

IACB Web Discussion 2, March 13, 2021 Summary

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Is COVID-19 vaccination ordinary (morally obligatory) treatment?

During an interview televised on Tg5 in Italy on January 10, 2021, pope Francis stated, "I believe that ethically everyone must take the vaccine; it is an ethical option because you are gambling with your health, your life, but also you are gambling with the lives of others." ("Io credo che eticamente tutti debbano prendere il vaccino, è un'opzione etica, perché tu ti giochi la salute, la vita, ma ti giochi anche la vita di altri".) These words have been widely quoted in the media.

In many countries, COVID-19 vaccines are not yet readily available to everyone, but in other countries, hesitancy to take the vaccine when it is available is a reality for various reasons. This is the context for the pope's remark. Can Catholic thinking on the distinction between "ordinary" and "extraordinary" interventions in health care be a guide to decisions regarding vaccine uptake?

This distinction in Catholic moral reflection is sometimes applied in bioethical and legal reasoning, usually to decisions regarding end-of-life care. Ordinary interventions are those that are morally obligatory in view of a person's general obligation to conserve his or her life. Since human life is finite, this obligation has limits. Under certain conditions, based on a person's circumstances, healthcare interventions that conserve life may be judged "extraordinary" or optional for that person.

Could this moral distinction be applied to making decisions in public health care regarding vaccines and other interventions that are *preventive* rather than therapeutic, and that target *populations* rather than just individuals?

Here are some points from the presentations and discussions during the webinar on this question.

1. We should proceed cautiously when applying traditional moral categories to new questions that they were never meant historically to address. On the other hand, it is important also to *develop* traditional categories to keep pace with developments in science and health care.

2. One presenter noted that the terms "proportionate" and "disproportionate" interventions are preferable to "ordinary" and "extraordinary". The former terms place the emphasis on ethical deliberation regarding the relative weight of benefits, risks, and burdens of healthcare interventions on the person whose health and life is at stake rather than on the intervention itself being morally obligatory or not. This would address the question of one participant who wondered whether judging COVID-19 vaccines to be ordinary interventions would set a "moral high bar" for these vaccines. Historically, the Church has never taught that all vaccines are morally obligatory to accept. The ordinary/extraordinary distinction should not be thought of

simply as an ethical principle distinguishing between types of interventions. Behind it is a *process of ethical reasoning* (e.g., means-ends reasoning, weighing benefits, risks, and burdens for a person in light of that person's goals for health and well-being, the common good, and eternal life).

3. Framing the decision to be vaccinated or not in these terms can help persons undertake this process methodically and carefully. It is also a way of framing and discussing clinical decisions that is familiar to healthcare professionals. The traditional understanding of the ordinary/extraordinary distinction, however, does not explicitly consider health risks associated with interventions as a criterion but subsumes risks under considerations of burden to the patient. Healthcare providers, on the other hand, more typically discuss health risks of interventions with patients along with other aspects of burden (such as the degree of effort required by the patient to undergo the intervention). There is some work to be done to describe the relation between clinical reasoning and ethical deliberating, especially when the focus is on determining whether a *public health intervention* is morally obligatory for a patient or not.

4. One of the presenters proposed that, instead of taking "ordinary" to relate to one's obligation to conserve life, we could relate it to the most general formulation of the natural law: do good and avoid evil. In this sense, doing good (whether to conserve one's life or contribute to herd immunity to protect vulnerable others) is a moral obligation for all people.

5. A participant commented regarding COVID-19 vaccination that, in deliberating on whether this public health intervention is proportionate for a given individual, we would have to consider other ethical resources in the tradition of Catholic moral reflection, for example, moral virtues such as justice and solidarity. To this list one of the presenters added intellectual humility (for deciding in the context of uncertainty), patience, and fortitude.

