VACCINE ETHICS:
A POSITION STATEMENT OF THE PHYSICIANS RESOURCE COUNCIL

Immunizations have been the subject of some vigorous debate over the past few years, and one particularly intense controversy has centered on the origin of cell lines used in the production of several vaccines. Over the years, many people have contacted Focus on the Family regarding this matter, wondering whether they can, in good conscience, use vaccines manufactured using fetal cell lines. We have in turn consulted with our Physicians Resource Council (PRC), whose members have helped us consider the facts of this issue, and their ethical ramifications, over the last two decades.

The information provided by our PRC can be summarized as follows: A human cell line (known as WI-38) was created from the tissue of an aborted fetus and is used for the production of the rubella portion of the MMR-II vaccine. Another cell line (MRC-5) obtained from a different aborted baby has been used to develop the vaccines for smallpox, rabies and hepatitis A. The vaccine for the chickenpox virus has been produced using both of these cell lines.

In terms of our position, we must state clearly at the outset that Focus on the Family recognizes the inherent, inestimable value of all human life in every stage and in every condition, and we reject the “end justifies the means” philosophy of utilitarianism. Therefore, it can’t be overstressed that using a vaccine produced in cell lines derived from an aborted baby poses a troubling and perplexing dilemma for us, and we understand why some may feel that such use is incompatible with an ethic that esteems and respects life.

At the same time, many pro-life Christians consider the abortions that led to the establishment of these cell lines—as tragic as these acts were—to be ethically distinct from the act of producing a vaccine after the abortion has already been performed. Likewise, others note that parents have an ethical imperative to protect their children from preventable diseases. This obligation argues in favor of the use of vaccines to safeguard children’s health.

An additional question in this debate is whether further abortions are necessary for the production of vaccines. In the case of these two cell lines derived from fetal tissue, cells can be duplicated and grown in culture for a number of years; the abortions that initially provided MRC-5 and WI-38 were one-time events, and more abortions are not required to maintain these specific cell lines.
After much consideration of the moral and medical implications of these issues we have concluded that it is prudent to lean toward arguments favoring the freedom to use vaccines produced in the cell lines mentioned above, especially since the decision to abstain from immunization could compromise a child’s or adult’s health, and potentially place his or her life in jeopardy. At the same time, we respect the moral convictions of those who see this matter differently. Ultimately, of course, each of us must look prayerfully to God for ongoing guidance and direction.

On a related note, since these cell lines are finite and will eventually become depleted, Focus on the Family, along with other pro-life organizations, calls upon vaccine manufacturers to develop immunizations that do not rely on fetal tissue from aborted babies. Doing so would allow for the production of vaccines that protect children and adults without raising this moral and ethical quandary.

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1 A human cell line known as WI-38 was developed in 1962 from the lung of a female fetus aborted in a Swedish hospital. According to one of the developers of the original rubella vaccine, the abortion was elective. Cells were grown through eight to ten divisions then frozen, and cells from these original lines are still being used. WI-38 is used for the rubella portion of the MMR-II vaccine. The original research characterizing this cell line appears in: Hayflick, L. The limited in vitro lifetime of human diploid cell strains. Exp Cell Res. 1965 Mar;37:614-36.

2 The cell line MRC-5 was developed from the cells of a preborn infant who was aborted for “psychiatric reasons,” although specific details have not been made available. The original research characterizing this cell line appears in: Jacobs JP, Jones CM, Baille JP. Characteristics of a human diploid cell designated MRC-5. Nature. 1970 Jul 11;227(5254):168-70. (It should be noted that one version of the smallpox vaccine, ACAM 1000, is produced using MRC-5. Smallpox vaccine is given only to a few hundred researchers who deal with this virus in research settings. The last case of naturally-occurring smallpox in the U.S. was reported in 1949; the last in the world occurred in Somalia in 1979.)