

Jewish Perspectives on Dentistry versus Medicine

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Dental professionals and medical professionals are both integral to maintaining the health of our society. While dental school generally focuses on oral health, medical school focuses on systemic health. There is significant Jewish literature on practicing medicine, ranging from hints in the Bible and references in the Talmud to contemporary essays, articles, and books. However, there is significantly less *Halachic* information available on practicing dentistry. As dentistry has evolved into its own profession, it contrasts with other forms of medicine in several ways that possibly distinguish it from medicine according to *Halachic* perspectives.

In ancient civilizations, medicine encompassed dentistry (1). However, since the eighteenth century, dentistry has been its own profession, separate from medicine. Pierre Fauchard, the “Father of Modern Dentistry,” developed guidelines for treating teeth in 1723 by publishing “The Surgeon Dentist, a Treatise on Teeth.” Over a century later, in 1840, the Baltimore College of Dental Surgery became the first institution to specifically teach dentistry (2). In the year 2000, the NIH released survey results that reported 703,947 dentists and 550 dental schools in 73 countries worldwide (3), clearly demonstrating that dentistry has developed as a distinct occupation from medicine, and these differences are both inherent in the nature of the occupation, and can contain possible psychological factors, as well.

The ADA’s definition of a dentist is: A doctor who specializes in oral health (4). In this regard, dentistry is a specialized branch of medicine, similar to a nephrologist who specializes in kidney health, or a cardiologist in heart health. Yet, dentists do not attend medical school as these other specialized doctors; rather, they earn separate degrees and have a number of specialties within the category of dentistry, for example, orthodontists, endodontists, periodontists, etc...

From an *Halachic* standpoint, there are various nuances between dentistry and medicine that could impact the views on each. While dentistry is important to maintaining physical health, it is not regarded as “life-saving” as much as other practices of medicine. There are many fewer dental emergencies that would warrant violation of *Shabbat* and *Yom Tov* as compared to other medical emergencies. In fact, Rabbi Dr. David J. Katz stated in his book, *Kesser Dovid*, “Most cases in dentistry are not life-threatening to the point that one would need to violate *Shabbat* to treat them” (5). That dentistry does not save as many lives when compared to medicine can lower its prestige and esteem in *Halacha*, but it can also have psychological ramifications for both dentists and their patients, including the dentists not receiving the same respect and exhibiting less pride than physicians. Oftentimes, patients associate the dentist with pain and unpleasant oral experiences, and therefore strongly dislike visiting the dentist, which can damage the dentist’s ego, as well.

Furthermore, dentistry prior to a few centuries ago was extremely limited, and was encompassed by other professions, such as physicians or barber-surgeons. This explains the lack of early literature specifically on dental professionals, but certain contemporary works, as well as earlier *Halachic* authorities such as the Shulchan Aruch, did discuss *Halacha* and dentistry explicitly.

As opposed to most branches of medicine, dentistry is largely associated with aesthetic treatments, in addition to oral health. The aesthetic and clinical aspects are often intertwined. An orthodontist fixes a smile and provides cosmetic benefits, but more importantly, the objectives are to correct occlusion, improve hygiene, and prevent dental diseases. However, the noticeable effect for the patient is primarily the aesthetic aspect. This provides psychological benefit to the patient, preventing embarrassment and maintaining a state of happiness, which *Halacha* views as

important, but it poses *Halachic* problems in terms of attempting cosmetic changes to the body that God provided (5).

Another differentiating factor between dentists and other doctors is the discussion of a high suicide rate for dentists. Various articles debunk this “statistic,” but it is a widely believed theory, and if indeed true, then entering into a profession that poses a higher risk of suicide might give rise to *Halachic* objections.

To compare dentistry with medicine from a Jewish lens, first the perspectives on medicine must be examined. Dr. Fred Rosner discussed this topic in great detail in his book, *Modern Medicine and Jewish Ethics*. In Exodus, Chapter 15 verse 26 stated:

He said, “If you will listen diligently to the voice of *Hashem*, your God, and you will do what is just in His eyes, and you will give ear to His commandments and observe all His statutes, then any of the diseases that I placed upon Egypt, I will not place upon you, for I am *Hashem*, your Healer.” (6)

God characterized Himself as the “Healer” of the Jewish nation, which arose the question of human allowance to serve as healers, too. The Jewish people were commanded to emulate God and to follow in His ways but should not pretend as if they are actually God (7). The Karaites, known for solely believing the literal interpretation of the Bible, do not sanction human healing and medical treatment, and rather only rely upon prayer for healing. The prominent Biblical commentator Rabbi Abraham Ibn Ezra also rejected the notion of physicians as he explicitly stated in his commentary on this verse, “... You have no need of a physician for I am the Lord that healeth thee from all disease which I have decreed to be upon the earth. I will heal you as I healed the bitter waters which no physician has the ability to heal” (8). Rashi, on the other hand, one of the most popular commentaries on the Bible, compared this statement of God as the Healer to that of a human doctor who warned a patient to avoid a certain food that would cause

an illness; so too, following God's commands is a method for the Jewish people to avoid illness (9). Rashi acknowledged medical doctors and did not remark that it was improper for them to practice. Dr. Fred Rosner discussed alternative interpretations of this verse in addition to the ones described above, and he disagreed with the literal interpretation and concluded that this verse did not prohibit humans from practicing medicine (10).

In fact, humans practicing medicine was Biblically authorized. A few chapters later in Exodus (21:19), one of the many verses enumerating the laws to relate to the nation read, "If he gets up and goes about outside on his own power, the one who struck will be absolved; only for his sitting idle shall he pay, and he shall heal," and the Hebrew root word for "heal" was used twice at the end of the verse (11). Literally, this was a Biblical license to practice medicine, as explained by the Talmud in *Baba Kamma* 85a (12). Rashi mentioned the interpretation of the *Targum Unkulus* that an injuring party should pay the doctor's fee, which apparently encouraged the use of a human doctor to heal, even if the injuring party does not do the actual healing (13). Many commentators elaborated on the double language of the Hebrew root word "heal" and agreed with the Talmud's literal interpretation of this phrase allowing humans to heal and not depend on faith in God while exerting no effort. Furthermore, almost all commentators agreed that the Bible sanctioned physicians to heal any part of the body, whether it be internal, external, or mental, and does not impose limitations on the extent to which a doctor may heal (10).

Dr. Rosner explained that it is not mandatory for a person to become a physician, but one who chose to do so is obligated to heal and fulfill the duties of a physician. He mentioned two Biblical sources from which to derive the physician's obligation, one in Leviticus and the other in Deuteronomy (10). The phrase in Leviticus (19:16) concerned the prohibition of standing on the blood of a friend, "You shall not stand over the blood of your friend" (14). Rashi explained,

based on the Talmud in *Sanhedrin* 73a, this meant the prohibition of watching another die when you have the ability to save his life (15 and 16). This was reinforced by Maimonides in Mishnah Torah *Hilchot Rotzeach V'Shmirat Nefesh* (i.e., the Laws of the Murderer and Preservation of a Life), “Anyone who has the ability to save but does not violates this biblical command” (17). Therefore, a physician who was trained and able to save lives has a Biblical obligation to do so. The verse in Deuteronomy (22:2), discussing the obligation to return lost property, was more cryptic: “If your brother is not near you and you do not know him, then you shall bring it inside your house, and it shall remain with you until your brother’s inquiring about it, then you shall return it to him” (18). Maimonides interpreted this statement to include restoring lost health, as he explained in his commentary to Mishnah *Nedarim* 4:4. Maimonides, himself a physician, advocated that the physician’s obligation to heal was Biblical (19).

