Why may we not do evil that good may come of it?  St. Paul asked this question of the early Church (see Romans 3:8).  Moral philosophers and theologians have addressed this same question over the centuries.  John Brehany, Ph.D., S.T.L., Catholic ethicist and the executive director of the National Catholic Medical Association, recently focused on the issue of good and noble ends not justifying evil means in a lecture to healthcare providers of the local Catholic Medical Association at UPMC Mercy Hospital.  Focusing on the complex modern problem of childhood immunization and its nexus to procured abortion, Brehany provided his audience with a perspective drawn from virtue theology and Classical moral theology, challenging Catholic healthcare providers to tackle this ethical issue, a collective task that he believes has the potential to “transform medical practice and research.”

According to Brehany, public disclosure that many childhood vaccines are tied to procured abortions has been a factor in the erosion of the social consensus that has supported universal immunization.  Since childhood immunization is widely recognized as a significant good because of the alleviation of human suffering, ethical debates arose focusing on whether or not parents were obligated to have their children immunized if they conscientiously objected to the nexus with procured abortion.  Pharmaceutical and public health representatives responded to the debates, arguing, for example, that abortion is legal and not for the sake of vaccines, the need for vaccination is one-time, and that universal vaccination is a significant good.
In 2005, the Pontifical Academy for Life (PAFL) responded to the debate in its declaration, *Moral Reflections on Vaccines Prepared from Cells Derived from Aborted Human Foetuses*, emphasizing the importance of vaccination for the protection of the public, particularly against rubella. The PAFL appealed to classical moral doctrine with regard to the problem of *cooperation with evil*, a dilemma that occurs every time a moral agent acknowledges a connection between his own action and a morally evil act committed by another. Brehany explained the PAFL’s position that the act of parents having their children inoculated with vaccines they know to be tied to procured abortion is “remote, material, passive cooperation.” “Remote” refers to the distance between the act of vaccination and the procured abortion; “material” means that the parent who has their child vaccinated does not share the evil intention of the person who procured the abortion; and “passive,” that a parent does not actively object to the vaccination and its nexus to the procured abortion. Because Catholics are called to oppose evil regardless of the level of cooperation, parents may justifiably abstain, or “opt out,” of having their children vaccinated, provided that abstention does not pose a significant risk to the child or to the public. Due to the level of moral coercion that exists—parents are, in a sense, at the “mercy” of pharmaceutical companies who fail to provide the public with alternative vaccines not tied to procured abortion—the PAFL document *does not* condemn parents who choose to have their children vaccinated.

The PAFL, as Brehany pointed out, also called on those who prepare, develop, and distribute the vaccines “to denounce their unethical origins and to work expeditiously to develop alternative vaccines.” At the same time, it called on parents and physicians to
use alternative vaccines whenever possible and to put pressure on healthcare systems, pharmaceutical companies, and politicians to make alternatives available.

The Catholic Health Association, in 2005, issued a statement summarizing the PAFL’s declaration, providing resources to its organizations to address the issue. After initial discussions, however, Brehany pointed out, “significant follow-up actions have failed to materialize.” He cited several reasons that he believes might explain this, for example, that some members might believe that the elective abortions are sufficiently remote from current vaccinations, rendering them morally irrelevant. However, Brehany believes the issue “is significant enough to warrant further reflection.” More ethical dilemmas are occurring today in which moral agents decide to benefit from the fruits of unethical action performed in the past. He pointed out that “the nexus between abortion and vaccines is quickly becoming subsumed into the debate on the permissibility of human embryonic stem cell (HESC) research.” Politicians from both parties have appealed to the historical role of procured abortion in vaccine development to justify some forms of HESC research. Our society, particularly Catholics, must re-examine the extent to which they are comfortable appropriating the moral evils of the past in the name of healing. Such appeals, as Brehany pointed out, “will only strengthen in the face of efforts to legitimize HESC and other types of destructive research on human beings.”

What can the Church do, then, to counter this societal ethical issue? Catholic physicians and nurses, aware of the abortion-vaccination nexus, are well-positioned to provide informed consent to parents and the public regarding the scientific and ethical issues. Brehany believes that a “thorough educational effort could help to avoid grass-roots campaigns to opt out of immunization regimens.” In the meantime, Catholic
healthcare institutions should help to make alternative vaccines available in a timely manner, for example, by using their purchasing power to create a “market” for alternative vaccines that the pharmaceutical companies would find difficult to ignore. This market power, along with professional and political pressure, could be effective in persuading the pharmaceutical industry to develop alternative cell lines for future vaccines. Brehany believes “these efforts could not only transform current trends in medical research and therapy, but future developments as well.”

Suggested reading:


About the author:

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