



Medicine & Morals

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Being a Hero

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“Did you ever know that you’re my hero?” Bette Midler sings to her friend in “Beaches”. Bette is acknowledging that her friend is a better person than she is. Through courage and humility, her friend has worked tirelessly to ensure Bette’s success. She has put her friend, Bette, before herself, has always been in the shadows. But Bette is singing that her friend is everything that she herself would have liked to be.

We acknowledge heroic charity in the lives of the saints, often manifested differently, but always embracing the two great commandments of love mentioned in the Scriptures. Those who are lacking in this love are encouraged to enter more intensively into a relationship with Christ Jesus and so become more virtuous and loving persons.

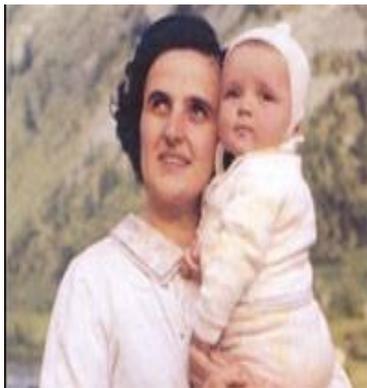
We use the notion of hero in a somewhat different though related sense. When a person “goes beyond the line of duty,” we call him or her a hero. There are some actions which we expect and demand of normal human beings. If a child falls into a pool of water, deep for the child, but not for an adult, then we expect the adult to pull him out. We see nothing heroic in

this. But if an adult were to save the child by putting his own life in serious danger, as when an “ordinary” adult enters a dangerously burning building to carry a child to safety, then we call that heroic. And rightly so.

The danger with this notion of hero, though, is the tendency to normalize mediocrity. Thus, it is wonderful to go beyond the call of duty, but no-one has to do this. I remember once, many years ago, being brought to this realization when I was having a single malt with the great Jesuit moral theologian, Richard McCormick, a hero in his own right. A student priest stopped by and asked Richard if a woman who was pregnant with a non-viable fetus and couldn’t wait till viability could take action, surgically or otherwise, to deal with her own cancer, even though the baby would probably die? “Of course she can,” was Richard’s reply. I remember thinking along different lines.

Pastorally, one has to be careful not to counsel a person beyond his or her strength. But simply to say that the mother is quite right to choose her cancer treatment over safeguarding her unborn child is to deny the woman the chance to do something wonderful.

St. Gianna Molla is a prime example of a woman who did choose to delay treatment till after her baby was safe, and died as a consequence.



Other women have done the same, women of transcendent faith or of no faith in God. The mother who chooses to undergo treatment should not be accused of moral failure. She is where she is and is working out of her present strength. But that is not to say that we live by a “thus far and no further” kind of morality. This indicates that nothing is demanded beyond this line. If you want to and feel up to it, be free to choose, but know that you are perfectly free to refuse to do so. However, that cut-off point stunts love, denies the two great commandments – to love God with all one’s mind and soul and strength, and to love one’s neighbor as oneself.

The Principle of Double Effect is often used to justify a woman’s choosing possible life-



saving treatment that may be fatal or injurious to her unborn baby, when the treatment cannot be delayed till viability. To the extent that there is no direct intention

to harm the baby, the employment of the principle is valid. That love, super-abounding in nature, is reduced to this is sad.

VACCINES: Part 1 A Moral Dilemma for Catholics

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Physicians often recommend vaccines to prevent disease and protect seniors from serious health problems such as shingles, hepatitis and the flu. Recently one of our readers raised a concern regarding the herpes zoster vaccine,

commonly known as the shingles vaccine. It was recommended she get the vaccine but



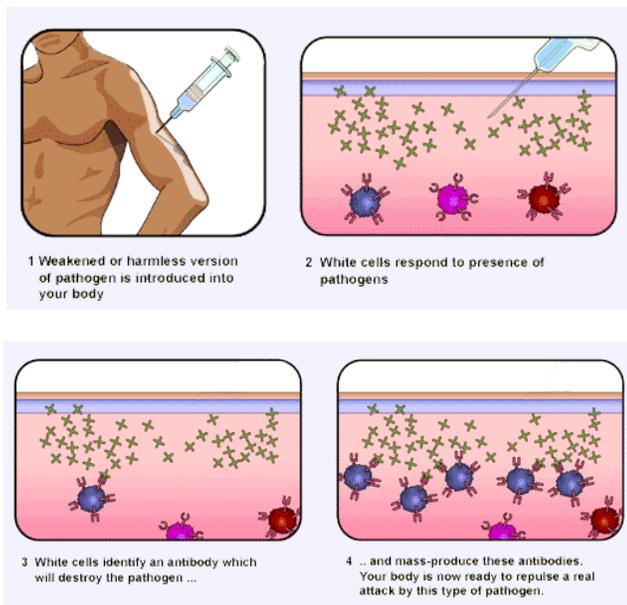
had heard that it contained aborted fetal lung tissue. To make an informed decision she needed to know if a Catholic, in good conscience, could use vaccines derived from aborted materials. Clearly for those who oppose abortion such vaccines would be considered ethically compromised and pose a serious moral dilemma. Thus, the question is whether the use of these vaccines involves the person in immoral cooperation with the evil of abortion. To make an informed decision it is important to understand the scientific facts, the moral implication of receiving such a vaccine given its historical origin and the Church’s position on the issue.

