



Christian Medical and
Dental Fellowship
of Australia

CMDFA position statement on Immunisation

Personal Safety and Public Health

Since the pioneering work of Edward Jenner and others in developing a vaccination for smallpox over 200 years ago, immunisation has been of great benefit to individuals as well as the public. Immunisation practices have prevented outbreaks of communicable diseases and resultant deaths or disability and continue to prevent an ever-increasing variety of illnesses.

The immunisation process is based on safely activating the body's own defence system against a specific disease. As with any medical treatment, it carries a small but real risk of an adverse reaction.

CMDFA agrees with current medical opinion that immunisations are of great benefit to the individual and society. The decision to immunise an individual relies on the similar decision-making process used for that of any other medical treatment.

CMDFA recognizes that immunisation benefits society by protecting public health and that individual members of society have some reciprocal obligations to the society in which they live. For an immunisation program to be successful, a large majority of the population (usually 85-95% depending on the infection) must be vaccinated in order for 'herd immunity' to be reached, indicating that vulnerable members of the population will have minimal exposure to the infection. If many members of the public have concerns about the ethics of vaccination and refuse it, then it could become a serious public health problem.

CMDFA acknowledges the right of an individual to refuse immunisation except in extraordinary public health circumstances. This decision may be motivated by moral, personal or religious convictions, known risk, misinformation, or fear. The Christian community needs to base its decisions on accurate information, such as that obtained on government websites. Those who model their lives in imitation of Christ should reflect on their obligation to take personal risk for the good of others, or for the common good.

CMDFA supports the current scientific literature that validates the general practice of immunisation as an overall safe, effective, and recommended procedure.

Immunisation and Potential for Moral Complicity with Evil

The use of medical information and technology obtained through immoral means raises concerns about moral complicity with evil. Some currently available vaccines were developed using human cell lines developed from aborted fetuses. We need to consider carefully whether it is morally permissible to benefit from knowledge or technology obtained from the intentional destruction of human life.

We attempt to determine whether our participation is appropriately distanced or inappropriately complicit by consideration of the medical facts and our conscience as informed by the revealed Word of God.

CMDFA provides the following examples to help determine whether it is permissible to manufacture, administer or receive a specific vaccine:

- Using technology that was developed without any intentional destruction of human life or any other evil is morally ideal. Many vaccines in use to date fall into this category.
- Using technology developed from the tissue of an intentionally aborted fetus, but without continuing the cell line derived from that fetus, may be morally acceptable.
- Continued use of a cell line developed from an intentionally aborted fetus poses moral questions and must be decided as a matter of conscience, weighing the clear moral obligation to protect the health of our families and society against the risk of complicity with evil.
- Using a vaccine that requires the continued destruction of human life is morally unacceptable.

CMDFA encourages the use of and endorses the further development of medically effective and ethically permissible alternatives that do not raise the question of moral complicity.

Addendum: Ethics of the COVID-19 vaccine

Does acceptance of the COVID-19 vaccine represent endorsement of abortion?

Some COVID-19 vaccines are designed, manufactured and/or tested using tissue from a human cell line which is derived from an intentionally aborted fetus. Examples include the AstraZeneca, Pfizer and Novovax vaccines. A key consideration for many Christians is whether using such vaccines is permissible or immoral is whether there is material cooperation with the act of killing that fetus. If the abortion was conducted in order to harvest tissues specifically for the vaccine, then it would clearly be immoral. But in the case of the COVID-19 vaccines created from fetal cell lines, the abortion was carried out for other reasons, and the tissue was acquired after the child's death for the purpose of medical research. The use of the vaccine now will not promote further abortions for this particular purpose. It can therefore be argued that we are not morally complicit with the original abortion.

It could be argued that to refuse vaccination (in the event that only an unethical COVID 19 vaccine were available) would also be wrong as it increases the risk of prolonging the pandemic and is not a loving way to treat our neighbour. When comparing the competing ethical obligations of avoiding the vaccine in view of the wrong done in the past or refusing to protect the vulnerable in society today, it could be argued that the latter is the more immediate responsibility.

On weighing these arguments, while recognising that this is an issue of individual conscience, the CMDFA encourages participation in current Australian COVID-19 vaccination programs.

Endorsed by the Ethics Management Team of CMDFA on 24 March 2021

Approved by the CMDFA Board on 15 April 2021