



***PRACTICAL  
GUIDELINES FOR  
FASTING ON YOM  
HAKIPPURIM***

Special Covid-19 Section for 5781

*Kol Rina*  
SHUL

Yom HaKippurim, the day of atonement and purity, is revered by the majority of Jews. Many attempt to observe the fast properly. Sometimes, however, it is not clear if fasting is the right thing to do nor when and how halachic sanctions breaking the fast. This pamphlet will offer some guidelines for those thinking of fasting or breaking their fast on Yom HaKippurim. Caretakers and health care professionals may find the information useful as a tool in assisting their loved ones or employers to make the best halachic and health decisions. The information here will give you an idea whether to start the fast, continue and when and how to drink or eat on Yom HaKippurim. It is always advisable to discuss your personal situation with your personal physician and Rav.

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**KOLLEL**  
YAD SHAUL

# Practical Guidelines for Fasting on Yom HaKippurim

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## Special Covid-19 Section for YK 5781

- נ. This year, due to the coronavirus pandemic, the eternal principles of halochoh must be applied as best as possible to many common scenarios. There is no substitute for an informed decision by a personal medical consultant who is a *yorei shomayim* and is familiar with the patient's medical history in conjunction with a Rov. This is not available to everyone. Therefore, below are some general recommendations that will be appropriate for many people when in doubt.
- ז. **Preliminary note:** Because there are many factors that need to be considered when rendering a decision regarding fasting/eating/drinking on YK in the context of Covid-19, none of these “halachos” are inflexible. A decision by a medical professional and rav relating to your specific case – not this essay– should be followed meticulously. These are merely general guidelines that can inform a decision.
- ז. Some of the factors that your *posek* and medical consultant will consider are age, sex, body mass index (BMI), general health, pre-existing conditions (e.g., diabetes, hypertension, cardiovascular disease, cancer or pregnancy). Make sure to give them as much detail as possible.
- ז. SARS-CoV-2 is a virus that scientists haven't seen before and are still learning much about. Knowledge of the virus is evolving. The guidelines below are based on the best medical information I have come across after consultations and may ultimately prove to be inaccurate. Still, I have included items that may not be fully supported with evidence to err on the side of life.
- ז. SARS-CoV-2 can aggravate dehydration, even in the absence of fever. One of the main effects of many viral infections is dehydration. The body combats a virus by increasing body temperature, often causing fever; this means that you lose more water through skin evaporation and even breathing. Viruses can also make you lose your appetite (another hydration source); some may even cause diarrhea, vomiting or both, which further aggravate dehydration.
- ז.1. Furthermore, even after SARS-CoV-2 symptoms have gone away, depending on the severity of the case there may be abnormal blood clotting, and consequently dehydration is more of a risk.

1. Due to the above and other considerations, there is reason to be concerned that fasting can aggravate the SARS-CoV-2 infection and endanger a patient's life.

### **Covid-19 Fasting Laws and Isolation**

- א. In general, when a person is allowed to break his or her fast due to potential danger, it is only necessary to drink fluids in *shiurim*. It is unlikely that a general license to eat or drink without regard to quantity will be granted. Anyone hospitalized, however, should eat and drink normally without *shiurim* or concern for quantity.
- ב. **Not diagnosed with SARS-CoV-2 infection but has had symptoms since before Yom Hakippurim or began to have symptoms on Yom Hakippurim:** A person who has not been diagnosed but has symptoms should be treated as a diagnosed patient who has the virus and should drink a minimum of 500 ml in *shiurim*. Beyond that amount, you should consult with a doctor if possible. (Any person that has such symptoms and whose SARS-CoV-2 infection status is in doubt should not attend Shul or minyan in order to limit potential transmission of the virus to others.)
- ג. **[Current diagnosis of SARS-CoV-2 infection:** All persons with a current diagnosis of SARS-CoV-2 infection, be it asymptomatic or symptomatic (see below), must remain in isolation in order to limit transmission of the virus to others. Shul and minyan attendance is unacceptable for such persons.]
- ד. **Diagnosed with SARS-CoV-2 infection but without symptoms:** A person who has received a positive test result for SARS-CoV-2 but has not had any symptoms (as defined below), and who feels healthy and as strong as usual should begin the fast. If in the course of the day the patient feels weaker than he or she usually feels during a fast, he or she should drink 500 ml in *shiurim* (as described below) throughout Yom Hakippurim. An older person or someone with a high BMI or other risk factor for severe SARS-CoV-2 infection should drink even when there is a slight decrease in strength and may need more than 500 ml of fluids. (Shul and minyan attendance is unacceptable and irresponsible for such persons.)
- ה. **Diagnosed with SARS-CoV-2 infection and has one or more symptoms:** Symptoms in this regard are fever, cough, shortness of breath, feeling of weakness, and aches in muscles or joints. A patient with any of these symptoms should drink 500 ml of fluid in *shiurim* throughout the fast. Loss of taste or smell is not considered a symptom regarding this clause. Persons with cough and shortness of breath should be monitored for

worsening symptoms during the course of the fast. Use of a saturations monitor is permissible to ensure that saturations remain above 90% in room air. Saturation levels lower than 90% in room air would warrant medical attention and the use of supplemental oxygen. (Shul and minyan attendance is objectionable for such persons.)

- כ״. A patient with shortness of breath or an oxygen saturation level below 93% should drink at least a full liter in *shiurim*. One may use a digital oximeter on YK in order to test the saturation level.
- כ״א. **Recovered patient:** A person who did not require hospitalization, whose symptoms went away completely within 72 hours of the onset of the symptoms, and who now feels strong and healthy should fast. This is true even during the 13-day mandatory isolation period. If during the fast the person feels weaker than usual for a fast day, he or she should drink in *shiurim*. (During the isolation period, even if the patient is feeling fine, shul or minyan attendance is unacceptable. The isolation period is a matter of public health and is more valuable than *tefillah betzibbur*.)
- כ״ב. **Patient recovered from extended Covid-19 illness:** If the illness lasted longer than 72 hours, the patient is classified as a *חולה שיש בו סכנה*. Accordingly, the patient is considered a *choleh* for a full week after the symptoms are completely gone. If YK is during that week, he or she should still drink at least 500 ml in *shiurim*. (Shul and minyan attendance is objectionable for persons who are still in the isolation period.)
- כ״ג. **Patient who was hospitalized, required oxygen or had symptoms that persisted longer than a week:** If YK is within three months after the symptoms went away completely, the person should drink in *shiurim*. Certainly, if any of the symptoms still persist then the patient should drink in *shiurim* (500 ml) even if more than three months have passed from the time the patient felt better. Loss of taste or smell is not considered a symptom in this regard.
- כ״ד. **A pregnant woman who has SARSCoV-2 infection** with any symptom, including loss of taste or smell or sore throat is permitted to drink in *shiurim* if she experiences excessive thirst and weakness during the course of the fast. She should gauge the extent of thirst and weakness against her previous experience of fasting on YK. Bed rest is encouraged. (Shul attendance is not to be considered.)
- כ״ה. **Quarantine:** A person who is in quarantine due to travel or contact with someone who tested positive, but has no symptoms and feels fine, should fast regularly. Should

symptoms develop (e.g., sore throat, headache, coughing, aches in muscles or joints, fever, shortness of breath), the person should drink at least 500 ml in *shiurim*. (The secular, legal quarantines are usually done with the public health in mind and should be respected and adhered to. This precludes shul or minyan attendance.)

- נׁ. **For further information:** See sections below on *shiurim* and practical advice for those allowed to drink on Yom HaKippurim.
- טׁ. The amounts of fluids listed above are minimum amounts that one can feel certain that he or she can take without worry. It is likely that a personal doctor may recommend ingesting more. But before ingesting more than these amounts, it is best to get a medical and halachic opinion.
  - טׁ.1. It is important to debunk a common fallacy. All halachic situations that allow one to drink in *shiurim*, does not offer a license to drink any quantity as long as it is in *shiurim*. Any amount over the prescribed amount, is potentially a Torah violation. Observant doctors should estimate the minimum amount of fluids each of their patients needs to intake over the course of the day and share that number with the patient.
- כ. For all of the above allowances to drink due to SARSCoV-2 infection, one should use tasty (non-bitter) fluids and there is no need to opt for an intravenous line of fluids.

# Dehydration, Pregnancy, Delivery and Illness on Yom HaKippurim

## What is Dehydration?

Dehydration means your body does not have as much water and fluids as it should. Dehydration can be caused by losing too much fluid, not drinking enough, or both. Fasting, vomiting and diarrhoea are common causes.

## Children

Infants and children are more susceptible to dehydration than adults because of their lower body weight and higher turnover of water and electrolytes. Children under nine years old should **not** fast at all. If they are over nine years old and ask for a drink at night, they should be given to drink and need not fast at all the next day. Should a child over nine years of age fast at night and the parents believe that their child can push off breakfast for up to an hour, they are advised to allow the child to fast for educational purposes. Every subsequent year that children fast on Yom HaKippurim, parents can add some time to their child's fast if they believe it will have no negative repercussions. Still, the amount of time the child should fast should not be more than an hour longer than the time the child fasted the previous year. For example, if a child drinks at 7:00 a.m. every morning and eats at 9:00 a.m., on the first Yom HaKippurim they can eat and drink at 8:00 a.m. since that is an hour after he or she usually drinks. The following year this can be extended, but I suggest that it not be any later than 9:00 a.m. Children should not fast the entire fast until they are *bar* or *bas mitzvoh*.<sup>1</sup>

When children or adults may eat on Yom HaKippurim, they should **not** make *kiddush*. Since the default for adults is to fast, no *kiddush* was instituted for the day. Thus, when children eat, there is no educational benefit for them to make *kiddush* since when they become adults, they would not make *kiddush* on this day. However, when reciting *birchas hamazon*, it is appropriate to add *yaaleh veyavo* and refer to *Yom HaKippurim*. Should a child or sick person

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<sup>1</sup> The "custom" that some have that a child should fast the three fasts before his *bar* or *bas mitzvoh* is erroneous; it has no valid source and should not be followed. Even if a family has conducted themselves like this for generations, that does not give it the legitimacy of a *minhag*. Rav S.Z. Auerbach ז"ל would rule that such precedent does not establish a *minhag* and the practice should be discontinued. He surmised that the behavior may have started when some parents wanted to test their children to see if they could fast. Authentic halachic sources only mention educating children to increase the amount of time that they fast every year, but there is no reference that children are encouraged to complete a fast.

recite *birkas hamazon* without mention of *yaaleh veyavo*, it should not be repeated (Shulchan Aruch 618).

## Nursing Mothers

Healthy nursing mothers need to fast on Yom Hakippurim.<sup>2</sup> However, it is important to keep an eye out for nursing infants. Fewer wet diapers are a good reason to touch base with a paediatrician.<sup>3</sup> Sometimes, a nursing mother will need to drink on Yom HaKippurim for the sake of her infant. While the mother's body may not be adversely affected by the fast, the fast can affect her infant and the mother may need to replenish fluids to keep her infant out of

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<sup>2</sup> If the mother has a history of mastitis (breast infection) or if she or her physician is concerned about this potential health complication, she should consult with a physician (preferably observant) and report to her Rav before Yom HaKippurim.

### **Tips to Make Fasting Easier While Breastfeeding:**

If you want to breastfeed and fast in tandem, you'll need to keep a few points in mind:

1. A Good Breastfeeding Diet:
  - 1.1. Make sure you are getting a good breastfeeding diet when you do eat. If you are cutting out a few specific food items, like meat, from your diet, compensate with supplements.
2. Drink as Much as You Can:
  - 2.1. Breastfeeding can leave you thirsty. So, make sure you are getting enough fluids. This is important especially during summer months to avoid dehydration. Since according to halochoh you can't drink water while fasting, make sure to drink enough fluids before and after your fasting period.
3. Postpone Heavy Chores:
  - 3.1. If you can, try to postpone chores that take up a lot of energy for later.
4. Rest as Much as You Can:
  - 4.1. Breastfeeding can be taxing. And if you are fasting, it can become doubly hard. So, rest when you can, as much as you can to keep your energy levels high.
5. Keep an Eye on Your Baby:
  - 5.1. There is a chance that your baby may get less milk while you fast and the day after. So keep an eye on her. If you notice fewer wet nappies, greenish bowel movements, weight loss or lethargy talk to your doctor.

