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VACCINES: Part II

A Moral Dilemma for Catholics

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Part I of *Vaccines: A moral dilemma for Catholics* (Medicine & Morals Spring 2017) discussed human cell lines, how vaccines work, and the use of human “biological material” of illicit origin to produce vaccines or other products. Part II will examine the principle of cooperation in evil as it pertains to this subject; the Vatican’s statement on ethically compromised vaccines, the availability of moral options when it comes to vaccines and how Catholics can best understand this issue and the moral dilemma involved.

Cooperation with Evil:

As previously noted, some common vaccines use human cell lines. These cell lines (WI-38 and MRC-5) were derived from fetal tissue from voluntarily abortions in 1964 and 1970. In both cases, the abortions were not conducted for the purposes of vaccine discovery or production but rather for purported medical reasons. Yet the fact remains that vaccines, for rabies, rubella, varicella, and zoster, do have a distant historical connection with abortion. The concern that arises then is whether using vaccines derived from aborted fetuses involves the Catholic in immoral cooperation with evil. To answer the question, we must examine the principle as it pertains to this topic. This principle is one of the most complex to understand, but we will try to clarify it.

Formal and Material Cooperation

Catholic moral teaching holds that there is a fundamental difference between formal and material cooperation. Briefly, formal cooperation arises when an individual shares in the intention of another who commits an immoral act. For example, a physician who prescribes contraceptives does so with the intention that the patient will use them and therefore is cooperating formally in the patient’s immoral act.

In material cooperation one shares in the act but not the intent (i.e. one is somehow associated with the act but *disagrees with the intent*). Material cooperation may be either *immediate* or *mediate*. In immediate cooperation, one cooperates directly in the act. In mediate cooperation, one doesn’t participate directly, but performs some indirect function, such as providing instruments or products which support the performance of the act.

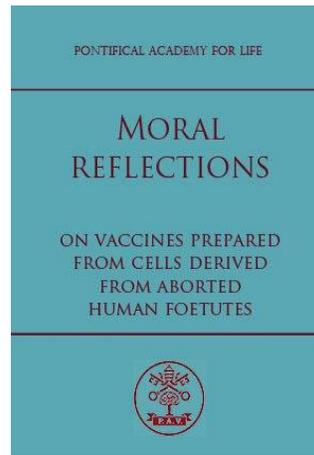
Mediate material cooperation may be proximate or remote. Since the nature of the cooperation is not immediate, it is somewhat distant in terms of time, space, or circumstance. When the action is far enough removed from the original act of wrongdoing, it is considered ‘remote material cooperation’ and in some cases, may be permissible when there is a justifiable reason. In other instances, the act may be too closely related to the evil to be permissible; this is considered either immediate material cooperation or proximate material cooperation. For example, participating in an abortion, even if one does not agree with the physician’s actions, would be proximate cooperation and not morally permitted. On the other

hand, a technician responsible for sterilizing equipment used in an abortion is not condoning the act of abortion, but is more closely connected to the act than someone responsible for cleaning the OR after the procedure. These actions are far enough removed from the wrongdoing to be classified as remote. As material cooperation becomes increasingly remote, it passes from cooperation to increasingly diluted forms of involvement. A further distinction can be made between active cooperation and passive cooperation. This distinction here is between doing something involved with the act versus sitting back and allowing it to happen when there is a definite moral duty to impede the evil in question. Lastly when material cooperation gives rise to serious scandal, that is if a cooperating action remotely related to evil encourages others to do wrong, it is not permissible.

Catholic teaching also holds that whenever people are involved in permissible material cooperation there must exist a sufficient and proportionate reason for their cooperation. The closer their cooperation is to evil, the stronger the reason must be to justify their involvement. For example, while the participation of a nurse in an abortion is too closely linked to evil to be permissible, the work of a nurse in abortion aftercare may not be. A parking lot attendant at the same hospital would need a still less serious reason. Deciding when an action of material cooperation is too proximate to evil to be permissible requires sound judgment.

The Church's Position

In 2005, the Pontifical Academy for Life issued a document titled "Moral Reflections on Vaccines Prepared from Cells Derived from Aborted Human Fetuses" in response to the vaccine dilemma. It summarizes very precisely the scientific facts, identifying which vaccines have been developed using human cell lines from aborted fetuses. It clearly presents the necessary distinctions concerning cooperation in evil, and applies them to the precise case of these vaccines. The document



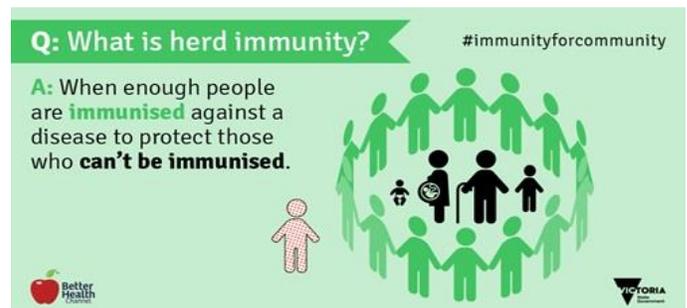
identifies three categories of people in this matter: 1) those who make the vaccines, 2) those who market and distribute them, and 3) those who use them. The actions of those who make, distribute, and market the vaccines are morally illicit because "the preparation, distribution and marketing... could

contribute in encouraging the performance of other voluntary abortions with the purpose of the production of such vaccines."

