

HALACHIC AND HASHKAFIC ISSUES IN

CONTEMPORARY SOCIETY

73 - MODERN TUMAH AND TAHARAH ISSUES

COHANIM AS DOCTORS AND IN HOSPITALS

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- As we saw in the previous shiurim, a Cohen may not come into contact with a dead body. This comprises three potential scenarios:
 - **Maga:** touching a dead body or parts of a dead body.¹
 - **Masa:** carrying a dead body, even if the corpse itself is not directly touched.
 - **Ohel:** 'overhanging' in connection with a dead body. This could in turn have three potential forms:
 - (i) Where the person passes over or leans over the body.
 - (ii) Where the body passes over or hangs over the person.
 - (iii) Where the person and the body are together under the same roof.

A] ENTERING HOSPITALS

- Hospitals are places where there are usually dead bodies. This gives rise to a number of halachic questions.
- May a Cohen check into a hospital for treatment for a non-life threatening illness?
- What is the status of amputated limbs or other organs and tissues² from a live or dead body?

A1] NON-JEWISH HOSPITALS

1. קברי עובדי כוכבים נכון לזוהר הכהן מליך עליהם (מהר"מ וותס' פ' המקבל) אף על פי שיש מקילין (רמב"ם והגמלי' בשם ס' יראים) ונכון להחמיר

שולחן ערוך יורה דעה סימן שעג סעיף ב

Even though a Cohen may not touch a non-Jewish corpse, the halachot of ohel for a non-Jewish body are more lenient. Whilst it is proper for a a Cohen to be strict and not be in a situation of ohel with a non-Jewish body, this is more of a chumrah than a strict requirement.³

- In chutz l'aretz the vast majority of bodies will be non-Jewish and the Cohen is allowed to rely on this when going into hospitals.

2. בדבר כהן שצריך לבקר חולה בהאספיטאל אם מותר. י"ד אלול תשכ"ד.

הנה האברים הנמצאים בבתי החולים יש למיזל בתר רובא דרובא שהם של נכרים, כי לבד שבמדינתנו הוא רוב נכרים במדה מרובה, הנה רובא דרובא של ישראל אין מרשין לתת את המת ובלא רשות מהקרובים אסור להם מדינא דמלכותא לעשות נתוח, ואף כשנזדמן שמרשין הקרובים לעשות נתוח מתנים שיחזירו להם האברים, וממילא איכא רק מיעוטא דמיעוטא דרשעי ישראל שמנחין אף ליקח אבר ממת קרוב שלהם, שלכן מדינא יש למיזל בתר רובא שהם של נכרים שנפסק מעיקר הדין שאין מטמאין באהל. ולכן לצורך גדול יש להתיר לכהן לבקר חולה קרובו כגון מפני צער הגדול כשהחולה הוא אביו או בנו, ומשום שלום המשפחה כשהם קרובי אשתו וכ"ש כשאשתו חולה שהוא ענין שלום בית וכדומה. אבל יברר מה שאפשר לו אם יש שם עתה מת ישראל ואם א"א לברר יש לסמוך עליהם שם מת ישראל, דאף בבית החולים גדול טובא כהא דבעליו האספיטאל אשר שם איכא כמעט תמיד מתים מצד ריבוי החולים שנמצאים שם, מ"מ חולים ישראלים הם מיעוט ויש לסמוך כשא"א לברר שחולי ישראל הם מהרוב חולים לחיים והמתים הם מהנכרים שהם הרוב הגדול מהחולים. דיידו מברכו בכוח"ט, משה פיינשטיין.

