A Catholic Ethical Response To Questions About Covid-19 Vaccines

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A CATHOLIC ETHICAL RESPONSE TO QUESTIONS ABOUT COVID-19 VACCINES

Summary

1. Many vaccines use cell lines derived from aborted human foetuses at some stage in their research and production. As abortion is immoral, Catholics need to publicly advocate for the development, testing and production of vaccines which do not use cell lines from the aborted foetuses.

2. Those who take the available vaccines have only a ‘remote’ and ‘passive’ cooperation with the use of cell lines from aborted human foetuses, and with the development, production and testing of these vaccines. The vaccines do not contain foetal cells. Because of the moral distance from the evil act, these vaccinations are not immoral. Thus, Catholics can receive these vaccines in good conscience. Due to the serious nature of the disease, and deaths involving vulnerable groups, vaccination can also contribute to the control of the pandemic and the common good.

3. Vaccine programs for COVID must keep in mind issues of social justice. It is important to be aware of the proposed vaccine program and advocate active participation. Individuals and institutions must play their part to ensure that the vaccine reaches all beneficiaries, particularly the vulnerable and marginalised. The universal destination of goods requires a common effort, to obtain for every person and for all peoples the conditions necessary for integral development so that all can benefit from, and contribute to, a humane world.

4. Contrary to some views, the Catholic Church is not anti-science. However, it strongly believes that there are moral concerns with science and its applications. Catholics need to be aware of the moral implications of scientific developments, and evaluate them in the light of Church teachings.

5. Every individual must diligently follow current public health preventive guidelines for the COVID-19 pandemic in order to protect oneself and others around them. This is a reflection of our solidarity with others who can be protected by these actions. Stigmatisation of individuals who are ill or unvaccinated is harmful to the individual and society.

6. It is important for individuals to access reliable information from valid sources and disseminate only such information, cognisant that false information is detrimental to efforts to control the pandemic. We must search within ourselves and as institutions, for ways in which we can enhance the collective effort to address the pandemic for the benefit of all, especially the poor, vulnerable and marginalised.

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1 Reliable information regarding the scientific details of each vaccine can be taken from at least 2 sources - from the peer-reviewed scientific literature and from well-known national and international organisations that publish updates on science and health. The peer-reviewed literature refers to scientific and medical journals (eg New England Journal of Medicine, Lancet, JAMA etc) containing articles that go through a process of review by experts before being published. Website of organisations (eg WHO, ICMR and CDC) synthesize the peer-reviewed scientific literature and its data into easily understandable and reliable articles for non-medical readers.
**Introduction**

On 12 March 2020 the World Health Organisation announced the outbreak of a pandemic Covid-19 which has claimed 21,35,959² lives as on 26th January 2021. We are all being exposed to a huge amount of COVID-19 information on a daily basis, and not all of it is reliable. This may contribute to vaccine hesitancy. In this context, the **Bioethics Forum** of the Archdiocese of Bangalore has written a paper “A Catholic Ethical Response to Questions about Covid Vaccines.” This response brings ethical clarity so that individuals can choose in good conscience to take the vaccine and bring an end to the pandemic.

**Aim of this Paper**

We are now at a stage where some vaccines against COVID-19 have been given emergency use authorisation (EUA) or restricted emergency use (REU) and mass vaccinations have begun in some countries. There are many more vaccines in various stages of development, some of which are in the process of regulatory approval before public use. This paper aims to provide a broad understanding of the Catholic ethical response to COVID-19 vaccines and answer questions raised by individuals seeking a conscience-driven approach to this intervention. The ethical issues that arise are complex and have implications for people who might hesitate to take these vaccines. Their apprehensions are based on the use of tissue from aborted foetuses in vaccine research and production, which is against Catholic doctrine and moral teaching. The issue of social justice in access and distribution of the vaccine is another concern. Vaccine hesitancy (apprehensions or reluctance to be vaccinated) can run counter to the public health imperative of COVID-19 vaccine programmes and can mitigate the overall benefit. This paper does not discuss the efficacy or demerits of each individual vaccine.

**If COVID-19 vaccines have been developed, produced or tested using aborted foetuses, would it be immoral to take them?**

To understand the apprehension of Catholics on the use of such vaccines we need to revisit the clear teachings of the Catholic Church against abortion, and the implications of receiving a vaccine that has made use of cell lines from aborted foetuses in research, production and testing.

