</sup>

From a Jewish perspective, the ethical debate surrounding the cochlear implant touches on a number of specific issues within Judaism that can impact the debate. One issue is that of the human body and the traditional Jewish stance on the body as having been created in the image of God. Traditional Judaism, therefore, understands the body to be inviolable. A second issue is Judaism's teaching that we, as humans, must do everything we can to work as partners with God in attempting to cure disease, and to help the downtrodden, the "orphaned and the widow." Finally, a third issue is that Judaism teaches us to recognize difference and diversity, and to praise God for creating diversity.

When addressing specifically Jewish bioethics, an important thing to note is Judaism's teaching that people do not "own" their bodies. Our bodies come from God; God owns our bodies, and in fact they will be returned to God one day. As Elliot Dorff writes in *Matters of Life and Death*,

For Judaism, God owns everything, including our bodies.

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<sup>22</sup> Schein 1989 as cited by Christensen & Leigh 2002:chapter 9 p.1

<sup>23</sup> Dorff 1998:15-16

<sup>24</sup> Christensen & Leigh echo this point as well, 2002:chapter 10 p.3

God lends our bodies to us for the duration of our lives, and we return them to God when we die. Consequently, neither men nor women have the right to govern their bodies as they will; since God created our bodies and owns them, God can and does assert the right to restrict how we use our bodies according to the rules articulated in Jewish law.<sup>25</sup>

In addition, as Dorff also points out, Jewish tradition recognizes the human being as having been created in God's image. Dorff writes, "We must recognize each individual's uniqueness and divine worth because all human beings embody the image of God."<sup>26</sup> Following this reasoning, Dorff also suggests that respect for other people must be proffered even to the extent of avoiding the slightest insult to another person, "because human beings are created in God's image, we affront God when we insult another person."<sup>27</sup>

With this in mind, one might be tempted to argue that from a Jewish bioethical perspective, the cochlear implant is impermissible, because it requires not only violation of the body, but also because it alters the image and functioning of that body. This argument is compounded by Dorff's insistence that an individual's body and person-hood cannot be separated. According to Dorff, in the Jewish view, the body is not simply a machine to be tinkered with at will. One must consider the emotional and psychological impact, as well as the physical impact, of any medical procedure. In the case of the cochlear implant one must consider the potentially negative emotional and psychological impact the implant could have on a young child implanted in infancy. Such children may grow up with a sense of themselves as having been "broken" and thus required "fixing" in such a way that they can never be "whole." These children could potentially see

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<sup>25</sup> Dorff 1998:15

<sup>26</sup> Dorff 1998:18-20, Genesis 1:27

<sup>27</sup> Dorff 1998:19

themselves as not wholly natural, but partly mechanical because of the mechanical device in their skulls. Such children might see themselves not only as “different,” “disabled,” or “handicapped,” but also as less than a full or whole person. To risk imparting such a message to a young child flies in the face of Dorff’s caution that, “Jewish medical ethics must consider the person not just as a physical machine but as a whole human being; consequently, it must pay attention to the mental and emotional aspects of medical care.”<sup>28</sup> The dearth of research and information regarding the psychological impact the cochlear implant has on young children is one possible indication that the mental and emotional aspects of wearing the implant are being ignored.<sup>29</sup> If in fact this is the case, it is clear evidence that implanting young children violates the ethical principle of *nonmaleficence*.

