



GUIDES TO CHRISTIAN ETHICAL DECISION-MAKING

This guide is an initiative of the Office of the Bishop and the Commission on Social and Bioethical Questions of the Lutheran Church of Australia and New Zealand. It is intended as the first of a series of guides to help church members consider how they should respond to contemporary ethical dilemmas. It is meant for use in personal reflection, and is not an 'official' statement of the church on the topic. I am grateful to Nick Schwarz, Assistant to the Bishop – Public Theology, for his ongoing work on this project.

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21 September 2021*

VACCINATION

Learn about vaccination

Vaccination is one of the most important public health measures for preventing infectious diseases and the debility and death they cause. It involves giving people (or animals) one or more doses of a medication called a *vaccine*, usually by injection but sometimes by mouth. Vaccines contain extremely small amounts of weakened or dead disease-causing germs (or proteins or toxins taken from them), which trigger our immune systems—our bodies' defence forces—into preparing to meet and defeat full strength germs of that type.

Modern vaccination has its origins in *inoculation*, a centuries-old practice for preventing fatal smallpox infection. Inoculation involved drying and grinding up scabs taken from the sores of smallpox-infected people, and rubbing the powder into scratches in the skin of non-infected people. This generally caused mild, non-life-threatening illness in the inoculated people, but, crucially, gave them permanent immunity to smallpox. On the whole, inoculation and vaccination pose a much lower risk to people than naturally acquired disease.

Vaccines can provide either long-term or short-term immunity.¹ To keep our level of protection high enough to avoid some diseases, booster doses may be required. Another factor that reduces long-term immunity is the ability of some germs to mutate. If a germ against which we have been immunised changes (or *mutates*) in significant ways, our immune systems will no longer recognise it and our antibodies won't work against it. To defend ourselves from disease-causing germs that

¹ The first vaccines given to Australians during the COVID-19 pandemic starting in February 2021 provided only *partial immunity*. They couldn't stop people from getting infected with the SARS CoV2 coronavirus, but they markedly reduced the chances of serious illness from it and reduced the chances of spreading it. People were urged to accept the vaccines to minimise the impact of the pandemic on our hospitals, so health workers could continue to adequately care for people with non-COVID-19-related conditions.

mutate, such as influenza viruses, we need new vaccines specifically designed to protect us from the mutant forms.

To prevent an infectious disease from spreading through a population, enough people in that population need to be immune so that the disease, if present, will have difficulty finding susceptible people and spreading from one to another. At that point the population is said to have reached the stage of 'community immunity' or 'herd immunity'. Vaccinating everyone in a population isn't feasible. Some people cannot be vaccinated for safety reasons, eg because of allergy to components of the vaccine or because of weak immune systems.

Herd immunity to a disease is not achieved if large numbers of people who could safely be vaccinated aren't vaccinated. They remain susceptible to catching and passing on the disease if it finds its way back into the community. In recent years in Australia, we have seen new outbreaks of 'old' diseases like measles and mumps because too many parents failed to have their children vaccinated.

While vaccination carries some risks, its effectiveness has been widely studied and verified. It prevents a huge amount of illness and death from infectious diseases. Millions of people owe their lives to it. Thanks to widespread vaccination the world is now completely free of smallpox, and in all but a few places free of other serious infections such as polio and tetanus.

Principles of medical ethics and vaccination

The principle of *informed consent* requires that everyone who is asked to accept vaccination is entitled to a full and truthful explanation of the procedure and any risks involved.

Related to the principle of informed consent is the principle of *personal autonomy* (or individual self-rule), which requires that every mentally competent adult has a right to say 'yes' or 'no' to a medical procedure. Children are not generally regarded as being mature enough to weigh up risks and benefits, so their parents (mostly) say 'yes' or 'no' on their behalf.

The principle of *beneficence* requires that a vaccine must be safe and effective before it is approved, and only given to people who can safely receive it.

The related principle of *non-maleficence* means that a vaccination program must not be used as cover for activity intended to harm people.

The principle of *justice* requires that

- vaccine testing be conducted in ways that don't exploit poor or otherwise vulnerable people;
- everyone who needs a vaccine gets access, and that it should be free or affordable for everyone; and
- access to other health care is not conditional on accepting vaccination.