<sup>3</sup> A markedly sunken fontanelle (the soft spot on the top of the head) in an infant is a late indicator of dehydration and may be difficult to detect. Other signs of dehydration are listed on pages 4 and 5.

danger. Fasting, however, usually doesn't affect the milk supply until the day after Yom HaKippurim. If one has a concern about the infant's capability to endure the fast of the mother, the infant's paediatrician should be consulted before Yom HaKippurim.<sup>4</sup> It is appropriate for a nursing mother to drink a lot of fluids for the 72 hours preceding the fast to avoid the need of drinking in *shiurim* during Yom Hakippurim. See section 47 (page 25) about premature, weak and ill infants.

### **Elderly and Ill**

The elderly and ill are also at higher risk for dehydration, and family and friends should take notice of how they are managing on Yom HaKippurim.<sup>5</sup>

Dehydration is classified as mild (5% loss of body weight), moderate (7.5%), or severe (10%) based on how much of the body's fluid is lost or not replenished. A loss of about 10% of body weight due to dehydration is a life-threatening emergency, but even a 1%-2% loss of body weight may cause symptoms.

### **Signs of Dehydration**

- ❖ Headache, dizziness and lightheadedness
- ❖ Dry or sticky mouth

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<sup>4</sup> The opinion of a licensed medical practitioner who is familiar with the mother and infant, regarding the diminished milk supply due to a potential fast and the reaction of the infant should be followed if the decision is to require fluids during the fast day. The mother herself is qualified to make such a determination as well if she is confident that a fast would cause such a diminished supply of milk that her infant would suffer. It is **not** appropriate to consider supplementing the infant's diet with formula if the infant is nourished exclusively through nursing. Rather, when appropriate, the mother should drink.

<sup>5</sup> When a family member has Alzheimer's or any other condition in which they might forget it is Yom HaKippurim, the family is advised to arrange a rotation of relatives spending time with their relative. Forgetfulness (as in the early stages of Alzheimer's) does not classify the person as a *shoteh* (one exempt from halachic obligations) and they are still required to fast. Nevertheless, family members cannot be *required* to forego their own davening and personal needs on Yom HaKippurim to assist the forgetful relative so that they do not violate Yom HaKippurim. Still, it is recommended to show concern for any other Jew that might need assistance in fasting, especially if it is a close relative. Sacrificing one's normal Yom HaKippurim routine to help a relative fulfill the *mitzvah* of fasting may be the best use of one's time on this very important day. It may be worthwhile to consult with a Rav, a physician or close friend to consider all the relevant factors before deciding a course of action for this type of situation.

- ❖ Low or no urine output; concentrated urine appears dark yellow (infants will **not** have dark urine when they are dehydrated)
- ❖ Lack of tears
- ❖ Fainting
- ❖ Sunken eyes
- ❖ Deep, sighing respiration (in severe cases)
- ❖ Fever (in severe cases)
- ❖ Lethargy (failure to react appropriately to requests or sounds)
- ❖ Coma/shock (with severe dehydration)

**A physical examination may also show signs of:**

- ❖ Low blood pressure, and weak volume pulses
- ❖ Blood pressure that drops, especially when the patient goes from lying down to standing
- ❖ Rapid heart rate
- ❖ Reduced skin turgor: The skin may lack its normal elasticity and sag back into position slowly when pinched up into a fold by the doctor; normally, skin springs right back into position.

There is evidence of a decrease in skin turgor when the skin (on the back of the hand for an adult or on the abdomen for a child) is pulled up for a few seconds and does not return to its original state. The skin on the back of the hand, lower arm, or abdomen is grasped between two fingers so that it is tented up. After a few seconds, it is released. Skin with normal turgor snaps rapidly back to its normal position.<sup>6</sup> Skin with decreased turgor remains elevated and returns slowly to its normal position.

Decreased skin turgor is a late sign in dehydration. It is associated with moderate to severe dehydration.

- ❖ Delayed capillary refill

Pressure is applied to the nail bed until it turns white, indicating that the blood has been forced from the tissue (blanching). Once the tissue has blanched, pressure is removed. An examiner will measure the time it takes for blood to return to the tissue,

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<sup>6</sup> But not always with elderly people.

indicated by a pink color returning to the nail. Blood usually flows back within 2 seconds. Capillary refill time is considered to be prolonged if the refill time exceeds 2 seconds.

### **What should I do?**

Whenever you suspect dehydration, seek a competent medical opinion by a *yorei shomayim* and follow his or her recommendations. Whenever possible, confirm with a Rav. Generally, the best way for someone without medical training to replenish fluids is by giving the person in need water to drink. If the health-care provider (doctor, nurse or self-proclaimed expert) believes drinking in *shiurim* is sufficient, then the dehydrated person should drink 35 millilitres (mL) every 5 minutes. Sometimes a medical professional will suggest a more aggressive treatment.

Whenever there is any doubt, err on the side of drinking and breaking the fast. People who drink due to a real concern of dehydration do not need *kapporoh*. They acted in the way Hashem expected of them. Should they refuse treatment when mandated, they will need *kapporoh* for unnecessarily putting their lives at risk.<sup>7</sup>

A person should immediately be given large quantities of water on Yom HaKippurim if they exhibit any one of the following symptoms:

1. Sunken eyes
2. Stomach cramps accompanied with pain
3. Watery diarrhoea mixed with mucous and blood
4. Deep breathing with or without fever

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<sup>7</sup> This point is obvious to halachically oriented Jews and need not be noted with a reference. Jewish life supersedes all Jewish law, including the laws of Yom HaKippurim (except with regard to the three cardinal sins). This is evident from the *mishnayos* in Yoma. The Gemoro (Yoma 85a) makes it clear that even multiple uncertainties whether a life is at risk is grounds to violate the laws of Yom HaKippurim and Shabbos to avoid a potential life-threatening situation.

If the patient is *also* vomiting giving them water to drink will not be efficient and they need to have fluids administered intravenously. It is therefore necessary to alert emergency health care practitioners or drive to a hospital.<sup>8</sup>

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<sup>8</sup> Julia Rosenberg M.D., a student of mine during the summer of 2014 (NEIJS-Jewish Medical Ethics), raised an interesting suggestion for Yom HaKippurim-fasting dehydration concerns. In response to reading an earlier version of this pamphlet, she suggested that Oral Rehydration Therapy (ORT) should be explored as an option to be administered by any trained layman when presented with a patient requiring rehydration due to the fast. When the patient receives the full amount of solution, ORT may be a simple and effective solution that is practical and halachically preferred.

ORT has saved millions of lives in response to severe dehydration, especially in countries where diarrhoeal illnesses are responsible for the deaths of millions. However, it still needs to be established that ORT is appropriate when dehydration is secondary to fasting (and not to diarrhoeal illness).

ORT is simply water, sugar, and salt in a very specific ratio that causes cellular receptors to absorb more water and salt into the bloodstream, rather than having the water pass straight through (and out) the gastrointestinal (GI) tract. In the intestine, there are specific transporters that require this ratio to function. Free water without salt will often pass through the GI tract (especially in situations with diarrhoeal illnesses are causing high GI motility), but with salt and sugar in this specific combination, specific cellular receptors are activated, and significant amounts of life-saving electrolytes and water will be absorbed into the bloodstream.

#### **Formula for ORT**

The formula for ORT is one liter of water, 6 teaspoons of sugar and a half teaspoon of salt. One can obtain prepared packages of these salts that are mixed directly into 1 liter of water. Here is some more information: [rehydrate.org/ors/](http://rehydrate.org/ors/). Rehidrat® is a widely available alternative preparation of ORT in RSA, available from pharmacies in sachet form.

It may be easy to train people to determine when ORT is indicated, and we already know that it is easy to train people how to prepare and administer ORT.

Further research on this should consider ORT's effectiveness for dehydration resulting from fasting (without any other factors inducing the dehydration) and whether the mixture is naturally, or can easily be concocted, to be considered halachically inedible. The taste is not pleasant. Were it not for the therapeutic effects, most people would avoid drinking due to its unpleasant taste. Therefore, in my opinion, drinking this mixture is not a Torah violation (more about this later, see section 13 and

## Prevention

When someone is concerned about dehydrating while in *shul* during the *tefillos* of Yom HaKippurim to the point where they may need to drink on the fast day, they are advised to stay home in an air-conditioned room wearing light clothing and lying down. It is more important to make it through the fast than to daven in shul and break the fast. On a hot day, it is important to get an air-conditioned room, even if there is an added expense involved.

If taking care of small children does not allow for a proper rest and may aggravate a concern of dehydration, it is important to arrange for childcare in advance. A husband should feel responsible to arrange that his wife can make it through the fast if she is physically up to it and not have to drink due to her responsibility to care for the children. This may require the husband to come home from shul and care for his children himself, hire childcare and arrange for air conditioning for his wife.

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footnote 16 on page 16, section 17 notes 17 and 18 on page 18). The challenge would then be to make sure that the patient receives the full amount required for rehydration.

Although there is no Torah violation to use this inedible mixture, still it is not freely permissible to use during the fast day. People who are classified as ill with a non-life-threatening illness may use this method as well as a few other exceptions as will be addressed later in this pamphlet.

It is possible that ORT has had such success because it was evaluated in situations dealing with cases of severe dehydration. In cases of severe dehydration, drinking large amounts of tap water without any electrolytes can be harmful. Taking in large amounts of free water is most likely to cause harm if someone has losses of electrolytes (kidney disease, diarrhoea, vomiting, etc.). An important question seems to be: How often is free water going to be harmful after simply fasting? For certain situations, ORT might be the perfect solution to a controlled rehydration on Yom HaKippurim and seems to warrant further consideration.

## Fever

1. Should a person have an illness (sore throat, virus) that causes fever and the fever is over 38.5°C, one should drink fluids in *shiurim*. Similarly, should one suffer from diarrhoea (3 times a day), it is recommended for them to drink in *shiurim*. This is certainly true if the woman is pregnant.

## Reliance on the Patient as to their Condition

2. A person who claims that he has a serious medical condition (for example, a claim that one has a heart condition or has had a heart attack recently) which requires that he eat on Yom HaKippurim, should be taken as seriously as any other *safeik pikuach nefesh* and one may give him or her food.<sup>9</sup>
3. The Chasam Sofer qualified this by ruling that if an otherwise healthy person claims that he is so hungry that he must eat (but does not explain that he has a medical condition) and his face shows no such indication, others may **not** feed him, but they may tell him that he is permitted to take food himself.<sup>10</sup> Since he is not declaring that he has an existing medical condition, other people have no right to believe that his condition is any worse unless there are obvious signs that he is in danger.
4. Even before a woman is noticeably pregnant, she is believed to say that she is pregnant based upon medical tests, or the delay of her menstrual period.

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<sup>9</sup> עיין מנחת שלמה סימן ז' ד"ה גם.

<sup>10</sup> עיין שו"ת ח"ס א"ה חלק ב' סימן פ"ב ובמ"ב סימן תרי"ז סק"ו.

## Pregnancy and Fasting on Yom HaKippurim

5. The *mitzvos* of the day are the five *inuyim*, including fasting. Davening with a *minyan* and the inspiration it engenders is less important. A healthy, pregnant or nursing woman is required to fast on Yom HaKippurim and should do whatever she can in advance of the fast day to enable herself to make it through the fast.<sup>11</sup> If she needs to stay in bed in an air-conditioned room, she should do so. Drinking 2-3 litres of water per day for the three days preceding Yom HaKippurim can help prehydrate the body. Sometimes certain vitamins and pills can have a positive effect on easing the fast and should be encouraged. Discuss this with your doctor.
6. It is appropriate for a husband to make the necessary arrangements so that his wife can endure the entire fast and will not need to end up drinking. Often pregnant women are

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<sup>11</sup> Even during the ninth month of pregnancy it is required to fast normally. Although every day the foetus is in utero, the foetus is developing a tremendous amount, still, physicians have confirmed that the risk of complications and danger to the mother or foetus is minimal even if the dehydration were to lead to premature delivery. Halochoh requires the mother to fast even were it to lead to contractions and delivery. This then becomes the appropriate time for delivery, and nothing will be lost in the long run. (However, should a physician determine that a specific patient is in greater danger than most, or even if the pregnant woman herself is concerned that she feels weaker than most women and believes that fasting would be dangerous, that woman may drink in *shiurim*).

Even if she is pregnant *and* nursing she needs to fast (when there is no other medical concern). If the nursing infant relies entirely on nursing for its nourishment and the infant is not supplemented with other foods, the mother is advised to consult her physician for a recommendation whether she can manage to fast. If the pregnancy has been uneventful and the mother and infant are strong and healthy, the fast may not necessarily pose a problem and the mother, foetus and infant will not suffer due to the fast.

