

Multicultural and interreligious perspectives on informed consent: The Christian perspective

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The Christian perspective in bioethics, in the framework of a creationistic concept of nature with a normative value (finalism) and in a belief to know the truth in nature (cognitivism), considers human life as worthy of respect and protection (as a gift from God and created in His image), inasmuch as it is the expression of a personal life, dynamically intent on fully manifesting itself.

The principles proposed in bioethics are: *the defence of human life*, its objective and absolute value, intangibility and the impossibility of disposing of it in an arbitrary way; the *therapeutic principle*, according to which any intervention on life is justifiable only if it has the aim of curing the subject in question (in order to save life and improve health); the *principle of freedom and responsibility*, where freedom recognises as an objective limit the respect for the life of others; the *principle of justice and solidarity* or the reaching of the common good by means of the good of the individual and solidarity towards whoever is in need, according to his/her particularly vulnerable condition¹.

1. Informed consent

Informed consent acquires a specific meaning in this conceptual framework. The Catholic Medical Association and National Catholic Bioethics Centre published a document: “Catholic Principles and Guidelines for Clin-

ical Research”² in which there are references related to the concept of informed consent. The basic idea of Christianity on informed consent is:

1. *The duty of the physician to inform*, as a duty to tell the truth (in a complete, clear and comprehensible way) about the health of the patient and the possibility to be cured (prevention, diagnosis and therapy) and cared of. The physician should be neither directive nor descriptive/neutral towards the patients, but *help him/her make a conscious decision, oriented towards a proportionate protection and respect for life*. There is no place for intentional falsehoods, misleading statements, bias. It is the responsibility of everyone, especially a physician and a medical researcher, to respect the sacred and inviolable right to life of the human subject at every stage, from its first formation to death. In this regard, the obligations of the natural moral law and Catholic moral teaching must always be respected. The medical researcher and those who assist in medical research must always strive to do good (principle of beneficence) and to avoid causing deliberate harm to subjects in any way possible (principle of non maleficence).
2. *The duty of the patient to be informed, in order to be aware of the decision*. There may be also a right not to be informed in specific circumstances, in the framework of a relationship of trust with the physician (a sort of ‘conscious paternalism’ asked by the patient). In both conditions, the Christian perspective underlines the duty *to accept the cure and care*

of the physician. In this sense, the conscious, free and autonomous choice of the patient is really respectful of life's value, when orientated towards the objective good, that is the conservation of life and improvement of health, the acceptance of appropriate treatment, in order to be cured and cared of. In the case of minors and others who lack the capacity to consent for themselves (incapacitated), both parents or surrogate may provide decision taking as priority the best interest of the person and his/her objective value. The priority of the objective value of life derives from the natural law precepts to conserve life. In this context, there may be a different perspective between the Protestant (more open to subjectivity) and the Catholic perspective (more linked to the objectivity of the ethical choice)³.

3. Informed consent, both from the side of the physician or the health professional and the patient, should respect (in the framework of *the dignity of the human being, the integrity of the person*) *the principle of beneficence (the priority of the good for the patient)/ non-maleficence (not to harm the patient)*. These principles refer to the criterion of risk/benefit proportionality: the potential benefits (direct or indirect) of any study must be weighed against potential risks (for the integrity, health and wellbeing). When a particular study will not directly benefit a minor or other members of a vulnerable population, the associated risks must be relatively insignificant (a burden, reduced to a minimum). Research against the good of the person is immoral: High risk is deemed unacceptable. Verifying an adequate comprehension of all benefits and risks involved in the study is essential.

4. In this respect, *the principle of responsibility*, should guide the choice of both the patient and the physician: The responsibility of the physician (therapeutic responsibility towards the patient) and of the patient/participant (personal responsibility towards one's own life/health; social responsibility for the good of science and society). Each person, regardless of physic-psycho or social condition or medical need, must always be fully and properly respected, as a person worthy of respect.