“Abortion is the deliberate and direct killing, by whatever means, of a human being in the initial phase of existence, extending from conception to birth”.³ Scripture acknowledges the human person in the womb; “For you created my inmost being; you knit me together in my mother’s womb. I praise you because I am fearfully and wonderfully made.”⁴ John the Baptist leapt in his mother’s womb when Mary, pregnant with Jesus arrived at their home.⁵ The **Code of Canon**

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⁴ Psalm 139: 13 -16

⁵ Luke 1: 41-44.
Law condemns abortion as a crime that is punishable with excommunication. Even The Didache, a first century teaching to nascent Christian believers explicitly condemns abortion. The Church promotes respect for human life at every stage. From the time that the ovum is fertilized, a life is begun which is neither that of the father or mother; it is rather the life of a new human being. It would never be made human if it were not human already. Findings of human biological science recognize the unique biological identity of a new human individual already constituted in the zygote. The conclusions of science regarding the human embryo provide a valuable indication for discerning, by the use of reason, a personal presence at the moment of this first appearance of human life. Human Life begins at the point of conception, because each one carries in an indelible way his or her own dignity and value.

God alone is the Lord of life from its beginning until its end: no persons can, in any circumstance, claim for themselves the right to directly destroy an innocent human being. Since we bear the image and likeness of the Creator every human being is inviolable, a reflection of the absolute inviolability of God. The inviolability of the human person from the moment of conception forbids abortion, which is a direct violation of the fundamental right to life. “The human being is to be respected and treated as a person from the moment of conception; and therefore from the same moment his rights as a person must be recognized, among which in the first place is the inviolable right of every innocent human being to life.”

Human life is sacred because from its beginning it involves “the creative action of God” and it remains forever in a special relationship with the Creator, who is its sole end. From the Genesis narrative it is clear that among all creatures God chose the human person “willed for his own sake”. Besides, human nature is exalted because God chose to become human. This gives the human person an intrinsic dignity, because God himself seeks a permanent personal relationship with the human person. So every human being is unique, unrepeatable and irreplaceable, called by name into existence.

Therefore, the use of aborted foetal tissue in scientific research and development is immoral. Even if vaccine development, testing and production does not directly use foetal cells, but cell lines derived from them, this can raise the question of cooperation with evil. At an individual level, people being vaccinated with such vaccines perceive that they are cooperating with evil

8 The zygote is the cell produced when the nuclei of the two gametes have fused.
9 The Congregation for the Doctrine of the Faith, Instruction Dignitas Personae, n. 6: AAS 100 (2008), 862.
11 The Congregation for the Doctrine of the Faith, Instruction Donum Vitae, n. 5: AAS 100 (2008), 862.
13 John XXIII, Encyclical Mater et Magistra, III: AAS 53 (1961) 447; cf. JOHN PAUL II, Discourse to priests participating in a seminar on “Responsible Procreation”, 17 September 1983, Insegnamenti di Giovanni Paolo II, VI, 2 (1983) 562: “At the origin of each human person there is a creative act of God: no man comes into existence by chance; he is always the result of the creative love of God”.
and refrain from taking these vaccines. Researchers should avoid using cell lines derived from aborted foetuses in vaccine production as far as possible, and as Catholics we need to publicly advocate for ethical alternatives to the use of cell lines from aborted foetuses in vaccine development, testing and production.

Use of Foetal cell lines in COVID-19 vaccines under EUA or close to being approved:

Some of the COVID-19 vaccines currently being approved have a remote connection with foetal tissue obtained through an abortion performed several decades ago, because stem cell lines derived from those foetal cells have been used in the manufacture and testing process in vaccine production. This is not unique to COVID-19 vaccines as several vaccines which are a part of standard immunisation schedules have such connections with aborted human foetuses. At the time of writing this document, complete details regarding use of cell lines derived from aborted foetuses are not available for all vaccines. It is important to recognise that different vaccines use foetal cell lines to different extents, since this use can occur during the development, testing or production of vaccines.

While the vaccines described here are based on their EUA status, multiple vaccines are under clinical trials at this time and the intention is to understand the bioethical position with regard to the specific issue of the use of aborted human foetuses. While no cells from the original aborted foetus are contained in the current vaccines, cell lines derived from the aborted foetal tissue have been used in a majority of vaccines currently approved. The Pfizer and Moderna vaccines did not use such foetal cell lines in the design, development, or production of the vaccine, but foetal cell lines were used for confirmatory testing. The Oxford-AstraZeneca Covid vaccine used the HEK293 kidney cell line derived from an aborted human foetus in 1983 in the design, development, and production stages of that vaccine, as well as for confirmatory testing. ‘Covishield’ is the version of Oxford-AstraZeneca Covid Vaccine produced by Serum Institute of India (SII) under license. It has been approved for Emergency Use Authorization by the DCGI on recommendation by an expert committee.15

Summary: Abortion is immoral. Many vaccines use cell lines derived from aborted human foetuses at some stage in their research and production. As Catholics we need to publicly advocate for the development, testing and production of vaccines which do not use cell lines from the aborted foetus.