שו"ת אגרות משה יורה דעה חלק ב סימן קטו

1. The specific halachot are complex. A whole limb amputated from a live or dead body will cause tumat ohel. A whole limb which is lacking sufficient flesh to heal if it were still attached will only cause tumat maga and masa. A bone from a live person is tahor. A bone from a dead body causes tumat maga, masa and sometimes ohel if there is a sufficient amount. Flesh (eg an organ) from a live person is tahor. A kezait of flesh from a dead body is tamei - tumat maga, masa and ohel,

2. Hospitals and major medical centers often contain limbs, aborted fetuses and other sources of tumat met.

3. It should be noted however that other authorities disagree, and consider it prohibited 'meikar hadin' for a Cohen to be under the same roof as a non-Jewish body. The poskim certainly take these views seriously and advise stringency on the matter where possible.

In a 1964 teshuva, Rav Moshe rules that the vast majority of bodies and limbs in a non-Jewish hospital - here Bellevue Hospital in Manhattan - are from non-Jews. As such, although a Cohen should try to avoid this, in a case of need eg visiting someone to whom the visit will make a big difference, Rav Moshe allows it.

3. ודוקא אם הוא באורח המת כו'. נראה דוקא נקט באורח המת אבל אם צנחיים הסמוכים לצית שכמת צחוכו אף על פי שכן ג"כ טמאים ... מ"מ י"ל דחינו אלא טומאה דרבנן

ש"ך יורה דעה סימן שעב ס"ק ב'

The Shach rules that tumah on a Torah level only affects the Cohen is he is in the SAME room as the body. Even though adjoining rooms may also become tamei, the Shach rules that this tumah is on a rabbinic level. Most poskim do NOT accept this position in practice but are prepared to introduce this opinion as a 'snif lehatir' - a factor which may incline towards leniency. With a rabbinic prohibition there are more reasons why extenuating circumstances would allow entry into the hospital - eg for better⁴ or much less expensive treatment.⁵

4. תא שמע, דאמר רבי אלעזר בר צדוק: מדלגין היינו על גבי ארונות של מתים לקראת מלכי ישראל. ולא לקראת מלכי ישראל בלבד אמרו אלא אפילו לקראת מלכי אומות העולם, שאם יזכה - יבחיך בין מלכי ישראל למלכי אומות העולם. אמאי? לימא: אין חכמה ואין תבונה ואין עצה לנגד ה'! כדבא, דאמר רבא: דבר תורה, אהל כל שיש בו חלל טפח - חוצץ בפני הטומאה, ושאין בו חלל טפח - אינו חוצץ בפני הטומאה. ורוב ארונות יש בהן חלל טפח, וגזרו על שיש בהן משום שאין בהן, ומשום כבוד מלכים לא גזרו בהו רבנן.

ברכות יט:

The Gemara gives an account of the Cohanim skipping over graves for the purpose of a mitzvah and concludes that this was permitted in the case only of a Rabbinic tumah.

- Other regulations in chutz l'aretz may also permit a more lenient psak in some cases.⁶
- Other factors which we looked at in previous shiurim will also be relevant in this question, including:
 - (i) whether we can say safek tumah bereshut harabim - a doubt in a public domain.⁷
 - (ii) whether we can construct a 'sfek sfeika' - a multiple safek based on other factors eg do we know if there is a met? If so is it Jewish? Do we know if this Cohen is really a cohen?

Cohanim who are already doctors may certainly enter hospitals to treat life-threatening illnesses. Most poskim also permit general entry by cohanim doctors into hospitals for all purposes on the basis that many situations could become life-threatening and also on the basis of the leniencies outlined above re non-Jewish bodies and the structure of hospitals. Some poskim are more stringent and allow entry for non-life threatening treatments only where there are no other doctors available.

A2] GIVING BIRTH IN A HOSPITAL

5. ת"ש: (ויקרא כא:א) אָמַר [אֱלֹהִים] בְּנֵי אֲהָרֹן וְאִמְרַת [אֱלֹהִים] - להזהיר גדולים על הקטנים

יבמות קי"ד.

Chazal learn from the double expression of 'speaking' in the verse enjoining Cohanim not to become tamei that there is a two-fold prohibition - (i) for the adult male Cohanim not to become tamei; and (ii) to prevent the children male Cohanim from becoming tamei.

