



The Visitor's Halachic Guide to Hospitals¹

By Rabbi Zvi Goldberg, Star-K Kashrus Administrator

A person visiting a hospital patient is performing the great *mitzvah* of *bikur cholim*. It is one of the *mitzvos* for which a person reaps benefits in this world, while the principal reward is saved for the next world. While visiting the sick, some *halachic* issues may arise. This article addresses these issues from the visitor's point of view. Questions affecting the patient (such as adjusting the bed, using the call button, and asking the staff to perform tasks on *Shabbos*) are important issues that should be posed to one's rabbi.

SHABBOS

Although visiting a patient in the hospital on *Shabbos* may present a number of challenges, this does not mean one should necessarily refrain from visiting the sick. To the contrary, the patient may benefit greatly from a *Shabbos* visit since fewer people tend to stop by on this day and he may welcome the company or need an advocate.² One who has the opportunity to look around the hospital before *Shabbos* should do so, in order to identify any potential *Shabbos* concerns. (Unless otherwise noted, all references in this article to *Shabbos* include *Yom Tov*, as well.)

Doors – Hospitals generally have one of three types of entrance doors: manual, electric eye, or revolving.

Ideally, one should use a manual door when entering or leaving a hospital on *Shabbos*. If there are none available, he should wait until a non-Jew triggers the electric-eye door with his movement, and then immediately walk through the doorway.³ He should not linger near the door.

A manually operated revolving door does not present difficulty on *Shabbos*, nor does an electrically powered door that revolves continuously, since walking through such a door does not affect its operation. However, an electric eye which continuously checks for the presence of people is a problem on *Shabbos*. When someone approaches this kind of door, he may cause it to activate.⁴ Therefore, one should wait until a non-Jew activates the door and then immediately walk through the doorway.

Interior doors may also be motorized. They are activated by pressing a button on the wall, or by pulling slightly on the door; they may also be controlled by an electric eye. One hospital door that was evaluated was triggered by a person standing as far as 15 feet from the door. One should be on the alert for these types of doors and walk through them only when they are already opened, as stated above.

Robots – Hospital robots (which may look like mechanized carts) are used to deliver medicine and supplies throughout the building. They navigate to their destination and can activate doors and elevators, using sensors to avoid a collision. One should avoid walking near the robots, since this will cause them to change direction, stop, or ask that one move to a different area.

Elevators - Hospitals often have many floors. Is it permissible to use an elevator on *Shabbos*? Use of an elevator involves a number of issues, including:⁵

1. Elevator doors are equipped with a mechanism which prevents them from closing when people are in the elevator entranceway. One who triggers this mechanism is transgressing a *Shabbos*

prohibition.

2. To reach a specific floor, one generally presses a button which starts the elevator and may cause the button to illuminate.

Therefore, if at all possible one should avoid using an elevator on *Shabbos*. If it is very difficult for a visitor to use the stairs, he should enter the elevator immediately after a non-Jew to avoid activating the door through the electric eye. (This is not easily accomplished; due to limited space, the electric eye may unfortunately be triggered.) He should not ask anyone to press a button for him, rather he should exit on the nearest level and walk to the desired floor.

In case of need, one may use a “*Shabbos* elevator” which stops on each floor and remains open for a short while. One should enter or exit the elevator as soon as the door opens. He should not block the elevator doorway as this will activate the electric eye.

Stairwell - The door to the stairwell may be hooked up to either an alarm or electromagnetic lock mechanism. Some hospitals and nursing homes prefer locks that incorporate electronics which alert the security personnel so they can determine whether or not to let a person leave a particular ward or floor. Pressing the bar or turning the handle on this kind of door may activate a mechanism which will sound an alarm or use electricity to unlock the door. If one needs to use such a door on *Shabbos*, he is permitted to ask non-Jewish personnel to open the door for him.

There may also be a security camera in the stairwell. It is best to avoid being videoed by such cameras on *Shabbos*, since the image is projected on a screen. In a hospital, however, it is difficult to avoid this and one is permitted to walk past the cameras.⁶

Beds - Some hospital beds, particularly in the intensive care unit, are responsive to movement and adjust automatically. A visitor should be aware that sitting down or resting his hand on this type of bed will cause it to move.

