

PATHWAY ETHICS

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“Digging in, or Leading the Way?” An Ethical Perspective on COVID Vaccines

A Current Moral Issue: COVID-19 Vaccination

“Science tells us that when you tell someone they’re wrong, they’re more likely to dig in than to experience a change of heart.” (1) Such a claim applies to other areas beyond science and holds broad moral implications since the statement was first directed toward those who oppose childhood vaccinations. Similar resistance has surfaced with the advent of COVID-19 vaccinations, and is reflected in widespread scientific, medical, and public hesitancy to participate in the voluntary COVID-19 vaccination initiative. *This hesitancy invites a closer moral consideration of these vaccines in light of the current pressing global pandemic*, which has resulted as of this writing, in the deaths of 2.2 million persons globally and 422,017 Americans.

Vaccinations have a lengthy history, so they are not new by anyone’s definition. The word “vaccine,” which was coined Dr. Edward Jenner, comes from the Latin *vacca* meaning “cow” (cf. “cowpox”). The good physician’s cow was named Blossom! The doctor resided in Gloucestershire, England, and discovered in 1790 that the young milkmaids who had been exposed to cowpox did not suffer from the dreaded smallpox (IJCE, 2000). His successful inoculation of 13 people to prevent smallpox led to widespread vaccination by the early 1800s. (2) Even though Jenner’s vaccine quickly led to pervasive practice, inoculations had been around for centuries before his work. (3)

Strong rationales for compelling people to become immunized soon followed the successful dissemination of vaccines. It was reasoned that the unvaccinated have the potential to trigger further epidemics. (4) The presence of epidemic disease had become a catalyst for taking public health action in industrial cities where squalid living conditions, overcrowding, illness, and death were exponentially increased among the poor residents in these areas. Public officials began to intervene to “control or manage health.” (5) An anti-vaccination backlash soon emerged, based largely upon protection of civil liberties, and has ebbed and flowed throughout the history of vaccines. (6) *The delicate balance between collective protection and highly-prized individual rights has always created tensions in strongly democratic societies like the UK, France, and here in the United States.*

Currently, healthcare workers and the public alike *are also reluctant to participate in vaccination programs based on several similar reasons*: concerns with adverse risk/reactions, distrust which involves informed consent as well as equitable access, and decisional autonomy. (7) There are compelling arguments on both sides of the moral issue of vaccinations. On the one hand, as evidenced above, there are core communal reasons why public administrators want to limit the spread of epidemics. Preservation of core values like human life, health, family and community, and work underlie public health concerns. On the other hand, strongly held values such as personal freedom and rights, like respect for individual liberty and a right to bodily privacy, must also be considered. Interestingly, while various moral theories are utilized to advance or limit vaccinations, advocates and opponents argue “for” and “against” vaccination based upon similar philosophical and religious vantage points! All told, several ethical concerns emerge from within this complex moral milieu.

What are the Ethical Concerns?

The practice of vaccination raises ethical concerns in many ways. First, *whether to mandate certain immunizations* raises concern about human liberties. School entry requirements, for example, currently require certain childhood immunizations. This has led a sizeable number of people to object to mandated vaccinations, based upon their philosophical or religious beliefs. (8) I am not demonizing the use of utilitarian reasoning for vaccinating the greatest numbers of people for the greater good; however, such a philosophical approach creates the risk of infringement upon individual autonomy and liberty. Secondly, *vaccine research and testing* has raised ethical concerns. Broadly, discussions focus on vaccine development and “study design, population, and trial location” that may include some participants with compromised immune systems.

Thirdly, *ethical concerns relate to the need for informed consent*. Laws require doctors to give basic information about vaccine risks and benefits (e.g., National Childhood Vaccine Injury Act of 1986; cf. Tuberculosis research and control groups; cf. also Tuskegee research on Black males with syphilis but without their informed consent. American minority groups like Blacks and Hispanics are reluctant to receive the COVID-19 vaccines in many cases due to previous ill-treatment and lack of informed consent). The COVID-19 vaccine risks are clearly documented, but all of the possible adverse health effects are not yet known. (9) Fourthly, *ethical concerns relate to fair access*. Considerable public discussion has been raised concerning socioeconomic and racial ethnic minority access to the COVID-19 vaccine. *The World Health Organization* (WHO) has already noted serious moral concerns with the current COVID-19 vaccine distribution plan. (10) The issue of fair distribution of vaccines remains a perennial and multi-faceted moral responsibility. These ethical concerns call for careful Christian reflection and action. Fifthly, ethical responsibility in an epidemic or pandemic requires special considerations. The issue presently is not so much about our hesitancy with vaccinations but with the risk to others. Consider that minority communities have been affected extraordinarily by this pandemic. We will want to consider our responsibility to them. What follows are several suggestions for building a way forward.