6. The traditional criteria for proportionate interventions are that they offer hope of benefit, use common means, and are not excessively burdensome to the patient or costly. In applying these criteria to COVID-19 vaccines, the presenters proposed that

(a) They do offer hope of benefit. They are highly effective for preventing severe illness due to COVID-19 and likely to prevent infections. They also enable public health restrictions to be eased when herd immunity is achieved;

(b) they employ common means (although still "experimental" in the sense that trials are still ongoing, these vaccines have been tested on and administered to many more people than is typical for other vaccines that are approved, and they have been found to be safe).

(c) in relation to burdens and cost, individuals would still have to assess whether being vaccinated is possible for their circumstances or impossible for reasons traditionally judged to be legitimate (e.g., it would entail excessive effort or dread for the person or cost that is prohibitive). Relative to the cost criterion, there are relevant questions not only for the individual and individual's family, but also regarding good governance, both nationally and internationally, in meeting the costs of vaccine development, distribution, administration, and ongoing surveillance.

7. The moral acceptability of COVID-19 vaccines developed from cell lines originating from aborted pre-born humans has been defended as morally licit by the Congregation for the Doctrine of Faith and in a recent statement by some Catholic ethicists: https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_202121_nota-vaccini-anticovid_en.html and <https://www.thepublicdiscourse.com/2021/03/74594/> While rightly defending the inherent dignity and worth of humans in all stages of life, we should avoid scrupulosity in matters that involve very remote material cooperation, especially when it comes to promoting the common good.
8. It is sometimes overlooked that a decision *not* to be vaccinated entails a further set of responsibilities associated with alternative preventive options (e.g., to observe restrictive public health measures). There are also benefits, risks, and burdens to persons associated with these alternatives. For instance, for persons who are elderly or who have a disability, the disruption of health, social, spiritual, and other supports that are essential for living become increasingly burdensome the longer public health restrictions persist.
9. The scope of reasoning regarding whether being vaccinated is proportionate for a given individual needs to be supplemented by considerations of the common good and Catholic social teaching. We need to find clearer and more engaging ways of articulating the difference between a Catholic understanding of the common good and other ways of understanding of the common good in public health. A utilitarian understanding is assumed by the public health framework of most countries. In contrast with this understanding of the common good, a Catholic understanding does not regard it simply as the sum of goods for all individuals nor as the greatest good for the greatest number of people.
10. We should not forget the principle of subsidiarity in deliberating about vaccines. The local culture and infrastructure can facilitate how vaccines are distributed and administered. Historical and cultural factors on a local level can sometimes mediate the acceptance and uptake of vaccines.

In summary, the moral distinction between proportionate and disproportionate interventions in Catholic healthcare ethics can be a useful heuristic if it is taken to offer criteria for guiding individuals and family caregivers through a deliberative process regarding their health goals and the relative weight of benefits, risks, and burdens to them of COVID-19 vaccination. It could be argued that COVID-19 vaccination is *in principle* or *prima facie* morally obligatory, while subject to particular determinations. It is what some ethicists call a positive duty, which allows for exceptions.

In a public health context, this approach to moral reasoning should be supplemented by considerations of the common good, as illuminated by the Church's teachings on respect for human life, moral virtues, and social justice

The conclusion that vaccination is *in principle* or *prima facie* morally obligatory in view of a person's dual responsibilities of caring for her or his gift of life and promoting the common good advances three pragmatic objectives:

- (a) It offers additional ethical support for an important public health intervention;
- (b) it harmonizes clinical and public health ethical frameworks which are often held to be mutually exclusive. (It is sometimes argued that health care during pandemics entails a shift from considerations of clinical ethics to those of public health ethics.)
- (c) it articulates an ethical rationale and way of deliberating that is familiar to persons, their caregivers, and their healthcare providers.

It should not be forgotten that, within many countries and globally, certain people experience inequity in having access to COVID-19 vaccines. This is a situation that should be addressed, as other web discussions in the IACB series have highlighted.