6. ולהכניסו צבית שטומאה צחוכו וכן לספות לו צשאר איסורים אכור אפילו צחיוק שאינו צר הצנה עדיין ... ומ"מ אשת כהן מעוברת שקרצו ימייה ללדת מותרת ליכנס לכתחלה באהל המת דאף שנראה לנו שדאי תלד שם ולד ושמא יהיה זכר ויטמא שם אפ"י מותר דס"ס הוא שמא יהיה נקבה ושמא יהיה נפל:

משנה ברורה סימן שמג

It is prohibited to take even a small male Cohen child into a place which is tamei.

4. It maybe be better to delay certain non-critical procedures (eg an in-growing toenail) in order to avoid having them done in a hospital. The psak will depend on the amount of pain, expense and other difficulties involved.
 5. But even if there is a heter to enter the hospital for non-critical treatment, the Cohen must leave immediately after and may not delay eg to daven mincha.
 6. Such as (i) The use of specific door hinges in the US, rather than multi-purpose hinges and screws. (ii) Strict fire regulations in the US which require certain doors to be closed. In Israel, there may be regulations but the doors are more likely to be propped open nevertheless. (iii) In Canada there are regulations that hospital windows must be constructed in such as way that they do not open at all (to prevent insects entering). This also helps prevent the spread of tumah.
 7. Or, as we analyzed in the pervious shiur, maybe this principle does not operate to permit a Cohen entry but only to rule on the status of a place or items there.

So why is it permitted for the wife of a Cohen to give birth in a hospital!? The Mishna Brurah explains that this is permitted due to the multiple doubts - sfek sfeka. We do not know if the child is male or female. We also do not know if the child will be born alive or stillborn. But will this apply in the same way today? In the modern reality the safek of stillbirth is b'H far less likely. Also, if the family knows that the child is male there will be no safek at all as to the sex of the child.⁸

- Given that the sex of the child can be easily discovered today, does that mean that women SHOULD try to ascertain this so as to avoid relying on the sfek sfeka? This depends on the inner 'lomdus' of how sfek sfeka works. Some poskim rule that when the doubt of a sfek sfeka can be easily resolved, one is obligated to do so. Others rule that a sfek sfeka is effectively 'no safek at all' and the matter can simply be ignored.
- Others⁹ consider that a true sfek sfeka can only apply where the two sides of the doubt are evenly balanced 50/50. In this case however, only small minority of fetus will be non-viable. On that basis, these poskim argue that the operative principle here NOT sfek sfeka but 'Rov' - that the majority of babies are viable females. However, once 'Rov' has been invoked, the rules of engagement are very different. Even where there is a Rov upon which to rely, once it has been established that there is a significant minority¹⁰ - *miyut hamatzui* - there is a rabbinic obligation to investigate.¹¹ On that basis Rabbi J. David Bleich rules that the wife of a Cohen IS obligated to perform a sonogram to check the sex of her fetus. If it is male she must try to avoid contact with the dead or giving birth in a place which is tamei met.
- However, Rabbi Bleich agrees that she may give birth in hospital due to concerns of pikuach nefesh.¹²
- Other poskim, such as Rav Zalman Nechemia Goldberg, uphold the sfek sfeka and therefore advise that the wife of a Cohen is better off NOT knowing the sex of their child before birth!
- Note that a parallel question is 'tumah/taharah baluah' - something which is absorbed inside something else, in this case the body of the mother.

7. אמר רבה: כשם שטומאה בלועה אינה מטמאה, כך טהרה בלועה אינה מיטמאה.

חולין עא.

The Gemara rules that, just as tumah baluah (eg human remains which were eaten by a dog and are now inside the dog) does not generate tumah, so too taharah baluah (eg a ring swallowed by a person) does not pick up tumah eg where the person is in a room with a met.