A Christian Way Forward

The introductory quote above does not tell the entire story, does it? The wide variety of present legitimate ethical concerns with vaccines like *Pfizer-BioNTech* and *Moderna* call for carefully reasoned responses. (11) Dr. Francis Collins, Director of the National Institutes of Health, and a Christian, says, “In times of plague, and it’s not the first one nor will it be the last, Christians had had a tradition of not running away from the challenge but running toward it.” He advocates for Christians being part of a solution to the global pandemic. Human lives are at stake, and a basic respect for life and a sincere desire to benefit others with Christ’s love compels us to think and act responsibly. I am able confidently to claim that the Bible does not speak about “vaccinations.” Therefore, we will need to build a moral framework for making sound biblical decisions that applies to vaccinations as a whole and, specifically, those present vaccines that have been produced to combat the current global pandemic.

Who is my neighbor?

Moral concern for one’s “brother” has been God’s will from the Garden of Eden forward (cf. Genesis 4:9). The Bible speaks powerfully to the truth that we are indeed our brother’s keeper and that we are to behave in a neighborly fashion toward all humankind (Luke 10:36-37). Support for sanctity of life, after all, covers our neighbor’s person, health, family, and work. These biblical principles should cause us to bear in mind the

“responsibilities” that are related to our personal autonomy *and* the collective good. Refusal to receive a relatively inexpensive vaccination bears enormous costs; for example, if one, or one’s child, becomes severely ill and hospitalized. It also may very well place the lives of others in jeopardy, if we are asymptomatic and spread the virus to them. We will also want to consider the impact that the virus is having on long-term health and employment. Schooling has been disrupted or placed on hold for many because of the rapid spread of the virus. This interruption will continue until herd immunity is reached and the spread of the virus is brought under control. Reports indicate that child abuse as well as trafficking has increased since children have been required to take online classes at home.

In addition to the above, COVID-19 treatment and hospitalization costs are also astronomical, so the human impact on others should be a consideration. Furthermore, our frontline medical “neighbors” are stretched thin and are exhausted from treating patients in this pandemic. The Baptist Center for Global Concerns, along with countless other churches, organizations, and individuals, has provided a lifeline of support to families in dire need due to a loss of employment and income during the pandemic. However, no one and no organization has inexhaustible resources. We should act neighborly.

What is my duty?

An unwillingness to protect one’s own life and health from COVID-19 shows a lack of proper respect for life, and it also impacts other human lives that are valuable. It only makes sense, then, to take basic steps to mitigate the human and economic stresses by viewing brotherly concern in ways that include preventative measures (vaccination is one way, along with observing simple steps like wearing face coverings, maintaining safe physical distances, and regular handwashing). These practical examples stem from Christian moral values that were stated above *and* from the mandate of Christ to love our neighbor. There is another moral perspective that we may consider. Some Christians have behaved dismissively with regard to the recommended COVID-19 safety precautions. Sadly, some have fallen ill, and others have died, as a result. Christ was tempted to put God to the test and refused to do so (Luke 4:12; cf. Israel testing God in Exodus 17:1-6). We should not choose behaviors that will require God to fulfill his purposes for us in any other way than he intends.

Moral Complexity:

Trust, personal autonomy, and the sanctity of every human life

Concerns with protecting lives that may be adversely affected by vaccination have been evident from the earliest days of research on inoculation. Religious and non-religious arguments have been used from the very beginning. Dr. Jenner, for example, was furious when he learned that there had been “three or four deaths among the 500 subjects” that had been inoculated by another English physician who was trying to advance on Jenner’s vaccine. **(12)** At the time, clergy also denounced the “transference of animal disease to man.” **(13)** There was legitimacy to their moral concerns. Flatly, the current mantra “trust the science” has not been well-received by many because of an aggressive use of medicine and science that impacts human life. There is still a deeper moral concern than fears of overly aggressive science and medicine.

Religious differences also exist regarding vaccine production that saves many lives while utilizing fetal tissue from surgically aborted fetuses. Many Christians have expressed their moral distress over and opposition to past vaccine research and production that utilized fetal cells accessed from aborted fetuses (e.g., measles, rubella, chicken pox). Let me provide some brief background. Many of the childhood vaccines that several generations of youngsters received, including this writer, were manufactured using fetal cells from aborted fetuses (e.g.,

mumps, rubella, and measles). Many Christians were alarmed to learn that vaccine research, development, and production had made use of fetal tissue. The most widely used fetal cells in these vaccines are WI-38 and MRC-5. **(14)** They were derived in 1962 from the lung of a 3-month-old female fetus (WI-38) and in 1966 from a 14-week-old male fetus (MRC-5).