Generally, both the human subject and the researcher must recognize the moral obligations under natural law deriving from the value of life⁴ and be responsible for it

5. *The principle of autonomy.* The spirituality and religious beliefs of the human subject must be respected by the investigator. It is not permissible to compromise these beliefs unless the investigator will fail in some moral duty of natural law. In case the patient refuses an appropriate treatment (or asks for non-appropriate treatment), the physician should try to convince him/her to be cured, but cannot impose his own view. Conversely, in case of a confident refusal, grounded in religious or rational/emotional motivations, he/she needs to accept it. Verbal coercion or forceful persuasion is not accepted. However, based on the assumption that patients are sometimes in too much pain and are not objective enough to make the right moral decision, medical staff and family members are allowed to withhold certain information and persuade the patient to choose the best route to salvation and moral righteousness. Free and informed consent should not be individualistic in attempting to treat the patient as an isolated decision-maker. It would instead seek to embed the patient in a relational context that can support the patient and properly orient the patient's choices. Each person or the person's surrogate should have access to medical and moral information and counselling so as to be able to form his or her conscience. The free and informed health care decision of the person or the person's surrogate is to be followed, insofar as it does not contradict Catholic principles. In case a request of treatment is made, which goes against the moral conscience of the physician, he/she should object (*conscientious objection*). The medical researcher has the moral responsibility to act with a properly formed conscience, and must withdraw from a scientific investigation rather than act against the certain judgment of conscience.

The specific method of ensuring that a woman does not become pregnant may be left to the woman, her conscience, and her religious beliefs. However, if she became pregnant

and wished to have an abortion, it would not be morally licit for her to have one or for the investigator to recommend her having one.

6. Informed consent is inspired by Jesus, who cured the sick with compassion, generosity, and understanding. Christians believe that disease and suffering are trials from God to bring them closer to salvation through death and into His grace. Scientific research should be done for the purpose of serving those who are ill, not solely or primarily for the benefit of the researchers. Research should be conducted according to accepted scientific principles and it must always be deemed necessary and potentially useful for the patient. It must never subject an individual to unnecessary or disproportionate risks, which overshadow the expected benefit from the research. The researcher must never participate in projects that may involve the treatment of the human subject as an object of that interest. Studies which may involve immoral cooperation with evil must be avoided. There is a *possible choice of solidarity or charity*, exposing to risks in order to sacrifice themselves for the good of the others and of society (this value, especially in the experimentation, where risks are higher). But in any case the patient needs to be protected in his/her integrity: there is an objective verification of the real and authentic intention, without any forms of coercion or pressure.

7. The *principle of precaution/prudence in case of conditions of particular vulnerability* because of the severity of the illness, age (minors, elderly), sex (men/women), capacity (incapacitated), socio-cultural conditions (indigent, immigrants, prisoners).

2. Vaccination

General Aspects of Christianity on vaccination

Christians are in favour of vaccination. There is no scriptural or canonical objection to the use of vaccines or immune globulins per se⁵.

Because science confirms the effectiveness and safety of vaccinations for the person and in terms of prevention of diseases: the acceptance of vaccination and

the obligation of vaccination derive from the principle of protection of human life, dignity of the person, and respect for the integrity of the person. There is no objection related to the use of animal products, as animals – even if being creatures of God – do not have the same dignity as human beings, recognised as persons being an image of God (in a teleological and hierarchical sense, based on an ontological level of view).

The legitimacy of vaccination is strictly linked also to the principle of solidarity, expressed in the Christian perspective by the *prescription to love others (our neighbours)* as oneself. Vaccination is not only an individual healthcare choice, but a decision to participate in an act of self-sacrifice for one's broader community. In most cases, the sacrifice is the burden of the vaccination and the risks connected. This requires a willingness to consider the life of another as equal to your own, and to care above all for the most vulnerable. These people include the very young, and those already suffering: people with HIV/AIDS, people going through chemotherapy, pregnant women, and people who have never had strong immune systems of their own. Widespread vaccination of healthy people creates "community immunity" or "herd immunity," which prevents illnesses from penetrating groups where vulnerable people live, thus saving their lives.