- On that basis, most poskim rule that the problem of the pregnant Cohenet is only a halachic issue when she is about to give birth.¹³ However, others¹⁴ disagree and rule there is a halachic concern¹⁵ all through¹⁶ the pregnancy¹⁷.
- Note that there is a separate custom in many communities that a pregnant woman should not go onto a cemetery.¹⁸
- A miscarried fetus inside the mother will not affect Cohanim around it.
- An aborted fetus will cause tumah and a Cohen may not be in the room with it. A Cohen whose wife is c'v undergoing a miscarriage must do all that is necessary to assist his wife if she is in danger. Once the wife is out of danger the Cohen may not be present.
- A Cohen may be present at the birth of his healthy child.¹⁹

8. In a non-Jewish hospital there will still be the leniency that most of the bodies will be non-Jewish. But this would not apply in a Jewish hospital or in Israel.

9. See Shu't Chatam Sofer YD 354 and Pitchei Teshuva YD 371:1.

10. Often defined as 10%

11. Just as in the areas of checking clothes for shaatnez and checking vegetables for insects.

12. Clearly, each case is different and qualified medical advice would always need to be sought as to whether a hospital birth is necessary or advisable.

13. One proof is the Mishna in Parah that we learnt in the last shiur. In order to raise the most tahor possible children to make the water for the ashes of the Parah Adumah, children were born and raised in a specially tahor facility in Jerusalem. It does NOT however require that the pregnant women stay in that facility during their pregnancy!

14. See R. Yaakov Emden (Teshuvot Yaavetz 2:177)

15. Concerns include - that the mother's body may not be a valid chatzitzta since the baby is naturally there (this also applies for mikveh eg on conversion, where we say that the mother's body is NOT a chatzitzta).

16. A separate consideration is whether a fetus yet has the status of a 'Cohen'. Some poskim argue that, since a fetus is considered to be part of its mother's body, it will take the halachic status of the mother and thus be allowed to come into contact with tumat met. Others disagree. For a detailed analysis of this and related points see - Sonograms and Kohanim's Wives, Rabbi Chaim Jachter - http://www.koltorah.org/ravj/Sonograms_and_Kohanim_1.html and http://www.koltorah.org/ravj/Sonograms_and_Kohanim_2.html

17. Rav Herschel Schachter is stringent for a different reason. He supports the position (of R. Elchanan Wasserman and R. Chaim Ozer Grodzinsky) that the prohibition on Cohanim is to come close to tumah, even if they will not technically become tamei. (Perhaps this is connected with his leniency that we saw last time on the airplane - that the prohibition is for the Cohen to come close to tumah, which is not the case when flying over a cemetery.)

18. This may not be related to the laws of tumah and tahara but based on mystical considerations.

19. The placenta is not tamei.

A3] SOF TUMAH LATZET

If there is a Jewish met in a room in the hospital, why can't they simply close the doors and windows to keep the tumah in and hope for the best!? This may not work for a number of reasons:-

- (i) Doors hung on multipurpose hinges or perhaps multipurpose screws may not count halachically as closed.²⁰
- (ii) The principle of 'sof tumah latzet' means that ANYWHERE in the hospital that the met will eventually be transported to remove it already has a rabbinic status²¹ of tamei, even though the met has not yet been moved. If the route for removal has not been decided, then ANY potential likely route has the din of sof tumah latzet.

8. חצר המוקפת זיזין ואכסדראות וטומאה באחד מהבתים, אם כל פתחי הבתים והחלונות נעולים טומאה יוצאת לתחת הזיזין והאכסדראות. והטעם, משום דהואיל וסוף הטומאה ללאת דרך שם, רואין כאילו ילאת. ולכן יש מחמירין לכהניס לילך דרך שער בעיר שסוף המת ללאת משם. ויש מתירין והמקיל לא הפסיד במקום שלא נהגו להחמיר

שולחן ערוך יורה דעה סימן שעב

The Shulchan Aruch rules the principle of Sof Tumah Latzet and is even open to the possibility that this applies OUTSIDE the building. On that basis, the questions arises as to whether a Cohen may even walk through the town gate when a body will later be brought through! Even though we are lenient in the case of the town gate, the poskim are strict within a building.