In accordance with the verse in Leviticus (19:16) cited above which concerned saving a life, perhaps other forms of healing for diseases or ailments that are not life threatening were not Biblically commanded for physicians. Dr. Rosner posited, “If one is obligated to save a whole body, one must certainly cure a disease, which usually afflicts only one part of the body” (10). This point seemingly addressed the source for dentists to heal oral ailments, which usually only afflict the oral cavity, but do have potential to worsen and spread. Many aspects of a dentist’s work are not lifesaving. In certain cases, for example detecting and treating oral cancers and dental emergencies (listed below), a dentist would help to save a patient’s life. But correcting occlusion, performing restorations, and healing general oral pain are not considered life-rescuing actions. However, according to the interpretations of the verse in Deuteronomy (22:2) cited above and Maimonides and most other *Halachic* authorities who supported the Biblical

obligation of healers to heal, there would be little differentiation between the healing performed by a dentist and that by a physician.

Regarding the breaking of *Shabbat*, physicians were obligated to do so in order to save lives (*piku'ach nefesh*). Absolute Dental, a dental company with locations throughout the state of Nevada, listed several oral ailments that would be considered dental emergencies in an article on their website last updated in September 2020. The parameters included severe pain, a painful fractured tooth, bleeding, a loose adult tooth, a lost adult tooth, and abscesses and infections (20). However, Dr. Fred Rosner specified that “the *Halachic* definition of *piku'ach nefesh* is not the same as the medical-dental definition of danger to life... a lower level of risk or danger than that set by medicine is classified as *piku'ach nefesh* by *Halachah*.” He elaborated that the sages understood that oral infections could spread through the “direct circulatory connections” to the brain, but also stated that the pathological implications must be “significant” and would not include mild pain, canker sores, or a broken wire of an orthodontic appliance (10). Dr. Rosner discussed the treatment of dental emergencies on *Shabbat* within his work, *Modern Medicine and Jewish Ethics*, and Rabbi Dr. David J. Katz expounded upon Dr. Rosner’s essay and also detailed the extent to which dentists may violate *Shabbat* to treat a patient in *Kesser Dovid, The Halachic Guide to Dentistry*. Both works quoted the ruling from the Shulchan Aruch regarding treating illness on *Shabbat*:

For every internal sore, which is from the teeth inwards including the teeth, *Shabbat* should be broken. This is specifically when one of the internal organs is damaged from some sort of wound or the like, but general pains are not referred to as wounds. (21)

In the *Halacha* immediately preceding this statement, the Shulchan Aruch noted, “For someone who has a dangerous illness, it is a commandment to break *Shabbat* for him. One who hurries to

do this is praised. One who asks about this is a murderer” (22). Therefore, it is a commandment to break *Shabbat* for a life-threatening tooth ailment. However, the Rem’a commented on the Shulchan Aruch’s statement regarding tooth-pain that the patient should ask a non-Jew to extract the tooth (23). Rabbi Dr. Katz and Dr. Rosner wrote about this position in relation to a non-life-threatening illness, when a Jew cannot violate Biblical prohibitions but may ask a non-Jew (5, 10). However, for all life-threatening cases, Dr. Rosner stated that the sages agreed that “the most competent Jewish medical or dental practitioners and not a non-Jew should care for the patient” (10). He proceeded to quote Maimonides in Mishnah Torah *Hilchot Shabbat* 2:2-3, which stated:

...The principle of the matter [is that] *Shabbat* for an ill person in [mortal] danger is like a weekday concerning all of the things that he needs. (3) These things should not be performed by non-Jews, minors, servants or women, lest they consider the Sabbath a light matter; instead, scholars and sages of Israel are to carry them out. One must not put off the desecration of the Sabbath in treating a serious patient, as it is written: "If a man obeys them he shall live by them" (Leviticus 18:5), but he must not die by them. (24)

When a human life is in danger on *Shabbat*, Jewish practitioners should be the ones to heal, and they should perform every action for the patient as they would on a weekday. The final line of Dr. Rosner’s essay summarized the essence of the discussion: “The dentist has all the obligations of a medical practitioner in cases classified as *piku’ach nefesh*” (10). Therefore, when it came to saving a life on *Shabbat*, whether in the field of dentistry or medicine, *Halacha* did not differentiate.

There are certain guidelines that a dentist should follow if the patient does not present with a life-threatening situation on *Shabbat*. Dr. Rosner discussed teeth falling out into the category of “loss of limb” (*chesron eyver*), and he concluded based on the explanation of the Avnei Nezer that loss of limb meant loss of normal limb function, in which case, teeth were

included since loss of teeth impaired jaw functionality (10). For a situation of possible loss of limb, as well as to treat severe but not life-threatening pain, Rabbinic but not Biblical prohibitions may be violated. If a non-Jew is not available to aid a Jewish dentist, operating a dental office to treat a patient suffering from potential loss of limb can become complicated regarding a number of Biblical prohibitions. Problematic actions would include turning on lights, mixing pastes, smoothing or waxing, and turning on the dental drill. A solution Dr. Rosner offered was to have two people performing the problematic action together, which would reduce the prohibition from a Biblical status to a Rabbinic one and then become permissible in order to prevent loss of limb. He reinforced this by citing Maimonides in Mishnah Torah *Hilchot Shabbat* 1:15.

Any forbidden work that an individual can do by himself, but it is done by two in partnership – whether this one does part of it and that one part [of it], such as when one lifts up an object in this domain and the other puts it down in another domain; or whether the two of them did it together from beginning to end, such as when the two of them grabbed a quill and wrote or grabbed a loaf (of bread) and transported it from [one] domain to [another] domain – they are surely exempt. (25)

When applied to dentistry, to turn on the drill, for example, initially someone should aid the dentist, but once the drill was turned on, the dentist can work alone (10).

Dr. Rosner also mentioned in his essay that *Halacha* equated a dentist returning home following a dental emergency with a physician returning home from a medical emergency. Rabbi Dr. Katz explains that these practitioners can return on *Shabbat* by means of a vehicle after treating an emergency to prevent the practitioners from hesitating in the future from going to treat emergencies on *Shabbat* if they could not return home afterward. There is a debate among *Halachic* authorities regarding the means of transport the physician should use, and whether he can violate Biblical or only Rabbinic prohibitions to return. Asking a non-Jew to drive would only violate a Rabbinic prohibition, but if the Jew must drive himself and thereby violate a Torah

prohibition, there are lenient opinions to rely upon. Rabbi Dr. Katz advises to discuss the situation beforehand with a *Halachic* authoritative figure. Furthermore, to prevent potential financial loss from impeding a dentist to attend to dental emergencies on *Shabbat*, the dentist may turn off machines that would otherwise incur high costs or damages, but he may not switch off lights (5, 10).

