

Jewish Culture and Community

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History:

- Started when the American Jews commenced after Spain expelled the Jew in 1492 causing the Jews to migrate
- Once they reached the U.S, they mostly lived-in bigger cities to explore commerce and trade. Many of the early origins traced back to the Iberian Peninsula communities.
- They created synagogue communities to organize the community in each city.

Gender Roles:

- Women are seen to have more intelligence than men and their roles are more emphasized since they held high positions in the community like being a judge or liberator.
- Judaism allows the women the right to decide for their marriage and provide the spiritual guidance.
- Men have the primary role of providing the needs to live for the family and are usually given a better education.
- Mother and father are seen as equals in a family according to the Bible

Ethnopharmacology:

- Founder mutations for autosomal recessive disease and Mendelian disease genes have been found in Jews from the early migration
- Data shows Jews express uncommon pharmacogenetic variants that are not found in other racial groups
- Founder effects and genetic drift were confirmed from the discovery of mitochondrial haplotype and subsequent Y chromosome studies

Social Determinants of Health:

- A recent disparity of among Jewish religious culture with in the last few decades has been based mainly based on religious participation.
- A recent disparity among the Jewish culture is that they have a lower cancer mortality rate and higher rates of mortality due to diseases in the digestive system such as ulcerative colitis (p. 855, Health Impact of Jewish Religious Observance in the USA: Findings from the 2000-01 National Jewish Population Survey).
- Another recent disparity among Jewish culture is that they are able to protect against anxiety and depression through the use of higher levels of trust in their beliefs and religious practices (857, Health Impact of Jewish Religious Observance in the USA: Findings from the 2000-01 National Jewish Population Survey).

Fertility:

- Average Jewish household in the U.S has three people

Education:

- In early years, Jewish children are taught basic stories of prayer and start learning the fundamentals of reading Hebrew
- Once six or seven, the children are brought to school and learn more stories from the Hebrew Bible.
- Once children reach ten years old, they write an ironclad contract if needed in the future. The children then learn how to get married and what consequences form from divorce. They learn mikvah which is a pool for ritual immersion
- Jewish education is all about life on earth and time-transcendent while being part of the discussion of the Hebrew Bible

Policy/Societal Issues Affecting Healthcare:

- Jews often consult a rabbi or posek before making major health decisions
- The history of Jewish persecution may make it difficult for them to take their safety for granted.
- The patient and family may have a different understanding than health care providers about the term *end of life* because it can be used with so many different connotations. Judaism beliefs are life after death and that the soul is immortal
- At times, faith and trust in a divine being can contribute to the belief in miracles. The Orthodox Jewish perspective is that God usually influences events through the natural order.
- There is a potential for communication challenges when a patient has a large and involved family. Appointing a family member as the primary contact between the family and the health care team can be a very effective strategy for day-to-day communication and is often recommended
- A desire for privacy or to control the flow of information about one's illness is common to members of the Orthodox Jewish community.
- To create a treatment plan that is consistent with the patient's religious views and values, the health care professionals should understand the rabbi's role.
- “The rabbis teach that two fundamental principles underlie halakhic understanding of our duties regarding medicine and public health: a professional duty to heal and a communal duty to prevent illness.” (Levin, 2012).

Familial Risks:

- Tay-Sachs, Niemann-Pick, and Canavan's diseases – Familial dysautonomia, torsion dystonia, cystic fibrosis – Gaucher's disease
 - Increased predisposition to breast cancer 1 gene mutation
 - Higher rate of side effects with clozapine
 - Protective gene effect against alcoholism by genetic mutation (ADH2*2)
 - Greater than expected frequency of inflammatory bowel diseases, colorectal Ca
- Protective factors for culturally competent nursing care:
- Sanctity of life is core tenet
 - Life-saving medical ministrations are expected but generally permissible to let nature run its course if a cure is not possible
 - God is recognized as the ultimate healer
 - Social supports are an adaptation to stress