A4] KEEP THE DOORS SHUT!

- Nevertheless, it is often advisable to keep the doors and windows shut!
- Even where Cohanim are allowed into hospitals they need to know when to keep doors and windows shut, especially in Israel where the majority are Jews. If the Cohen hears that there is a body outside his room, he may need to act quickly to shut doors and windows.
- Non-Cohanim should also be careful not to leave doors open unless necessary.²²
- Sha'arei Tzedek hospital in Yerushalayim is focused on the needs of Cohanim. It has specific doors which remain shut when there is a met and signs to inform the Cohanim.
- If someone needs to inform a cohen of the presence of a met it is best to do so by phone and not knock on the door. Simply inviting the Cohen to open the the door of his home may cause the very problem you are trying to avoid!
- Windows are also an issue. If there is a ledge a tefach wide outside the window any tumah exiting from that window will spread under the ledge and enter other windows which are open in the the block, whether next to, above or below the room in which the met is laying.
- Cohanim need to work out IN ADVANCE the lay of their building. Running outside onto the balcony in an emergency may seem like a good idea at the time, but not if the Cohen will have to stay there for hours!

B] COHANIM AS DOCTORS

Two main issues arise with regards to Cohanim acting as doctors:

- Training to be a doctor, which involves anatomy on cadavers
- Practicing as a doctor, which involves the possibility that a patient may die.

Many decades ago, a pamphlet was published in America on this topic which came to the attention of R. Shimon Schwab. He sent it to Rav Moshe Feinstein for comment and, at first, Rav Moshe refused to even consider it, as he understood it to be obvious that a Cohen may NOT train to be a doctor.

20. This is because a multi-purpose hinge or screw is not a subsidiary part of the door and thus could count as a 'ma'amid' of the door. Since the ma'amid is mekabel tumah, so too the door will be mekabel tumah and will not block the passage of tumah. Special door-hinges are however 'tafel' to the door, which will thus remain not mekabel tumah and thus will block the tumah.

21. This is the ruling of the Mishna Berura and the Shach. Others disagree and argue that Sof Tumah Latzet has a Torah status.

22. Some poskim recommend that doors leading to places which are likely to contain bodies - morgue, operating rooms - should not be opened at all and Jews should wait for a non-Jew to open these doors. It goes without saying that in ANY case of potential pikuach nefesh, ALL steps must be taken to assist the patient!

9. הנה באשר שהדבר הוא פשוט וברור כל כך שאסור לכהן ליטמא למת ומפורסם זה בכל העולם, אשר על כן פשוט וברור שאפילו אם יבואו גדולי עולם ויאמרו להקל אין שומעין להם! דהא מצינו ביבמות שאף להחמיר לא נשמע אף לגדולי גדולים (ביבמות קב) אמר רבה א"ר כהנא אמר רב אם יבוא אליהו ויאמר אין חולצין בסנדל אין שומעין שכבר נהגו העם בסנדל, ופשוט שאין הכוונה שיאמר ע"פ נבואה דאף הכרעה קטנה א"א ע"פ נבואה דלא בשמים היא ואלה המצוות - שאין נביא רשאי לחדש בדברי תורה אף לא להכרעת מחלוקת א"א זה בנבואה ... וא"כ בהכרח שהפירוש הוא אם יבוא אליהו ויאמר לנו ע"פ חכמתו וגדולתו בתורה איך שהדין הוא שאין חולצין בסנדל אין שומעין לו מטעם שכבר נהגו בסנדל ... וכ"ש שלא שייך לסמוך על איזה אדם שמורה להקל בטומאת כהנים מחמת שהם כבר טמאי מת דאין יכולין ליטמא, שלכן אין צורך אף לבדוק מי הוא מחבר הקונטרס הלזה שאף אם היה ת"ח אינו כלום

שו"ת אגרות משה יורה דעה חלק ג סימן קנה

It is clear that Rav Moshe's unwillingness to consider the kuntres was because he assumed that it tried to make the point that, since Cohanim are all tamei today, there is no longer a concern of them coming into renewed contact with a body.