With regard to life-saving emergencies, *Halacha* would not distinguish between dentists and physicians. The approach that both have life-saving potential and obligations equates the two, and *Halacha* clearly held both types of practitioners in high esteem when it came to treating emergencies on *Shabbat*, and this can extend to situations of healing not on *Shabbat*, as well.

Additionally, based on the sources cited by Rabbi Dr. Katz in *Kesser Dovid*, there are no apparent distinctions between physicians and dentists with regard to treatment on *Yom Tov* and *Chol Hamoed*. The Shulchan Aruch 495:1 stated, “All work that is forbidden on *Shabbat* is forbidden on *Yom Tov*, except for work of preparing food, and except for carrying and igniting...” (26). Beit Hillel, as noted by the Talmud in *Beitzah* 12a, expanded the allowed prohibition of food preparation to purposes unrelated to cooking, but the Mishnah Berurah ruled that this would not include medical purposes, besides for when permissible on *Shabbat*, because most people do not need healing (5, 27, 28)

Regarding the second day of *Yom Tov*, Rabbi Dr. Katz wrote that the “*Halachos* of *refuah* on the Second Day *Yom Tov* were significantly different” (5). Outside of the land of Israel, the Jewish people practice the Rabbinically instituted Second Day *Yom Tov* on *Pesach*, *Shavuot*, and *Sukkot*. The Rabbinic prohibitions for the Biblical first day of *Yom Tov* “are allowed on the second day for medical purposes” (5). Based on the Talmud in *Beitzah* 22a,

which discussed medically treating an eye on the second day of *Yom Tov* even if there is no danger, the Shulchan Aruch codified the medical leniency on the second day:

There is no difference between the laws which apply for the first day of *Yom Tov* and the laws which apply for the second day of *Yom Tov*, except in respect to the burial of a dead person. Likewise, the law is different with respect to the bluing of the eye. *Rema: or the treatment of other illness which is not life-threatening.* Although it is forbidden to do this [bluing of the eye] on the first day of *Yom Tov* in a non-life-threatening situation, except by a non-Jew, it is permitted to be done on the second day of *Yom Tov* even by a Jew. However, the latter ruling does not apply to the second day of Rosh Hashana because both days of Rosh Hashanah have the same holiness as if they are a single long day. *Rema: Only shevus, which is prohibited by Rabbinic law and is thus analogous to bluing an eye may be done on the second day of Yom Tov for healing purposes in a non-life-threatening situation. However, it is forbidden for a Jew to perform a melacha in order to heal such an illness even on the second day of Yom Tov.* (29)

Therefore, only Biblical prohibitions for healing are in effect on the second day of *Yom Tov*. The Mishnah Berurah commented on the above Shulchan Aruch 496:2 that the Rabbinic prohibitions were permitted “*L'chatchila*, and even without a *shinui*,” meaning it was ideal to perform these rabbinically prohibited actions (even to treat minor ailments) in the usual manner (30). The Mishnah Berurah continued to comment, in the words of Rabbi Dr. Katz, “If treatment can be delayed to the next day, one is advised to do so, even if treatment can be rendered on *Yom Tov* by a non-Jew” (5, 30).

Rabbi Dr. Katz cited several commentators who agreed that actions relating to food preparation were permissible for the purpose of healing on the second day of *Yom Tov*. He also posited that besides for Rosh Hashanah, “on the second day of *Yom Tov* in Israel, a resident of Israel is allowed to perform dental work on a patient who is in pain and generally resides outside of Israel” (5).

In the next segment of *Kesser Dovid*, Rabbi Dr. Katz discussed the topic of dental treatment on *Chol Hamoed*, which varies from treatment on *Yom Tov*. The Shulchan Aruch O.C.

532:2 stated, “All *refuah* is permitted on *Chol HaMoed*” (31), and the Mishnah Berurah expanded upon this to include treatment even for a person who is not in any danger (32). Therefore, R’ Moshe Feinstein in *Igrot Moshe* O.C. 3:78 ruled that “any medical procedure may be done on *Chol HaMoed* even if the person doesn’t feel well” and “a person with a painful cavity can be treated on *Chol HaMoed*” (5, 33). Rabbi Dr. Katz mentioned the debate regarding preventative dental care and held the stringent opinion, posited by R’ Moshe Feinstein and R’ Shlomo Zalman Auerbach, who ruled against annual doctor or dentist check-ups if the patient is not experiencing any symptoms of illness; he also quoted the dissenting opinion of the *Meiri* (5). The relevance of this debate emerged with regard to parents scheduling appointments for their children on *Chol HaMoed* when they were on vacation from school, as described in a personal interview between R’ Dovid Feinstein and Rabbi Dr. Katz on 1/8/17. R’ Dovid Feinstein used the principle of *davar ha’avud*, namely performing *melachot* on *Chol HaMoed* to prevent a potential loss if delayed until afterward, to allow for scheduling dental and orthodontic appointments for children to help them avoid missing Jewish studies (5). It is implied that if one were to only miss secular studies, scheduling these appointments would not be permissible on these grounds following the more stringent opinion.

In terms of a physician or dentist attending work on *Chol HaMoed*, aware that patients have regular check-ups scheduled, some say this type of work should be avoided, but one reason it would be permissible is according to the Shulchan Aruch, everything medical is permitted, and often the dentist or doctor finds something that may require attention and the patient is unaware. Furthermore, if treating non-Jews and tending to their regularly scheduled check-ups on *Chol HaMoed*, the concept of wanting to reduce anti-Semitism in case they think Jewish practitioners are withholding care is in effect, and this concept allows physicians to violate *Shabbat* to treat

non-Jews. Additionally, if the dentist or physician avoided tending to these regular appointments and there would be loss on the part of the practitioner or the patient, it would be permitted to work on *Chol HaMoed* (34).

Rabbi Dr. Katz quoted the *Sefer Chol HaMoed* that when a Rabbinic authority permits, dentures may be repaired on *Chol HaMoed* for eating on the festival or to improve a person's appearance (5, 35).

When the Talmud in *Kiddushin* 82a noted that Rabbi Yehuda said in the name of Abba Guryah "the best of physicians is destined for hell," did it include dentists (36)? The answer to this question depends on the explanations of this intriguing statement. Dr. Jeremy Brown compiled a list of sources that provided various explanations of this phrase, posted on Talmudology.com (37).

Rashi's commentary on this phrase in the Talmud detailed five separate negative aspects regarding physicians.

