

On the Ethics of Charging for End of Life Doula Services

This was a paper that I wrote for a course in Contemporary Jewish Ethics at the Spertus Institute of Jewish Learning and Leadership, taught by Dr. Rabbi Shmuly Yanklowitz

As the population profile of Americans ages, there is an increasing need for end of life doulas. I recently trained as an end of life doula and have established a limited liability company, “Final Chapter Doula Services, LLC,” with an intent to “help people write the endings of their lives.” I invested money in a training course and an extensive library, legal expenses, and website development. I anticipate that I will also incur additional marketing costs before I launch this business in earnest in the 2nd quarter of 2026 when: 1) I will be wrapping up my degree program at Spertus; and 2) I will be losing my source of supplemental income, leaving me wholly reliant on Social Security benefits and savings to meet my living expenses.

In connection with the development of my website, I have had to create both a menu of services that I will provide as a doula and a schedule of fees for those services. I will be working with clients to complete advance health care directives; advance dementia directives; and end of life plans for serious or terminal illness or catastrophic accidents, including stroke. I will also work with clients on legacy projects, including the preparation of ethical wills; engage them in dignity therapy; develop personalized vigil rituals for them; schedule vigil logistics; organize story circles; write obituaries; and, where requested, assist in planning memorial services. Although I plan to charge on a sliding scale in recognition that not everyone who needs these services has the means to pay what will need to be my standard rate to support myself, I don’t have any qualms about charging for any of these services, all of which are available on a paid basis from other professionals.

I am experiencing deep ethical qualms, however, about charging for participating in vigils, i.e., sitting with clients to provide companionship and support for them as they transition from relative wellness to death, and providing respite companionship, i.e., sitting with clients to provide companionship and support so that their primary caregivers can get time away for self-care. What are the ethics of taking money to perform a mitzvah? My heart tells me it is wrong to take money in these circumstances. My brain tells me that because these services are part of my business, and the purpose of my business is to keep me from becoming a burden on the community, I am required to take money for these services, although I should take no more than is necessary. So I’m calling the two sides of this ethical argument “the heart” and “the brain.”

The Heart

Bikur Cholim, or visiting the sick, is considered an important act of *gemilut-hasadim* (loving-kindness) that requires one to provide support to one who is feeling unwell.¹ Ethiopian Jews cared for the ill out of a natural sense of empathy and shared human fate, rather than following any written *halakhah*.² Why is *Bikur Cholim*, or visiting the sick, considered a mitzvah? According to “Halachically Speaking,” Vol. 10, Issue 9, “*Hashem* gives a person *yesurim* in order to atone for his or her sins. This will allow the person to receive the maximum award in *Olam Haba*. When the visitor observes the patient’s suffering, he will be inspired to change his ways, and will not need any *yesurim*.” The focus of the mitzvah is to pray for the sick person, and to see to it that all the sick person’s needs are met. *Ibid*. The vigil may not begin until the patient is visibly failing. But regardless of when the vigil begins, there is always the chance of a “miracle”---doctors make mistakes. So the doula’s vigil visits will always be considered *Bikur Cholim*, a mitzvah.

If the focus of the mitzvah is to pray for the recovery of the sick person, though, does the *mitzvah* of *bikur cholim* apply during the vigil for a terminally ill person? In her book, *Saying Kaddish, How to Comfort the Dying, Bury the Dead, and Mourn as a Jew*, author Anita Diamant reminds us of the Talmud’s injunction that “a dying person is to be considered a living person in all matters of the world.”³ Thus, a *gosses*, is still a full member of the community, who may be counted for a *minyan*, serve as a witness, and even sit on a *bet din*.

Moreover, once the patient/client is visibly dying, *minhag* requires that someone always be at the bedside of the dying person. First, a crisis of faith may occur as the life cycle draws to an end, and a personal confession is encouraged as a right of passage to another phase of existence. If the *gosses* wishes to offer a final confession, but is unable to recite *vidui* on their own behalf, and no clergy or family is present, *vidui* can be recited on the *gosses*’ behalf by another person in their presence. Second, it can provide great comfort to the bereaved to know that their loved one was not left alone as the hour of death approached.⁴

“Showing compassion to the ill is not just a kind gesture but a deeply rooted mitzvah with specific guidelines to ensure respect and humility.”⁵ The caregiver during a final vigil must be fully attentive and responsive to the *gosses* regardless of their medical condition. This is a time to listen to the dying person, follow their lead, and accept them as they are. Reading aloud to the dying person from a book with meaning

¹ Shabbat 12b:1; Nedarim 40a:8; Bava Metzia 86b:17; Sotah 14a:4.

² From Sinai to Ethiopia, Shulhan haOrit; The Halakhah of Ethiopian Jewry, Then and Now, 9 Laws of Mourning 1:3.

³ Mishnah, Masehet Semachot, chap 1, Halacha 1.

⁴ Audrey Gordon, “On Being With Those Who Are Dying,” *My Jewish Learning*, <https://www.myjewishlearning.com/article/on-being-with-those-who-are-dying/>

⁵ Sefaria, Halakhah on The Etiquette of Compassionate Care, citing Mishneh Torah, Mourning 14:6.

for them, or singing or praying for or with them is an important way to communicate during a vigil, as is touch.

Does the *mitzvah* of *bikur cholim* apply only to Jews? No. The mitzvah of *Bikur Cholim* applies also to gentiles. “[T]he Sages taught in a *baraita* (*Tosefta* 5:4): **one sustains poor gentiles along with poor Jews, and one visits sick gentiles along with sick Jews....**”⁶ So whether my clients are Jews or Gentiles, sitting vigil and providing respite companionship is something I am commanded to do.

