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## Thinking about vaccines

News that there are now a number of vaccines against Covid-19 has come as a great relief to many people. People are beginning to see a light at the end of this long tunnel and the possibility of a return to normal. However, it is always important to think about the ethics of new developments. This is especially so in healthcare when often technological advances seem to race ahead of ethics and what can be done, soon becomes what should be done. Circumstances do not dictate our ethical principles. Indeed, in a pandemic we may need ethics more than ever. One central ethical principle is that we cannot do evil in the expectation of a good result. One central standard of ethical permissibility is whether a technology or intervention safeguards and respects the dignity of the human person.<sup>1</sup>

When we think ethically about vaccines we may have many questions about the safety and risks, who should be first in line to receive the vaccine, how should vaccines be distributed, what about people in poorer countries, what may be the long term effects. Many people recognise that vaccination against diseases such as German measles, mumps, measles and chicken pox represent a milestone in the fight against contagious disease. A vaccine against Covid-19 is equally welcome, especially since Covid-19 is a global pandemic, devastating for some populations, and it causes such a huge strain on healthcare services. If we are to be good stewards of our health, and if we think about the common good, including the goods of our healthcare resources, then we can see that we have a serious duty to think carefully about the use of vaccines and about protecting our own health and the health of others. However, some people have significant concerns about the actual production of vaccines, and this is what we will be exploring here.

For some time now the Church has been aware of the use of embryos, of aborted foetuses and of what has been called ‘biological material of an illicit origin’, in some bioethical research. Although not all vaccines are linked to elective abortions or to biological material of an illicit origin, some vaccines are. It is important to consider the ethics of the use of these ‘materials’ in research since respecting the dignity of human beings rules out the evil of elective abortion and the technological production of human embryos, respect does not allow human beings to be reduced to tissue, and respect includes the respect owed to the body of a human being who is dead.<sup>2</sup> Biological material includes cell lines that have been developed from elective abortions carried out decades ago in the 1960s and 1970s. Cells are replicated over many years to produce a cell line. A cell line is not tissue from the foetus, but it is a product from that tissue. Nor is a cell line an ingredient in the vaccine. Rather a cell line is used in research usually to grow the virus, and then is filtered out of the final product, though there is a possibility that traces of DNA may remain. However, the very fact that the cell line originated from an aborted foetus is a cause for concern. In 2005 the Pontifical Academy for Life examined the question of vaccines that had been prepared using cell lines derived from aborted human foetuses, and this document was updated in 2017. The question was also considered in the instruction from the Congregation for the Doctrine of the Faith *Dignitas Personae, On Certain Bioethical Questions* (2008) and in the *New Charter for Health Care Workers* (2017).<sup>3</sup> In these documents the Church urges researchers to reflect on

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<sup>1</sup> Pontifical Council for Pastoral Assistance to Health Care Workers, *The New Charter for Health Care Workers* (2017), n.49 [https://www.scribd.com/document/431501363/The-New-Charter-for-Health-Care-Workers#download&from\\_embed](https://www.scribd.com/document/431501363/The-New-Charter-for-Health-Care-Workers#download&from_embed)

<sup>2</sup> *The New Charter for Health Care Workers* n.62; *Dignitas Personae*, n.35.

<sup>3</sup> Pontifical Academy for Life, (2005) *Moral Reflections on Vaccines Prepared From Cells Derived From Aborted Human Foetuses* <https://www.immunize.org/talking-about-vaccines/vaticandocument.htm>; *Note on Italian Vaccine Issue* (2017) <http://www.academyforlife.va/content/pav/en/the-academy/activity-academy/note-vaccini.html>; Congregation for the Doctrine of the Faith *Dignitas Personae, On Certain Bioethical Questions* (2008) n.34-35

the ethical nature of vaccines and to develop vaccines that are not connected to illicitly obtained material.