- We saw in the last shiur that this point is a machloket between the Rambam and the Ravad.²³ The Rambam rules that a status of tamei met has NO bearing on the prohibition for a Cohen to come into contact with the dead, which remains in full force. The Ravad rules that a Cohen who is already tamei is NOT 'chayav' if he comes into renewed contact with a body.²⁴
- This position of the Ravad is not accepted by most Rishonim or Acharonim and is generally rejected by most contemporary poskim. It is however sometimes accepted as an extra 'snif leheter'.

10. אבל עיינתי בהקונטרס שהוא עצמו ג"כ מסיק שאין להתיר לכהן אף בזמן הזה ליטמא למתים, אבל מתיר מצד אחר דפקוח נפש. וזהו שטות והבל שלא ניתן לבר דעת לומר כלל! שאף אם לא היה שום רופא בעולם ליכא חיוב מצד פקוח נפשות ללמוד חכמת הרפואה דהחיוב דפקוח נפש איכא לכל אדם שיציל חברו במה שיכול שאם הוא רופא מחויב להציל חולה מחליו אבל ליכא חיוב שילמוד חכמת הרפואה כדי להציל חולה מחליו. וכמו בצדקה שאם יש לו לאדם ממון מחויב ליתן צדקה אבל ליכא חיוב על האדם לעשות מסחרים ולהתעשר כדי ליתן צדקה. אבל לבד זה וכי חסרים רופאים בעולם!! ולא שייך אף לטעות בזה!

שו"ת אגרות משה יורה דעה חלק ג סימן קנה

Rav Moshe eventually DID look at the kuntres, which in fact accepted that Cohanim (even if already tamei) may not come into contact with a body. It also however sought to permit Cohanim to study medicine on the grounds of pikuach nefesh - the imperative to save life. Rav Moshe rejects this as 'shtut vehevel'! Even if there were no other doctors in the world (which there are!) an individual has no personal heter of pikuach nefesh to learn medicine so that they can save life.²⁵

11. ולא יקילו ממה שמצינו מרבתינו הראשונים שהיו כהנים והיו רופאים שהם בכוחותיהם הגדולים למדו כל חכמת הרפואה במסירת כל דבר בעל פה אף בלא שום ראייה והסתכלות במתים ולא נגעו במת מעולם ולא היו באהל אחד עם מתים, אבל בזמננו שא"א זה לכן ודאי אסור ...

שו"ת אגרות משה יורה דעה חלק ג סימן קנה

Rav Moshe argues that, even though some of the great rabbis who were Cohanim were also doctors²⁶, one cannot learn from that since the study of medicine in those days did not involve anatomy.²⁷

23. It may also be a much earlier machloket between R. Akiva and R. Yishmael in Avel Rabbati 4:15.

24. We analyzed last time whether this means that the Ravad rules that it is PERMITTED for a Cohen or simply a less stringent prohibition. The Mishne LeMelech learns that the Ravad simply means that the Cohen does not receive malkut, but it is still a Torah prohibition to come into contact with the body. R. Akiva Eiger understood the Ravad to indeed mean that the Cohen was so permitted.

25. Rav Moshe may agree that it is, in principle, a mitzvah to become a doctor to save life. He is simply clarifying that it will not constitute 'pikuach nefesh' which would permit a Cohen to become tamei.