Should a pregnant woman be halachically required to fast and does not have enough halachic basis to drink fluids on Yom Hakippurim but is anxious or concerned that maybe she should be drinking or is overly concerned about a premature delivery but has no evidence to support her fear, she may consider other options that are halachically acceptable. It is permissible to arrange for an intravenous drip to be put in before Yom Hakippurim and that way she can received fluids throughout the day. A bitter drink or unflavored ORT may be taken throughout the fast day to avoid dehydration, if her anxiety level is high. These options are appropriate for people that technically are required to fast but are anxious (an I.V. can be administered erev Yom Hakippurim for healthy people that wish to have it even if not classified as *choleh she'ein bo sakanob*. A bitter drink should only be recommended for someone that has an anxiety level which makes her classified as *choleh she'ein bo sakanob*. Any time that there is a real concern and there is an objective medical diagnosis that raises a concern that a person may need fluids, then an I.V. or ORT should not be used. Drinking in *shiurim* is the preferred approach.

more susceptible to dehydrate and have difficulty managing through the fast due to nausea and other factors. An air-conditioned environment can help a person avoid dehydration. Babysitters and assistance with other children should be arranged in advance. If necessary, a husband should sacrifice his own *tefillah betzibbur* and stay home if that would make the difference whether his wife can manage to fast.

7. If a pregnant woman has a medical issue related to the pregnancy or otherwise, she should consult with her physician before Yom HaKippurim as to whether she can fast.<sup>12</sup> It is best to consult with a doctor who is a *yorei sbomayim*. If this is not possible, the opinion of one's personal physician needs to be taken seriously whether or not he/she is G-d fearing.
8. If an obstetrician informs a woman that she is at higher risk than other healthy women and fasting might jeopardize her pregnancy, she should eat in *shiurim* unless the physician says that she needs to eat or drink more than that. A woman that has had a miscarriage (even one unrelated to fasting) should ask her obstetrician if in the doctor's opinion there a significant risk to the pregnancy were she to fast. A history of one or two spontaneous abortions (unrelated to fasting) is **insufficient** basis to permit breaking the fast. That is why it is important to have a medical practitioner's opinion specific to this patient to determine whether she is at higher risk than most women were she to fast.
9. Women who have undergone fertility treatment such as embryo transfer and implantation should ask their physician about fasting. In general, it should be assumed that in the first few weeks of the pregnancy, there is greater risk to the viability of the pregnancy than a pregnancy through natural means and the woman should drink in *shiurim*. After the first few weeks, it is a judgment call that should be made by the attending physician. Under such circumstances, whether she is fasting or not, it is advisable that the woman refrain from attending shul and stay in a comfortable and relaxed environment.

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<sup>12</sup> A heart condition, hypertension, kidney or pulmonary issues, epilepsy, and mental illnesses including depression are all risk factors that coupled with pregnancy can be dangerous to a person fasting. It is necessary to consult with a specialist who is familiar with the specific case.

People taking lithium are at a higher risk of dehydration and should consult their physician. Usually they are required to drink in *shiurim*. (A woman who was prescribed lithium who realizes that she is pregnant, should immediately consult with her physician as lithium is usually contraindicated for pregnant women.)

10. A woman at the end of her first trimester who is vomiting repeatedly on Yom HaKippurim,<sup>13</sup> should either:
- 10.1. Receive an intravenous fluid transfusion,
  - 10.2. Drink fluids in *shiurim*, or
  - 10.3. If there is concern that she is critically in need of a lot of fluids, she should drink large amounts of water.<sup>14</sup>
11. A pregnant woman who awakes ravenous and cannot seem to control her desire for food should be reminded that it is Yom Hakippurim and it is in her and her fetuses' best interest to manage to fast. If this is not effective to change her obsession with eating and she feels weak, she may eat in *shiurim*. There is no practical difference between any stage of pregnancy regarding these *halachos*. All medical concerns for the health of the foetus begin at the earliest stages of gestation.
12. A pregnant woman may eat and drink in *shiurim* if she previously had **two** spontaneous abortions due to fasting. Even if the fasting induced early labor (before 36 weeks) or contractions in previous pregnancies and those contractions were arrested and the earlier pregnancies ended well, nevertheless, she should not risk another such episode and should

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<sup>13</sup> If she has been vomiting before Yom HaKippurim, she should consult with an observant physician (who is familiar with her case) before the fast and follow her recommendations. In the absence of such counsel, she should try to enter the fast as hydrated as possible and begin fasting. Someone should check on her regularly to monitor her condition throughout the fast.

<sup>14</sup> While there is halachic advantage to use water that has been treated and is bitter (e.g., a strong concentration of tea or coffee without sweetener is added to the water), however, when a patient is permitted to drink, it indicates that the patient needs fluids. Once that determination has been made, I do not recommend using bitter drink. The bitter flavor may inhibit the person from drinking the amount they need and since they are permitted to drink, they should drink a fluid that is palatable. Classic halachic sources do not discuss the notion of embittering fluids to drink on a fast day. Bitter waters are recommended in situations when a person is halachically **not** allowed to drink. This shall be addressed more fully below.

eat and drink in *shiurim*. If she experienced this **only once** before and the present pregnancy has gone smoothly, she should attempt to fast.<sup>15</sup>

13. However, if in the present pregnancy, the woman has experienced (even once) early contractions any time before 36 weeks and through intervention those contractions were halted (by going to the hospital and getting fluids intravenously or drinking fluids at home), when Yom HaKippurim arrives she should either:

13.1. Receive intravenous fluids before and during Yom HaKippurim, or

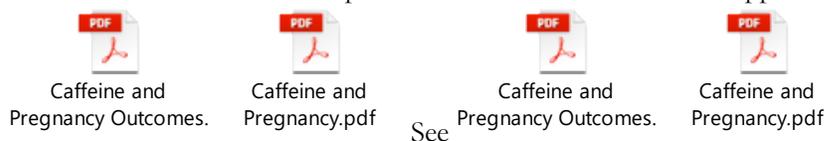
13.2. Drink liquids in *shiurim*, or

13.3. Drink fluids that have had a bitter flavor added to the point where people would not find the drink palatable.<sup>16</sup>

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<sup>15</sup> This is a challenging halochoh and may be contrary to the common sense of many or the general recommendation of a doctor. As long as the physician is not making a comment relevant to this specific patient based on his knowledge of her particular circumstance, but rather is offering a general recommendation, the halochoh should be followed and not the doctor. She is expected to start fasting, since her history of spontaneous abortion caused by the fasting has not yet been established well enough. However, should she show signs that she or the foetus is not well, she should follow the normal guidelines for suspected dehydration. Also, she is advised to consult with her personal physician, and if she (the physician) believes that due to the particular circumstances of this particular patient, the patient is at a greater risk than other women to have a spontaneous abortion, her recommendations should be followed (and fluids should be administered).

<sup>16</sup> E.g., ORT or adding a strong concentration of tea or coffee without a sweetener. There is inconclusive evidence that caffeine can have a negative impact on pregnancy. Still, in the small amount administered for a halachic potion to be used on Yom Hakippurim, it seems insignificant. See



If there is concern that due to the bitter tasting liquid the woman will not drink as much as she should be drinking, it is best to drink in *shiurim*. The decision to use bitter liquids or *shiurim* depends upon whether the patient will in fact drink enough of the fluid if it is bitter. Once a woman has halachic permission to drink in *shiurim*, my recommendation is to drink in *shiurim* and not drink bitter fluids. However, since it is an option, it is mentioned as a third form of therapy.

Furthermore, coffee and tea can have significant diuretic effects (causing one to urinate) which is not helpful on Yom HaKippurim when there is concern of dehydration.

Any of these measures will help prevent further contractions from developing due to the fast. Should the woman experience dizziness, she should also **eat** in *shiurim*.

14. A pregnant woman who begins to stain (even small stains) should eat and drink **normally** on Yom HaKippurim, whether she is in her first trimester or later. It is a sign of a stress and threatened abortion, which could endanger the foetus and mother. Substantial bleeding (e.g., the amount of a menstrual period) is a medical emergency and the patient should seek immediate competent medical care or be driven to the hospital on Yom HaKippurim for evaluation and care.
15. A physician who has taken a minority position and proclaimed that a certain condition is not dangerous and a patient with that condition must fast and then the physician herself became pregnant suffering the exact same condition that she herself said is not dangerous, still should eat and drink and follow the majority opinion. Although she herself needs to follow her own advice, her foetus is not expected to do so and the mother should advocate on behalf of her own foetus to follow the majority opinion.
16. Gestational diabetes is not a concern until 24 weeks. If she is 24 weeks into the pregnancy and has gestational diabetes which can be controlled with a properly balanced diet, and her blood test results are favorable, she should fast.
  - 16.1. However, if she requires insulin injections or her blood results are not favourable, she should eat and drink in *shiurim*.
  - 16.2. If she does not require injections and has no reason to suspect that her blood results are unfavorable, however, during the fast she is concerned that she is going to blackout or faint, or if she feels famished or has a cold sweat, in all these situations she should eat, drink and rest.
17. Sometimes, a pregnant woman has been to the doctor or doctors and they have not found any underlying illness or cause for concern, but the patient still does have rapid heartbeat, cold sweat and vomiting. Even if the conditions are due to stress, anxiety and may be self-induced, still, it is my opinion that they should be treated the same as if they were stemming from a diagnosed illness. Whatever the cause, there is now a real concern of dehydration and some degree of danger.
  - 17.1. However, should a pregnant woman not have any of the conditions above that allow her to drink in *shiurim*, and does not exhibit any symptoms that are cause for breaking the fast, but is still extremely anxious about her pregnancy and the fast, she may drink fluids that are not halachically considered food or drink. For example, a woman who gets nauseous and is concerned that were she to fast she may vomit and dehydrate, or if the pregnant woman has a cold and is not feeling well, but has no fever or diarrhoea while she does not have halachic license to break her fast, she may prepare a bitter drink and drink as much of that during Yom HaKippurim as she wishes. Such a drink can be prepared with a high degree of concentrated tea (without any sweetener) to the point where most people would not drink it like that due to the

concentration. Such a drink is not considered edible food and is not included in the Torah prohibition of eating and drinking on Yom HaKippurim.<sup>17</sup> This dispensation should not freely be used to avoid fasting. It is only appropriate for a person who is halachically required to fast but is also extremely anxious about managing through the fast. The anxiety can make the fast particularly difficult to manage and the person is likely to consume fluids that they shouldn't have had. Furthermore, the irrational reaction likely qualifies the person as *choleh she'ein bo sakanoh*. This solution seems to me as the best option that would avoid unnecessarily breaking the fast.<sup>18</sup> An example

<sup>17</sup> As mentioned earlier, there are studies that have recently been done that indicate that caffeine may be contraindicated for pregnancy. Before making this potion, discuss it with a medical professional you trust.



Caffeine and Pregnancy Outcomes.



Caffeine and Pregnancy.pdf



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<sup>18</sup> בשערים המצויינים בהלכה ח"ד סימן קצ"ב הערה י"ב הסתפק בדין שדבר מר נחשב שלא כדרך הנאה ומותר לחולה שאין בו סכנה, האם בעיני שטעם המר נרגש קצת או נרגש לגמרי, ונשאר בצ"ע. ובשם ר' אלישיב זצ"ל נאמר דמספיק שהאוכל או השותה ירגיש טעם המרירות ולא צריך שיהא מר עד כדי כך שיקוץ במזון או במשקה. ומשהגיע להרגשת טעם מר, כבר נחשב שלא כדרכה ופטור. ור' יצחק זילברשטיין שליט"א הגדיר דהדבר תלוי דאם המרירות הוא באופן שבנ"א ימנעו מלשתות המים הללו. ואע"פ שאם אדם צמא מאוד הרי ישתה אף דבר מר, וביוה"כ הרי הוא צמא, מ"מ לא דנין שם אוכל ע"פ מה שאדם יאכל כשהוא רעב. ולכן נראה דכל שמרגישים טעם המרירות במים, אפילו הרגש קטן, וימנעו אנשים מלשתותו, הרי מותר לחושאב"ס לשתותו. ונראה דמים המוכנים בשיטה של ORT נחשב מים מרים ושתיה שלא כדרכה.

ונראה דמאחר דשרי לחושאב"ס, יש לצדד דהני אינשי עם חששות גדולות דינם כחושאב"ס לענין זה, ואף אם א"א להגדירם כחושאב"ס, מ"מ יש להתיר להם עצה זו של דבר מר או נוזלים דרך הוריד בערב יוה"כ כדי שלא יבואו לשתות בשיעורים ביוה"כ שלא כדין.