Washrooms - Hospitals may be equipped with toilets that are controlled by an electric eye. In a situation where there is no alternative, one may use the toilet on *Shabbos* due to the *kavod habrios* (human dignity) involved.⁷ However, one may not use the sink if it is similarly controlled.⁸

Food On *Shabbos* – It is permitted to have non-Jews heat up food on *Shabbos* for patients who are ill.⁹ However, this leniency does not apply to visitors. If a hot meal is brought for a visitor, he may not eat it until the food has cooled down to room temperature.¹⁰ Even if a hot meal was brought for the patient, a visitor may not partake of it until it cools down.¹¹

Regarding *Kiddush*, if a *kiddush* cup is unavailable any cup is acceptable;¹² however, a non-disposable cup is preferred. If there is no wine or grape juice available for Friday night, one may wash and then recite *Kiddush* over *challah* (or even a slice of bread), substituting the *brocha* of *Hamotzie* for *Boreh Pri Hagafen*. If bread is unavailable and the visitor cannot wait to eat upon returning home at a late hour, he may *daven* and eat without making *Kiddush*.¹³

There is a *mitzvah* to use two whole *challahs* for *lechem mishneh*. Bagels or buns may be used instead of *challahs*. If they are sliced, they are acceptable with the following conditions: 1. The two halves are still attached, even if only slightly; and 2. When picking up the smaller piece, the larger piece remains attached and does not break off.

Shabbos Candles – *Hadlakas Neiros Shabbos* is an obligation that applies even to someone who is hospital bound. A patient whose spouse is lighting candles at home should nonetheless light with a *brocho* in the hospital room.¹⁴ A rabbi should be consulted regarding the *halacha* as to whether or not both the patient and an overnight visitor are obligated to light *Shabbos* candles. Since hospital regulations forbid the actual lighting of candles in the room, one should light an electric incandescent lamp or flashlight in the hospital room and recite a *brocho*.¹⁵

Eruv Chatzeiros - An *eruv chatzeiros*¹⁶ is not needed in order to carry within a hospital.

Security - In some hospitals, especially in the emergency room, visitors may be asked to pass through a metal detector upon entering the facility. One may do so only upon removing all metal items so as not to set off the detector.

VARIOUS HOSPITAL ISSUES

Meals - A hospital may serve meals which are pre-packaged, similar to airline meals. If the meal is served in two segments, a hot and a cold portion, always check that the hot and cold portions come sealed and labeled. Furthermore, one should make sure that the portions correspond with each other; both parts should be labeled “meat” or “dairy.” It is possible that the components could be mixed, or that a non-kosher cold portion could be mixed with the kosher hot portion. This is especially true regarding bread, beverages and dessert which may have inadvertently originated from the non-kosher kitchen.¹⁷

Davening - Many hospitals have an on-site non-denominational chapel. Although it is preferable to find another area in which to *daven*, one is permitted to *daven* in such a place in the absence of religious symbols or other worshippers.

In a hospital with a religious affiliation, there may be religious symbols hanging in the patient rooms. If there is no other alternative, one may *daven* in the room and face away from the symbol, even if it requires facing a direction other than east.¹⁸

One may not *daven* in the presence of human waste. If he is far enough away where no odor can be detected, and the waste is covered (even in a transparent receptacle), he may *daven* in the room.¹⁹ The bed is not considered a covering for a pan which is placed beneath it.²⁰ A visitor may *daven* in the presence of a catheter.²¹

Kohen - A *kohen* who visits a hospitalized patient may unknowingly be in the presence of a deceased patient.²² This is based on the fact that *tumah* travels through doorways throughout the hospital and can travel from one room to the next, even between floors.²³ It is important to ascertain whether a majority of patients in the hospital are Jewish, as this would present a *halachic* concern. The *kohen* should also try to determine the presence of any deceased patients in the hospital rooms.

A *kohen* should visit a hospital patient only if the majority of patients are not Jewish and there is a great need to do so, e.g. when a relative is ill and family relationships must be considered²⁴ or the patient is seriously ill and requires specific assistance from a *kohen*. If possible, the *kohen* should close the door to any room he enters. It is advisable for a *kohen* to discuss with a *rav* any potential hospital visits prior to his actual visit to the hospital.²⁵

***Bikur Cholim* Pointers**

Although '*bikur*' is commonly translated as 'visiting', the *Sefer Maavar Yavok* writes that it is derived from the word '*bikoret*' -- to research or investigate.²⁶ A visitor should try to determine if there are any patient needs to which he can attend such as arranging for proper nutrition, comfort and cleanliness or even family needs including child care or coordinating meals. Advice concerning the patient's medical care should be offered only when appropriate, as very often it is not fitting to advise a patient in this regard.²⁷

Before entering the hospital room, one should knock lightly at the entrance to ensure that the patient is ready to receive visitors. Praying for the patient's welfare is a very important part of *bikur cholim*. Someone who visits and does not pray has not fulfilled the *mitzvah*.²⁸ This may consist of a simple *brocho* for a *refuah shelaima*²⁹ or a lengthy recital of *tehillim*, when appropriate.³⁰ When *davening* for the patient while in his presence, he does not need to mention the patient's name.³¹