The principle of individual self-rule is in tension with the principle of the *common good*. The principle of the common good obliges everyone who *can* be vaccinated safely to say 'yes' rather than 'no', to provide the protection of herd immunity to those who *cannot* be vaccinated safely. After outbreaks of preventable diseases such as measles and mumps due to increasing rates of non-vaccination, Australian state governments have started penalising people for non-vaccination without an acceptable excuse, eg by withdrawing family support payments to parents of unvaccinated children, and banning unvaccinated individuals from childcare centres, kindergartens and aged care facilities.

Vaccine hesitancy and refusal

So why don't some people get themselves and their children vaccinated? In the table below, we explore some of the reasons for what the World Health Organisation (WHO) calls 'vaccine hesitancy and refusal'.²

Table 1: Reasons for vaccine hesitancy and refusal

Reason	How these views might be expressed
Lack of concern	<ul style="list-style-type: none"> • Why bother? I haven't heard of anyone getting this disease for years! I don't regard this disease as a threat.
Believing that vaccination 'weakens' or contaminates people	<ul style="list-style-type: none"> • I believe that in the long run I and my children will be healthier and stronger by catching and recovering from infections than by being vaccinated against them. • I believe I can protect my health and the health of my children with 'purer', more 'natural' methods, eg prayer, 'superfoods' and breastfeeding.
Concerns about vaccine safety and effectiveness	<ul style="list-style-type: none"> • Has this vaccine undergone rigorous testing to demonstrate its safety and effectiveness before being approved for general use? • Are measures in place to ensure that vaccines are not used if they are past their use-by date or have been exposed to conditions that might render them ineffective? (People lose faith in vaccines if they don't work.) • Are screening measures in place to maximise the probability that people will only receive this vaccine if it is safe for them? (Reports of adverse reactions stir up anxiety and undermine faith in medicine and in the competence of health workers.) • How likely and how serious are any risks to me (or to my children) of harmful side effects, adverse reactions and long-term complications?
Distrust in governing authorities and the medical establishment	<ul style="list-style-type: none"> • I do not trust the assurances of our governing authorities, public health officials and the pharmaceutical industry that these vaccines are necessary and that they are safe. • Drug companies make money by exaggerating risks of disease, exploiting people's fears, and covering up problems with the vaccines and drugs they push.
Trust placed instead in other 'authorities'	<ul style="list-style-type: none"> • I believe people who have told me that vaccines are (for example): linked to autism, designed to target particular types of people and sterilise them, being used to implant microchips for purposes of surveillance or mind control.
Strong beliefs in individual rights and/or personal autonomy (ie the individual's 'right to choose')	<ul style="list-style-type: none"> • I have a right to refuse vaccination for myself and/or my underage children, eg <ul style="list-style-type: none"> ◦ because I have religious or conscientious objections to this vaccine or to vaccination in general; ◦ because I regard my body as sacred and inviolable. Compulsory vaccination is <i>assault</i>, a violation of my

² The WHO is so concerned about vaccine hesitancy that it names it as one of the top ten threats to global human health.

	<p>'right to bodily integrity' and to the bodily integrity of my children. (Note: When parents refuse to vaccinate children who could be safely vaccinated, they override their children's right to protection from preventable, possibly life-threatening diseases. <i>Whose right should be given greater weight in this situation?</i>)</p> <ul style="list-style-type: none"> • Is there an informed consent process that fully discloses risks as well as benefits? (Forcing or tricking people into being vaccinated is wrong and promotes distrust of the medical establishment.)
Concerns about moral hazard	<ul style="list-style-type: none"> • If you introduce vaccines for sexually transmitted infections, won't you give licence to sexual immorality? • Won't I be complicit in wrongdoing if I receive a vaccine the production of which involves using cells that trace their lineage back to an aborted baby?

Christian ethical perspectives on vaccination

We cannot open a Bible and find clear instructions on God's views about vaccination, because it hadn't been discovered when the Bible was written. But ever since vaccination was discovered, Christians have always turned to biblical teaching to guide their thinking about it.

Christians have generally supported the use of vaccines because of their potential to save lives. Many Christians see vaccines as a sign of God's mercy to us through the actions of other people.

A small minority of Christians seem to believe that they will gain God's favour by rejecting modern medicine and relying solely on prayer to bring about God's protection and healing. However, the majority regard it as foolish to reject God's gift of medicine and presumptuous to appeal for a personal miracle instead. (See Deut 6:16 and Matt 4:7 on putting God to the test.)