Within a Christian doctrine of Creation-Fall-Redemption-Restoration framework, immunization is considered a "service to humanity". This recalls: being one's brother's keeper (Genesis 4:9), loving your neighbour as yourself (James 2:8), and acting kindly to strangers, as did the good Samaritan (Luke 10:33–35).

Catholicism

In the Catholic perspective, vaccinations are usually morally accepted and there is no request of exemptions⁶. There are many documents and statements from the Vatican supporting vaccinations and the development of vaccines to fight infectious diseases.

The legitimacy of vaccination is strictly connected to the general principles of: respect

for the intrinsic dignity and integrity of the person (the protection of health of the person); principle of freedom and responsibility (freedom does not mean self-determination, but liberty to act in harmony with humanity and responsibility towards oneself and others; The personal responsibility to be healthy coincides with the a 'duty to be healthy': it is the personal responsibility to cure and care for themselves, and to prevent the risk factors of illnesses) and principles of justice and solidarity.

The only morally questionable issue regards the use of cell lines derived from a voluntary aborted foetus. As the foetus has an absolute moral dignity, and voluntary abortion is considered morally illegitimate, also the use of cells derived from a foetus becomes illegitimate, even if the goal is considered good (the prevention of illness and the improvement of health). This is based on the conviction that no human being can be sacrificed for the sake of scientific progress.

The *Pontifical Academy for Life*⁷ issued a document – approved by the Congregation for the Doctrine of the Faith - on this problem (vaccines prepared from viruses taken from foetal tissues that had been infected and voluntarily aborted, and viruses cultivated from human cell lines, which come likewise from procured abortions)⁸. It is a “passive material cooperation” (cooperation in wrongdoing), that means a cooperation with immoral action without immediate, active and direct evil intention (as for the ones who prepare it and distribute/market), permitted in the case of extreme situations such as saving the lives of children or foetuses. It is an indirect, mediate, remote cooperation, which involves whoever uses vaccines (both doctors and parents).

In this context, several conditions are put forward, in order to protect life and to act morally:

- the avoidance of these vaccines as far as possible: when there is a choice between ethically compromised vaccines and a non ethically compromised vaccines, there is a grave responsibility not to use the non ethically compromised ones (only in case of severe forms of allergy that may occur for their use the duty may cease). Where no alternative vaccine is available, their use is legitimate only if it is the unique possibility to avoid serious risks for children and for the population as a whole (especially pregnant women).

- when no ethically acceptable alternatives exist, doctors and parents have a duty to propose a search for alternatives⁹, putting pressure on the political authorities and health systems “so that other vaccines without moral problems become available”, using all means (associations, media etc.)

- and in case of ethically compromised vaccines without any acceptable alternative, the parents should oppose participation in such medical procedures appealing to “conscientious objection”; there is a right and duty to

abstain from using these vaccines if it can be done without causing significant risks directly to vulnerable populations (children, pregnant women, ill persons) and indirectly to the population as a whole (it is licit if the vaccines protect against a not very serious disease; it is not possible if a vaccine protects against a serious condition)

- if failure to vaccinate exposes children and the general population to serious dangers to their health, vaccines with moral problems pertaining to them may also be used on a temporary basis. The moral reason is that the duty to avoid *passive material cooperation* is not obligatory if there is grave inconvenience. Moreover, we find, in such a case, *a proportional reason*, in order to accept the use of these vaccines in the

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presence of the danger of favouring the spread of the pathological agent¹⁰.

In case of rubella, when it causes severe congenital malformations in the foetus, when a pregnant woman enters into contact with non-immunised children, the parents who did not accept to vaccinate their children become responsible for the consequences of their choice and the possible decision of abortion.

This teaching is repeated in the Congregation for the Doctrine of the Faith, Instruction on certain bioethical questions (*Dignitas personae*, 35, Holy See: “danger to the health of the children could permit parents to use a vaccine which was developed using cells of illicit origin, while keeping in mind that everyone has a duty to make known their disagreement and to ask that their healthcare system make other types of vaccine available”).