They do not fear a sick person. They feed him the food of a healthy person, and they do not act humbly before God. Sometimes they kill, and sometimes they are able to heal a poor person but do not do so. (38)

Dr. Brown pointed out that Rashi lived in eleventh century France and his "comments reflected the contemporary practice of medicine" (37). Using Rashi's interpretation, while it was certainly possible for a dentist to be found guilty of all of the mentioned reasonings, common knowledge about the profession indicates that a few of the reasons are less likely to apply. The first accusation that may be less applicable to dentists was the charge of arrogance. A dentist tends to generate less respect than a physician, perhaps due to patients' dislike of dental visits and procedures or since patients do not consider dentistry a life-saving profession. Furthermore, since dentistry does not contain a primary life-saving component as compared to medicine, the dentists

themselves are less likely to view most of their work as lifesaving and are therefore less prone to exude arrogance than a physician. For a physician, who cares for a person's systemic health and often performs lifesaving work, humility may be more difficult to attain. As such, the second unlikely accusation when applied to dentists is the occasionally killing of a patient. If a dentist does not treat an infection properly, it could spread and cause the patient harm, as well as potentially threaten the patient's life (39). Moreover, dental anesthesia has the possibility to cause death in patients, primarily in patients with underlying health conditions. An article reviewed twenty studies on dental procedure-associated deaths and found "218 deaths out of 71,435,282 patients (3 deaths per 1,000,000 persons) with the mortality rate of 1:327,684" since 1955 (40). These numbers indicated the rarity of deaths in the dental field, and thus it is highly unlikely for a dentist to "sometimes" be responsible for the death of a patient.

The other three reasonings Rashi enumerated potentially have similar applications for a dentist and a physician. Both can treat an ill patient poorly, both can provide incorrect dietary recommendations, and both can refuse care to people who cannot afford to pay for their healing services. According to secular law, it is justified to refuse care to a patient who cannot afford to pay for treatment; however, according to the moral Jewish code, professionals with the ability to heal are obligated to do so. The secular law in America is in accordance with the Emergency Medical Treatment and Active Labor Act (EMTALA) of 1986, which accounts for people in life-threatening situations who may not be refused care at a hospital (41). Emergency dental services at a hospital must be treated by the hospital dentists, and according to an article on how EMTALA impacted hospital dentistry emergency services, "Under EMTALA, the term 'physician' applies to dentists" (42). However, since most dentists do not encounter patients in

life-threatening situations, and many dentists do not work in a hospital, it is much more likely for a dentist to be guilty of refusing to heal a poor patient than a medical doctor.

While Rashi had detailed criticisms of doctors, Nachmanides, a thirteenth century commentator, maintained a more holistic approach to the Talmudic statement of Rabbi Yehuda.

Medical interventions are nothing but a danger. What heals one person kills another. And this is what is meant when they said “the best doctors go to hell” – to disparage the practice of physicians and their malpractice. (43)

It is important to recognize the scientific and medical advancements made since the times of these early commentators which normalized medical treatments and made them safer and more reliable. Ultimately, God decides whether a patient lives or dies, but He allowed humans to discover tools to help heal more effectively, especially in the past century. Medical professionals, as well as dental professionals, can be guilty of mistakes, but the risk of danger from intervention has lessened tremendously, and while it still exists, the danger of forgoing treatment interventions in present times can outweigh the danger of the interventions themselves. However, based on this reasoning alone, dentists would be less liable since their patients tend to be in fewer life-threatening situations that would result in a dentist killing them.

The explanation of Rabbi Menachem Ben Meir (the *Meiri*), who lived in France at the turn of the fourteenth century, accused physicians of not admitting the limitations of their expertise.

For often they shed blood, because they give up and do not try to apply their trade as physicians appropriately. At other times they do not know the etiology of the disease and how it should be treated, and yet pretend as if they do. (44)

Dr. Brown interpreted the *Meiri* as “physicians are not diligent about how they practice, and do not admit when they are not knowledgeable” (37). Dentists can be guilty of lack of diligence, as well.

Rabbi Yaakov Ben Asher presented an alternate approach. Instead of critiquing the physicians or medicine, instead he condemned the people who had the potential to heal but decided not to pursue medicine.

Permission has been given to heal, and to do so is a *mitzvah*...and one who is eager to heal is to be praised, but if he [is able to heal but] does not do so, he is considered to have shed blood...and if he does not engage in medicine, he is considered to have shed blood and is certainly destined to hell... (45)

Dentists play a large role in healing patients. Even if they do not save lives each day, they heal people's oral pain and prevent oral ailments from worsening. As such, a dentist, or someone who has the ability to heal the oral cavity, who shirks responsibilities and decides not to heal would be destined for hell according to Rabbi Yaakov ben Asher. On the other hand, a dentist who is willing to heal is praised.

The approach of Rabbi Shlomo Ibn Virga, quoted by Dr. Brown from the *Shevet Yehuda* interpreted the phrase in the Talmud as the appropriate mindset of a physician, but is similar to that of the *Meiri* cited above.

The physician should act as if hell itself is open before him if his treatments kill the patient. In this way, he will act with caution and diligence. The "best" of physicians is one who acts as if he might one day inherit hell, unless he is appropriately careful and attentive... (46)

Ideally, this should be the mindset of anyone entrusted with the health of fellow human beings, including dentists. Having humility is necessary to be as careful as possible in providing treatment, especially when working in the tiny spaces within the oral cavity.

Before discussing the concept of bloodletting in relation to this statement in the Talmud, Dr. Brown cited the *Maharal*, found in *Sefer Netzach Yisrael*, which highlighted the importance of physicians being experts in the Torah to avoid viewing his patients "as nothing but material beings," which would then cause the physicians to be destined for hell (47). The warning of the

Maharal was extremely practical for two reasons, both of which can apply to dentists. The first reason, pointed out by Dr. Brown, was so the healer recognizes where his healing abilities stem from – God. The humility to recognize God as the true Healer is essential to avoid hell. The other reason, which is poignant for healers who are not as religious, too, was not viewing patients “as nothing but material beings.” Each patient is a person, with emotions, personality, and a life. To ignore the patient as a person and only see them as the disease they present with is an inhumane way of treating patients, for both physicians and dentists.

Dr. Brown discussed a number of historical perspectives on medicine, specifically bloodletting, and demonstrated through these sources how “for two-thousand years medicine remained essentially unchanged” (37). One of the final explanations Dr. Brown offered was that of Rabbi Dr. Isaac Lampronti, who lived in the 17th and 18th centuries. Originally from Italy, he studied medicine at the University of Padua, and while practicing medicine in Italy he also became a rabbi and the head of a Jewish learning institution. In *Pahad Yizhak*, his “lengthy alphabetical encyclopedia of Jewish Law,” he shared his own view on why the best of physicians are destined for hell (37).

The best doctors go to hell: There are many explanations of this...and I believe that this is referring to surgeons, for this reason: they change the commandment of the wise, in particular with regard to bloodletting. They take more or less blood based on their limited understanding, and by doing so they condemn the patient to death. And there are a number of occasions in which I, your young author, have seen this and its bad outcome... (48)

Rabbi Dr. Lampronti’s interpretation most certainly included dentists of his time. Bloodletting was a common dental treatment method until the end of the 18th century and lasted through the beginning of the 19th century, when modern medicine intervened (49). Dr. Brown quoted from David Wooten’s book *Bad Medicine*, “It was still being used as a nearly universal remedy in the middle of the nineteenth century (51). Dr. Brown commented that Rabbi Dr. Lampronti himself

supported bloodletting as a physician, but he advocated against “imprecise” bloodletting intervention that would cause a patient to die, and therefore the statement of Rabbi Yehuda in the Talmud referred to surgeons who used imprecise bloodletting (37).