The Catholic Church's (RCC) position on abortion has been clear that "from the moment of conception, the life of every human being is to be respected in an absolute way. . ." **(15)** The Catholic Church, however, has permitted temporary use of vaccines generated using aborted fetal tissue to protect children from preventable diseases until alternative vaccines become available. The Catholic position focuses on the exceptional nature of this pandemic. There is no alternative at present to prevent the spread of a deadly contagion. The RCC's focus is on preserving lives in the pandemic. Notwithstanding its position, there are many sincere Evangelical Christians who are opposed to the use of any vaccine that makes use of fetal cells from elective abortions. The fact that fetal cells were used in research and vaccine production has caused many Christians to express moral anguish and to become suspicious of the development of the newly approved COVID-19 vaccines.

COVID-19 Vaccine Background

The Pfizer-BioNTech and Moderna vaccines make use of synthetic RNA ("messenger" RNA or mRNA) and did not require the use of fetal cell cultures in order to manufacture (i.e., produce) the vaccines. However, early in the development of the mRNA vaccine technology, fetal cells were used to test how a cell could take up mRNA and produce the SARS-CoV-2 spike protein. Fetal cells are used to develop and manufacture vaccines for several reasons: 1) viruses need cells to grow and the viruses tend to grow better from human cells rather than animal cells (animal cells infect humans), 2) fetal cells can be used longer than other cell types, and 3) fetal cells can be maintained at low temperatures, thus enabling scientists to continue using cell lines from decades ago. **(16)**

Both of the vaccines used fetal cell lines in the pre-vaccine testing process. **(17)** The HEK293T cell line, for example, is a widely used "immortalized" cell line that was made from fetal tissue acquired in the Netherlands in the 1970s. Immortalized cells are established by culturing fetal cells so that they continue growing and multiplying in laboratory dishes indefinitely. *Here is the moral point: no elective abortion took place in order to manufacture a vaccine* (see below). Furthermore, any vaccine that relies upon these two cell lines will not require new abortions.

Fetal cell lines can be used for such things as "testing a drug's ability to damage genetic material or to test the effects of specific viral infection." **(18)** This is the case with the Pfizer-BioNTech and Moderna vaccines. Francis Collins states that the cell lines in the vaccines were used to evaluate whether the vaccines are safe and effective. He offered assurance that the cell lines have not been involved in the production of the Pfizer-BioNTech and Moderna vaccines. All of this discussion is not intended to split hairs or, to coin a phrase, "split a cell." I understand that many sincere Christians are morally unsettled with the fact that fetal cells from abortions are used *in any way* with the testing and steps that lead to the production of vaccines.

Here is a moral takeaway: The Charlotte Lozier Institute, a conservative pro-life policy organization, determined that the Pfizer-BioNTech and Moderna vaccines are "ethically uncontroversial." **(19)** It is good to know that they find no ethical controversy with the new COVID-19 vaccines; however, we are the ones that must make and live with our moral decisions on the issue! *All of this science can really confuse that which is sacred!* So, thoughtful Christians should choose to seek the help of the Scriptures, prayer, sound counsel from

experts, *and* good moral reasoning to make a decision. The following discussion provides a basis for making a moral choice.

Biblically Based Decisions and Actions

First, the underlying ethical issue is termed “material complicity with an immoral act”; namely, abortion. *In layman’s terms, the moral dilemma is the choice that patients must make between their own health (or the health of their children) and their moral integrity* (see above Ethical Concerns, #5). The moral argument that individuals may use with many of the childhood and other vaccines is: “Since the abortions were events separated in time, agency, and purpose from vaccine production, their use would be ethically acceptable.” This covers the past, but what are we to do going forward?

Secondly, *Christians may prefer medical treatments that are not the result of elective abortions*. We may express going forward our moral desires to our physicians when we are receiving treatments and request a vaccine that was not produced using fetal cells from aborted fetuses. I hasten to add that it will be very unlikely that any new cell lines will be developed from abortions. The reason is that it is now considered “completely unnecessary, and medically inexpedient, to create cell lines from aborted children.” (20) The process for research and receipt of approval is too time-consuming, requires too great an effort to receive approval, and it is too costly when the present decades-old cell lines are still sufficient. Having stated these facts, it is not known whether individuals will be given a choice of which vaccine they may receive when the future COVID-19 vaccines come to the market.

