

# ETHICAL CHILDHOOD IMMUNIZATION

Surprisingly, some standard vaccines without problematic origins have been quietly superseded by newer versions grown on aborted fetal lung tissue cell lines. Polio protection is now available in either of two combination vaccines, Pediarix or Pentacel, or as an individual inactivated poliovirus vaccine. Pentacel, which utilizes aborted fetal lung tissue cell lines in growth, was only recently introduced. A choice has been forced on us. Pediarix in combination with the Haemophilus influenzae type b (HiB) vaccine gives full protection to our children without being connected to the evil of abortion.

## Ethical Compromise

In the 1970s, a rubella vaccine not connected with abortion was used in the measles, mumps, rubella (MMR) combination vaccine. During this same period, very quietly, a few medical professionals developed and tested a rubella vaccine grown on aborted fetal lung tissue cell lines. In the early 1980s, this new vaccine, MMRII, was introduced and gradually replaced the original MMR vaccine. By 1984, the original MMR supply had been depleted. Once the original MMR was unavailable, a moral conflict pitted “significant risk” from rubella against cooperation with the abortion process: either vaccinate or leave your child unprotected. Until a moral MMR vaccine would again be available, Catholic ethicists resolved the conflict based on three considerations: (1) the duty to avoid passive material cooperation was not obligatory in the case of significant risk to health; (2) that significant risk to health constituted a proportional reason for use; and (3) that there remained a grave responsibility and a moral duty to object, lawfully resist, and demand that alternatives be made available.<sup>1</sup>

In 1995, the varicella (chickenpox) vaccine—grown on an aborted fetal lung tissue cell line—was introduced in the United States. With no alternative, refusal to vaccinate was once again not obligatory. Since 1996, the hepatitis A vaccine, also grown on aborted fetal lung tissue (as opposed to the hepatitis B vaccine which is *not grown* on aborted fetal cell lines), has been gradually introduced in the United States. There was initially some concern about the risk versus benefit of this vaccine. Until recently, it was recommended but not mandatory. In the fall of 2010, many states made it mandatory. Again, there was no alternative, so refusal was not obligatory.

## Aborted Fetal Tissue and Polio

The most recent story involves the injected inactivated poliovirus vaccine, which fully replaced the oral poliovirus vaccine in 2000. In the early 1990s, one inactivated

## Current Options for Polio Vaccination

Immunizations at 2, 4, and 6 months of age (all protect against the same six diseases):

- *Moral vaccine combination:* Pediarix (DTaP + IPOL + HepB) + HiB or (available Sept 2010): DTaP, IPOL, Comvax (HepB + HiB)
- *Immoral vaccine combination:* Pentacel (DTaP, IPV, HiB) + Hepatitis B

Immunizations at 15 to 18 months of age:

- *Moral vaccine combination:* DTaP + HiB
- *Immoral vaccine combination:* Pentacel (exposes child to 4<sup>th</sup> immoral IPV)

*Those listed are options for polio vaccines. This is not a complete list of the needed vaccinations for your child.*

poliovirus vaccine was introduced. In 2002, a second inactivated poliovirus vaccine, the 5-in-1 combination Pediarix, was introduced. In June 2008, Pentacel, another 5-in-1 combination, with inactivated poliovirus, grown on an aborted fetal lung tissue cell line, appeared. For the first time in the history of aborted fetal lung tissue vaccinations, a parent had the option of choosing the uncompromised, standard poliovaccine in Pediarix used with the HiB vaccine. There was no reason for cooperation with the immorally derived vaccine Pentacel. But shortly, a problem emerged. The United States experienced a shortage of the HiB vaccine which significantly limited the availability of Pediarix as an alternative to Pentacel.

We emerged from this shortage in July 2009. Pediarix was again widely available. We had moved from a proportionately serious justification for utilizing a compromised vaccine to a “duty to refuse to use” this same vaccine.<sup>2</sup> When presented with Pentacel, “everyone has the duty to make known their disagreement and to ask that their healthcare system” make the moral option available.<sup>3</sup> This includes asking our favorite doctor, nurse practitioner, local drug representative, and those in the medical research industry. Any agreement to cooperate in the use of the immoral poliovaccine in Pentacel now becomes not merely passive material cooperation but an immoral choice.