In its examination of the ethics surrounding vaccines the Pontifical Academy looked at the principle of co-operation in evil because of the link between the evil of abortion and the production of some vaccines. To aid discernment Catholic moral theology has traditionally made a distinction between formal and material cooperation. In many areas of life people cooperate in evil, for instance our taxes may be used to fund schemes such as abortion services. Paying tax is not in itself a moral evil. Moreover, taxation serves the common good of society so I should pay the tax I am eligible to pay. In terms of cooperation, if I share in the evil aims of someone and actively help them achieve those aims, then I am formally cooperating in their evil acts and this is something a conscientious person should never do. Formal cooperation can be explicit but it can also be implicit if, for instance, the person cooperating denies that he or she shares the other person's wrongful aims yet his or her actions seem to shore that person up in what he or she intends. By material cooperation someone may be involved in a wrongful act but only remotely and without sharing in that person's evil aims. One example of remote involvement in an act would be where landowners cleared land using exploitative employment methods in order to build the house that decades later I have now bought. This is not so much remoteness in time as moral remoteness. The assessment of material cooperation is more complex than an assessment of formal cooperation, and it requires practical wisdom since there are many factors to take into account. Among these the person should consider whether there are any alternatives, how urgent is it to act, the goods and the harms at stake, whether cooperation would mislead others and cause scandal.

Anyone who shares in the evil intention of those who performed an elective abortion would be formally cooperating. However, moral remoteness means that different people can have different moral responsibilities. The responsibility of someone directly involved in an elective abortion is not the same as for a researcher who produces and uses biological material of an illicit origin. This responsibility is not the same as for a researcher who acquires the material commercially decades after the original cell line was produced.<sup>4</sup> The responsibility of a person who is given a vaccine with a link to this material is even further removed. In *Dignitas Personae* the Congregation for the Doctrine of the Faith explains that 'grave reasons may be morally proportionate to justify the use of such "biological material"'. Thus, for example, danger to the health of children could permit parents to use a vaccine which was developed using cell lines of illicit origin, while keeping in mind that everyone has the duty to make known their disagreement and to ask that their healthcare system make other types of vaccines available. Moreover, in organizations where cell lines of illicit origin are being utilized, the responsibility of those who make the decision to use them is not the same as that of those who have no voice in such a decision.'<sup>5</sup> Both the Congregation for the Doctrine of the Faith and the Pontifical Academy explain that this remoteness means that where there is considerable danger to health a person can in good conscience receive a vaccine developed from foetal cell lines. Additionally, the Pontifical Academy's 2017 investigation concluded that the cell lines used in research were now very distant from the original abortions. Moreover, it was no longer necessary to obtain cells from new abortions. The lawfulness of the use of a vaccine is not the same as declaring the lawfulness of its production.

In the context of the Covid-19 pandemic vaccines are not simply the answer to getting back to a normal way of life. Certainly, it is important to be aware of the arguments.

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[https://www.vatican.va/roman\\_curia/congregations/cfaith/documents/rc\\_con\\_cfaith\\_doc\\_20081208\\_dignitas-personae\\_en.html](https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20081208_dignitas-personae_en.html); *The New Charter for Health Care Workers*, n.69-70.

<sup>4</sup> *The New Charter for Health Care Workers*, n.70.

<sup>5</sup> *Dignitas Personae*, n.35

Moreover, given the logistics and the questions of supply and demand, people may not be in a position to choose which vaccine they would in conscience want. But the use of these vaccines can help to protect people from infection, serious illness, and in the case of those particularly vulnerable to the disease, protect from possible death. There is then grave reason to receive a vaccine and so it is possible to do so in good conscience.

However, we may wish to think more deeply about a 'return to normal'. The simple acceptance of a vaccine that has links to elective abortions, no matter how remote, may give researchers the impression that such a link is no longer a matter of ethical concern or at least suggest that the use of biological material of illicit origin can simply be tolerated. The Church has always promoted the inviolable dignity and full ethical status of each human being, however small, from that person's very beginning at conception to that person's natural end.<sup>6</sup> The Church also asks people to inform their conscience, to be good stewards of their life and health and the lives and health of others, and to attend to the common good. The ethics of research and of the production of vaccines should take full account of the respect for human dignity, conscience, and our care for and solidarity with other people, especially those who are vulnerable.

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<sup>6</sup> *Dignitas Personae*, n.5; *The New Charter for Health Care Workers* n.40-41.