Regarding those who use of the vaccines, the document states, that parents who use the vaccines, as well as the physicians who administer them, assuming they are not in formal cooperation with the abortion (*i.e.* they don't agree with it), carry out a form of *very remote mediate material cooperation*, and therefore very mild cooperation in the performance of the original act of abortion" Such remote cooperation is morally permissible." (June 2005)

The Pontifical Academy for Life further determined that the since no new abortions have been performed to maintain these vaccines, and no cells from the victims of the original abortions are contained in the vaccines, it is acceptable to use the vaccine regardless of its historical association.

Understanding "Community Immunity (Herd Immunity)



It is important to understand that to be effective,

vaccination programs rely, in part, on what is called “community or herd immunity”. When a critical portion of a community (85-94% depending on the disease) is immunized against a contagious disease, most members of the community are protected against that disease because there is little opportunity for an outbreak. Even those who are not eligible for certain vaccines—such as infants, pregnant women, or immunocompromised individuals—get some protection because the spread of contagious disease is contained. This is known as “community immunity.” If the number of unimmunized individuals should rise above 10-15% then the disease will reappear. For instance, the endemic level of Rubella (congenital rubella) is quite low in North America and one could argue that there is little risk to anyone if a child is not immunized. However, the primary reason to immunize against Rubella is not to protect your child, but rather to protect someone else’s unborn child. This principle of community immunity applies to control of a variety of contagious diseases, including influenza, measles, mumps, rotavirus, and pneumococcal disease.

The Pontifical Academy experts found “a proportional reason” favoring the use of vaccines in



case where a failure to vaccinate can result in loss of community immunity, resulting in significant increase in the likelihood of an outbreak. Thus “the risk to public health

outweighs the legitimate concern about the origins of the vaccine. This is especially important for parents, who have a moral obligation to protect the life and health of their children and those around them.” Those who benefit from “community immunity” include children too young to be fully vaccinated, pregnant women, the elderly and those with suppressed immunity, such as cancer patients. Specifically, the document state there is “a proportional reason, in order to accept the use of these vaccines in the presence of the danger of favoring the spread of the pathological agent, due to

the lack of vaccination of children” and that the “burden of this important battle” against injustice in the pharmaceutical industry “cannot and must not fall on innocent children and on the health situation of the population -- especially with regard to pregnant women.”

What Do Catholics Need to Do?

Because of our moral obligation to protect the life and health of the most vulnerable amongst us, the use the vaccine is morally permissible when no other alternative is available. Unfortunately, there are vaccines for which no alternatives currently exist. These include rubella (German measles), varicella (chickenpox), zoster(shingles) and hepatitis A, all of which are grown in the cell lines WI-38 and/or MRC-5. So what can Catholics do?

1. Catholics are urged to use alternatives when available. For instance, the polio combination vaccine Pentacel, has one component derived from the aborted fetal cell line, whereas the vaccine Pediacel is an ethically acceptable alternative. The vaccine Rabies MIRV is ethically compromised, but Verorab is an ethical alternative that should be used if available. *Catholics should always enquire if an ethical alternative exists and ensure that their physicians and hospitals use the alternative if available.*
2. The Vatican document also advises that Catholics have a duty to make known their objections to the appropriate government agencies and to pharmaceutical companies to ensure ethical alternatives will be made available. The National Catholic Bioethics Centre (NCBC) urges Catholics to “...register a complaint with the manufacturer of the products as an acceptable form of conscientious objection.” This signals opposition to the wider, morally reprehensible practice of using the unborn as little more than research material for science.”
3. As to the question of refusing to vaccinate oneself or one’s children the NCBC reminds

Catholics that “one must follow a certain conscience even if it errs, but there is a responsibility to inform one's conscience properly”. They also note, “There would seem to be no proper grounds for refusing immunization against dangerous contagious disease, for example, rubella, especially considering the concern that we should all have for the health of our children, public health, and the common good.”

To summarize the Vatican's position:

- The production of vaccines derived from aborted fetuses is condemned
- Under certain conditions Catholics may use fetal cell line vaccines only when it is impossible to use ethically derived non-fetal cell lines. It is important to remember that WI-38 and MRC-5 do not contain human tissue or cells, nor is new fetal tissue required in the ongoing production of vaccines using these cell lines.
- Catholics must persistently petition for the availability and production of vaccines from non-fetal cell lines and make known their objections to appropriate government agencies, research facilities and drug manufactures.

Medicine and Morals makes every effort to publish articles consonant with the magisterial teachings of the
Catholic Church



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