Until now, the moral responsibility to avoid all cooperation with abortion in immunization was in conflict with the moral responsibility to provide the best available health protection for our children. Moral acquiescence was allowed because involvement in abortion was “proportionately remote,” but this was only allowed until an uncompromised vaccine would become available. Now that a moral polio vaccine is available, proportionality as a justification has disappeared, and neither independence nor remoteness from the original abortion excuses.<sup>4</sup>

## What Is a Parent To Do?

A further problem with not holding a firm line on immunization is that the use of aborted fetal lung tissue cell lines is no longer restricted to the development of vaccines and other medical products. Aborted fetal



6399 Drexel Road, Philadelphia, PA 19151-2511 [www.ncbcenter.org](http://www.ncbcenter.org)

## ETHICS & MEDICS

VOLUME 36, NUMBER 3  
MARCH 2011

Views expressed are those of individual authors and may advance positions that have not yet been doctrinally settled. *Ethics & Medics* makes every effort to publish articles consonant with the magisterial teachings of the Catholic Church.

cell lines have now been incorporated into producing superficial items such as facial skin care products. No longer are we using significant risk in the health of children as a justification. Here, there is clearly no proportional reason. And yet, NeoCutis, the company that manufactures these products, justifies using an aborted fetal cell line to produce proteins for their skin creams on the principle that vaccines have been, and are being, produced using aborted fetal cell lines.<sup>4</sup> Even if there were a proportionate reason for using these creams (which there is not), there are plenty of other products on the market that do not derive from the cell lines of aborted fetuses.

Aside from nurturing our children, we rarely have the opportunity to make a substantive pro-life decision. Most young adults are appropriately busy raising their families. They are dealing with the baby's fever, the next meal, the stubbed toe, and the efforts to instill a sense of responsibility in their children. There is little time left over for "the big picture." However, we have a responsibility and duty to influence the cultural battle for life as best we can. We can channel our donations to the best pro-life organizations, and now we can do even more. We all must recognize that we have the duty to make known our disagreement and to ask that other types of vaccines be made available. We should no longer allow products connected with abortion to be injected into our lives, much less into the bodies of our children.

Nothing in this article should be used to justify withholding vaccines from children. Avoiding recommended vaccines places our children and other children at risk for multiple diseases. However, we can take a personal stand against the creeping indifference to life by rejecting the use of the aborted fetal lung tissue poliovaccine in Pentacel and insisting on morally acceptable alternatives, that is, Pediarix (or, recently, a separate inactivated poliovirus). The facts are straightforward. Every pro-life

### Discussion Points for Doctor Visit

- I have recently become aware that some vaccines given to children are grown on cells derived from aborted fetal tissue. For me this is a major ethical problem.
- I do not want my child to receive the Pentacel vaccine. My understanding is that using the Pediarix vaccine along with a separate HiB vaccine will give at least equal protection from the same diseases as using the Pentacel vaccine along with a separate hepatitis B vaccine.
- If my child received the hepatitis B vaccine at birth, this may mean a fourth dose of the Pediarix vaccine. This has been an acceptable practice and carries no increased risk. If you are unable or unwilling to allow my child the this option, could you please inform me where I might obtain it.
- If you are using the Pentacel vaccine and are unwilling to change, could you please explain why you feel this is ethically acceptable.

decision helps build the culture of life, no matter how small it appears.

Deacon Frank Fischer, MD, FAAP

*Deacon Fischer was ordained in June 2007, and he is assigned at St. Dominic Catholic Church in Kingsport, Tennessee. He is a pediatrician and has been in private practice in Kingston for the last twenty-one years.*

<sup>1</sup>See Pontifical Academy for Life, "Moral Reflections on Vaccines Prepared from Cells Derived from Aborted Human Fetuses," reprinted in *National Catholic Bioethics Quarterly* 6.3 (Autumn 2006): 541-550.

<sup>2</sup>Congregation for the Doctrine of the Faith, *Dignitas personae* (September 8, 2008), n. 35.

<sup>3</sup>Ibid.

<sup>4</sup>See "Responsible Use of Fetal Skin Tissue" on the NeoCutis Web site at <http://www.neocutis.com/categories.php?catid=91>.