In the Jewish tradition, since the human body belongs to God and is created in the image of God, we have a responsibility to safeguard and protect the body. Dorff writes that, “we are obligated to avoid danger and injury...Jewish law views endangering one’s health as worse than violating a ritual prohibition.”<sup>30</sup> This sentiment raises the question of whether deafness, as a non-life threatening condition, merits the risk of surgery, and specifically, surgery on the head and skull. Furthermore, surgery is required not only for the initial placement of the implant, but is necessary after implantation as well, as in the cases of internal component failure or breakage. The potential health risk and danger of

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<sup>28</sup> Dorff 1998:32-33

<sup>29</sup> National Institute of Health: Consensus Development Conference Statement, 1995. as cited by Christensen & Leigh 2002:chapter 10 p.2

<sup>30</sup> Dorff 1998:18

wearing a cochlear implant is compounded by the fact that there is admittedly a limited amount of knowledge about the possible implications of long-term implant use.<sup>31</sup>

Different writers in the field of Jewish bioethics have commented on some of the different situations that qualify as “appropriate” surgical risks, and what level of risk is considered “appropriate” in specific situations. Both Dorff and Freedman have noted that it is considered within the province of taking care of the body to risk, “pain and wounding,” or surgery, to achieve what one considers to be an improved state. Freedman notes, “a person is permitted to choose to undergo a degree of self-wounding and pain on behalf of that which he or she judges to be a greater good.”<sup>32</sup> For example, in the case of something as apparently nonessential as cosmetic surgery, Dorff notes that, “the risks of cosmetic surgery are not so great as to prohibit its use for aesthetic reasons altogether on the grounds of avoiding harm to one’s life or health.”<sup>33</sup> The example of cosmetic surgery is not raised in any attempt to equate it with the cochlear implant. Indeed, there is a vast difference between the two. Nonetheless, people choosing to give a cochlear implant to a child are unarguably working towards what they feel is a greater good. According to these writers, since cosmetic surgery is permissible in pursuit of a greater good, one could potentially argue that the cochlear implant can not be rendered impermissible solely on the grounds of avoiding harm to one’s body.

However, Freedman also notes that while, “pain and wounding may be permissible toward this end, serious risk to life is not.”<sup>34</sup> The evidence suggests that the risks encountered during the cochlear implant surgery itself are not great enough to

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<sup>31</sup> Christensen & Leigh 2002:chapter 10 p.2

<sup>32</sup> Freedman 1999:294

<sup>33</sup> Dorff 1998:271-272

<sup>34</sup> Freedman 1999:295

render it impermissible on those grounds. Christensen and Leigh explicitly state that “the medical community no longer considers the surgical procedure itself to be experimental.”<sup>35</sup> In fact as many as 35,000 people worldwide have received a cochlear implant, and nearly half of those people are under the age of 18.<sup>36</sup> These numbers suggest that the risk of the surgery itself is low, notwithstanding the fact that there is a real risk. Any time surgery is performed, there is a risk of serious illness, injury, or death. On the other hand, there are remaining questions about the potential effects of long-term implant use. The potential for ill effects may actually render the risk of implantation too great to be considered permissible according to Jewish law. Information about this risk is simply not available at this time. Because Jewish law exhorts us to safeguard and protect the body, and in particular, to avoid danger and injury, the question of whether the risks entailed by long term use of the cochlear implant are at an acceptable level, must be discussed.

Jewish law obligates us to help those who are sick or suffering and to heal whenever possible. With respect to this obligation Dorff writes, “[b]ecause God owns our bodies, we are required to help other people escape sickness, injury, and death.” And, “we have a universal duty to heal others because we are all under the divine imperative to help God preserve and protect what is God’s.”<sup>37</sup> In addition, Judaism teaches that God “upholds the cause of the fatherless and the widow,”<sup>38</sup> and instructs us to do the same. Astor points out that the disabled or handicapped were typically included in the category of the “weak and defenseless.” With respect to this inclusion he writes,

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<sup>35</sup> Christensen & Leigh 2002:chapter 10 p.4

<sup>36</sup> Christensen & Leigh 2002:chapter 9 p.1

<sup>37</sup> Dorff 1998:26

<sup>38</sup> Deuteronomy 10:18 All Biblical references are taken in translation from the Jewish Publication Society’s