The *Catholic Church’s Magisterium* discusses the bioethical issue of the illegitimacy of using sources of human biological materials coming from illegitimate actions (such as voluntary abortion) in other documents: *Dignitas personae*¹¹ (n. 34-35), *Donum vitae*¹² (I, 4) and *Evangelium Vitae*¹³. In the case where ethically acceptable sources of vaccines are not available, it is necessary to weigh the vital importance and the risk of no vaccination. In these cases, it is equally allowed to use even the “morally inadvisable” vaccines.

The *Catechism of the Catholic Church* does not explicitly deal with vaccination. There are few canons that could be indirectly applied to vaccination. The canons 1939-1943 on the virtue of solidarity in the world: the choice of taking the risk of side effects of vaccination for health, both personal and social, strengthens solidarity with other humans. Vaccination expresses people’s participation in the protection of society, as a whole, and above all in the protection of the most vul-

nerable, namely those who cannot be vaccinated because of medical contraindications or those who have been vaccinated but without adequate immunogenic response.

The documents express recommendations to encourage pharmaceutical companies to seek alternatives to the development of vaccines linked with human foetuses. However, in the absence of alternatives, these vaccines

may be utilized to prevent not only serious risks to children (above all, the most vulnerable), but also as a means to prevent the spread of harmful viruses to pregnant women, with the consequent threat of birth defects and spontaneous abortion.

Orthodox view

The *Orthodox Church* considers vaccination legitimate and a duty in order to better health and achieve progress. However, in Russia (the country with a huge spread of this religion), there is a high percentage of refusal of vaccination, because of the presence of a strong anti-vaccination lobby, which began in 1988 with the article “Well, You Will Think That It Is Only a Prick?” underlining the serious complications of vaccination, amplified through the internet. Recently, the anti-vaccination movement has begun to spread actively in monasteries and churches.

The official Russian Church (the department of church charity and social service), through the Synod, organized in September 2008 a round table on, “Vaccine’s Prevention of Paediatric Problems and Ways of Making the Decision”. The final document recognises that vaccination is a powerful tool of prevention of infectious diseases. Some of them may have extremely dangerous consequences and complications that are most often connected with violation of the rules of vaccination, such as its use on weakened children. The Russian Orthodox Church condemned anti-vaccination promotion and forbade it in its monasteries and temples.

Adolescent sexual behaviour... must be part of an educational process of growth and promotion of the human subject’s personal identity

The position of doctors and philosophers is expressed in the statement of the *Church Public Council on Biomedical Ethics of the Moscow Patriarchy* and in the statement of the Department of Church Charity and social service of the Moscow Patriarchy and the Ministry of Health and Social Development of the Russian Federation. These documents unambiguously state that vaccination is a necessary measure of infectious diseases prevention: it is the refusal (more than vaccinations themselves) that can cause serious damages to individuals and to society as a whole.

The Russian public has shown concern regarding vaccines against rubella, hepatitis A, and chicken pox, which are produced from the diploidic cells from aborted embryos. There are emerging 'ethical' alternative of rubella vaccines received from the cellular line of a rabbit, hepatitis A vaccines, made from the cellular culture of the monkey.

Protestantism

Protestantism accentuates individual freedom and gives parents the right to decide whether to vaccinate their children or not. Anti-vaccine parents, who refuse vaccination on religious grounds, claim that vaccination is an interference with divine providence. The side-effects of vaccination are considered God's sign that they had made the wrong decision.

Instead, pro-vaccine parents believe that vaccination is a gift of God.

Literature underlined that religious leaders had different standpoints on vaccination: some do not address the topic of vaccination, others intentionally leave the choice to the members of their congregation.

Other Christian groups

Grabenstein found that only two religious groups — Christian Scientists and the Dutch Reformed Church — have widely rejected vaccinations, even if it is not explicitly laid out in their doctrine.