In fact, these surgeons who performed this imprecise bloodletting were most likely the early dentists.

Physicians stopped actually carrying out the treatment and barber-surgeons began to complete bloodletting procedures. Barber-surgeons actually carried out a variety of medical treatments, including dental work. Barbers became important to the medical field because they already had the equipment necessary for tooth extractions and bloodletting. (49)

With this information about barber-surgeons serving as traditional barbers as well as dentists, (Figures 1a and 1b), through their performances of tooth extractions and bloodletting as the major form of treatment for majority of ailments, a new way of understanding Rabbi Yehuda’s statement in the Talmud emerges. Although initially the Talmud’s statement was intended for physicians, if indeed the reasoning was according to Rabbi Dr. Lampronti’s interpretation, and the targets of the statement were surgeons who performed imprecise bloodletting, then when barber-surgeons assumed the role of bloodletters, these early dentists became the targets of Rabbi Yehuda’s statement.

On the very same page of Talmud containing Rabbi Yehuda’s statement, a few lines later, was a statement on bloodletters taught by the sages:

The Sages taught: Ten things were stated with regard to a bloodletter: He walks on his side, i.e., in a haughty manner; and his spirit is arrogant; and he leans and sits, i.e., he does not sit down like others do but leans on an object in a conceited fashion; and he is stingy; and he is envious; and he eats much and discharges only a little; and he is suspected of engaging in intercourse with those with whom relations are forbidden, and of stealing, and of blood shed in the course of his work. (52)

There was certainly evidence in the Talmudic era of disdain of bloodletters according to Judaism, and therefore Rabbi Dr. Lampronti’s explanation was plausible.

However, modern medicine and dentistry are radically different from the medicine and dentistry practiced in centuries prior to the 1800s. Further, barbers, surgeons, and dentists all evolved into separate professions, no longer combined into one multi-purposeful profession. Rabbi Dr. Lampronti mentioned that these surgeons possessed limited understanding of the treatment, which contrasts starkly with the training and education system for physicians and dentists in modern times. Therefore, according to this explanation, Rabbi Yehuda's statement was relevant until modern medicine and dentistry developed, and now it would be applicable to neither physicians nor dentists, for neither currently perform bloodletting procedures besides for select conditions for which it has proven to be helpful (53).



Figure 1a. A cartoon image of the various roles of barber-surgeons and their subjects (50)

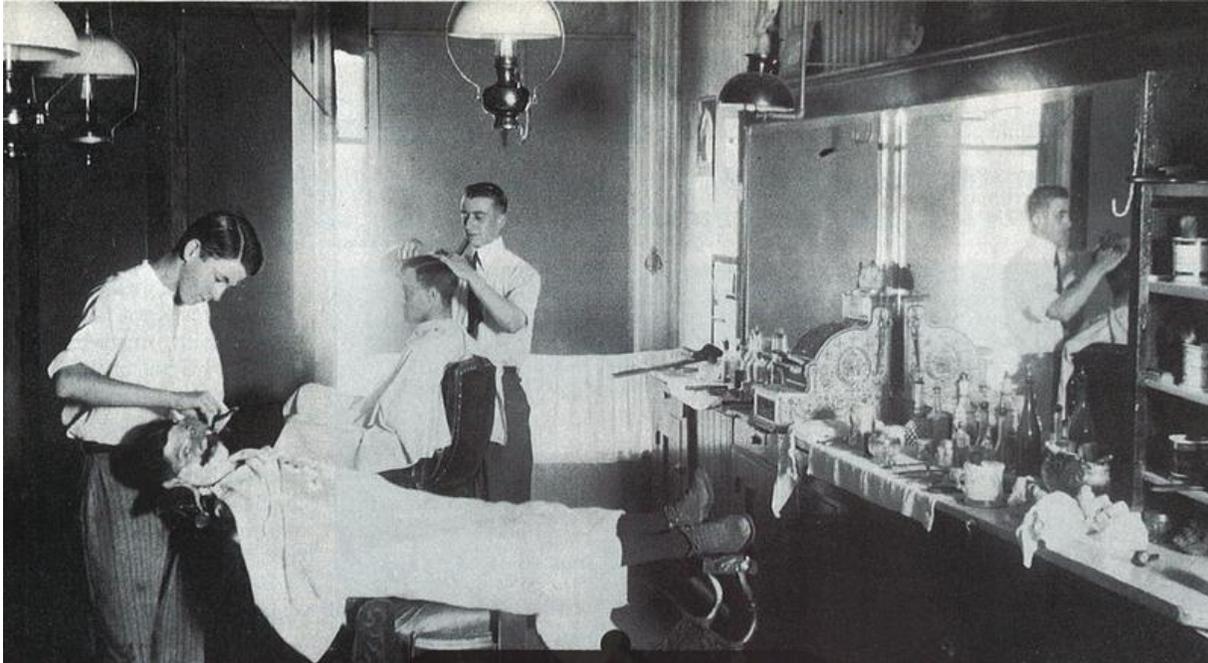


Figure 1b. A photo containing barber-surgeons extracting a tooth as well as cutting hair (50)

A significant difference between medicine and dentistry concerns the aesthetic aspect of dentistry that is absent in most forms of medicine besides plastic surgery. Rabbi Dr. Katz dedicated an entire chapter of *Kesser Dovid* to this issue. Cosmetic alterations to the body God gifted to humans was not condoned by *Halacha*. Rabbi Eliezer Waldenberg, author of the *Tzitz Eliezer*, rejected the permissibility of cosmetic surgery if the purpose is truly cosmetic without a basis in healing. Physicians have a license to heal, not to change people's appearances. In the event that a practitioner altered the body of a fellow human being for purely cosmetic purposes, it would be a declaration of the rejection of God's gift and an assertion that man knows better than God in terms of the ideal image for a person (54).

Furthermore, avoiding cosmetic alterations to human bodies was described in the Bible with the commandment, "You shall not... incise any marks on yourselves: I am the Lord" (55). Evidently, Judaism viewed cosmetic alterations as a grave sin. Further, Rabbi Dr. Katz discussed the issue of wounding, and *Halacha* did not judge someone who wounded a fellow human

favorably. The Shulchan Aruch noted, “If one wounds himself, even though he is not permitted to do so, he is exempt. Others who wound him are liable” (56). Seemingly, dentists, who perform many cosmetic and elective procedures on patients that tend to involve inflicting wounds, would be frowned upon by *Halacha*.

However, Rabbi Dr. Katz developed a methodical reasoning based on several sources to absolve Jewish dentists of potential *Halachic* guilt. First, he discussed the issue of self-wounding, which according to most Rishonim is prohibited. This would include someone who decided to pursue elective cosmetic alterations. He cited Maimonides in Mishnah Torah *Hilchot Choveil U’Mazik* (i.e., One Who Injures a Person or Property), who determined this prohibition applied only when the self-wound was performed in a “degrading manner” (57). Certain Rishonim ruled that self-wounding was always prohibited, while others ruled that it was permitted when there was a great need (5). Therefore, according to the views that prohibited a person from choosing these cosmetic procedures, a dentist who agreed to perform the procedure would be assisting them in violating this prohibition.