An important goal of visiting the sick is to bring pleasure and joy to the patient.³² Therefore, a visitor's demeanor should not reflect signs of sadness.³³ One should be a good listener if the patient wants to talk about his illness, but ought not to pry into the details of the illness. The visit should not be lengthy, unless one is specifically requested to stay. A long visit is likely to be a burden to the patient.³⁴ In some cases, any visit may be a burden and one should first consult with family members concerning the patient's wishes.³⁵

The patient need not arise when a visitor enters his room, even to honor a *talmid chochom*.³⁶ There is a dispute among authorities as to whether the patient may do so if he wishes, but he is certainly permitted to show honor by raising himself slightly.³⁷

Although it is preferable to visit someone in person, if one is unable to do so or if the patient prefers, one may fulfill the *mitzvah* of *bikur cholim* by telephoning (or emailing) the patient.³⁸ He should also visit a non-Jewish person who is ill (e.g. a neighbor or co-worker) in the interest of *darchei shalom*.³⁹ Since there is often more than one patient assigned to a room, a visitor should also acknowledge the patient's roommate.

Rav Moshe Feinstein, *zt"l*, penned a response dealing with people who are deaf. He concludes, "I close with a blessing that all this should not be needed, G-d forbid, that there should be no deaf among *klal Yisroel*, and that all the deaf people should be completely healed upon the speedy arrival of *Moshiach*, whom we long for every day, and then this response will remain solely for the sake of the study of *Torah*."⁴⁰ We, too, pray that this article will not be needed. We eagerly anticipate the days of *Moshiach* when hospitals will no longer be needed and this article will be used exclusively for *Torah* study, rather than for practical use.

To comment on this article, email Rabbi Goldberg at hospitalguide@star-k.org

1. This article was written *l'iluy nishmas* the author's father, Asher ben Zvi A"H. The idea for this article was formulated while the author visited his father in the hospital.

2. *Mishna Berura* 287:1 (see *B.H.*) discusses when *Shabbos* visits are appropriate. See also Responsa *Tzitz Eliezer* 13:36.

3. If one is uncertain if the person opening the door is Jewish, we follow the majority. Therefore, in the U.S. we may assume he is not Jewish. See also *Toras Hayoledes* 24:note 2.

4. This kind of door is not immediately obvious, but with some attention it can be seen that the revolving door stops after a while when no one walks through.

5. *Shemiras Shabbos Kehilchasa (S.S.K.)* (23:49) writes that going down in an elevator is more problematic than going up. However, there are various types of elevators, in addition to changing technology, and this point is not applicable everywhere. See also *Shevet Halevi* 6:39.

6. When he has no interest in being seen by the cameras. *Rav Yosef Shalom Elyashiv*, in a personal conversation with *Rav Moshe Heinemann* (also cited in *Orchos Shabbos* 15, note 55); *Rav Shmuel Vozner* (Responsa quoted in *Orchos Shabbos* pg. 513). See *Shulchan Shlomo siman* 340, note 12b citing *Rav Shlomo Zalman Auerbach*.

7. Before he rises, he should cover the electric eye so that the mechanism will not be activated. It can be covered with a piece of paper, even though the paper may fall off at a later time. (See also *Nishmas Shabbos* 6:74(2nd)).

8. There are alternatives available to using the sink, for example using water from a pitcher or a conventional sink.

9. *Shulchan Aruch O.C.* 328:17 and *M.B.* 47. On *Yom Tov*, food may be heated even for a visitor.

10. This assumes the meal was only heated, but not actually cooked on *Shabbos*.

11. *Shulchan Aruch* 318:2.

12. *S.S.K.* 57:11. See *Igros Moshe* 3:39.

13. *M.B.* 289:10. If he returns home that night, he should recite the *kiddush* he missed and eat bread. Of course, one should plan ahead and arrange for wine and *challah* at the hospital, if possible.

14. *Mishna Berura* 263:28 and *Biur Halacha (Bochurim)*, *Toras Hayoledes* 38:2.

15. *Toras Hayoledes* 38:5. See *S.S.K.* 43:4, note 22, Responsa *Tzitz Eliezer* 1:20:11, and Responsa *Yabia Omer O.C.* 2:17.

16. An “*eruv chatzeiros*” refers to *matzoh* or bread that has been set aside to allow for carrying between different areas inside a building. This is distinct from what is commonly called an “*eruv*”, which is constructed from poles and wire and permits carrying outside a building. In a hospital, the rooms are not considered different areas since all of the rooms are owned by the hospital and the patients are moved at the hospital’s discretion. See *Beiur Halacha* 370:3 (*aiynom*).