And therein lies my dilemma. These are things that I am trained to do as an end of life doula. They are also things that I have done or would do for friends and family simply because they feel like the right thing to do. I trained as an end of life doula because this is a service I feel called to provide, especially to those without family or nearby friends.

Can I collect a fee for this service? My heart says “no.”

The Brain

In a year’s time, I will be 70. Current life expectancy tables for women in the United States suggest that I will live to be 87, *baruch Hashem*. During those 17 years, I will be solely responsible for my own support, which will come from a combination of Social Security,⁷ savings, and whatever I am able to earn as an end of life doula.⁸ I plan to make services available on a sliding scale, but as a matter of simple economics, I cannot afford to offer any end of life doula services *gratis*.

According to the SM”A (Choshen Mishpat 264:19)⁹ if an escaping prisoner being pursued by prison guards comes to a river that can only be crossed by ferry, and must wake the ferryman to take him across at a time when the ferry would not otherwise be running, the prisoner must pay the full fare, even if by making the special crossing the ferryman is saving the prisoner’s life. The SM”A elaborates that since the ferryman makes his living by collecting fares for making this crossing, it is no different simply because by making this crossing he may be saving the prisoner’s life. This is because even though a person may not benefit from the performance of a mitzvah, even where there is an expense involved, if in the performance of the mitzvah a worker provides a service that he usually does for his livelihood, this is not considered payment for a mitzvah, but rather payment for the service rendered.

In my situation, the ethics are not so clear-cut. End of life doula services are services I will always perform for my livelihood, and these services will sometimes, but

⁶ Gittin 61a:5.

⁷ Because I became disabled from work at age 48, and collected SSDI benefits, my Social Security benefits are significantly actuarially reduced; for tax year 2024, they were almost exactly equal to my unreimbursed medical expenses.

⁸ Disability related to long-term chronic illness substantially limits my employment options.

⁹ Hilchos Choshen Mishpatm Volume II: Number 16: Payment for Saving a Life, <https://torah.org/learning/business-halacha-5757-vol2no16/>

not always, include sitting vigil. Sitting vigil, however, will always be a mitzvah—there will not be times when I provide it as a service when it cannot be considered a mitzvah, whereas most times the ferryman collects a fee to take someone across the river it will not be in the interest of saving a life. Thus, even if I incur expenses performing the mitzvah, it would be unethical to charge for it.

Another way of looking at the problem, though, would be to say that performing a mitzvah will only be a small part of the service I provide. If I charge an all-inclusive fee for services that incidentally include participation in a vigil, most of the time my work will not involve performing a mitzvah and I should be able to collect a fee for it provided that it is clear from the beginning that the mitzvah is merely incidental to the services being provided. If, on the other hand, I charge by the service, charging for sitting vigil would be more questionable, whereas charging for respite companionship might be permissible if it was clear that the charge was for the respite service, and not for the companionship.

The situation of the end of life doula, however, may be less analogous to that of a ferryman, and more analogous to that of a physician. Normally, Jewish law permits a physician to charge a fee for his services. Indeed, the Talmud opines that “a physician who charges nothing is worth nothing!”¹⁰ It was not until the nineteenth century that a rabbi ruled that the communal court should force physicians to give free services to the poor if they do not do so voluntarily.¹¹ “[T]he underlying duty of physicians to provide care means that they bear at least some responsibility for making health care available to those who cannot afford their normal fees. This imposes on doctors the obligation to do some work at reduced rates or for free.”¹²

There is another consideration in play here, which is my obligation not to become a burden on my community. The Mishneh Torah 7:3, Gifts to the Poor, teaches that we are commanded to give a poor person according to what he lacks, whether it be clothes, household utensils, or whatever else the person was accustomed to before she became impoverished.¹³ In today’s world, there are some social safety nets intended to prevent the burden for care of the impoverished from falling on the community. If over the course of my lifetime all of my assets were spent supporting myself, Medicaid would potentially be available to pay for my care in an assisted living, memory care, or nursing facility. The key word here is “potentially.” In the absence of a government safety net, because I have no family, the burden for my care would fall on my community.¹⁴

Genesis 3.19 provides that “only by your own hard work and the sweat of your brow will you eat bread.” The plain implication of this language is that one who has the

¹⁰ B. Bava Kamma 85a, <https://merrimackvalleyhavurah.wordpress.com/ethics/paying-for-medical-care/>

¹¹ Rabbi Eliezer Fleckles, Teshevah Meahavah, III, on S.A. Yoreh De’ah 336, <https://merrimackvalleyhavurah.wordpress.com/ethics/paying-for-medical-care/>

¹² Mishneh Torah, Laws of Gifts to the Poor 7:5, <https://merrimackvalleyhavurah.wordpress.com/ethics/paying-for-medical-care/>

¹³ <https://www.sefaria.org/topics/economic-justice?tab=notable-sources>

¹⁴ In the absence of a government safety net, the burden on my community of providing care to an aging population will be considerable.

physical capacity to earn any sort of living has an obligation to do so. This is the reason I have trained as an end of life doula, and this is the reason I will be charging a fee for my services.

Having chosen the profession of end of life doula, I believe that my situation is more analogous to that of the physician than to that of the ferryman. An end of life doula who charges nothing is worth nothing! That one of the services I will be providing as an end of life doula is the mitzvah of *bikur cholim*, is akin to a physician who, as part of her profession, performs the mitzvah of saving a life. I may charge for this service, but I bear at least some responsibility for making vigil services available to those who cannot afford my standard fee. This responsibility is met because I intend to offer all of my services on a sliding scale.

The brain has the better Jewish side of the argument.

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