Meanwhile, the dentist has to contemplate the issue of wounding others for purposes that are not considered therapeutic. Rabbi Dr. Katz cited the Biblical origin of this prohibition from Deuteronomy 25:3, which discussed the prohibition of administering additional lashes to someone deserving punishment (58). From this source the Sages derived “that if additional lashes are not allowed to one deserving of corporal punishment, how much more so is it prohibited to strike one who is not deserving of harm” (5). Therefore, this prohibition was not taken lightly and affected the professions that include wounding others without a legitimate, *Halachically* acceptable reason.

Rabbi Dr. Katz mentioned three areas of cosmetic procedures that involve dentistry, namely Botox, laminates and crowns, and gum procedures. Injections of Botox and Restylane were not necessarily administered by a dentist, and therefore the *Halacha* was not unique to dentists in this regard. Botox treatments are not surgical, but they are accompanied by possible side-effects, and *Halacha* would look askance at someone who chose this treatment for “fashion” purposes. However, if the person chose this treatment for improving “self-esteem, self-image, and overall productivity by restoring or improving natural or other conditions,” which is often the case, then this is not a purely cosmetic treatment. Similarly, gingivoplasty and gingivectomy, reshaping and removing gum tissue, respectively, which are performed mainly by dentists and dental specialists, often serve the sole purpose of aesthetic improvements, and could therefore violate the prohibition of wounding. Sometimes this procedure is therapeutic by improving the functionality and physiology of the tissue, and when an unhealthy self-image of the patient is considered, the violation becomes less problematic. Another possible violation of the wounding prohibition is the procedure of placing laminates, dental veneers, bonding, and crowns. Often, to place these materials onto the teeth, first the dentist performs an “irreversible reduction of the tooth or teeth to create room for the new material,” and also injects anesthesia with a needle. These materials serve a cosmetic purpose (5).

However, at times, for example if a tooth chipped or wore down, a dentist places bonding onto the tooth to restore it to its original shape and function, and this serves a practical purpose, as well as saving the patient from embarrassment. The Talmud in *Bava Metziah* 58b quoted a *Braita* which stated, “Anyone who humiliates another in public, it is as though he were spilling blood” (59). Therefore, if someone was in danger of suffering from public humiliation, which would almost certainly be the case for someone who had chipped teeth, especially when visible

in the front of the mouth, then the patient would be considered like a dead person, and a dentist would have the opportunity to save the patient from this situation. Similarly, a plastic surgeon has the opportunity to provide people with cosmetic changes that they desire, but he also has the potential to save patients from embarrassing wounds, such as severe burns, or embarrassing defects, such as a cleft lip. A general physician would be neither likely to administer cosmetic treatments nor perform procedures to save patients from embarrassment, but specialist physicians and dentists fall into the same category in this regard.

Rabbi Dr. Katz included opinions from contemporary *Halachic* authorities to discuss this issue of wounding for procedures that contain a cosmetic component. Rabbi Eliezer Waldenberg referenced the Talmud in *Taanit* 20b:

He happened upon an exceedingly ugly person, who said to him: Greetings to you, my rabbi, but Rabbi Elazar did not return his greeting. Instead, Rabbi Elazar said to him: Worthless [*reika*] person, how ugly is that man. Are all the people of your city as ugly as you? The man said to him: I do not know, but you should go and say to the Craftsman Who made me: How ugly is the vessel you made. When Rabbi Elazar realized that he had sinned and insulted this man merely on account of his appearance, he descended from his donkey and prostrated himself before him, and he said to the man: I have sinned against you; forgive me. The man said to him: I will not forgive you go until you go to the Craftsman Who made me and say: How ugly is the vessel you made. (60)

Altering the human body for purely cosmetic purposes is a disgrace to the Creator, who fashioned each person with purpose. However, Rabbi Waldenberg was of the opinion that therapeutic procedures that involved wounding were permissible due to the importance of a person's health. However, any danger must be avoided if there were no health issues when contemplating a procedure with wounding (61).

Several views follow Maimonides' ruling mentioned above that wounding for purposes which do not have an intended negative impact on the body were permitted. Rabbi Moshe Feinstein used this reasoning when he ruled that wounding for therapeutic purposes that intend

benefit for patients was permissible and included cosmetic procedures to benefit a woman by beautifying her to increase her chance of marriage (62). The author of the *Minchat Yitzchak*, Rabbi Yitzchak Weiss, agreed with this view regarding cosmetic procedures for the patient's benefit, but risks associated with the procedures were reasons to forbid them (63). Rabbi Yaakov Breisch addressed the question of a woman undergoing cosmetic surgery for beautification to increase chance of marriage, as well, and included the psychological distress in the permissibility of these procedures. Furthermore, he discussed the lesser level of risk that accompanied cosmetic procedures in current times, and therefore when there was a great need, such as alleviating physical or psychological pain, cosmetic procedures were permitted (64). While neither Rabbi Breisch nor Rabbi Feinstein discussed the *Halachic* view on purely cosmetic procedures, based on their qualification of a situation of great need, these authorities would most likely not condone purely cosmetic procedures.

The final *Halachic* opinion Rabbi Dr. Katz included was that of Rabbi Menashe Klein, who also emphasized psychological pain as a major contributing factor to allow cosmetic procedures. Further, he discussed cosmetic procedures for men, and since in the United States both males and females seek cosmetic procedures for removal of embarrassment, men, just like women, can receive these treatments, too (65).

Certain cosmetic procedures may seem purely cosmetic in nature to patients, such as Invisalign or orthodontic braces to create straighter tooth alignment. However, the dental professional administering these treatments usually prescribes them for practical health purposes that extend beyond the aesthetic gain. According to the American Association of Orthodontics:

Orthodontic treatment helps ensure proper function of teeth and create healthy smiles. A good bite makes it easier for you to bite, chew and speak. Teeth that are misaligned are harder to clean and can cause abnormal wearing of tooth enamel which can lead to extensive and expensive dental procedures (66).

Evidently, orthodontic treatments, while certainly improving a patient's visible tooth alignment and smile, have multiple corrective as well as preventative health objectives. Rabbi Dr. Katz wrote, "Although this may be ostensibly for cosmetic reasons, the patient should be informed that aligning the teeth properly will aid in the maintenance of good oral hygiene, which will in turn increase the health and lifespan of the supporting structures (*i.e.*, bone and gums) of the teeth" (5).

For purely cosmetic treatments, Rabbi Dr. Katz highly encouraged consulting with an *Halachic* authority. However, from the dentist's perspective, he wrote:

After more than thirty-five years of practice, it is obvious to me that when an esthetic matter bothers people enough for them to bring up the issue unsolicited, this is a clear indication that this blemish is affecting them...Often, it is something that bothers or upsets them enough that it compels them to overcome their reticence about undergoing these 'corrective procedures' (5).