Thirdly, we may guard against *cooperating formally* with an immoral action of another person by sharing in that person’s evil intention. This means we should not support aborting the unborn in order to harvest organs or tissues for research and treatments. On the other hand, we may *participate in a material way* without sharing in the evil intention. The former case is wrong while the latter form of cooperation depends upon additional factors. For example, in the case of HEK293T (see above), the tissue was acquired post-abortion for the purpose of medical research only. The child’s death had occurred for other reasons. This argument does not seek to erase the tragedy of abortion. I offer it to help us not to bear false guilt for that action. Practically, I (and you) had no knowledge or control over the development of the childhood vaccines from which we all have benefited. Goodness, I was a grade-school-age child when I received those immunizations in the 1960s! *However, Christians, going forward, may take active steps to disallow and not condone the continuance of using donated tissue that is derived from abortions*. We would make it clear that we do not approve of any regime that sanctions the killing of the unborn.

Fourthly, I have placed this action step at the end of the list to emphasize that Christians often do not address their differences in ways that show love for their neighbors. This current pandemic has borne out this fact. We all will have differing moral perspectives on a wide variety of issues. Furthermore, we all will rank differently our competing moral principles and concerns. Some may well rank other moral principles ahead of the love standard (e.g., saving the most lives possible). They may consider abortion to be horrible, but they see the *present* climbing death total from COVID-19 to be of greater moral concern. Deaths due to COVID-19 in our nation, for example, are rapidly approaching the same number of the deaths by induced abortion that took place in the most recent year where data was reported. (21) I, in no way, am minimizing the horrors of abortion, but I am calling attention to the rising numbers of human lives that are being lost to this catastrophic pandemic. Therefore, we encounter daily a wide range of opinions in Christian circles that relate to vaccines as a whole, or to the COVID-19 vaccines in particular. The non-Christian world is watching how we relate to one another

when we deliberate. We may hold strongly our views on the issues, which is fine; however, we should always cleave to one another for the sake of Christ.

Conclusion

So, we now have the facts on the current vaccines as well as the moral decision-making tools to make a decision that is based upon core biblical values and principles for moral action. Rather than digging in our heels, we may step to the forefront in providing Christian moral leadership and example in helping to overcome this terrible global pandemic. I support vaccination on solid moral ground, and I will receive an inoculation when it becomes available for me. I also support you, my brothers and sisters in Christ, in prayer as you decide what is best for you and your children.

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Notes and Sources:

1. Krenn, 5 Feb 2019, *JHCCP*.
2. Wolfe & Sharp, *BMJ*, “Anti-vaccinationists past and present,” 24 Aug 2002; 325(7361), 430-432.
3. Cf. China 200 BCE; see History of Vaccines.
4. Cf. Porter, *The Greatest Benefit to Mankind*, chapter XIII, “Public Medicine.”
5. Porter, *The Greatest Benefit*, 420.
6. Cf. Kennedy, *A Brief History of Disease, Science and Medicine*, 110ff.
7. *BMC Nursing*, 4/28/17, Vol 16, pp 1-7; Krenn; Pathway Perspectives in BC4GC E-News, 13 January 2021.
8. Centers for Disease Control and Prevention (CDC), Vaccination Laws.
9. Cf. The *BMJ*, “Covid-19: Norway investigates 23 deaths in frail elderly patients after vaccination.” See Norway.
10. See “World is on the brink of a ‘catastrophic moral failure’ on vaccines.” See WHO.
11. See Larry C. Ashlock, Pathway Perspectives, BC4GC E-News, 13 January 2021.
12. Kennedy, *A Brief History of Disease, Science and Medicine*, 111.
13. *Ibid*, 110.
14. “WI” refers to Wistar Institute and “MRC” comes from Medical Research Council.

15. Roman Catholic Church (RCC). *Congregation for the Doctrine of the Faith*, 1987, as quoted in “Use of Aborted Fetal Tissue in Vaccines and Medical Research Obscures the Value of All Human Life,” in *Linacre Quarterly*, Feb 2018, 85(1):13-17.
16. See “COVID-19 Vaccines and Fetal Cell Lines” in [North Dakota Health](#).
17. HEK293T is a kidney cell line from an aborted fetus in 1972 and PER.C6 is a retinal cell line from an aborted fetus in 1985.
18. Carter, [TGC](#), “The FAQs: Are Fetal Cells Being Used in COVID-19 Vaccines and Treatments,” 11/18/20.
19. See [Charlotte Lozier Institute](#), “Update: COVID-19 Vaccine Candidates and Abortion-derived Cell Lines.”
20. See SBC “Explainer” at [ERLC](#).
21. See [CDC 2018 data](#).