
Cervical Cancer Vaccine

By: **Sr. Renée Mirkes, OSF, PhD.** Director of the Center for NaProEthics at the Pope Paul VI Institute for the Study of Human Reproduction, Omaha, Nebraska.

(From Connect Love and Life, Volume 1 – Number 2, published in July 2006)

A priest called me recently with a question posed by one of the mothers in his parish: Would there be any moral objection to obtaining the new vaccine against the sexually transmitted virus that causes cervical cancer? The mother's concern was that getting her daughter vaccinated might be seen either as approval of so-called safe sex or promotion of casual sex.

Before we consider the morality of the vaccine, here is some contextual information. Merck & Co has developed a vaccination for girls/women between the ages of 9 and 26 which would protect recipients against 2 kinds of human papillomavirus, or HPV, that cause 70% of cervical cancers. In the U.S. alone, 10,000 women every year contract cervical cancer after being infected with HPV and approximately 4,000 of them succumb to cancer. The vaccine, called Gardasil, will be administered in three shots over six months and will cost between \$300 and \$500. It also protects against 2 other kinds of viruses that cause 90% of genital warts. All four of these viruses are sexually transmitted. The vaccine has been approved by a U.S. federal advisory panel and, as of this writing, it appears the FDA will approve the vaccine soon and make it available to the general public by the end of June, 2006.

As many public health experts point out, the vaccine has major benefits and no significant risks for those inoculated save, perhaps, for the moral one alluded to at the outset. Some argue that the vaccine should not be made available because it could send the wrong message—encouraging those inoculated to engage in promiscuous sexual activity. Or the vaccine could raise the false expectation that those vaccinated need not worry about adverse health consequences from even reckless sexual behavior. Do these possible immoral eventualities render the act of getting vaccinated immoral?

I think not. The morality of being vaccinated against HPV 16 and 18 that can lead to cervical cancer ought to be analyzed this way. The intention for which one would be vaccinated is good: to prevent cervical cancer. The action to accomplish that end—being vaccinated—is intrinsically good for at least two reasons: first, it will protect against a form of cancer that can be and often is lethal. And think about this: Since HPV can just as easily be transmitted in nonconsensual sexual activity such as rape and incest as in consensual sex, the vaccine would provide protection for chaste individuals who might suffer either of these latter abuses. Even in cases of consensual sex between two married heterosexual spouses, this vaccine would provide protection from cervical cancer when, let's say, an uninfected spouse has sex with his or her infected spouse who perhaps does not even know he/she is an HPV-carrier.

Second, the advent of this vaccine provides the pediatrician, parent, or counselor an opportunity to highlight both the beauty and security of chastity. Adults can explain to pre-teens or adolescents, first, that abstinence from genital sexual activity means they will be saving the gift of their sexuality for marriage—the only context capable of respecting the true meaning of sex: an act of self-giving love that is open to new life.

Moreover, the doctor, parent or counselor could also use the vaccine as a springboard to some commonsense, let's-be-real conclusions. A young person will get it when we help them see that the only reason society needs this new vaccine so badly is because condoms and other safe sex paraphernalia are egregiously ineffective in protecting people from sexually transmitted diseases. Bottom line: Abstinence is the only way to prevent STDs and all of their adverse consequences. Safe sex is not safe. Truth to be told, the staggering numbers of HPV-infected individuals that drove researchers to develop this vaccine expose the fatuity and duplicity of the “if you're going to have sex, at least be safe” axiom.

I would advise parents who inquire about the morality of getting themselves or their children inoculated to follow Merck's packaging caveat. Which is to say, parents should tell their children that the only 100% protection against HPV and cervical cancer is abstinence. With that approach, getting our children vaccinated should result in more positive education to chastity rather than in more promiscuity. Although we are responsible for bringing about as many good effects from our actions as possible, we are not morally culpable for bad consequences that might, some time in the future, follow from a here-and-now action that is good in and of itself. So, just because a child vaccinated against cervical cancer may, ten or twenty years later, choose to engage in casual/promiscuous sex does not render the parents original decision to have the child vaccinated immoral.

Note Bene on “Cervical Cancer Vaccine”

(From Connect Love and Life, Volume 2 – Number 1, published in March 2007)

Recently, Texas lawmakers made inoculation with Gardasil mandatory for girls entering the sixth grade. I argued in the Summer 2006 issue of *Connect* that the action of getting our children vaccinated against the two strains of HPV that cause 70 percent of cervical cancer cases is intrinsically good both by intention (to prevent cervical cancer) and by the means to that goal (being vaccinated). The vaccine protects against a form of cancer that can be lethal, and provides protection for chaste women who might suffer rape or incest from an infected aggressor or in consensual married sex from an infected spouse. Further, although we are responsible for bringing about as many good effects from our actions as possible, we are not morally culpable for bad consequences (e.g., engaging in reckless sexual behavior due to a false sense of being inoculated against STDs) that might, in the future, follow from the action of getting vaccinated with Gardasil.

While I stand by my original moral analysis of being vaccinated with Gardasil, I have several objections to the Texas law. First, I do not think inoculation should be mandatory. The sexually transmitted human papillomavirus (HPV) that Gardasil prevents is not a contagious disease like measles, mumps or rubella. Second, in the case of vaccines against non-contagious diseases, the decision whether to have children inoculated is a parental, not state legislature, responsibility. Third, it is of questionable wisdom to inoculate pre-teens against cervical cancer, since they will have passed the vaccine's five-year window of proven effectiveness at age 16 or 17. Given that the typical cancer patient contracts HPV in their thirties, Gardasil would not protect women from cervical cancer when they most need it.



Pope Paul VI Institute
For the Study of Human Reproduction