Christian Scientists (founded in 1879 CE in Boston by Mary Baker Eddy) do not list

any formal objections to vaccines. And the founder of the movement was reportedly in favour of vaccination, or at least not against it. "Rather than quarrel over vaccination, I recommend, if the law demand, that an individual submit to this process, that he obey the law, and then appeal to the gospel to save him from bad physical results" people were infected [28,48]. In such cases, Christian Science parents were more willing to accept immunization after outbreaks were recognized by health authorities.

A large contingent of the Dutch Reformed Church, a Protestant denomination in the Netherlands, have historically rejected vaccination, avoiding interference with divine providence before infection; another subset described immunization as a gift from God to be used with gratitude. Recent increases in immunization rates in Dutch communities suggest that objections to immunization may be declining.

The Jehovah's Witnesses denounced vaccination from the 1920s through the 1940s, citing scriptural passages. The group banned their members from vaccination around this time, under penalty of excommunication. The Society revised this doctrine in the December 15, 1952, issue of *The Watchtower*, saying that those passages did not apply to vaccination. In 1961, the Society took a neutral stand, neither endorsing nor prohibiting vaccination. In the 1990s, it began acknowledging the clinical value of vaccination.

Even in cases where vaccine components could be objectionable, this review found several themes favouring vaccine acceptance, including transformation of components of concern from their starting material, extensive dilution of such components, the medical purpose of immunization (in contrast to diet), and lack of alternatives.

3. The case of Human Papilloma Virus: the vulnerability of minors and women

Having taken note of the validity of anti-HPV vaccination in preventing potentially carcinogenic cervical infections, the Chris-

tian-catholic perspective envisages a number of challenges in terms of information, if this vaccination will be recommended to 12-year-old girls (before they become sexually active). Given that this vaccine is suitable for the age group of adolescents, a vaccination proposal to girls who are not yet sexually active could be interpreted by these girls as a justification for unruly sexual behaviour, a behaviour perhaps they would not have considered. As a matter of fact, it is an infection that – as far as carcinogenic variants are concerned – occurs exclusively through sexual intercourse and which, therefore, shifts the attention from the merely clinical level to the level of education and personal choices.

In the catholic context, the need has emerged to postpone vaccination to a more mature age, which would make it possible to overcome some difficulties related to the modalities and contents of communication meant to obtain consent.

There is an emerging risk for adolescents of a trivialization of sexuality through its medicalization. The problem does not concern the value of sexuality, but protection from infectious diseases. The proposal of vaccination against HPV for adolescents already implies the prediction of a probable unruly sexual activity and may lead to the choice of a lifestyle that, perhaps, would never have been chosen. Indeed, prominence is given to the cultural background of reference that of *free and safe sex*, which tends to reduce ethical problems of sexuality to the protection of one's own health and that of others. And, as a matter of fact, the greatest concern – in epidemiological terms – is not the increase in sexual activity as such among adolescents, but a rise in the incidence of the disease among adolescents falsely reassured by vaccination. The protection of health, including fertility, is undoubtedly a serious responsibility of everyone and of society in general, but a 'medically correct' sexual act is not, by its very nature, a 'humanly significant' sexual act.

A preventive strategy cannot refrain from considering the totality of the human person and, in the case of 12-year-old girls, also the

psychological and existential impact of this vaccination. Therefore, adolescent sexual behaviour cannot become an object of mere information on the medical aspects and the risk factors (aiming at minimizing negative consequences), but must be part of an educational process of growth and promotion of the human subject's personal identity. The real risk is to overshadow the insecurity, uncertainty, suffering in adolescents (real moral problems, both for the family and society) and to focus exclusively on disease prevention in medical terms.

Hence, beyond the undeniable medical validity of the vaccine, the overall good of the adolescent, who is in a delicate stage of life, should be a primary concern. In this sense, proposing a vaccine that involves adequate information on behaviours and acts outside the capacity and decision-making responsibility of many adolescents is highly problematic, with the ensuing risk of depleting the educational role of parents.