He also wrote that dentists and doctors should not propose cosmetic treatments if it is unnecessary for the patient, and if it was not something wrong that the patient was "self-conscious" of beforehand. *Halacha* considers both physical and psychological patient needs important and therefore allows dentists and doctors to perform procedures to help patients with these conditions (5).

There exists a popular notion of a high suicide rate for dentists, higher than that for other healthcare professions and for the general population. Judaism does not condone suicide. There are four Biblical episodes of suicide, namely the deaths of Samson, Saul, Saul's weapon-carrier, and Ahithophel. The deaths of the first three were caused by "mitigating circumstances" (67), and Ahithophel hung himself out of his own volition when his advice was disregarded. Judaism places a heavy emphasis on preservation of life, since preservation of life overrides all other

Jewish laws. If someone took his own life, he demonstrated his ability, as opposed to that of God, to control his body and life. Such a person rejected His gift of life. In Genesis 9:5, the verse related, “for your own life-blood I will require a reckoning” (68), which indicated that taking one’s own life was not permitted. The laws regarding one who committed suicide are delineated in the minor tractate *Semachot Evel Rabbati* 2:1:

We do not occupy ourselves in any respect with the funeral rites of one who committed suicide willfully. R. Ishmael said: We exclaim over him, ‘Alas for a lost [life!] Alas for a [lost] life!’ R. ‘Aqiba said to him, ‘Leave him unmourned; speak neither well nor ill of him’. We do not rend garments for him, bare the shoulder, or deliver a memorial address over him. We do, however, stand in a row for him and recite the benediction of mourners for him, from respect of the living [relatives]. The general rule is: With anything that makes for respect of the living we occupy ourselves, but with anything that does not make for the respect of the living, the public do not in any way occupy themselves. (69)

This post-Talmudic tractate also differentiated between willful suicide and suicide that occurred due to lack of mental and physical facilities, and only the person who committed willful suicide was responsible for his actions and would not receive a proper burial and mourning rites (70).

With this brief overview of how Jewish Law perceived suicide, if dentists willfully take their own lives more so than physicians or people with other professions, then dentistry may not be a desired profession for a Jew. Many studies and articles attempted to prove or debunk this theory and depending on the truth behind it or lack thereof, Judaism could potentially differentiate dentists from doctors.

In 2001, an article published in the Journal of the American Dental Association (JADA) concluded that based on an analysis of the studies and literature, the evidence for dentists having a higher risk of suicide was inconclusive, and the subject needed more research (71). In the article, “Are Dentists Really More Prone to Suicide,” the author, Elizabeth Brown, detailed some of her research on this topic. In 2012, the CDC listed dentists as twelfth on the list of

occupational suicide risks, together with physicians, while “farmers, fishermen, and forestry workers” had the highest risk. She then wrote:

A query of the CDC’s National Occupation Mortality Surveillance for the years 1999-2010, however, showed that dentists were 2.5 times as likely to die by suicide as members of the general population, while farmers, fishers, and forest workers were only .9 times more likely. The discrepancy could be related to a reduction in suicide rates by dentists or it could be a matter of the research methods and analyses being used. (72)

Brown cited a 1996 study by Professor Steven Stack, who taught criminal justice at Wayne University, that choosing the field of dentistry increased risk of suicide by 564%, which is in stark contrast to the CDC study conducted in 2012, as the author pointed out, “dentists and health professionals were 80 percent *less* likely to die by suicide than members of other occupations. Usually, occupational, emotional, and physical stresses are plentiful in the field of dentistry. She quoted a dentist in Manhattan, Dr. Jeffrey Rappaport, who said, “Generally people just don't like going to the dentist. You're in a career where nobody wants to see you and you're the last place they want to come back to and it's depressing.” By the end of the article, she did not reach a definitive conclusion on this matter based on her research, but she listed several factors that contributed to this theory and provided support for the commonly held perception (72).

A 2016 article published on Dentistry Today reinforced the statistics from the 2012 CDC study but listed healthcare workers as eleventh, instead of twelfth on the list, and also mentioned that dentists and other healthcare workers were not distinguished. This article also cited a 2010 literature review that concluded while dentists did have higher suicide rates, “previous studies lacked the correct scientific weight” and new studies were required. Many of the CDC’s listed factors relating to higher occupation suicide risk apply to dentists, so while the statistics may be unclear, there is certainly a risk that accompanies the dental profession in terms of the occupational stress factors (73)

A more recent article, authored by a dental hygienist, mentioned the stress factors relating to dentistry. However, since the statistics do not demonstrate a higher suicide risk for dentists, she concluded that those stress factors “do not corroborate that dentists are more likely to commit suicide” (74).

Statistically, dentists probably do not have a higher documented suicide rate than those who work in other professions, including medicine. However, dentists are susceptible to unique stresses that potentially can lead to suicide. If indeed a dentist was predisposed to suicide, then perhaps it would be suicide due to mitigating circumstances, in which mental or physical health would be compromised when making the decision to commit suicide, and therefore they would be exempt from responsibility according to *Halacha*. The occupational stresses of a physician can be taxing as well, and the physicians have the additional stress of caring for someone’s life more often than a dentist does. Therefore, due to the lack of differentiating evidence regarding suicide rates between dentists and physicians, no conclusive argument can be made in favor of their distinction according to Jewish perspectives on this matter.

Concluding Remarks

Through the exploration of topics pertaining to potential differences between dentists and doctors in Jewish Law, overwhelming support favored their similarity to each other. Regarding the license to heal, both were not only permitted, but encouraged. Regarding treating emergencies on *Shabbat* and treating patients on *Yom Tov*, the *Halacha* did not differentiate. There were slight variations in perspectives with the interpretations of the phrase, “The best physicians are destined for hell,” some accordingly favoring dentistry over medicine, and others, vice versa. Regarding improving a patient’s aesthetics, if the cosmetic treatment contains a

therapeutic component, whether physical or mental, *Halacha* approved dental treatment, as for plastic surgery. Regarding purely cosmetic treatments there was more uncertainty, but most likely a person qualifies for treatment according to *Halacha* and a dentist would be permitted to operate. The high suicide statistic has not yet been supported by significant compelling evidence, and while dentists are surrounded by suicide-inducing stresses, they are not necessarily more prone to suicide than are physicians. If physicians and dentists alike are God-fearing healers, who help treat patients professionally and in accordance with Jewish laws and ideals, *Halacha* encourages their work.