15 Covaxin (BBV152) is a vaccine candidate that is developed Bharat Biotech and ICMR-NIV. It uses an inactivated virus strain to generate the immune response. Details whether human foetal cell lines were used at any stage of the development or testing of this vaccine are awaited. Vero CCl- 81 cell lines from the kidney of normal adult African Green monkey used in the production of this vaccine have also been used for polio, Rabies, smallpox, H5N1 influenza, Rota virus vaccines etc; Sputnik V is Russian Vaccine produced by Gamaleya Research Institute uses an Inactivated Human Viral Vector platform. Aborted fetal cell lines were used in its production (as in the Oxford- AstraZeneca vaccine)
By receiving a vaccine that has originated from aborted foetuses, would I not be cooperating with evil?

While sin is a personal act, in some cases one can assist or cooperate with another person who is committing a sin. The principle of cooperation is used to determine to what extent individuals can perform their own activity when others are acting wrongly and the activities intersect. This principle enables the Catholic to discern the extent to which he or she can be involved with an agent whose act is deemed morally unacceptable. There are two major ways in which one might assist or cooperate with the action of a wrongdoer.

1. **Formal Cooperation** is cooperation in the sin of another, which by its *inner purpose* or *deliberate intent*, is characterized as complicity in the sin of another. In addition it refers to agreement in the will regarding the evil act, and *intends, desires, or approves* the wrongdoer’s conduct. Formal Cooperation is always sinful.

2. **Material Cooperation** is involvement with the immoral act of another, which *neither by its own inner purpose nor by intention contributes* to the primary act of sin.

Another distinction looks at whether the material cooperation is immediate (proximate) or mediate (remote). Material cooperation is immediate when the inner purpose of the co-operator is the same as the inner purpose of the wrongdoer. Immediate material cooperation is wrong.

When the inner purpose of the cooperators action remains distinguishable from that of the wrongdoer’s, material cooperation is mediate (remote) and can be morally licit. Two other considerations for the proper evaluation of material cooperation are: the object of material cooperation should be as distant as possible from the wrongdoer’s act, and any act of material cooperation requires a proportionately grave reason.

Prudence guides those involved in material cooperation to evaluate questions of intention, duress, distance, necessity and gravity. In making a judgement about material cooperation, it is essential that the possibility of scandal should be avoided, giving appropriate consideration to the Church’s prophetic responsibility.

In the case of Covid-19 vaccines that have used cell lines derived from foetuses aborted three decades or more ago, the vaccine researchers do not participate in any way with the evil of abortion conducted at that time. Catholics may receive the vaccine in good conscience because they do not *intend, desire, or approve the wrongdoer’s conduct*. Therefore, even the material cooperation is mediate (remote) in this case. Further, there is distance from the wrongful act and a sufficiently grave reason to receive the vaccine; the disease is highly infectious, debilitating and fatal, and the vaccination will build herd immunity necessary to protect

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17 Ibid.
18 The Church’s role to speak the truth at all times, even when the truth is inconvenient or contrary to public opinion or the opinion of political powers.
vulnerable populations. The Congregation for the Doctrine of Faith has clearly concurred with what has been stated regarding remote material cooperation.\(^\text{19}\)

**Summary:** People who are being vaccinated have only a remote connection with the development, production and testing of vaccines using cell lines from the aborted human foetus. The vaccine does not contain foetal cells. This moral distance from the evil act does not make the taking of these vaccines immoral. Thus, Catholics should not hesitate to receive these vaccines on moral grounds. Further, the taking of these vaccines can contribute to the common good.

Are there other Catholic ethical issues related to COVID-19 vaccines?

Another issue related to the COVID-19 vaccines is the issue of **social justice** elaborated in the social teachings of the Church. It has several components which are explained below.

**Commutative Justice** requires that agreements and contracts made by governments on behalf of their people must be fair, transparent and equitable. These could be agreements made between the government and pharmaceutical companies developing, producing and providing the vaccines, agreements between nations to supply vaccines, and price-setting of vaccines. Democracies elect governments to be their voice in contractual deliberations at a national and international level and rely on the government to ensure that these contracts best serve public needs.

**Participatory (Contributive) Justice** requires that every citizen must have a voice and be party to decisions related to the vaccines. This public consultative approach ensures that all sections are heard, and concerns addressed. The principle of subsidiarity evokes the idea that marginalised and vulnerable groups are included in decision making and are not drowned out by majoritarianism. A participatory approach that seeks to optimise processes and priorities related to COVID-19 vaccine programs also ensures procedural justice.