17. Tap water in New York City hospitals may contain water insects called copepods. For a discussion of these insects, see www.star-k.org.

[18.](#) *M.B.* 94:30.

[19.](#) *O.C.* 87:3, 76:1. See *M.B.* 76: 3 and B.H. *Siman* 79 who cites a dispute if a distance of 4 *amos* is required, as well. In the case of a hospital room, it would seem that one may certainly be lenient.

[20.](#) *M.B.* 87:9.

[21.](#) *Igros Moshe O.C.* 1:27. He writes that it is preferable to cover it. *Nishmas Avrohom (O.C. 76:9)* cites a ruling from *Rav Shlomo Zalman Auerbach*, that it is unnecessary to cover it.

[22.](#) Limbs, fetuses, and a *goses* (someone in the throes of death) are also sources of *tumah* for a *kohen*.

[23.](#) In U.S. hospitals, *tumah* is often contained to one floor since the law requires that fire doors and stairwell doors be closed at all times. For this reason, the morgue is not usually a concern for someone visiting a patient, since it is on a different floor.

[24.](#) *Igros Moshe Y.D.* 2:166, see also *Y.D.* 1:248. *Tzitz Eliezer* 16:33 takes a somewhat more lenient approach. Also, see *Sefer Taharas Hacohanim* pp 11, 52.

[25.](#) The *rav* may inquire as to the layout of the hospital. The concern is intensified when visiting an intensive care unit, and extra care should be taken before entering this unit.

[26.](#) Cited in *Gesher Hachaim* pg 27.

[27.](#) *Gesher Hachaim* pg 28.

[28.](#) *Ramo Y.D.* 335:4.

[29.](#) *Shulchan Aruch* 335:6 states that one should *daven* that the person be healed, “בתוך שאר חולי ישראל” -- among other ill Jews. Some authorities are mystified as to why many omit this final phrase both in *davening* and every day speech. We suggest the following explanation. Because it is a straightforward phrase, oftentimes one wishes a *refuah shelaima* to people who are not really “*cholim*” in the true sense of the word, e.g. someone who has a cold. At the same time, one would not want to ascribe the term “*choli*” to those individuals (See *Nedarim* 40a and *Taz Y.D.* 335:1), as that would imply a more serious condition. Therefore, we simply wish them a “*refuah shelaima*” and omit “בתוך שאר חולי ישראל”. After all, even people who are not “*cholim*” need “*refuah*” in the sense that it means a setting right or fixing – see *Shulchan Aruch* 6:1, regarding *Asher Yatzar*. However, due to force of habit, people incorrectly continue this practice even when addressing actual “*cholim*”, and leave off the proper “...בתוך”.

[30.](#) On *Shabbos*, the correct *brocho* is “שבת היא מלזעוק ורפואה קרובה לבוא.” *Shulchan Aruch, Ramo O.C.* 287.

[31.](#) *Brochos* 34a, *Mogen Avrohom O.C.* 119 :1. The *tefillah* is more effective when the name is not recited (*Sefer Zichron Meir* pg. 87, quoting the *Chasam Sofer*).

[32.](#) *Sefer Zichron Meir* pg 80.

[33.](#) *Gesher Hachaim* pg 28.

[34.](#) See *Gesher Hachaim* pg 27, *Sefer Zichron Meir* pp. 77 and 83. The *Rambam* (*Aveilus* 14:6) details the laws of *bikur cholim*, and writes that one should *daven* for the *choleh* “*v’yotzeh*” - and then leave. *Rav* Moshe Heinemann commented that since obviously one leaves after the visit, this seemingly extra word in the *Rambam* is meant to indicate that he should not linger more than necessary.

[35.](#) See *Shulchan Aruch Y.D.* 335:8. Also see *Kovetz Igros Chazon Ish* 1:114, in a letter assumed to be written to *Rav* Issur Zalman Meltzer - “I would have liked to visit...but I have heard the doctors have found that nothing is better than peace and quiet...”

[36.](#) If the patient does get up, the visitor should not tell him “*shev*”, sit down, because this also connotes “stay in your illness.” (*Ramo Y.D.* 376:1) However, *Rav* Moshe Heinemann distinguishes between the Hebrew word “*shev*” which one should not use, and the English word “sit” which is permitted, since in English it does not have the same connotation.

[37.](#) *Gesher Hachaim* pg 212.

[38.](#) *Igros Moshe Y.D.* 1:223.

[39.](#) *Gittin* 61, *Y.D.* 335:9.

[40.](#) *Igros Moshe Y.D.* 4:49 (end), see *Medrash Tanchuma Metzorah* (2).

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