Jesus calls us to respect our God-given life and the God-given lives of others, saying 'Love your neighbour as you love yourself' (Mark 12:31).

In Martin Luther's explanation of the Fifth Commandment, 'You shall not kill', in his Small and Large Catechisms, he expands the meaning of the commandment by showing not just what it prohibits us from doing, but also what it calls us to do. For Luther, 'You shall not kill' means that

- 'We are to fear and love God, so that we neither endanger nor harm the lives of our neighbours, but instead help and support them in all of life's needs' (Small Catechism) and
- 'Under this commandment, not only is he guilty who does evil to his neighbour, but he also who can do him good, prevent, resist evil, defend and save him, so that no bodily harm or hurt happen to him, *and yet does not do it.*' (Large Catechism, emphasis added.)

God therefore warns us against actively harming others, but also against passively standing by as someone or something else harms them. We are to protect and defend others from harm when we have the means to do so.

Christian support for vaccines is not unconditional however. It depends on vaccines being created, tested and distributed in ways that are consistent with the principle of 'love for our neighbour'. Here are a few ways this principle might be expressed in practice:

- vaccine trials on human subjects should not proceed until researchers are confident that the risk to subjects is low;
- participation in vaccine trials must be voluntary, and expert medical care provided for anyone who becomes ill;
- the safety and effectiveness of vaccines approved for public distribution must be well established;
- the price of vaccines should be set so that all who need them can afford them;
- those whose need for protection is greatest should be offered it first; and
- the case for compulsory vaccination weakens as risks increase and effectiveness decreases.

A connection between some vaccines and abortion

To conclude this section, we address one more concern of many Christians about vaccination: the connection between some vaccines and cells taken from some babies aborted in the 1960s and 70s.

For example, the WI-38 and MRC-5 cell strains used in the production of vaccines such as rubella and chickenpox were derived from lung tissue taken from two babies electively aborted in the 1960s. The HEK-293 cell line used in the production and testing of the AstraZeneca COVID-19 vaccine was developed using kidney tissue taken from a baby electively aborted in 1972.

These cells have been cultured in vast amounts and have become a very important tool for research in the biology of multicellular organisms and in biotechnology. HEK-293 cells are called an 'immortalised cell line'. They have been specially modified so they can reproduce themselves indefinitely. The WI-38 and MRC-5 cell strains are not immortal. After they have replicated themselves about 50 times they will start to show signs of aging and eventually stop dividing. However, they were cultured in large amounts and frozen so that they are expected to be available for use for some decades yet.

Vaccines created with the aid of these cells do not contain any of the cells themselves. Vaccine materials are grown in the cells and are then extracted and purified.

Some Christians are concerned that accepting vaccines created in this way makes them complicit to some extent in abortion. Their conscience says that since abortion is wrong, it must therefore be wrong to use a vaccine that is linked to an abortion, even if the connection between the abortion and the present-day culture cells and vaccine seems very remote. Table 2 below lists some of the ways Christians argue for and against the use of these vaccines.

Table 2: Arguments used by Christians for and against use of vaccines prepared with the use of cell lines derived from foetal cells

Arguments against	Arguments for
<ul style="list-style-type: none"> • These cell lines were produced by culturing cells taken from aborted babies. Abortion is wrong. Doing deals with abortionists to harvest body tissue from aborted babies—desecrating them—is also wrong; it adds to the wrongdoing. • Benefiting from abortion weakens our resolve to oppose it. It is 	<ul style="list-style-type: none"> • Accepting this vaccine for myself or my child doesn't imply that I am justifying unethical behaviour or that I am unconcerned about it. • The abortions that gave rise to these cell lines were elective; they would have happened anyway. They were not carried out just to acquire foetal tissue for research. This is not a case of