How Vaccines Work

When bacteria or viruses, invade the body, they attack and multiply creating an infection. A healthy immune system uses several tools to fight infection, including white blood cells. These white cells consist primarily of B-lymphocytes, T-lymphocytes, and

macrophages. Macrophages swallow up and digest germ cells, leaving behind parts of the invading germs called antigens. The body identifies antigens as dangerous and B-lymphocytes then produce antibodies to attack the antigen. T-lymphocytes are another type of defensive white blood cell, which attack cells in the body that have already been infected. After the infection, the immune system remembers what it learned about how to protect the body against that disease. The body keeps a few T-lymphocytes, called memory cells that go into action quickly if the body encounters the same germ again. When the familiar antigens are detected, B-lymphocytes produce antibodies to attack them.

Vaccines work by imitating an infection. A harmless form of virus or bacterium is introduced into a person's immune system. A healthy body recognizes the foreign antigen and responds by producing antibodies as a defense against it (immunity).



If the body is later exposed to the same virus, defenses are already in place, and the virus will not cause illness. Weakened (attenuated) and killed virus vaccines are able to induce enough of a response to achieve

immunity, but do not cause full blown illness. Typically takes a few weeks for the body to produce immunity after vaccination, therefore, it is possible to be infected with a disease just before or just after vaccination because the vaccine has not had enough time to provide protection.

Human Cell Lines, Vaccines and Aborted Fetal Tissue

Cell lines are a population of **cells descended** from a single cell and containing the **same** genetic makeup. Cell lines can divide indefinitely outside of an organism, in a container such as a Petri dish.

Human cell lines are used in the early stages of production of some vaccines because viruses need a living cell to grow. Human viruses are best supported in a culture of human cells as oppose to animal cells. Fetal cell lines are preferred to adult cell lines because they divide much more rapidly. To make a viral vaccine, viruses are grown in human or animal cells, and incubated until enough virus is available for harvest. The virus is then purified, weakened or killed, and added to solution for injection.

It is true that in the 1960's, 70's and 80's embryonic tissue from elective abortions was used to develop and manufacture several



types of vaccines. The original tissue was used to create a cell line which replicates independently and is self-sustaining. This cell line is where the virus grows in order to produce the vaccine. To use a simple analogy, the cell line is the medium used to grow the viruses for vaccines much like soil is the medium used to grow

vegetables. The product (vegetable) is consumed but not the growth medium (soil). Similarly, the growth medium (cell line) is not used in the vaccine only the product (weakened or dead virus). Although those cell lines originated in aborted fetal tissue decades ago, the cell line is simply a growth medium and not an ingredient of the vaccine.

Contrary to the propaganda by anti-vaccine advocates and some pro-life groups, it is important to understand that these cell lines are ***not*** the tissue of the aborted child, nor have they ever formed a part of the aborted child's body. Vaccines do not contain human tissue or cells. Additionally, the abortions were not conducted for the purpose of vaccine discovery or vaccine production. Furthermore no new fetal tissue is required in the ongoing production of vaccines because cell lines

can reproduce themselves in culture and can be used for a very long time.

Where do the vaccine companies get the cells to produce vaccines? Bio-pharmaceutical companies act as repositories for cell lines and sell cultures to researchers, drug companies, and other medical technology firms. The two fetal cell lines originally procured from abortions and currently being used to produce vaccines are MRC-5 and WI-38. WI-38 was developed in July 1962 from lung tissue taken from an aborted fetus of about 3 months gestation. The MRC-5 cell line was developed in September 1966 from lung tissue taken from a 14 week aborted fetus. According to the Centers for Disease Control the following list of vaccines and medications are manufactured using these two cell lines:

Vaccines:

- Chickenpox
- Shingles
- Hepatitis A and B
- Rabies
- Polio
- Small pox
- Rubella

Other medicines:

- rhFVIII, rhFVIX: Hemophilia (Octapharma)
- G-CSF: White blood cell stimulant (Octapharma)
- Pulmozyme: Cystic Fibrosis (Genentech)
- Enbrel: Rheumatoid Arthritis (Amgen)
- Abciximab/Repro (Eli Lilly)
- Aranesp, Procrit Darbepoetin alfa Epogen, Epoetin alfa (Amgen)

Part II of this article will briefly discuss the principle of cooperation in evil as it pertains to this subject; we will examine the Vatican's statement on ethically compromised vaccines, the availability of moral options when it comes to vaccines and how Catholics can best resolve this moral dilemma.

Resources & References

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