26. The Gemara relates that R. Yishmael, Shmuel, and R. Chanina ben Dosa were all Cohanim and physicians.

27. Study of anatomy as standard preparation for medicine began in the 18th Century.

R. Dovid Tzvi Hoffman was asked about giving the cohen aliyah to a cohen who was then in medical school.

12. שאלה: אם מחוייב הרב לאסור לקרות לתורה כהן שלומד חכמת הרפואה שבדאי מטמא למתים בעסקו בניחו: תשובה: ידוע שפסק בש"ע א"ח סי' קכ"ח סעיף מ"א דכהן שמטמא למתים אסור לנהוג בו קדושת כהונה עד שיקבל עליו שלא ליטמא עוד (והוא קנס דרבנן) וכן פסקו כל האחרונים והנה היהודה יעלה מצדד, שמי שלומד חכמת הרפואה יש לחשבו לשוגג, דאולי סובר כיון דעוסק בלמוד ויכול עלי"ז לרפאות אחרים שרי או שסובר דבמת נכרי לא שייך אפילו טומאת מגע כדעת הספר יראים (אף שכל הפוסקים חולקים עליו). והנה יש לספק אי מחוייב הרב להוכיח כהן זה כיון שבדאי לא יקבל ואי אמרינן מוטב שיהיו שוגגין ולא יהיו מזידין. ונראה שפשוט בעיניו שלא יוכיחו דבדאי לא ישמע לו לעזוב את חוק לימודו אשר בחר בו ויתעסק בלימוד אחר, כי זה אינו עושה רק בעל יראה שלמה. ... והנה לכאורה י"ל כיון דבשוגג אינו אסור לעלות ואין לקונסו יש להניחו לעלות. אך זה אם נדין על מה שעבר, אבל אם עדיין ידוע שעובר על הלאו דלא יטמא בכל יום ואנו מחשיים וקוראין אותו לתורה ככהן צדיק הרי אנו מחזיקין ידיו ומסייעין לו בשטתו הבדויה. וע"כ מצוה לומר להסגן שלא יקראנו ורק אם יודע שהסגן לא ישמע לדבריו, אי מוטב לשתוק ויהיה שוגג ולא מזיד

ש"ת מלמד להועיל חלק א (אורח חיים) סימן לא

R. Hoffman allows calling up a cohen doctor who had already completed medical school. A student who is still training and regularly become tamei (through anatomy) is more problematic. Even there, there may be situations where the Rav has to turn a blind eye! Nevertheless, R. Hoffman appears in principle to be stringent on the question of whether a Cohen may study medicine.

The Chatam Sofer rules that a Cohen is permitted to study medicine if he can do so without becoming tamei even if, in the future, as a practicing physician, he may have to become tamei in life-saving situations. This view is, however, unlikely to be so relevant in today's world where anatomy and dissection are requirements. If a Cohen could rely on a firm written exemption from this requirement (as well as the handling of other human tissues, such as bones and human histology and pathology specimens and slides) then a posek may be lenient and permit him to attend medical school, providing he can pass all exams in gross and microscopic anatomy without actively participating in these activities.²⁸

It is rumored that Rabbi Isaac Herzog was lenient on the matter based on the need to settle Israel and build its medical system.²⁹ However, this has never been recorded in writing and cannot be given much credence.

Attending dental school will raise similar issues if it involves dissection or touching whole skulls. If the dental student can attend as an observer this would be much less problematic.³⁰ Also, dental practice is far less likely to result in contact with the dead.³¹

C] MUSEUMS

Many museums contain human remains and the Cohen will need to make appropriate inquiries before entering.

NOTE: Of course, none of the above related to women! A daughter or wife of a Cohen has no restrictions at all in these areas.

28. See The Study of Medicine by Edward R. Burns on <http://content.yutorah.org/viewer/2011/1053/756180.pdf>

29. See Practical Medical Halacha - Fred Rosner and Moshe D. Tendler p16.

30. Although some poskim are strict on this too.

31. Ibid p 17.