The standard preparation of ORT is not be palatable to most people. Therefore, the standard preparation of ORT should be considered halachically permissible to drink on Yom HaKippurim for those that are classified as a *choleh she'ein bo sakanoh* despite the fact that there are some people who find the taste palatable. (The way to determine whether a drink is palatable is to test it when the subject is not fasting and is not thirsty. ORT formula is generally palatable only to dehydrated persons.)

It is not advisable to tamper with the conventional formulation of ORT (1 litre water, 6 teaspoons sugar and half a teaspoon of salt). Should a Rav wish to be certain that it is not palatable, he might consider adding more salt to the potion in order to make sure that it is not palatable. In my opinion, this would be a mistake. Higher salt content can be deleterious to an already dehydrated person and

of this is when a woman is terribly concerned that her foetus has not moved in a while and is unable to contact her physician to find out if this is a medical emergency or not. In general, concern that the foetus has not moved is not enough basis to allow a woman to break her fast unless her personal physician determines as such. However, if this is causing her great anxiety, she may consider taking a drink that tastes bitter and most people would refrain from drinking were it not Yom HaKippurim. The drink may stimulate the foetus to move (especially if it also has sweetness in it) and resolve her anxiety.<sup>19</sup>

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should be avoided. Added sodium might cause the patient to vomit, thus making the situation worse. Potential complications of using fluids with excess sodium for rehydration include diarrhea and hypernatremia (high sodium levels in the bloodstream).

To avoid any confusion on this topic, I shall repeat the point made here. When a healthy patient needs rehydration of Yom HaKippurim, water is a good choice for non-medical personnel to administer and one need not use ORT. Earlier, the idea was raised to use the standard ORT formula and that possibility still needs further consideration.

If a patient is not in need of hydration and has no halachic license to eat or drink, a drink that is bitter or otherwise unappealing due to its taste does not qualify as ingesting a liquid and is halachically permissible on Yom HaKippurim to a person classified as *choleh she'ein bo sakanoh*. Still, one should only ingest such fluids after consulting a Rav to determine if it is the appropriate course of action for Yom HaKippurim.

<sup>19</sup> In general, a woman who has just found out she is pregnant (8 weeks) and is nauseous (but not vomiting) and experiencing cramps, should keep an eye out for any staining. The cramps are not so uncommon that they require immediate medical attention. The pregnancy can continue normally, and she should not break her fast to drink in *shiurim* just because of the nausea and cramps. It is advisable to contact a religious obstetrician to evaluate her specific case and the physician may suggest a sonogram, ideally within the days leading up to Yom HaKippurim, to learn more about the pregnancy.

Some extenuating factors added to the nausea and cramps (e.g., an older woman who has had difficulty conceiving, who has finally conceived through fertility treatment [and has passed the critical stages of implantation] and is extremely anxious about the pregnancy) may prompt a Rav to suggest that she drink a bitter drink. While the condition itself does not warrant that the woman drink in *shiurim*, the circumstances may allow for drinking liquid that is not classified as a drink in *halochob*. This is a judgment call by the Rav on a case-by-case basis.

18. Any unique condition in pregnancy (e.g., low level of amniotic fluid) can cause concern or anxiety and have halachic significance. The situation should be discussed with the obstetrician in advance. A list of questions can be found at the end of the pamphlet. The recommendation of the doctor or experienced midwife should be followed when she is a *yireiob shomayim* or there is no other Jewish *yorei shomayim* to consult.
19. A pregnant woman may choose to lie down the entire Yom HaKippurim even before she feels unwell and daven like that (without going to shul) to stave off possible dehydration. Most any behavior that will raise her chances of making it through the fast without needing to eat or other unwelcome incident is advised.

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Another example would be in a situation in which a person is not sick but has extreme discomfort in his throat due to a condition that causes it to dry out quickly. Normally hydration keeps it moist enough to maintain a state of comfort. There is no medical need to have fluids, but the fluids serve the function of avoiding dryness. In this case, using bitter drink that most people would not wish to drink due to its bitter flavor may be a good solution to moisten the throat.

I have encountered a situation in which a woman was sure that she is not well and must drink on Yom Hakippurim. She went to her doctor and described her situation and reported back to me that the doctor confirmed her condition and she is sure that she must drink in *shiurim*. I requested permission to discuss it with the doctor directly. Her physician shared that in his opinion, she is perfectly fine. He did not diagnose any illness, but just listened to her complaints. There was no dispute between them as to what condition she has. She has an anxious personality and is generally tense. She is sure that she will become so ill as to vomit and dehydrate. According to her doctor, this is inaccurate. Such a person can be advised to take an I.V. drip before the fast or start with unflavored ORT from the beginning of the fast. If she does not follow that course and does panic and vomits and becomes susceptible to dehydration, she should be treated as any other patient under these circumstances regardless of the cause of her condition. It may have been a self-fulfilled prophecy, but it is real. If the physician or rav recognizes in advance that she will reach such a level of panic, she is permitted to drink shiurim from the beginning despite the fact that she induced the condition due to her psychological state.

There are some people (who are healthy) that when told that they must fast, react in panic, anxiety, vomit and dehydrate. This is as real a danger as from any other cause. Halochoh is concerned about the end result and if the person is at risk of dehydration, it makes no difference how he or she got there. Such people are permitted to drink in *shiurim*, have an I.V. inserted before Yom Hakippurim, or have a bitter drink (e.g. ORT or concentrated tea or coffee without sweetener) throughout the fast day. One can also recommend that the patient begin to fast and be given the authority to self-determine when they need to drink or eat. The appropriate recommendation should be determined on a case by case basis.

## When Does Delivery Begin?

20. A pregnant woman is permitted to eat full meals and drink without concern for *shiurim* once one of these symptoms of parturition have occurred:

20.1. Contractions<sup>20</sup>

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<sup>20</sup> The Aruch Hashulchan (330:4) describes *yosheves al hamashber* as contractions. The Issur Veheter explains that it is referring to contractions that cause the woman to scream in pain. This would seem to refer to contractions that help in the pushing and not the dilating contractions that happen earlier. As a rule of thumb, if the woman is dilated to 8 cm then she surely has reached the stage of *yosheves al hamashber* and she may eat and drink if she wishes.

Rav Shlomo Zalman Auerbach allows a woman to drink as soon as dilation contractions begin with a fixed rhythm and frequency. Rav Auerbach agrees that she has not yet the threshold of *yosheves al hamashber* and does not have a free license to drink and eat as much as she likes. However, she is allowed to drink so as to have enough fluids to manage through the delivery that has already begun. If she can suffice with *shiurim*, she should do so. Often, however, she will need to drink normally in order to be properly hydrated so that she can endure the delivery properly. One may rely on this interesting halachic position. Sometimes it is appropriate for a woman who has reached her due date and does not feel well at all, to start drinking in *shiurim* despite the fact that contractions have not yet begun. If there is a likelihood that she will begin delivery soon, she needs to drink to be able to endure the delivery.

(For the birth of our first child, Adina, we drove to the hospital on Yom Hakippurim. We had called a renown and reliable posek on erev Yom Hakippurim for guidelines as we were quite certain the baby would be born the following day. I had asked at what stage may my wife drink? The rav responded by quoting the halachic terms such as *yosheves al hamashber* or *pesichas hamakor*. While these were halachically correct, it was inadequate for us as a young couple going through this experience for the first time. As it turned out, we were unsure how to properly translate his response into practical terms. As a result, my wife did not eat the entire fast day and had a long, drawn-out delivery. In hindsight she fasted too long, as she was concerned that she might violate the halochoh. Hours after Adina was born to us on Motzaei Yom Hakippurim, the Rebbetzin was wheeled into a hospital room and was absolutely famished. Dinner had already been served and I was only able to find an apple to give to her to eat. I recall her eating the apple and her roommates demanding that she stop eating as she was disturbing their rest. This anecdote, no doubt, played a role in my interest to present to you a comprehensive and practical set of guidelines on this common issue.)

- 20.2. Vaginal bleeding<sup>21</sup>
- 20.3. She needs to be transported in a wheelchair and cannot walk on her own.<sup>22</sup>

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<sup>21</sup> If her water broke and it is clear, she hasn't yet reached the threshold of "yolede?" allowing her to eat and drink freely, still, she may drink freely so as to have enough fluids to manage through a delivery. There is also concern of infection. Rav Auerbach, therefore allows her to drink freely without concern for *shiuurim*. This is the normal delivery process on a term infant, and it should be allowed to continue without attempting to arrest the process. Breaking of the water is an early stage and the woman has not yet necessarily reached the halachic parameters of being in a potential life-threatening situation. She is allowed to make a phone call for an ambulance and midwife so that she can get to the hospital on time and have assistance for delivery, but halochoh does not consider the fast as a cause for her to be in danger at that point unless her physician believes that she needs to eat or drink. Nevertheless, if she does not drink then, she may be at risk at a later stage of the delivery when she is halachically at a life-threatening point. The fluids she ingests after her water are broken, are needed to avoid danger at a later stage.

Stains of blood also would not qualify as an indication of present danger. Bleeding as an indication of the onset of delivery is referring to significant bleeding caused by the rupture of the membranes that takes place during the parturition. Still, a judgment call can be made if this staining is indicative of imminent delivery allowing her to have fluids if she has been fasting for some time by then.

<sup>22</sup> The Ramban (Shabbos 129) stated that this is the most unreliable of the three symptoms since women tend to be incapable of walking at different points depending upon their tolerance for pain, health and vigor. Therefore, in practice, one should only comfortably rely on this stage when the woman in labor cannot walk because the delivery has already begun and the head has come down very low making the act of walking mechanically difficult. The Mishna may have been referring to an earlier stage, but since it is so subjective, it is not a good tool to use for practical halochoh.

ג' סימנים אלו נזכרים במחבר או"ח סימן ש"ל לענין חילול שבת לילודת. וה"ה לענין אכילה ביוה"כ (עין תרי"ז סק"ט), וכמובן שגם שרי לחלל יוה"כ עבורה כשהגיע לאחד מג' אלו. כמו"כ אשה שהגיע לאחד מג' הסימנים הללו, ג"כ טמאה לבעלה כנדה וילודת.

Once one of these three stages of labor have begun, it is also permitted to violate a *melochob* on Yom Hakipurim to benefit the woman in labor. One can cook food for her, turn on lights, air-conditioning, use elevators, a husband who is a Cohen may enter the hospital to assist his wife and medication may be carried without an *eiruv*. The *yolede* may have her blood taken and placed on a monitor at an earlier stage.

## Post-Partum Care

21. A woman who delivered a foetus (whether live or not) should eat regularly for at least the first 72 hours. Even if she ate right before the fast began and the 72 hours are going to end a few hours later, she may still eat and drink regularly even if she is not hungry or thirsty.<sup>23</sup>
22. After 72 hours from delivery until she has completed her first week since delivery, a *yoledes* may eat and drink but is required to do so in *shiurim* unless her physician recommends otherwise, or she feels that she needs to eat normally.
23. After a week from delivery the *yoledes* should fast unless she feels ill and believes that she needs to eat, or her physician recommends that she refrain from fasting. Sometimes, her iron level is too low, and her doctor recommends that she eat even after a week has passed. A personal doctor who makes an assessment regarding his patient should be heeded even if he or she is not Jewish and has no understanding of the importance of Yom HaKippurim, provided an equally qualified and trusted observant doctor is not available to assess this patient. The recommendation of the non-Jewish doctor raises at least a serious doubt whether the patient needs to eat, and that is enough to require her to eat or drink.
24. A woman may eat if her physician is concerned that the fast might trigger a post-partum depression to the point where she is a danger to herself or to any of her children.<sup>24</sup>

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<sup>23</sup> דעת הגר"ז שהיא תאכל פחות פחות מכשיעור גם תוך ג"י, אמנם המ"ב כבר הכריע כברוך טעם שאוכלת כרגיל (עיין שעה"צ תרי"ז ס"ק י"ב ובביה"ל תריח ד"ה כשמאכילין). ועי"ע במנחת שלמה סימן ח' דביאר דדין של ג"י מסרם הכתוב לחכמים כדי למנוע סכנה בזימני אחריתי שיערו להתיר תוך ג"י היתר גמור עכת"ד.

The 72 hours are counted from the end of the delivery of the baby and not from the delivery of the placenta.