If opting for vaccination, great care must be taken in the communication process. The advocates of *free and safe sex* tend to emphasize the possibility of not contracting an HPV infection, at least in some of its variants. This type of message will instil in adolescents, who are already inclined to underestimate risks, a false sense of security as to being immune from any risk and this could result in multiplying sexual intercourses, under the illusion that they have strengthened their defense system. Instead, a vaccination campaign against HPV should only include the message: "cervical cancer prevention".

In this sense, one should: ensure adequate information for parents and minors, with particular emphasis on the purpose of vaccination (e.g. preventing cervical cancer and not only the sexually-transmitted infection); mention in the consent form all risks that vaccination could entail for the minor (clearly distinguishing female from male risks); guarantee parents' commitment, also assisted by the Service pedagogues, to supervise the minor's education; give information to the minor, in the following years, regarding the fact that the most reliable form of preven-

tion consists of making the choice to avoid engaging in at-risk behaviours, including those of a sexual nature; it will also be necessary to raise awareness of the need of periodic checks through the PAP test, according to the procedures envisaged by the current prevention campaigns.

Maria Luisa Di Pietro, Zoya Serebrovska and Dino Moltisanti underline how the vaccine is likely to cause a “further decline of values, the strengthening of a common acceptance by the public opinion of promiscuous sexual behaviours and probably a greater spread of the disease”. “HPV infection is not a social emergency, since it is not transmitted by mere exposure, but it is the result of “at-risk behaviours”, an early and promiscuous sexual activity. So the problem does not only concern medical aspects, yet also the more challenging problem of prevention of at-risk behaviours”.

In the catholic context, a stance was expressed in favour of the non-mandatory nature of the vaccine for adolescent girls, leaving it up to the family (who must be adequately informed) to make their free choice on education and vaccination decisions. State vaccination on HPV, with the resulting ethical issues, seems to represent a State interference in the education of children concerning a very sensitive topic, such as sex education and it appears to contradict the principle according to which the State must be respectful of the right-duty of families to freely choose their children’s educational path. The full exercise of educational freedom is primarily entrusted to people and families. The family is first of all responsible for the education of children. The integral education of the person should always be at the core of all priorities in this field, and to be true it must be accompanied by an underlying awareness of who the person is.

“In order to educate, it is necessary to know the nature of the human person, to know who he or she is. The increasing prominence of a relativistic understanding of that nature presents serious problems for education, especially moral education, jeopardizing its universal extension”. (*Caritas in Veritate*, n. 61)

NOTES

¹ K. D. O’ROURKE, P. BOYLE, “Medical Ethics: Sources of Catholic Teachings”, 3rd Edition, *Georgetown University Press*, Washington, DC, 1999; D. F. KELLY, G. MAGILL, H. TEN HAVE, “Contemporary Catholic Health Care Ethics”, *Georgetown University Press*, Washington, DC 2013; G. MEILAENDER, *Bioethics: A Primer for Christians*, Wm. B. Eerdmans Publishing Co., revised edition, 2004; J. T. EBERL, *Contemporary Controversies in Catholic Bioethics* (Philosophy and Medicine) Jul 25, 2017; A. FISHER, *Catholic Bioethics for a New Millennium*, 2011; P. CORKERY, *Bioethics and the Catholic Moral Tradition*, 2011; *A Catholic Guide to Ethical Clinical Research*, Jan 28, 2009; J. J. WALTER, T. A. SHANNON, *Contemporary Issues in Bioethics: A Catholic Perspective*, Dec 8, 2005; G. MAZUR O.P., “Informed Consent, Proxy Consent, and Catholic Bioethics: For the Good of the Subject”, *Philosophy and Medicine*, Nov 27, 2013.

² In *National Catholic Bioethics Quarterly*, 2007, 7/1, pp. 153-165. For the Catholic perspective: Pontificio Consiglio per gli operatori sanitari (per la pastorale della salute), *Nuova Carta degli Operatori Sanitari*, Libreria editrice vaticana, Città del Vaticano 2016, pp.82-84 (especially some speeches of John Paul II, Congresso Mondiale medici cattolici (3 ottobre 1982; Congresso di medicina e chirurgia, 27 ottobre 1989).