The principle of **Distributive Justice** in the case of COVID-19 vaccines would ensure that approved vaccines reach all sections of society according to the priority listing, particularly those at risk, the marginalised and the ‘voiceless’. ‘Often, the more vulnerable members of

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\(^{19}\) C.f. The Congregation for the Doctrine of the Faith, Note on the morality of using some anti-Covid-19 vaccines, (21 December 2020.) “The fundamental reason for considering the use of these vaccines morally licit is that the kind of cooperation in evil (passive material cooperation) in the procured abortion from which these cell lines originate is, on the part of those making use of the resulting vaccines, remote. The moral duty to avoid such passive material cooperation is not obligatory if there is a grave danger, such as the otherwise uncontainable spread of a serious pathological agent in this case, the pandemic spread of the SARS-CoV-2 virus that causes Covid-19. It must therefore be considered that, in such a case, all vaccinations recognized as clinically safe and effective can be used in good conscience with the certain knowledge that the use of such vaccines does not constitute formal cooperation with the abortion from which the cells used in production of the vaccines derive.”
society are the victims of unfair generalizations.” It is our duty to recognize, protect and concretely restore the dignity, to the disposed and those who face social exclusion.20

This has several dimensions:

- Where vaccine availability is limited, requiring a staggered vaccine program, the priority in allocation needs to be transparent and made known to all. This resource allocation must also seek to address individual concerns and exceptional situations so that particular exceptions are also addressed. At the same time, it is important for people to understand the limitations of public health delivery in resource poor settings and cooperate with governmental efforts.

- Inclusion of all persons is crucial, particularly those who are vulnerable. Priority listing must take into account the particular circumstances of people, migrants, the infirm and elderly in care-homes, the poor without digital access and those without identification cards for genuine reasons.

- Since public funds have been contributed towards the development and production of vaccines, and most scientists work in publicly funded research institutions, data on COVID-19 vaccines needs to be publicly available, and vaccines must be accessible and affordable to all citizens.

- Distributive justice transcends national borders; a global pandemic requires a global response. The disproportionate pre-buying and stocking of vaccines by a few countries puts developing countries at an unfair disadvantage. It is a moral imperative that poorer nations are assisted in limiting the spread of the disease and accessing the vaccine. Exorbitant costs and unethical patents that place newly developed COVID-19 vaccines out of the reach of the global south will only widen the gulf between the haves and the have-nots and lead to a prolongation of the pandemic, to the detriment of all peoples.

- The vaccination of billions of people will take time. Stigmatisation of persons must be avoided, particularly those who may be vaccinated later because they are lower down the public health priority list or those who refuse vaccination. Patients who contract COVID-19 despite vaccination should not be denied medical care or insurance.

**Summary:** Catholics need to be aware of the issues of social justice in the vaccine programmes for COVID. It is important to closely follow the proposed vaccine program and ensure that, as individuals and institutions, we play our part in ensuring that the vaccine reaches all beneficiaries, particularly the vulnerable and marginalised. The universal destination of goods requires a common effort to obtain for every person and for all peoples the conditions necessary for an integral development so all can receive and give to contribute to a humane world.21

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Since these are ethical issues raised by the Catholic Church, does that mean the Church is ‘anti-science’?

The Catholic Church is certainly not anti-science and it recognises that science and technology can be put to the service of all. “Science and technology are precious resources when placed at the service of man and promote his integral development for the benefit of all.”

Thomas E. Woods, a historian of science, Ronald L. Numbers, and Robert Kurland reiterate that the Catholic Church has played a positive role in the development of science.

The Church recognises that scientific experimentation can lead to healing and promote public health:

“Scientific, medical, or psychological experiments on human individuals or groups can contribute to healing the sick and the advancement of public health.”

However, it strongly emphasises the harmony of faith and reason:

“Though faith is above reason, there can never be any real discrepancy between faith and reason. Since the same God who reveals mysteries and infuses faith has bestowed the light of reason on the human mind, God cannot deny himself, nor can truth ever contradict truth.”

Furthermore, while the Church endorses science, this does not mean that it is a blanket endorsement of all scientific progress, since science cannot override moral laws:

“It is an illusion to claim moral neutrality in scientific research and its applications. On the other hand, guiding principles cannot be inferred from simple technical efficiency, or from the usefulness accruing to some at the expense of others or, even worse, from prevailing ideologies. Science and technology by their very nature require unconditional respect for fundamental moral criteria. They must be at the service of the human person, of his inalienable rights, of his true and integral good, in conformity with the plan and the will of God.”