<sup>24</sup> עיין אג"מ א"ה ח"א סימן ס"ה וח"ג סימן כ"ב.

## Spontaneous Abortion

25. A miscarriage that took place forty days after conception has the same halachic status as a live birth regarding fasting on Yom HaKippurim. Within 72 hours of delivery the woman should eat normally on Yom HaKippurim whether it was a live birth or not. During the first week counted to the exact hour of delivery, the woman may eat in *shiurim* unless her doctor tells her that she needs to eat normally. Often it is not known exactly at what stage the heart stopped beating and a question may arise whether the foetus was older or younger than 40 days post-conception when it expired. Such a situation is a *safek yoledes* and she may eat normally for the 72 hours after she began bleeding and expelled the foetus. After that she may eat and drink in *shiurim* unless she feels it is unnecessary and her physician and friends agree.
26. Delivery by Caesarian section has a different effect on the body than a natural vaginal delivery. For at least the first week after delivery, the mother should not fast. After a week, she should consult her obstetrician. She may be allowed by her doctor to fast if there were no complications.
27. After a week since delivery the woman is considered a *choleh she'ein bo sakanoh* and should fast unless she proclaims that she feels so sick that she needs to eat. Under such circumstances, she may take food herself. If she is unable to access the food herself, one may bring her food and feed her.

## *Shiurim*

28. Ingesting even a small amount of food or drink on Yom HaKippurim without a halachic *beter* (permit) is a Torah violation. Many examples have been given in this article allowing a person to eat or drink in *shiurim* due to a concern of danger to themselves or someone else. For example, whenever there is a concern that any person (including a pregnant woman, of course) might faint, that is categorized as a *safek sakanoh* and the patient is permitted to eat in *shiurim*.<sup>25</sup> Sometimes dehydration can begin a chain of events that might lead to extreme pain and suicidal thoughts.
29. Less than a *shiur* of food is a fixed amount for all people. It is the volume of 30 mL of food eaten within 5 minutes.
30. Less than the *shiur* of liquid is relative to each person. A rule of thumb is 35 mL of liquid within 5 minutes. Food and liquid are separate entities regarding fasting, and solids and liquids have their own cycles regarding *kedei achilas peras*. For example, a person who is permitted to eat and drink in *shiurim* may eat 30 mL and a minute later drink 35 mL. He can have another 30 mL of food 4 minutes after he drank and he can drink another 35 mL 1 minute after he ate the second time.
31. Even when using *shiurim*, one should only eat or drink as much as is required. Eating and drinking in *shiurim* is not a license to eat and drink as much as one wishes to. It is a method to ingest the necessary amount with the least conflict with *halachah*. For example, should a person need to drink but is not required to eat, he or she may drink in *shiurim* the required amount but may not eat at all. If a physician explains to the patient that drinking a litre and a half throughout the day is sufficient, then one may not drink more than that even though one is drinking *shiurim*.

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<sup>25</sup> עיין הגהות מיימוניות שביתת עשור פ"ב סק"ה דעוברה שהריחה מאכילין אותה משום שחסרון האוכל מכאיב לה ומתוך כך היא מתעלפת ופעמים אינה מתרפאת עכ"ד.

## Operations

32. When a person undergoes an operation, very often they should not fast for a period of time afterwards. Operations were not as common centuries ago as they are now, and there is not a lot of halachic literature about it. The best way to decide is by obtaining the medical opinion of a personal physician who knows the history and conditions of the patient, is G-d fearing and is aware of the importance of fasting on Yom HaKippurim and sharing that information with a *posek*. On such matters, it is the physician that is effectively the *posek*, especially when the decision comes from a *yorei shomayim* and is tailor made for the patient. There are many factors that need to be considered. The severity of the operation, which organs are involved, the age of the patient, were there any complications or secondary illnesses, etc.
33. Generally, you can expect that serious operations such as a resection of a cancerous growth, abdominal infections, kidney, brain or heart operations will require the patient to refrain from fasting for at least a month. While insertion of a stent in a blocked artery is an invasive procedure and usually performed when there is a serious risk to the patient, it is possible that the cardiologist may allow a patient who received a stent to fast within a month of the procedure. It is important to consult with a medical practitioner familiar with your specific situation and then seek halachic guidance.
34. Moderate operations such as Caesarian sections, operations that in hindsight were unnecessary due to a misdiagnosis or exploratory, cataract surgery, appendicitis that was not infected, generally require a patient to avoid fasting for at least a week. These should be viewed at least as the halachic equivalent of parturition which halochoh has determined that one should eat for a week.
35. Minor operations such as removal of tonsils, hernia operations, mastectomy, biopsy, haemorrhoids may only require one to avoid fasting for three days.
36. The physician will consider many factors such as the general health and age of the patient and whether further operations are expected in the coming months. On occasion, operations are done in stages and it can be dangerous for a patient to fast in between these operations.
37. Sometimes minor procedures are performed with an epidural or local anesthesia and it is possible that the physician may allow a patient to fast within three days of the procedure. The anesthesia is not enough basis on its own to permit ingesting fluids or food on Yom HaKippurim.
38. When a physician decides that due to a medical condition fasting is contraindicated, the physician should also be consulted whether solids are important or whether the patient can just have liquids. Another question to ask the physician familiar with the patient is if the nutrition or hydration can be spread out over the day, or whether it must be consumed in one sitting (*shiurim* vs. full meals).

39. A person who takes oral morphine for pain management usually can take it on an empty stomach and should not eat or drink on Yom HaKippurim in an attempt to avoid negative side effects which include nausea and vomiting. However, it is particularly important to hydrate oneself very well for a few days before the fast. If your personal physician offers a conflicting recommendation, inform your Rav.
40. A person undergoing radiation therapy is usually classified as a *choleh sheyesh bo sakanoh*, either due to his underlying condition or the effects of the radiation and is permitted to have *shiurim*. If, however, the conventional physician has determined that the patient would not have any deleterious effect were he/she to fast (e.g., enough time has passed since the last radiation therapy session), and the patient also feels that he/she can fast without any negative reaction, he/she should fast unless there is a dissenting medical opinion.

### **Alternative Medicine**

41. If in the locale where the law allows for alternative medical practitioners to practice medicine, even a non-conventional medical practitioner's opinion should be weighed and taken seriously. The fact that the government issues medical licenses to alternative medical practices, is halachically significant. Obviously, the scope of their credibility is limited to the area in which the local law recognizes their authority as medical practitioners.

## Intravenous Hydration and Feeding Tubes

42. A patient who is permitted to drink on Yom HaKippurim does not need to insert an intravenous catheter or hydrate himself intravenously before Yom HaKippurim in order to be able to fast. A person who is ill and is not supposed to fast, has no obligation to change that status. It is also inappropriate to do so (See Igros Moshe O.C. Vol. 3:90).<sup>26</sup>
43. A person who already has an intravenous catheter or gastrostomy tube in place before Yom HaKippurim ready to receive fluids or solids, may use them on Yom HaKippurim as these forms of ingestion are not a violation of **ועניתם את נפשותיכם**.<sup>27</sup>
44. Nevertheless, a person who is permitted to drink and/or eat on Yom HaKippurim (whether in *shiurim* or any amount) may eat or drink normally, without resorting to artificial

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<sup>26</sup> ר' משה כתב בזה כמה טעמים :

א. המצוה לאכול בעיו"כ אינו חיוב לדאוג שיוכל לצום לעשירי (ערש"י יומא פ"א), אלא מצוה לאכול בתשיעי בפני"ע ורק טעם בעלמא שאינו מעיקר המצוה, ולכן לפני שהגיע יוה"כ אין עליו חיוב כלל לדאוג לצום העשירי (וכן משמע מרע"א בשו"ת סימן ט"ז דמסתפק אם נשים בכלל המצוה של אכילה בתשיעי, ואילו היה דין בהכנה לצום העשירי לא היה מקום להסתפק).

ב. יש חשש איסור לעשות מעשה רפואה כשאינו מרפא המחלה אלא גורם שיוכל לצום דהוי כסותר גזירת המלך. ורק ילפינן מקראי דשרי לרפאות ואי"ז כסותר גזירת המלך כשבאמת יש צד שיתרפא לגמרי, עיין תוס' ב"ק פה.

ג. מאחר דליכא חיוב להכין לצום בתשיעי לתשרי יש לחשוש לאיסור חבלה בתחיבת המחט כיון שאינו לרפואה אלא לאפשר צום.

ד. בזריקה לגוף ע"י מחט שאינו לרפואה יש לחשוש שיקלקל לאיזה דבר ואסור לעשות זאת כדי שיוכל לצום.

<sup>27</sup> אחיעזר ח"ג סימן ס"א ומהרש"ם ח"א סימן קכ"ג. דאף לדעת הח"ס (או"ח קכ"ז) דביום הכפורים לא סגי בהנאת גרון ובעינן הנאת מעיו, מ"מ אי"ז אלא כשנאכל דרך הגרון אבל כל שהוא לא דרך הגרון לא הוי עלה שם אכילה, ואין בזה איסור להכניס למעיו אוכלים אף אם יהיה שבע מזה, ויש בזה יתובי דעתא. ואף שמתיישב דעתו בתזונה זו, עדיין בכלל עינוי יוה"כ.

ועוד נראה דאף הח"ס ס"ל דלא סגי בהנאת מעיים אלא בעינן הנאת גרון וגם הנאת מעיים, ובדרכים הללו ליכא הנאת גרון.

methods of hydration and nutrition even if they have an intravenous catheter or feeding tube already in place.<sup>28</sup>

45. Inserting a catheter for intravenous hydration is generally forbidden on Shabbos and Yom HaKippurim and is a Torah violation as one needs to draw blood. However, if a person is permitted to drink without limitation it is permissible (and preferable)<sup>29</sup> to have an intravenous catheter inserted and to rely on intravenous hydration instead of drinking. Intravenous injection is one sin on the *kares* level, and each drink of a complete *shiur* is a *kares* level sin. Both violations are permitted when done to prevent danger to life. When possible, it is best to violate only one sin instead of repeated violations. Therefore, the appropriate choice is to choose the insertion of an intravenous catheter and intravenous infusion, since only one sin is being violated whereas repeated units of liquid being swallowed (each a *shiur*) is a violation of multiple sins.<sup>30</sup> However, as mentioned earlier, one may opt to drink instead of relying on intravenous hydration.

45.1. When opting for insertion of an intravenous catheter on Yom HaKippurim, one should seek a licensed and competent non-Jew to perform the insertion of the catheter instead of a Jew, if it is possible to arrange without any further delay. It is permitted to ask a non-Jew to perform medical treatment for an ill person on Shabbos and Yom Tov and that certainly is preferable to drinking (even *shiurim*) on Yom HaKippurim or having a Jew perform the insertion.<sup>31</sup> Still, a person may choose to drink (when this is allowed) even if a non-Jew is available to insert the catheter for intravenous hydration.

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<sup>28</sup> דהרי לחולה שיש בו סכנה עושים לו כל מה שרגילים לעשות בחול (שכ"ח ס"ד) והוא בשם המ"מ. וע"ש בשעה"צ ס"ק י"א דלדעת המחמירים כשיש צורך הרבה ג"כ שרי לעשות כדרכו בחול. ונראה דאכילה ושתייה דרך הפה לעומת דרך צנור לוריד או ישירות לקבה הוי צורך הרבה ומותר לכו"ע.

וכ"כ במהרש"ם (ח"א קכ"ג) שאין לסגף את החולה בזה שכל שאין האוכל מתעכל אצלו הוא בכלל ענוי נפש.

וכ"כ באג"מ (אורח חיים חלק ד סימן קא:ג) וז"ל אבל מ"מ נראה שרשאי לאכול אף כשצריך לאכול הרבה ואף כשאפשר ליתן לו האינטרע ווינעס בעיו"כ, כי לבד שודאי אינו דומה לאכילה ממש שדרך אינטרע ווינעס לא מיתבא דעתא כאכילה, ואצל חולה גם צער וכאב בעלמא אפשר לגרום לו סכנה מצד חולשתו, הנה יש לחוש על כל דבר שאינו כפי הטבע שיקלקל לאיזה דבר, ולא שייך לסמוך על הרופאים בזה שאין לידע זה בברור אלא בהשערה בעלמא ובמשך הזמן אפשר שיראו מה שנתקלקל מזה וכן אירע בכמה דברים שבמשך זמן גדול נודעו הרופאים שאיכא גם היזק והפסד להגוף ממה שנתנו לו לרפאותו יש להחולה לחוש לזה ואם יכול לאכול אין לעשות לא אינטער ווינעס עכ"ל.