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References:

1. Asbell, M.B., 1941, Practice of Dentistry Among the Ancient Hebrews: A Contribution to the History of Dentistry
<https://www.sciencedirect.com/science/article/abs/pii/S0002817741870111>
2. American Dental Education Association, n.d., History of Dentistry
https://www.adea.org/GoDental/Health_Professions_Advisors/History_of_Dentistry.aspx
3. Mindak, M., Zillén, P.A., 2000, World dental demographics, doi: 10.1111/j.1875-595x.2000.tb00558.x <https://pubmed.ncbi.nlm.nih.gov/11042819/>

4. American Dental Association, n.d., Dentists: Doctors of Oral Health <https://www.ada.org/en/about-the-ada/dentists-doctors-of-oral-health>
5. Katz, David J., 2018, Kesser Dovid, The Halachic Guide to Dentistry, Feldheim Publishers, Nanuet, NY.
6. Exodus 15:26, cited in (10)
7. Deuteronomy 28:9
8. Abraham Ibn Ezra ibd.
9. Rashi ibd.
10. Rosner, Fred, 1991, Modern Medicine and Jewish Ethics, 2nd Edition, Ktav Publishing House, Inc, Hoboken, NJ, and Yeshiva University Press, New York, NY
11. Exodus 21:19, cited in (10)
12. Talmud *Baba Kamma* 85a, cited in (10)
13. Rashi Exodus 21:19, cited in (10)
14. Leviticus 19:16, cited in (10)
15. Rashi ibd., cited in (10)
16. Talmud *Sanhedrin* 73a, cited in (10)
17. Maimonides Mishnah Torah *Hilchot Rotzeach* 1:14, cited in (10)
18. Deuteronomy 22:2, cited in (10)
19. Maimonides Mishnah Commentary on *Nedarim* 4:4, cited in (10)
20. Absolute Dental, 2020, What is Considered a Dental Emergency, <https://www.absolutedental.com/blog/what-is-considered-dental-emergency/> (Retrieved 4/11/21)
21. Shulchan Aruch, OC 328:3, cited in (5)
22. Shulchan Aruch, OC 328:2, cited in (5)
23. Rem" a on Shulchan Aruch, OC 328:3, cited in (5)
24. Maimonides Mishnah Torah *Hilchot Shabbat* 2:2-3, cited in (5)
25. Maimonides Mishnah Torah *Hilchot Shabbat* 1:15, cited in (5)
26. Shulchan Aruch 495:1, cited in (5)
27. Talmud Beitzah 12a, cited in (5)
28. Mishnah Berurah 511:1, cited in (5)
29. Shulchan Aruch 496:2, cited in (5)
30. Mishnah Berurah ibd sections 5-8, cited in (5)
31. Shulchan Aruch 532:2, cited in (5)
32. Mishnah Berurah ibd, cited in (5)
33. *Igrot Moshe* O.C. 3:78, cited in (5)
34. Dr. Ari Wiesen, in a conversation about this topic, quoting the *Chatam Sofer* and Rabbi Moshe Feinstein
35. *Chol HaMoed*, p. 46, cited in (5)
36. Talmud *Kiddushin* 82a
37. Brown, Jeremy, 2016, The Best Doctors Go to Hell <https://jeremy-brown-vpk4.squarespace.com/?offset=1465963860198> Talmudology.com (Retrieved 2019)
38. Rashi on Talmud *Kiddushin* 82a, cited in (37)
39. Bayetto, K., Cheng, A., Goss, A., 2020 Dental abscess: A potential cause of death and morbidity, *AJGP*, Vol 49, Issue 9, doi: 10.31128/AJGP-02-20-5254 (Retrieved 4/17/21)
40. Baharvand, M., Mortazavi, H., Safi, Y., 2017, Death Rate of Dental Anaesthesia, doi: <https://dx.doi.org/10.7860%2FJCDR%2F2017%2F24813.10009> (Retrieved 4/17/21)

41. Centers for Medicare & Medicaid Services, n.d., <https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA> (Retrieved 4/17/21)
42. Surabian, S R., 2000, EMTALA: impact on hospital dentistry emergency services, doi: 10.1111/j.1754-4505.2000.tb00003.x <https://pubmed.ncbi.nlm.nih.gov/11203876/> (Retrieved 4/17/21)
43. Nachmanides on Talmud *Kiddushin* 82a, cited in (37)
44. *Meiri* on Talmud *Kiddushin* 82a, cited in (37)
45. *Tur, Yorah Deah*, 336, cited in (37)
46. *Shevet Yehuda*, cited in (37)
47. *Sefer Netzach Yisrael*, 30, cited in (37)
48. *Pahad Yizhak* entry on this phrase in Talmud *Kiddushin* 82a, cited in (37)
49. Robson Family Dental, 2016, Dental History: The Popularity of Bloodletting, <https://dentalimplantgrandrapids.com/oral-health/dental-history-popularity-bloodletting/> (Retrieved 4/18/21)
50. History Daily, 2016, History of Dentistry: From Barber-Surgeons to Dentists <https://historydaily.org/history-dentistry-barber-surgeons-dentists> (Retrieved 4/18/21)
51. Wooten, David, *Bad Medicine*, Oxford University Press 2006. p37., cited in (37)
52. Talmud *Kiddushin* 82a, translation from Sefaria.org
53. Colović, N., Gotić, M., Leković, D., 2016, Treatment by bloodletting in the past and present, <https://pubmed.ncbi.nlm.nih.gov/27483574/> (Retrieved 4/18/21)
54. *Tzitz Eliezer*, 12:43, cited on Aish.com
55. Leviticus 19:28
56. Shulchan Aruch C.M. 420:31, cited in (5)
57. Maimonides Mishnah Torah *Hilchot Choveil U'Mazik* 5:1, cited in (5)
58. Deuteronomy 25:3
59. Talmud *Bava Metziah* 58b
60. Talmud *Taanit* 20b
61. *Tzitz Eliezer* 11:41, cited in (5)
62. *Igrot Moshe*, C.M. 2:65-66, cited in (5)
63. *Minchat Yitzchak* 6:105:2, cited in (5)
64. *Teshuvot Chelkat Yaakov* 3:11, cited in (5)
65. *Mishneh Halachot* 4:246,247, cited in (5)
66. American Association of Orthodontists, n.d. Why Orthodontics https://www.aaoinfo.org/_why-you-should-get-orthodontic-treatment/ (Retrieved 4/25/21)
67. Jewish Virtual Library, n.d., Suicide <https://www.jewishvirtuallibrary.org/suicide> (Retrieved 4/25/21)
68. Genesis 9:5
69. Tractate *Semachot Evel Rabbati* 2:1
70. Jewish Virtual Library, n.d., Issues in Jewish Ethics: Suicide <https://www.jewishvirtuallibrary.org/suicide-in-judaism> (Retrieved 4/25/21)
71. Alexander, R., 2001, Stress-related suicide by dentists and other healthcare workers, , The Journal of the American Dental Association <https://doi.org/10.14219/jada.archive.2001.0278> (Retrieved 4/25/21)

72. Brown, E., 2017, Are Dentists Really More Prone to Suicide
<https://www.vice.com/amp/en/article/5344jz/are-dentists-really-more-prone-to-suicide> (Retrieved 4/25/21)
73. Gawel, R. 2016, Suicide and Dentistry: Myths, Realities, and Prevention, Dentistry Today
<https://www.dentistrytoday.com/news/todays-dental-news/item/1098-suicide-and-dentistry-myths-realities-and-prevention> (Retrieved 4/25/21)
74. Sergent, B., 2019, Suidice in Dentistry: Revealing the Facts
<https://www.todaysrdh.com/suicide-in-dentistry-revealing-the-facts/> (Retrieved 4/25/21)