The Bible regards all forms of disability realistically as weaknesses which make one especially vulnerable. In society at large, there was a tendency to abuse the weak and defenseless, the poor, the widow, the orphan, and the stranger. The Bible champions their cause, repeatedly warning against such abuse, warning that the cry of those who have no voice will be heard by He who loves the weak.<sup>39</sup>

In short, Judaism teaches people to help the handicapped, which according to Jewish law, includes the deaf. Certainly proponents of the cochlear implant feel that they are doing exactly that in accordance with all of the principles of bioethics. Their perspective is that one's quality of life is substantially enhanced by virtue of being able to hear. If this view is correct, then from a Jewish bioethical perspective, a cochlear implant may not only be permissible, but also laudable in its attempt to help the deaf.

By contrast, since the most vocal members of Deaf culture don't see their deafness as a "broken" part of the self but simply as another aspect of themselves, any perceived attempt to "fix" that part of the self, which isn't broken in the first place, may be viewed as disrespectful at best and insulting at worst. Insult is clearly forbidden in the Torah in both the *pshat* and *drash* of Leviticus 19:14, "You shall not insult the deaf." Furthermore attempts to "fix" deafness could be considered an affront to God. Zohar clearly illustrates that the question of whether or not "[a]ttempts by human agents to heal the sick...constitute interference with divine plans"<sup>40</sup> has been hotly debated within Judaism. This idea is even more central in this case, because deafness is not just an illness or sickness, but a disability. Ultimately Zohar notes that, "[a]lthough the

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Tanakh: 1985

<sup>39</sup> Astor 1985:32

<sup>40</sup> Zohar 1997:19

physician's vocation is thus depicted as legitimate and even heroic, there seem to be grounds for worrying about overstepping legitimate boundaries."<sup>41</sup>

Dorff's assessment suggests, however, that one should not misconstrue the cochlear implant for hubris as an attempt to "play God" by altering a deaf person's physical condition and by giving him or her the opportunity to hear. He asserts the rabbis' teachings that a physician has not only God's authorization, but also a moral and divine obligation to heal.<sup>42</sup> Since those in the medical community view deafness as a defect, something that is broken, they believe they are justified in doing what they can to "fix" it. A logical conclusion of this argument is that, since we act "as God's partners in the ongoing act of creation,"<sup>43</sup> the medical community is working with God to "make the deaf hear." One might even suggest that this process is helping to repair the world (*tikkun olam*), and that it is helping to fulfill the biblical prophecy that in the world to come (*olam haba*), "the deaf shall hear even written words," and, "the ears of the deaf shall be unstopped."<sup>44</sup>

On the other hand, Exodus 4:11 states outright that God created deaf people on purpose. Exodus 4:11 reads, "[a]nd the LORD said to him, "Who gives man speech? Who makes him dumb or deaf, seeing or blind? Is it not I, the LORD?" One possible reading of this verse is that God created deaf people to experience life as such, as a deaf person, and divine providence in that respect ought not to be challenged. From one Jewish perspective, perhaps the goal vis a vis deaf people ought not to be to attempt to "fix" deafness, but to attempt to "fix" society's attitude with respect to deaf people. This

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<sup>41</sup> Zohar 1997:23

<sup>42</sup> Dorff 1998:27-29, Zohar also discusses the issue at length 1997:19-36 without articulating a clear conclusion.

<sup>43</sup> Talmudic phrase cited by Dorff 1998:29

would entail finding ways to make society as a whole more accessible to all those who are different, including those who are deaf. Astor explicitly addresses this when he says, “[p]erhaps the greatest handicapper of all is society’s attitude toward the disabled.”<sup>45</sup> He also advocates, by citing Schwartz, a focus on relating to deaf people as deaf, and attempting to accommodate them, rather than focusing on “fixing” their deafness.