<sup>29</sup> ספר שבת שבתון מרי יצחק זילברשטיין אות צו.

<sup>30</sup> לא מיבעיא לדעת הר"ן (הובא במ"ב שכ"ח ס"ק ל"ט) דעדיף למעט באיסורים, אלא אף הרא"ש הנזכר שם שחולק על הר"ן, יודה בזה דתרווייהו איסור כרת, ולכן עדיף למעט באיסורים.

<sup>31</sup> עמ"ב שכ"ח ס"ק ל"ט.

46. If a person is permitted to drink in *shiurim*, they may choose to drink or to have a catheter inserted for intravenous hydration. When evaluating the severity of a single *melochob* of *kebovel* performed when inserting the catheter for intravenous hydration as opposed to repeated drinks less than a *shiur*, there seem to be differing opinions on the matter. Both are Torah violations. However, preparing for and intravenous drip (*kebovel*) is more severe, in that it is *kares* (drawing any amount of blood) whereas drinking **less** than a *shiur* on Yom HaKippurim are multiple Torah violations but none of which are *kares* level violations. I recommend choosing to drink in *shiurim* over the insertion of an intravenous catheter (were it to be performed by a Jew) based on medical and halachic reasoning. From a medical standpoint, it is preferable to drink than to receive intravenous fluids. Drinking fluids orally is less invasive and probably better therapy than intravenous hydration. Drinking fluids **less** than a *shiur* multiple times is preferable according to the Rosh's opinion so that one can avoid a single act of *chiyuv kares*.<sup>32</sup> However, as there is no halachic consensus on this point, the patient may choose whichever option they wish (insertion of an intravenous catheter on Yom HaKippurim (even by a Jew) or drinking multiple times less than a *shiur*) as both approaches have a halachic basis.<sup>33</sup>

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<sup>32</sup> י"ל דבזה פליגי הרא"ש והר"ן בענין חולה שצריך לאכול בשר בשבת, דפסק המחבר באו"ח שכ"ח סי"ד דישחט ולא יאכל נבילה. ועייש במי"ב ס"ק ל"ט דדעת הרא"ש דבאמת היה ראוי יותר לאכול נבילה אלא דחיישינן שמא יקוץ בנבילה ולא יאכל ויסתכן, ונראה דס"ל דעדיף לעבור על הרבה עבירות קלות ולא יעשה איסור אחד שהוא חמור יותר. אבל הר"ן שם פליג עליה, וס"ל דעדיף שיעשה איסור חמור אחד ולא יעבור על כמה איסורים שהם קלים יותר. ונראה דה"ה הכא תלוי במחלוקת הרא"ש והר"ן, ואין הכרע בזה אולם הרבה ראשונים כתבו כהרא"ש. ומה דהתיר הרא"ש לשחוט ולא לאכול נבילה היינו משום חשש שמא יקוץ, ונראה דזה לא שייך בנד"ד אם ישתה בשיעורים. אולם מאחר דאין הכרע בדבר, נראה דרשאי לסמוך על הר"ן כדי למעט במספר האיסורים.

<sup>33</sup> Some diabetic patients may encounter a dilemma: Should they continuously prick themselves and test their blood to see whether they need to eat and thereby minimize the amount of food eaten on Yom HaKippurim (and possibly even make it through the fast) or should they control their diabetes by eating in *shiurim* throughout the day? Eating in *shiurim* would greatly minimize the amount of blood tests necessary during Yom HaKippurim.

Once the diabetic patient's condition is serious enough that he/she needs to eat on Yom HaKippurim, one should not violate Yom HaKippurim by drawing blood to try and make it through the day fasting. Furthermore, drawing blood for testing is a serious type of violation (*kares* when not permitted for *pikuach nefesh*), while eating less than a *shiur* is not as serious a Torah violation. It is preferable to

- 46.1. If a non-Jew is available to insert the catheter, that is the preferred method since instructing a non-Jew to perform a Torah violation is permitted for an ill person. Still, if the patient prefers normal hydration and drinking, he may choose that form of therapy even though a non-Jew is available to insert an intravenous catheter.
- 46.2. In summary, when given the choice between intravenous hydration and drinking normally, it is advisable to ask a non-Jew to insert the I.V. and be hydrated that way. If that is not possible, it is advisable to drink in *shiurim* and avoid asking a Jew to insert an I.V. If drinking in *shiurim* is not an option, then it is best to minimize the amount of violations and even ask a Jew to insert the I.V. If the patient doesn't wish to follow the preferred approach, he or she is allowed to choose insertion of intravenous hydration or may choose to drink normally.

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repeatedly violate Yom HaKippurim by eating less than a *shiur* than violating Yom HaKippurim by performing *melachos* that are categorized as *kares* (if not done for medical reasons).

If the condition of a diabetic patient is such that it is medically determined that he or she will need to ingest food during Yom HaKippurim, however, were they to test often they may be able to manage through the fast eating *shiurim*, it is advisable to eat full meals and minimize the amount of blood pricking and tests. Each prick of blood from one's finger is a *melochob de'oreiso* (drawing even the smallest amount of blood is a Torah violation) and a *chiyuv kares*. If the amount of full meals eaten are less than the number of pricks of blood that would be performed in order to avoid eating a full meal, then overall one has violated Yom HaKippurim less by eating full meals. This may be counterintuitive as people seem to view the fasting as more important than avoiding doing a *melochob* of drawing blood. In fact, we should view them as equal in severity as both are *chiyuv kares* and one should try to avoid a deterioration of health by performing the least amount of halachic violations.

When Yom HaKippurim coincides with Shabbos, there is even more reason to choose to eat a full meal rather than test the blood to see if one can avoid eating. Ingesting food on Yom HaKippurim is a *chiyuv kares* whereas pricking oneself involves violation of Shabbos which is a *chiyuv sekiloh* (which is more severe than *kares*) and *melochob* on Yom HaKippurim which is a *chiyuv kares*.

## Premature, Weak and Ill Infants

47. A nursing mother may eat and drink in *shiurim* on Yom HaKippurim in the exceptional case where the infant is not well and has no other source of nourishment other than his nursing mother. This can happen with a premature infant who is being nourished by the mother's breast milk.<sup>34</sup> Another example is a six-month-old baby that has a fever of 39° centigrade that the doctor believes is from a virus and will pass. He is irritable and doesn't sleep well. He has just begun solids, has never taken a bottle and relies on nursing for his nourishment. Since the infant is not accustomed to formula and has never had mother's milk in a bottle, the baby needs to be hydrated with his normal method of feeding. Yom HaKippurim is not the time to start experimenting with alternate methods to hydrate the baby. Only if the baby has already been accustomed to bottle feeding (formula or mother's milk) and there is plenty available, should that option be considered. Any change to the diet or feeding process is risky.<sup>35</sup> The baby needs fluids to remain well hydrated. Some paediatricians would also want to keep the fever down. The best option is for the mother to drink with *shiurim* the amount necessary to make sure the infant is getting enough fluids. While the baby may not need the calories, the mother may not be able to keep up with her baby's needs unless she has the calories necessary. Halochah allows the mother to drink

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<sup>34</sup> Necrotizing enterocolitis (NEC) can affect premature babies, particularly those born before 30 weeks, but also those who are underweight for gestational age. Half of the babies who get significant NEC die, and others are at high risk for long term, including neurological, complications. According to older studies, 10% of babies born under 1500 grams got NEC, although the rate is somewhat lower nowadays. The risk goes down at around 34-35 weeks corrected age. The risk of contracting NEC is significantly decreased if the baby gets mother's milk rather than formula. Hospitals are particular about how the mother's milk should be obtained and supplied. Often, they do not allow frozen milk to be administered. They are particular about sterility of the bottles and accessories. These valid concerns often create a situation where the best chance of survival of a preterm infant is when the mother produces her own milk and delivers it as sterile as possible to the hospital within a time frame that the milk will not spoil. Often the mother's milk supply is just enough to cover the infant's needs and no risk should be taken that the milk supply should decrease to the point where the infant may need formula. Hospitalised infants are weighed daily and every few grams can make a difference. In these cases, a nursing mother should drink in *shiurim*.

<sup>35</sup> עיין חזו"א או"ח סימן נ"ט סק"ד שבזמננו מצוי מאוד חלאים שמתרגשות בתינוקות, כל ספק שיגרום לו קלקול מעיים, עצירות, שלשול או כאב מעיים, או חום כל שהוא, הוי בכלל ספק סכנה. ואם אין לו אוכל שלו מתירין איסורי דאורייתא למנוע ספק סכנה. ואפילו אם יש לו אוכל רק שאפשר להביא לו אוכל שרגיל בהן, מותר מדינא דשו"ע שבות של אמירה לנכרי לבשל עבורו תבשיל שרגיל בו. ובזמננו, אם יודעים שאם לא יהיה לו התבשיל שרגיל בו יהיה לו קלקול מעיים (בין ע"י נסיון בין ע"י רופאים) התינוק בכלל ספק סכנה ואז הדבר תלוי בדרגת בטחון של האדם. מי שרוצה להקל באיסור תורה אין מזניחין אותו, ומי שבוטח בד' וקובע מזונות בנו באופן שאין מבשלין עבורו בשבת, והתינוק כבר הורגל באוכל זה שיגרום לו קצת קלקול, ג"כ אין מזניחין אותו עכ"ד.

and eat, not only to pass it on to her infant but for her own strength so that she can cope with his schedule and needs.<sup>36</sup> Instead of just drinking water, the mother can include in her fluids healthy nutrients such as soups, shakes, pureed fruit and any other liquid food she enjoys.<sup>37</sup> Halachically, it makes no difference whether the liquid ingested is plain water, juices, soups etc. If the mother needs energy and calories to cope, she can prepare nutritious drinks and ingest them with *shiurim*. Discuss with your paediatrician about administering Paracetamol (Calpol®) regularly to reduce fever.

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<sup>36</sup> עיין ביאור הלכה תרי"ז ס"א דאם יש למינקת ילד מסוכן ואינו רוצה לינק אלא ממנה, ואם תתענה סכנה הוא לילד, אינה מתענה אפילו ביום הכפורים.

<sup>37</sup> There is nothing wrong with enjoying the food or having tasty drinks. The fast of Yom HaKippurim is fundamentally different from other fasts (such as Tisha Be'av) in that it is not for mourning, affliction, suffering or pain endured for atonement. The focus is to ignore the needs of the body and focus on spiritual matters. The *inuiyim* are meant to uplift us spiritually to be in some way similar to angels and thereby merit to attain the great opportunity of closeness to Hashem that is available on this special day (Ramchal in Derech Hashem 4:8:4). (In the opinion of the Marcheshes [Siman 12], eating less than a *shiur* is still classified as included in *ve'nisem* and he rules that one who ate less than a *shiur* can get an *aliyah* for mincha on Yom HaKippurim.) The Or Sameach explains that once one has license to eat or drink on Yom HaKippurim he/she may choose tasty or nutritious foods and enjoy it.

## Diabetics

48. It is advisable for a diabetic patient to get a CGM (Continuous Glucose Monitor) that regularly will monitor the glucose levels in the body.<sup>38</sup> Presently, these machines need to be calibrated regularly, which involves pricking oneself and drawing blood which is a *melochob*. The frequency of calibration depends on the model of CGM one has. So, if you are still shopping for a CGM, try to get one that needs calibration less frequently. When it is necessary to calibrate your CGM, try to arrange to have a non-Jew calibrate it during Yom HaKippurim (and on Shabbos). If that is not practical, then a Jew (e.g., the patient) may calibrate it and it should be done with a *shinui*. Instead of pulling the trigger oneself, arrange to press against a hard surface to activate the calibration. Instead of using a finger to express blood from the puncture site, press the finger against a surface to remove blood.
49. Once the CGM is calibrated, the insulin pump should be used to inject the correct amount of insulin into the diabetic patient's body. If adjustments need to be made to reflect what you ate, you can press buttons on the pump to administer insulin or inject insulin directly into your body (subcutaneously). A diabetic patient that needs a CGM and insulin pump should be checking the blood glucose level regularly and drinking in *shiurim* throughout the day as needed when the glucose levels drop. Each person should know what they need to ingest to keep their glucose levels properly balanced. Juices can be made to have sugars, carbohydrates or whatever is needed to get the glucose level where it should be. Discuss with your physician whether it is recommended for you to lower the baseline insulin dosage by  $\frac{1}{2}$  or  $\frac{1}{3}$  over Yom HaKippurim to prevent the glucose level from dropping too much. If the glucose levels drop too much and intake of juices fail to correct the situation, it may be necessary to eat carbohydrates with protein to restore the desired blood glucose readings.
50. To avoid eating or drinking more than a *shiur*, it is advisable for the diabetic patient to eat less than the *shiur* multiple times while monitoring the glucose levels and drinking water or juices throughout the day. Some people find it easiest to freeze ice cubes of water and juice and suck on those as needed. This alleviates the need to constantly measure amounts and times of drinking. It is unlikely to have more than a *shiur* of liquid when sucking an ice cube or chips of ice. See more about diabetics in note 31.

