Cervical Cancer Vaccine

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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 inoculate 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 both by intention (to prevent cervical cancer) and by effect (preventing cervical cancer). Hence, getting vaccinated against two strains of HPV that cause 70 percent of cervical cancer cases is intrinsically good both by intention (to prevent cervical cancer) and by means to that end (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 current 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 promiscuous sex does not render the parents original decision to have the child vaccinated immoral.

Note Bene on “Cervical Cancer Vaccine”

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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 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.
Follow-up on Cervical Cancer Vaccine

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(A response to questions arising from the article “Cervical Cancer Vaccine” in Connect Love and Life, Volume 1 – Number 2, published in July 2006)

First, I should have been more cautious in my assessment of the safety of Gardasil, or any other vaccine for that matter. While what I wrote last May was a restatement of the FDA conclusions following their review of clinical trial results, I should have pointed out that parents/young women considering Gardasil, or any vaccine, need to do their homework. They need to balance the risks that are associated with the vaccine against the risks of what the respective inoculation is trying to prevent. If it were demonstrated, either through continued FDA monitoring or from high profile cases involving serious side effects, that Gardasil carries the possibility of major threats to health and life, it would, of course, be morally wrong for parents/young women to approve/take the vaccine.

Secondly, having said that, I am compelled to maintain not only that the vaccine Gardasil is not intrinsically evil—i.e., wrong in and of itself, despite any good intention—but also not intrinsically wrong for the reason some suggest, viz., that the person being vaccinated will be less inclined to practice abstinence as a result. While the latter concern is valid and should be countered at every turn by abstinence education from pediatricians and parents, respectively, a possible but not necessary consequence does not decisively determine the morality of an act, including the one under consideration.

The conditions that do definitely determine the morality of human action are twofold: the act must be good both as a means** and as an end. A human action is morally good when what the person is actually doing is good and when the reason for which the person is doing the action is good. Hence, the moral goodness of an action is based, first, on the goodness of the act considered in and of itself and, second, on the goodness of the intention with which the person carries out the act.

Being vaccinated—the action of being injected with a substance that is designed to prevent disease—is a good action. So, since being vaccinated with Gardasil is at least a partial prophylaxis against cervical cancer, it represents a moral way or means to achieve a good objective. Further, since the intention or objective of being vaccinated (to prevent infection from two strains of HPV that could lead to cervical cancer) is a good one, a young woman being vaccinated with that intention would be doing so for a good end. In this case, taking the vaccine would be a good means to the good end of wanting to avoid infection with strains of HPV that could lead to a serious form of cancer. Or, if the intention of the woman being vaccinated (or that of parents approving vaccination for their daughter) is to prevent the occurrence of cervical cancer that might develop from non-consensual sexual activity (rape, incest) or from consensual intercourse with an infected spouse, the action of being vaccinated for this purpose is also good both as a means and as an end.

However, if a woman would take Gardasil (or parents would approve their daughter’s vaccination) in order to lessen the woman’s need to practice abstinence—or to fortify her in her efforts to increase her immoral genital sexual activity without adverse health consequences—then taking the vaccine, though good in and of itself, is a bad action by virtue of the bad purpose or goal with which the woman/parents take/approve the vaccine.

The Roman Catholic moral tradition has always condemned rigorism. To say that the action of taking the vaccine, Gardasil, is intrinsically evil because it could possibly lead to immoral behavior is not only an incorrect moral analysis but a nigrant position, and one that I would counsel against. In fact, it is conceivable that just the opposite consequence might occur. The discussion provoked by Gardasil over whether a particular young woman ought to receive the vaccine might figure as a critical turning point in that woman’s life and sexual mores, directing her to rather than away from the value of chastity/abstinence.

Fourth, some contend that one ought never to take Gardasil because doing so contributes to the coffers of Merck, a pharmaceutical company that manufactures a brand of oral contraceptive whose use can be intrinsically evil.* It is a sad, but true, commentary on our society to admit this, but today we are sometimes required to tolerate evil (while never initiating or condoning it) for the sake of avoiding a greater evil or of realizing a greater good. From a practical perspective, if we were never to take medications that are morally licit because they are manufactured by a drug company that also markets the OC that could be used immorally, we would never be able to take basic, life-saving, health-enhancing drugs. My research revealed that major drug companies like Wyeth, Pfizer, Eli Lilly, Johnson & Johnson, Bristol Myers Squibb all produce an oral contraceptive—and here’s the moral rub—together with a panoply of good medications upon which many people depend for survival and better health.

Fifth, in a postscript to the original Connect article on Gardasil, I make the case against mandating Gardasil. Parents are the primary decision-makers for healthcare matters for their children, so that the decision regarding the use of Gardasil is a parental, not state legislative, responsibility.

Sixth, I will close with the opening paragraph from an article in Ethics & Medics, published by the National Catholic Bioethics Center. Their stance on Gardasil is significant since the NCBC is an official advisor to the U.S. Catholic bishops on medical-moral matters.

Vaccination against the human papillomavirus can be an effective means of reducing the rate of cervical cancer among women. Although some might argue that its use signals that a young woman is destined to engage in sexually inappropriate conduct, this is not necessarily the case. One who is chaste and enters into marriage may still contract HPV as a result of a spouse’s prior sexual activity. Also, and tragically, there are women and girls who are sexually assaulted. These too would be protected. But it would nonetheless be wrong to use the power of the state to compel parents to have their children immunized against their better judgment. In the long run, it is counterproductive to require mandatory immunization for a disease that is transmitted not by casual social contact but by intimate sexual activity (“Morality is Not a Medical Problem: Sex and the HPV Vaccine,” Edward J. Furton, M.A., PhD, July 2007, Vol. 32, No. 7).

* The use of contraception for contraceptive purposes, i.e., to directly suppress the human good of fertility, is an intrinsically evil act and should never be done even for the sake of a good end, e.g., the spacing of children for serious reasons. The good intent—to space children for serious reasons—must be yoked with a good means, one that realizes the good end without directly suppressing the procreative good. Thus, natural methods of regulating birth, such as the Creighton Model FertilityCare System, constitute a good means to the good end of wanting to space children for valid reasons. I disagree, then, with saying that the action of being vaccinated with Gardasil is the same kind of action, morally speaking, as that of using the oral contraceptive to directly suppress fertility.

** A good means also requires that what you are doing is good within the circumstances surrounding the action. And, in the case of being vaccinated with Gardasil, the goodness of the circumstances that would have to be in place could include: a prudent assessment on the part of the parents or underage girls as to whether their daughter should be vaccinated, or that the young woman of legal age is acting after sufficient reflection on the risks of the vaccine and on her responsibility to practice the one sort of behavior that will be absolutely effective in preventing cervical cancer, namely, chastity before and during marriage, or that the drug has been sufficiently tested and that its risks are tolerable considering its benefits, that the risks are made perfectly clear to parents and young women, or that the parents and professionals involved underscore with their children/patients that abstinence is the only universal prophylaxis against HPV infection and any disease to which it is related.