The deaf are now a responsible group for all intents and purposes, and deserve the acceptance of their community. We must seriously consider including the deaf (both oralists and finger-spellers), in a hearing minyan and allowing the deaf an aliyah in a hearing synagogue (including the man who lost his hearing after his minority, and more important the man who is congenitally deaf and has learned to use his voice). We must permit substitute forms of communication required by the normal interplay of the deaf in a hearing world in all legal matters. We can no longer wait for “a time when God will unstop the ears of the deaf.”<sup>46</sup>

According to this viewpoint, it is possible to see the focus on “fixing” deafness as misdirected.

Finally, relevant to the issues of deafness, difference, and the cochlear implant is the idea that Judaism teaches us to recognize the divine image inherent in all persons, including those who are different or disabled. To this end, there is a blessing (*bracha*) Jewish people are traditionally taught to say when they see someone who is different, or who has a disability. Dorff translates the *brakha*, which reads *Barukh ata adonai elohaynu melekh ha-olam m’shaneh habriyot*,<sup>47</sup> as, “Praised are you, Lord our God, who makes different creatures,” or “who created us different.”<sup>48</sup> Astor offers the following

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<sup>44</sup> Isaiah 29:18, 35:5

<sup>45</sup> Astor 1985:141

<sup>46</sup> Schwartz as cited by Astor 1985:101-102

<sup>47</sup> NCSY Bencher p.95

<sup>48</sup> Dorff 1998:20

translation, “Blessed are you, Lord our God, King of the universe, who makes people different.”<sup>49</sup>

The medical community does not cherish sign language, the deaf experience, or any of the elements of Deaf culture. One might argue that the medical community is so focused on “fixing,” “curing,” and eliminating deafness, that they do not see the inherent divinity in deaf people, and the divine worth of the language and culture the deaf experience has created. This runs counter to the principle behind reciting *m’shaneh habriyot* and the lessons learned by doing so: namely, that there is a spectrum of human diversity on the planet and that all of this diversity reflects divinity. It follows that we need not attempt to recreate the Tower of Babel and reunite all languages into one, as described in Genesis 11:1-9. We are better off learning each other’s languages and cultures so that we can share and learn from each other. This argument against the cochlear implant stands on the idea that the cochlear implant attempts to create conformity in terms of functioning, language, and culture.

### **Conclusion**

The question of implanting young infants with a cochlear implant raises eyebrows. People on both sides of the debate continue to claim opposing views. One view is that such an invasive surgery on infants is unethical because it violates the principles of *beneficence*, *nonmaleficence*, and *respect for autonomy*. The other viewpoint is that to withhold the cochlear implant, which has the potential to help a deaf individual, is unethical because it would violate the principle of *beneficence*. Furthermore, this viewpoint asserts that *nonmaleficence*, and *respect for autonomy* are

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<sup>49</sup> Astor 1985:15

adhered to. As for the absence of a clearly stated definitive Jewish bioethical perspective on the issue, Mackler says,

the importance and profundity of the issues in Jewish bioethics make claims of certainty attractive, they also emphasize the importance of humility, intellectual honesty, and responsibility...  
Uncertainty would be acknowledged, and the process would be open to new considerations...  
A process of careful deliberation would yield guidance that is substantive and valuable but not absolute...  
The process...is always ongoing.<sup>50</sup>

This paper is not intended to present a definitive statement on the permissibility of the cochlear implant from a Jewish bio-medical ethical perspective. I have identified several different possible Jewish bioethical positions based on a number of issues of importance in Jewish tradition. A consolidation of these views leads only to the idea that from a Jewish perspective we ought not to impose opinions on the people who must make a decision vis a vis the cochlear implant, namely, the parents or legal guardian(s) of deaf children. The responsibility of Jews with respect to the cochlear implant is only to make sure that individuals considering this medical procedure have access to all of the relevant information from the medical community, the Deaf community, and from within Jewish tradition. Once this is done, others should step back and respect the divine image within those individuals, and allow them the space and freedom to reach their own conclusions and make their own decisions.

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<sup>50</sup> Mackler in Dorff & Newman 1995:189