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<sup>38</sup> This should be available at a reasonable cost for those on medical aid.

## Medications

51. Whether a person is required to fast or not, should the person be classified as a *choleh she'ein bo sakanoh* (non-life threatening, incapacitating illness) it is permissible to swallow capsules or tablets that are not coated with a flavoring and are not chewable. If they are coated with a flavoring or chewable, they should be wrapped in a tissue and swallowed. If it is necessary to take the pill with a liquid, one should use a liquid that has a noticeably bitter taste that most people would avoid drinking because of its bitterness. Highly concentrated tea without sugar, or unflavored ORT as suggested earlier are acceptable. If that is not possible, then the pill and water should only be taken if a physician determines that avoiding ingestion of the pill might be life-threatening.<sup>39</sup>

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### לקיחת תרופות ביוה"כ

1. חושיב"ס שמותר לאכול בשיעורים גם מותר לו לבלוע כדורים ביוה"כ כשצריך אותם לרפואתו, דלא גרע ממה שמותר לאכול פחות מכשיעור. אולם יש להתיר בליעת כדורים גם לחולה שאין בו סכנה. אבל מי שאינו חושאב"ס אלא יש לו מיחוש, והכדורים עוזרים להקל מעליו המיחוש אסורים לבלוע מדין גזירת שחיקת סממנים ששייך בכל שבת ויו"ט.

### אכילה שלא כדרכה ביוה"כ

2. וכדי לבסס דין זה נרחיב הענין. בשו"ע או"ח סימן תרי"ב ס"ו אכל אוכלים שאינם ראויים לאכילה, או שאכל אכילה גסה כגון מיד על אכילה שאכל ערב יום הכיפורים עד שקץ במזונו, פטור. והטעם שפטור דכל שאינה ראויה לאכילה אינה בכלל אוכל כמבואר בע"ז סז: דכל שאינה ראויה לגר לא שמה נבילה. ובאכילה גסה שיש ע"ז שם אוכל עכ"פ אין ע"ז שם אכילה והוי שלא כדרך אכילה דפטור כמבואר בפסחים כד: , ואפשר דדבר שאינו ראוי לאכילה מעיקרא גם בכלל שלא כדרך אכילה.

### חצי שיעור שלא כדרך אכילה

3. ואף דאין בו איסור תורה על אלו כנ"ל, מ"מ יש בו איסור מדרבנן דמדאכליה אחשביה כמבואר ברא"ש פסחים פ"ב סימן א'. ואין לומר דזה רק לענין מאכ"א, אלא ה"ה לענין איסור אכילה ביוה"כ דיש איסור מדרבנן, מדאכליה אחשביה, וכ"כ במ"ב תרי"ב ס"ק ט"ו וז"ל דאכילה גסה לא שמה אכילה ומ"מ לכתחילה יש איסור בזה וכן באוכלים שאינם ראויים לאכילה יש איסור לכתחלה מדרבנן ואפילו בחצי שיעור מהן ג"כ יש לזהר לכתחלה [פמ"ג] עכ"ל. וכוונת המ"ב דיש בזה איסור גמור מדרבנן לאכול חצי שיעור שלא כדרך אכילה, וכמו שמפורש בפמ"ג שציטט.

- 3.1. והנה מה שהמ"ב כתב דבחצי שיעור יש לזהר לכתחילה, היה אפשר לפרש, דהזירות הוא לכתחילה אבל אינו צריך להקפיד כ"כ על אכילת חצי שיעור של אוכל שאינו ראוי לאכילה, דהאיסור מדרבנן של אכילה שלא כדרך אכילה בחצי שיעור מופקפק.

3.2. בב"י כתב לבאר שיטת האבי עזרי דיש לחלק בין אכל חצי שיעור שלא כדרך אכילה דמותר, משא"כ שיעור שלם אסור מדרבנן. (וס"ל לב"י דהרמב"ם חולק על זה וס"ל דיש איסור דרבנן אף על חצי שיעור שלא כדרך אכילה). עיין שער הציון ס"ק י"ז וי"ח דהמ"ב בא לאפוקי משיטת הראב"י (אבי עזרי) להתיר לגמרי שלא כדרך אכילה, ואפילו מה שהב"י הגביל דבריו להתיר רק לענין ח"ש י"ל דבא המ"ב לחוש לדעת הרמב"ם ולא להתיר בח"ש כאבי עזרי.

3.3. ובאמת מצאנו אחרונים שכתבו להתיר ח"ש באכילה שלא כדרכה שהוא ביאור הב"י בתירוץ אחד בדעת האבי עזרי. בשו"ת תורת חסד (או"ח סימן ו') ובשו"ת בנין עולם (מרי' יצחק אייזיק חבר) סימן י"ט סעיף ט"ז חדשו דלא שייך איסור חצי שיעור אלא בדבר שיש מלקות בשיעור שלם, אבל במה שאין מלקות בשיעור שלם לא שייך לאסור משום דחזי לאיצטרופי וז"ל דווקא במה שיש בו מלקות כשיעור שפיר שייך ה"ט דכיון דאם יצטרף יהיה בו מלקות ולכך גם בח"ש נחית חד דרגא ואסור עכ"פ מדאורייתא כדי שלא יבא לידי מלקות משא"כ במידי דאפי' בשיעור שלם אין בו מלקות עכ"ל שו"ת בנין עולם. וע"ע יד המלך על הרמב"ם (פ"ב משביתת עשור ה"ה) דכתב כע"ז. ובאחיעזר (ח"ג סימן פ"א: י"ד) כתב דין זה אמנם מטעם אחר. ודעת ר' חיים עוזר דבחצי שיעור יש הנאת גרון ולא הנאת מעיים, ובשלא כדרך אכילה יש הנאת מעיים וליכא הנאת גרון ולכן בחצי שיעור שלא כדרך אכילה ליכא הנאת גרון וליכא הנאת מעיים ומשו"ה אין בזה איסור.

3.4. וא"כ היה אפשר להבין דהמ"ב לא חשש לאסור לגמרי חצי שיעור בשלא כדרך אכילה בהסתמך על האחרונים הללו, ודברי הב"י, ורק זהירות לכתחילה יש.

3.5. אולם האמת יורה דרכו דכוונת המ"ב דיש איסור דרבנן גמור שלא לאכול חצי שיעור מדבר שאינו ראוי לאכילה, דהרי הזכיר מקורו מדברי הפמ"ג, ובא"א סק"ג כתב להדיא דאיסורו ככל חצי שיעור באיסור דרבנן דאסור כמבואר ביו"ד, ואסור לטעום בשר עוף שנתבשל בחלב אף שיש בזה משום חצי שיעור באיסור דרבנן, ורק בקפילא ארמאה שרי בזמן הגמרא. (וכ"כ בריב"ש סימן רס"ז דאף באיסור דרבנן חצי שיעור אסור וכן מבואר מב"י יו"ד סימן ס"ח לענין דם שבשלו דאסור מדרבנן ושייך בו ח"ש, ודלא כחות יאיר סימן ט"ו ובית מאיר שכתבו דלא שייך ח"ש אלא באיסור תורה). ומה שהזכיר במ"ב איסור לכתחילה ג"פ, נראה כוונתו ללשון הגמרא פא: דר' גידל אמר שאין הלכה כרבי, והבינו מזה דשרי לשתות חומץ, והקפיד ר' גידל על אלו ששתו, וענה דאמרתי שפטור בדיעבד אבל אסור לכתחילה לשתות, נמצא דלשון לכתחילה ר"ל שיש רק איסור דרבנן.

3.6. וסברות הבנין עולם והאחיעזר נאמרו דרך פלפול וחידוש ולא להלכה, וי"ל דאין סברת חזי לאיצטרופי עיקר באיסור כדמשמע מתוס', ועוד נראה דשייך חזי לאיצטרופי גם היכא דליכא מלקות (כדמבואר בתוס' שבת צא. ד"ה כגון) דבאוכל תרומה טמאה יש איסור ח"ש אף שאין בו אלא איסור עשה) וא"כ י"ל דאיסור ח"ש שייך גם באיסור דרבנן שאוכל שלא כדרך אכילה.

#### אחשביה וטבלאות

4. אולם בנד"ד דדנין על בליעת תרופות, נראה דגם איסור דרבנן ליכא. דהרי דברי המ"ב שאוסר אכילה שלא כדרכה מדרבנן מיירי באוכל שאינו ראוי לאכילה ובכ"ז אוכלו, דיש בו משום אחשביה לאכילה ע"י אכילתו ומשו"ה אסור מדרבנן. והכא בתרופות לא שייך בזה אחשביה, דהרי אין ראייה ממה שאוכלו דאחשביה לאוכל, אלא בולעו כיון שדעתו על הסמים, ואין כוונתו להחשיב התרופה שבולע כאוכל. וכ"כ בחזו"א בהלכות פסח סימן קט"ז סק"ח דמותר לבלוע תרופות בפסח אף אם יש בהם קמח ומים ומי פירות כיון שמעורב בהן דברים שאינן ראויות למאכל אדם והכל נפסל מאכילה, ולא שייך בזה אחשביה כיון דדעתו על

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הסמים. וכ"כ בכתב סופר לענין בליעת כדורי תרופה ביוה"כ (או"ח קי"א) וז"ל ועדיין יש לעיין לפמ"ש בטעמא דאסור רבנן שלא כדה"נ משום דאחשביי וכל שאוכל לרפואה לא אחשביה לאכילה וכן ביוה"כ לענין אוכלים שא"ר ושלא כד"א והנאתו, יש לחלק עפ"ז בין אוכל לרפואה מאכלים אלו הם סמי רפואתו ל"א אחשביה לאכילה רק לרפואה עכ"ל.

#### שיטת ה"ט"ז—בדבר שאינו אוכל לא שייך אחשביה

5. ועוד, יש להתיר טבלאות של תרופות ביוה"כ ע"פ שיטת ה"ט"ז בתרי"ב סק"ו. דהנה הפוסקים הבינו דיש מחלוקת ראשונים אם יש איסור מדרבנן לאכול שלא כדרך אכילה. דעת הרמב"ם והרא"ש כנ"ל דיש איסור מדרבנן משום דאחשביה, אולם הטור (תרי"ב) כתב וז"ל אכל מדבר שאינו ראוי לאכילה כתב אבי העזרי דאפילו איסורא ליכא עכ"ל. ומשמע דחולקים וכ"כ בב"י על דברי הטור. והט"ז מחדש דאין מחלוקת בין הרמב"ם לטור בשם הראב"ה בענין איסור דרבנן באוכל שלא כדרך אכילה ביוה"כ. דמש"כ הרמב"ם לאסור מדרבנן ויש בו מכת מרדות היינו בדברים שיש שם אכילה עליהם כגון עשבים מרים וכן חומץ חי, אבל דברים שאינם ראויים כלל כגון עפר לכו"ע פטור ומותר. ונראה דתרופות וטבלאות כעפר דמיין ולדעת ה"ט"ז מותר לכתחילה.

#### סתירה בדברי הטור

6. הנה דברי הטור נראין כסותרין זא"ז בסימן תרי"ב. והרבה דרכים נאמרו ליישב הסתירה, ויש לזה השלכות על בליעת תרופות. ז"ל הטור אורח חיים הלכות יום הכפורים סימן תרי"ב אכל מדבר שאינו ראוי לאכילה כתב אבי העזרי דאפילו איסורא ליכא. ובסוף הסימן כתב וז"ל שמה משקין שאינן ראויין לשתיה כגון ציר או מורייס וחומץ חי פטור אבל אסור אבל חומץ מזוג חייב עכ"ל. הרי שסתם כאבי עזרי דמותר לכתחילה לאכול דבר שלא כדרכה ואח"כ סתם שהשותה שלא כדרכה פטור אבל אסור ומשמע דאיסור דרבנן יש. ועוד קשה דמהגמרא מוכח דהשותה חומץ חי פטור אבל אסור הרי איך מתיר האבי עזרי דבר שמפורש בגמרא לאיסור. והב"י כתב דאין סברא לחלק בין אכילה שלא כדרכה שזה מותר לכתחילה ושתיה שלא כדרכה דאסור מדרבנן.