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Catechism of the Catholic Church, no. 2293


Catechism of the Catholic Church, no. 2292.

Ibid., no. 159.

Ibid., no. 2294.
Thus, in the context of the development of COVID-19 vaccines, the moral issues raised by the Catholic Church do not reflect a hindrance to science and its progress, but seeks to ensure that scientific developments are subjected to moral scrutiny in line with the teachings of the Church; ensuring that benefits of these new technologies serve the needs of all people, in accordance with Catholic Social Teaching.

**Summary:** The Catholic Church is not anti-science. However, it strongly believes that science has a moral imperative, and that Catholics need to be aware of the moral implications of scientific development, and evaluate them in the light of Church teachings.

What is my personal ethical responsibility in this COVID-19 pandemic and vaccination (drive) against COVID-19?

Even as we debate the wider moral issues related to vaccine development and distribution, we need to evaluate our own personal response to the pandemic.

Social distancing, wearing masks covering nose and mouth and hand hygiene is a reflection of ‘solidarity’ with others – an individual responsibility to the common good and an understanding of our inter-dependence. In taking our individual responsibilities seriously, we recognise our role as part of a broader community. Pope John Paul II instructs us that Solidarity “is not a feeling of vague compassion or shallow distress at the misfortunes of so many people, both near and far. On the contrary, it is a firm and persevering determination to commit oneself to the common good; that is to say, to the good of all and of each individual, because we are all really responsible for all.”

In this context, individual vaccination acts at different levels:

- At a personal level, it will protect the individual. This is important since we are called to care for our bodies as a God-given gift:
  
  “Life and physical health are precious gifts entrusted to us by God. We must take reasonable care of them, taking into account the needs of others and the common good.”

- Individual vaccination also results in the protection of other people by contributing to the development of herd (community) immunity. This contributes to the common good and mitigation of the pandemic.

Events of the last several months have affected people in many ways. The rapid progress of the pandemic, social restrictions, health concerns, personal losses, economic difficulties and issues related to access to health care have been profoundly disturbing. This together with a mistrust of new vaccines and perceived motives of big pharmaceutical companies, lack or loss of trust in public institutions and a perception of low personal risk in terms of mortality or severe disease (e.g. in young, healthy individuals) has resulted in a reluctance by some to take COVID-19 vaccines. In this context it is important that individuals continue to seek information from...


28 Catechism of the Catholic Church, no. 2288.
valid sources. While the decision to take a vaccine is a personal choice, individuals need to be aware that their decision does affect the wider public. Personal autonomy must be weighed against responsibility for the common good. Stigmatisation of individuals who refuse vaccines, or are unable to take them because of severely weakened immune status or poor access is a disservice both to these individuals and the wider public. At an individual level, stigmatised persons are likely to hide symptoms, report later for treatment and have worse clinical outcomes because of the delay in accessing health care. These decisions could conceivably enhance viral transmission.

**Summary:** Every individual must diligently follow current public health preventive guidelines for the COVID-19 pandemic. These protect the individual and people around them and is a reflection of our solidarity with others. Similarly, by vaccinating ourselves we contribute to the herd (community) immunity for the common good. Stigmatisation of individuals is detrimental to the individual and society.

Are there other moral and ethical issues that individuals and institutions need to be aware of in practical terms?

The COVID-19 pandemic has resulted in a flood of information across all media including social media. The World Health Organisation has termed this an INFODEMIC. Individuals need to be aware that much circulated information may not come from reliable or valid sources. Dissemination of this false information can severely hurt public health efforts to control this pandemic. Individuals are therefore called to be judicious in their use of social media, to seek answers from reliable sources and share information in a responsible manner. Individuals who are vaccinated should continue to take precautions as vaccination does not provide immediate or complete protection against the disease.

As the COVID-19 vaccination program begins there are several ways in which Catholic institutions can work to achieve the common good. These include:

- Disseminating reliable information about the vaccines to their constituencies
- Helping to identify vulnerable people within the community, particularly the marginalised, who must be included in the vaccination rolls
- Providing space and facilities for vaccination programmes should the need arise.
- Promoting social distancing, hand hygiene, and wearing of masks at public gatherings and within institutions, even after vaccination.
- Ensuring continued access to healthcare for those who fall ill even among those who have been vaccinated

**Summary:** It is important for individuals to access reliable information from valid sources and disseminate only such information, cognisant that dissemination of false information runs counter to the common good. We must search within ourselves and as institutions, ways in which we can enhance the collective effort to address the pandemic for the good of all, but especially the vulnerable and voiceless.