<p>hypocritical to oppose abortion while taking advantage of good things that emerge from it.</p> <ul style="list-style-type: none"> • The scientists who took advantage of the abortion by acquiring and culturing foetal cells, and anyone else who benefits from the use of foetal cells, are implicitly affirming the commercialisation of foetal body parts, and treating 'unwanted babies' as a resource to be exploited. They will almost certainly become desensitised or even blind to the moral significance of their actions. All this adds further layers of wrongdoing on top of the evil of the abortion. • Acquiring and using foetal cells in this way also legitimises the use by researchers and commercial biotech companies of human embryos and embryonic stem cells created by assisted reproduction services, but which are unlikely to be implanted in a womb, and incentivises the production of more embryos than necessary in order spares will be available to profit from. 	<p>wrongfully destroying one life in order to save other lives.</p> <ul style="list-style-type: none"> • These vaccines are an example of how evil can be transformed into something good. During WW2, Nazi doctors used concentration camp inmates and mental asylum patients as substitutes for German soldiers in experiments on exposure to cold and in drug trials for malaria, tuberculosis and other diseases. Their actions were condemned at the Nuremburg Trials after the war, and we still condemn them today. We don't agree with the Nazis that 'the end justified the means'. But we recognise that if we barred ourselves from using the knowledge the Nazi doctors gained, millions of present day lives would be endangered, and that would be wrong. • The abortions and associated tissue sampling 40-60 years ago that gave rise to these cell lines are now so remote from us today that any remaining moral stain associated with their use in vaccine production is negligible. We can use them in good conscience. • It is odd to refuse vaccination on 'pro-life' grounds when refusal dramatically increases the chances of disease and death. • Isn't it hypocritical to appeal to personal autonomy on the issue of vaccine refusal at the same time as objecting to it in relation to abortion and euthanasia? • So many medical treatments and consumer products have links to foetal cell lines (eg the cell lines are used to test their safety or effectiveness) that it is impossible to dissociate ourselves completely from them. Let's face it, the world is marred by sin. All of us are stained in some way by it; absolute moral purity is impossible.³
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³ We might protest to the government that our taxes are funding activities we consider misguided or evil. We don't want to support wrongdoing, yet we don't refuse to pay tax. We recognise that our taxes also fund many more good and worthwhile activities.

The Catholic Church approaches this ethical dilemma by giving the following advice to Catholic Christians:

- When a choice exists between an ethically compromised vaccine and another vaccine which is not ethically compromised, we have a grave responsibility (all other things being equal) to use the latter vaccine.
- When only ethically compromised vaccines are available, we should make known our moral objection to these vaccines, and lobby governments and healthcare systems to prepare and make available vaccines which are not ethically compromised.
- Until ethically uncompromised vaccines are developed, we can and should use ethically compromised vaccines so as to prevent serious health risks both for ourselves and for everyone.⁴

Make a decision and act on it

The quickest and simplest way to make a good decision about whether to accept a particular vaccine is to ask someone you trust who is a well placed to advise you. For example, you might ask a Christian doctor or discuss this guide with your pastor.

But if you'd like to think through the process for yourself first, do some research. Find out about the vaccine from a reputable source, eg whether there are any ethical concerns in relation to its production and testing, its reported effectiveness, and any risks associated with it and how likely they are. Then weigh up the following considerations as well:

- Your Christian duty to respect the body God gave you;
- Your Christian duty to consider how your actions might affect the well-being of your neighbours, including family members and people in the community more broadly. If you are a parent, you will have to decide on behalf of your underage children, so you will need to consider their interests;
- Would the common good be served if everyone in similar circumstances to you made the same decision?
- What are the consequences for you or your children of refusing vaccination, eg will you be barred from work or from overseas travel, or your children barred from childcare or school?

Be slow to condemn others for their decisions, especially if you don't know all the reasons why they decided that way.

Review your decision

If you could have your time over again, would you choose differently? Perhaps it's not too late if you initially refused a vaccine but now want it.

If you had a vaccine but now regret it, how can you make the best of the situation?

⁴ K McGovern, A COVID-19 vaccine acceptable to Catholics, ABC Religion and Ethics, 17 Aug 2020, <https://www.abc.net.au/religion/a-covid-19-vaccine-acceptable-to-catholics/12566494>.

Further reading relating to the use of foetal cell lines in vaccine research and development

J Carter 2019, The FAQs: What Christians should know about vaccines, <https://www.thegospelcoalition.org/article/what-christians-should-know-vaccines/>

K McGovern, A COVID-19 vaccine acceptable to Catholics, ABC Religion and Ethics, 17 Aug 2020, <https://www.abc.net.au/religion/a-covid-19-vaccine-acceptable-to-catholics/12566494>.

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>.

The National Catholic Bioethics Center 1999, Vaccines originating in abortion, <https://www.immunize.org/talking-about-vaccines/furton.pdf>.