³ JOHN PAUL II, *Discorso Pontificia Accademia per la Vita* (24 febbraio 2003): *la ricerca scientifica non deve strumentalizzare l'uomo: gli scopi, i metodi e i mezzi della ricerca devono essere sempre rispettosi della dignità dell'uomo in qualsiasi stadio di sviluppo e in qualsiasi fase della sperimentazione! L'eventuale consenso non giustifica atti contro la dignità umana. La sperimentazione non può fare correre rischi sproporzionati o evitabili, per la vita e integrità fisica e psichica.*

⁴ *Ibidem*, “The researcher must respect the dignity and nature of the human subject as having the powers of intellect and free will. This fact is the foundation for moral obligations regarding free and informed consent. Generally, both the subject and the researcher must recognize that the subject has moral obligations under the natural law concerning his or her life” The researcher must always be mindful that subjects have a natural law obligation to care for and conserve their health in a manner proportionate to the specific circumstances. At no time should a researcher attempt to compromise this obligation”.

⁵ J. D. GRABENSTEIN, *What the World’s religions teach, applied to vaccines and immune globulins Vaccine* 31 (2013) 2011–2023. The research includes: Roman Cathol-

icism, Eastern Orthodox and Oriental Orthodox Churches, Amish, Anglican, Baptist, the Church of Jesus Christ of Latter-day Saints (LDS), Congregational, Episcopalian, Lutheran, Methodist (including African Methodist Episcopal), Pentecostal, Presbyterian, and Seventh-Day Adventist Church; G. PELČIĆ, S. KARAČIĆ, G. L. MIKIRTICHAN, O. I. KUBAR, F. J. LEAVITT, M. CHENG-TEK TAI, N. MORISHITA, S. VULETIĆ, L. TOMAŠEVIĆ, “Religious exception for vaccination or religious excuses for avoiding vaccination”, *Croat Med J.*, 2016 Oct; 57(5): 516–521. The text is attributed to the Pole, but there is no official record.

⁶ There is a discussion on the position of Pope Leo XII (1823-29) who is reported as against vaccination: “whoever allows himself to be vaccinated ceases to be a child of God. Smallpox is a judgement of God, the vaccination is a challenge toward heaven” (reported in K. MCGOVERN, K.A. BRUSSEN, “Ethically compromised vaccines and Catholic teaching”, *The Nathaniel Report*, April 2012, 36, p. 13.

⁷ PONTIFICAL ACADEMY FOR LIFE, “Moral reflections on vaccines prepared from cells derived from aborted human fetuses”, 5 June 2005, *The National Catholic Bioethics Quarterly* 2006; 6:541–547.

⁸ J. D. GRABENSTEIN, “Roman Catholicism and some other Christian denominations have expressed con-

cern about the aborted foetal origins of the principal formulation of rubella vaccine and some cell lines used to manufacture certain types of viral vaccines, discussed in later sections. The second half of Table 1D provides scriptural passages interpreted by a minority as contrary to vaccination”.

⁹ It deals with several live vaccines against rubella (Meruvax, Rudivax, M-R-VAX), and vaccines against hepatitis (A-VAQTA and HAVRIX), chicken pox (Varivax), smallpox (AC AM 1000), and poliomyelitis (Polivax).

¹⁰ A. R. PRUSS, “Complicity, fetal tissue, and vaccines”, *The National Catholic Bioethics Quarterly*, 2006, 3, 6, pp. 461-470; J.D. GRABENSTEIN, “The value of immunization for God’s people”, *The National Catholic Bioethics Quarterly*, 2006, 6, 3, pp. 433-442.

¹¹ CONGREGATION FOR THE DOCTRINE OF THE FAITH. *Instruction Dignitas Personae: On Certain Bioethical Questions*, 2008.

¹² CONGREGATION FOR THE DOCTRINE OF THE FAITH, *Donum vitae, Instruction on Respect for Human Life in Its Origin and on the Dignity of Procreation*, 1987.

¹³ JOHN PAUL II, *Evangelium Vitae*, 1995.