6.1. לדעת הב"ח הטור מביא ב' שיטות החולקות זה על זה, ורק הראב"ה הוא שמתיר לכתחילה אבל הרמב"ם ורא"ש אוסרים לכתחילה כדמשמע מהגמרא. ומה שקשה על הראב"ה מהגמרא, כתב ליישב דכשאוכל או שותה שלא כדרכה לרעבונו ואוכל כדי להשיע, אז אסור חז"ל אבל כשאין כוונתו לאכילה אלא ללחלח גרונו וכדומה ליכא איסור מדרבנן לדעת הראב"ה, והגמרא מיירי היכא שכוונתו לאכילה. והנה בבליעת תרופות אין כוונתו לאכילה אלא לסמים, ולדעת הראב"ה יש להתיר. אולם נראה דעת הב"ח דהטור לא הכריע כדעת הראב"ה, והרא"ש והרמב"ם אוסרים גם בזה.

6.2. דעת הב"י בתירוץ א' ודעת הפרישה לחלק בין אכילה או שתיה שיעור שלם דאסור מדרבנן, לחצי שיעור דשרי לכתחילה וכו"ע מודים בזה, ואין כאן מחלוקת או סתירה בדברי הטור. וכבר הבאנו כמה סברות מדברי האחרונים לבאר חילוק זה. ולפ"ז יש להתיר בטבלאות. אמנם הפמ"ג והמ"ב הכריעו שלא לחלק בהכי.

6.3. עוד תירוץ של הב"י, לחלק בין אוכל שאינו ראוי למאכל כלל ואף לא ע"י טיבול דאז מותר לכתחילה, לבין משקה שא"א לשתותו כמות שהוא אבל ע"י טיבול כן הוא אוכל דאז אסור עכ"פ מדרבנן. (ואף שחילוק זה דומה לדברי ה"ט"ז, נראה דלא נתכוונו לדבר אחד. הב"י מתכוין ששניהם הסוגים הם בכלל אוכל אלא שנתקלקלו או נשתנו ואינם ראויין לאכילה אולם יש ציור שעדיין נאכל ע"י טיבול. והט"ז

מחלק בין דבר שאינו בכלל אוכל כלל כגון עפר, אוף שכולעו אין ע"ז שם אכילה.) ולפי חילוק זה, נראה דטבלאות מותרים לכתחילה.

7. נמצא דיש כמה וכמה סברות להקל בבליעת תרופות.

7.1. דעת הב"י, פרישה ואחרונים דס"ל דבחצי שיעור שלא כדרך אכילה מותר לכתחילה.

7.2. דעת הראב"י מובא בטור, אף את"ל שיש חולקים עליו, עדיין יש שיטה לסמוך עליו באיסור דרבנן, ואף לפירוש הב"ח, דרק מתיר הראב"י כשאינו אוכל לשביעה מתיר, יהא מותר לבלוע תרופות.

7.3. דעת הב"י דבאוכל שאינו נאכל כדרכה אף ע"י טיבול, שרי לכתחילה לכו"ע.

7.4. דעת הטי"ז, דדבר שאינו אוכל כלל ודומה לעפר, שרי לכתחילה לכו"ע.

7.5. דעת החזו"א דגם האוסרים לכתחילה היינו משום אחשביה, ובתרופות לא שייך אחשביה.

#### **חושאב"ס באכילה שלא כדרכה**

8. ועוד יש להוסיף דעת הש"ך (יו"ד קנ"ה ס"ק י"ד) דאף דחולה שאין בו סכנה אסור לאכול מאכלות אסורות שהם אסורים מדרבנן, אבל אם אוכל שלא כדרך אכילה, בזה לא אסרינן לחולה שאב"ס. ומקורו מדברי הראב"י ע"ש. ולכאורה אין זה אותם דברי הראב"י הנזכרת בטור תרי"ב, דהתם לא מיירי בחושאב"ס אלא מתיר לכתחילה שלא כדרך אכילה, והש"ך בא להתיר רק לחושאב"ס כשהאיסור הוא שלא כדרך אכילה. ולכן בנד"ד, כשיש חולה שאין בו סכנה, נראה דמותר לו לבלוע כדורים ביוה"כ, דאף את"ל דאם ע"ז איסור מדרבנן משום אחשביה, עכ"פ שרי לכל חולה. (ואף מלבד זה, נראה להקל בטבלאות ע"פ החזו"א דאין בזה אחשביה.)

#### **גדר חושאב"ס לשאר איסורים מלבד שבת**

9. אמנם כל שיש לו מיחוש ולא נפל למשכב או חולה כל הגוף כהגדרת חושאב"ס לענין שבת, נראה דאסור לבלוע הכדורים מטעם גזירת שחיקת סממנין ביוה"כ, ולא שייך ע"ז ההיתר של הש"ך, דנראה דגם הש"ך לא הקיל באיסור דרבנן שלא כדרך אכילה אלא בחולה שאב"ס לפי הגדרה של שבת.

9.1. וראיתי מש"כ בשו"ת מנחת שלמה חלק א סימן יז סעיף ג וז"ל לא ברור אצלי מהו הגדר של חולה לענין נד"ד שהרי מצינן דאסרי רבנן רפואה בשבת ולא התירו אלא לחולה שאב"ס שנפל למשכב או כאיב לי טובא אבל לא עבור כאב ראש רגיל או כדור שינה וכדומה, וא"כ אפשר שגם בנד"ד לא שרי אלא בחולים כאלה, אך גם אפשר דשאני שבת שעיקר איסור רפואה הוא עבור חולה ולכן אמרינן שרק בכה"ג הוא דשרי, משא"כ בנד"ד הרי יש גם שכתבו בדעת התוס' שמותר אפי' לבריא, וא"כ אפשר דבכל ענין של חולי קצת שרי וצ"ע עכ"ל. ולפי"ז היה מקום להתיר האיסור דרבנן של שלא כדרך אכילה גם למיחוש וכל כאב, ואף כדורי שינה יהיה מותר.

9.1.1. אולם מדברי הרמ"א בשו"ת סימן קכד בסו"ד שבא להקל בסתם יינם בזה"ז במקום חולי, נראה דלא כל מיחוש הוי חולי ובעינן אותו גדר של חושאב"ס שמצאנו לענין שבת. וז"ל וכל זה לחולה שאין בו סכנה, דהיינו ששוכב על מטתו ומתאוה ליון וצריך אותו לרפואתו, והלב יודע אם לעקל אם לעקלקלות, אך אמנם מי שהולך על משענתו רק שיש לו איזה מיחוש לא מקרי חולה, וכמו שהזכירו הפוסקים לענין אמירת שבות לכותי במקום חולי שאין בו סכנה עכ"ל.

52. Nasal drops and sprays are always kosher and are permissible to take on Yom HaKippurim for any condition that one may take such drops on Shabbos (e.g., a non-life-threatening illness). Even if the drops or spray enter the nose and digestive system, since that is not a normal way of consumption and also because it is not classified as food or drink, a person who is ill (*choleh she'ein bo sakanoh*) may take such medications on Yom Hakippurim. It is also not categorized as bathing or washing. The only halachic consideration that needs to be evaluated is whether the discomfort or condition warrants taking the therapeutic drops. The same question is applicable to taking the nasal drops or spray on Shabbos.<sup>40</sup>
53. Eye drops to regulate pressure for glaucoma may be taken on Yom Hakippurim.<sup>41</sup>

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10. נמצא שאם אינו חולה גמור לפי הכללים של איסורי שבת לענין חושאב"ס, יש לאסור טבלאות משום גזירת שחיקת סממנים, וגם ליכא היתר של שלא כדרך אכילה לחושאב"ס, אבל משהגיע לחושאב"ס, דלית בזה גזירת רפואה, שרי לכתחילה לבלוע טבלאות ביוה"כ ע"פ השי"ך והחזו"א הנ"ל.

#### **כשצריך לשתות בלקיחת הטבלאות**

11. ואם צריך לשתות עם זה קצת מים, אסור. אולם במים מרים שאינם ראויין לשתיה, יש להקל, דאף שיש בזה איסור לכתחילה, י"ל דג"ז ניכר ששותה כדי לבלוע הכדור ואין בזה משום אחשביה.

<sup>40</sup>A person who suffers from a nose-drip or cough is not allowed to use (on Shabbos or Yom Hakippurim) nasal drips or any other therapy (e.g., inhalers) to alleviate the symptoms. These are temporary solutions for a discomfort. Only when the person is incapacitated due to the condition is medical treatment permissible.

<sup>41</sup> Eye drops may be taken for any eye disease. Halochah views eye diseases as life-threatening illnesses. However, eye discomfort, irritation or light pain may not be treated on Shabbos or Yom Hakippurim. One may use eye drops or ointment for an eye infection. None of these treatments conflict with the laws of Yom Hakippurim.

## **Medical Episodes and Conditions**

55. Stroke: Dehydration might aggravate the condition and cause a slower recovery than would have otherwise been expected. Consult your physician familiar with your case whether fasting is acceptable for you. He or she may consider numerous factors, such as the type of stroke you experienced, how long ago the episode took place, what kind of reaction was there and more. There are situations when the physician in charge of the case will permit his patient to fast provided he or she is well hydrated in advance of the fast.
56. Stent: If a stent was inserted in a blood vessel or other passageway, your medical practitioner may allow you to fast under the right conditions and precautions.
57. Cancer: A person who has been diagnosed with cancer should consult with his or her medical professional familiar with the specific situation asking about the effects of fasting on the condition.

## Suggestions for those who are permitted to Eat and Drink on Yom HaKippurim

58. When it is permitted to eat on Yom HaKippurim, it is advisable to eat protein instead of carbohydrates as it is more satiating and requires smaller volume of food overall. However, this is not required. A person is permitted to eat foods that he is accustomed to consuming even if the quantity will be more than if he or she was interested in reaching satiation with the smallest volume of food.
59. A person who needs to drink in *shiurim* can walk around sipping from a bottle all day. To gauge what rate one sips, it is advisable that a day or two before Yom HaKippurim, the person drink from the bottle and measure how much is consumed when naturally nursing your bottle. If it is consistently less than 35 mL every 5 minutes, you may go about your day not thinking about how much you drank. A larger person can consult with a Rav as they may have a larger shiur than 35 mL. The *shiur* is dependent upon the size of each person.
60. Once it is permitted to drink, one can drink any preferred non-alcoholic fluid. It can be PowerAde, milk shake, fruit shake, juices or water.
61. If necessary, one can be lenient to drink 35 mL every 4 minutes. I have mentioned every 5 minutes since it is best to keep that opinion and practically is easiest for people to keep track of when they drank last if they are on a 5-minute cycle.
62. As mentioned in point 50, above another method of hydration for a person on *shiurim* is to suck ice cubes. The cubes can be made of any liquid; water, shake, juice etc. When sucking ice cubes, one still needs to avoid consuming more than 35 mL of liquid every 5 minutes, but it is rare to reach that frequency.

## Preparing to Ask your Specific Question of the Rav

63. If you have a medical condition and seek halachic guidance, it is best to come prepared with a recommendation from a physician familiar with your situation a few days ahead of Yom HaKippurim. Try to approach a licensed medical practitioner who is Jewish, God-fearing and observant. If that is not possible, then the opinion of any licensed doctor (with a preference for someone who is familiar with your medical history) should be obtained. General questions to ask your doctor before approaching your Rav include:
- 63.1. Do you think that there is a reasonable chance that I can make it through the fast without incident were I to take appropriate precautions (e.g., staying at home in a cool environment, sleeping or laying down most of the day)?
  - 63.2. Considering my medical condition, what are the specific risks involved were I to fast?
  - 63.3. Were I to make it through the fast without incident, might there be any long-term effects that I might suffer?
  - 63.4. Instead of breaking my fast right from the beginning, can my condition be monitored during the fast to determine whether I will need to break my fast?
  - 63.5. Are there any pills or treatment available before or during Yom HaKippurim that would allow me to fast?
  - 63.6. Which medications do I need to take?
  - 63.7. Would fluids be sufficient, or do I also need to consume solids? How much fluid during the day would be enough? Are some fluids better than others for me?
  - 63.8. Is it important that I have a large amount of fluids at once, or can I space my fluids out over the day?