



Ethically Speaking...

Newsletter of the Canadian Catholic Bioethics Institute
at Assumption University

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Provides news, articles and information from the Canadian Catholic Bioethics Institute at Assumption University in Windsor, Ontario.

We welcome comments and feedback. Should you have suggestions for future articles or inserts, please contact the Editor at CCBI-A@assumptionu.ca or call 519.973. 7033. Ext. "0"

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Mental Illness and God

by Rev. Leo Walsh CSB, STL, STD

I have recently qualified as a volunteer at Hotel-Dieu Grace Healthcare (Windsor). Each Tuesday I will spend my time in the Mental Health Program, simply being there for a couple of hours if anyone wants to talk or pray or sit in silence. I'll give it a month and see what happens. The Program, quite rightly, has strict rules about confidentiality. I'm writing this before I begin my volunteering, so there is nothing based on my experience as a volunteer.

My conviction is that persons suffering from mental health issues are special to God. I know that sounds either like a throwaway cliché to get by or a pat on the head flowing from ignorance. And it brings us into the deep mystery of human suffering and our loving God.

The term "mental illness", of course, covers many different conditions, and it is wrong to lump them together under the one umbrella term. When people are hospitalized, they are quite ill. What the conditions do have in common, though, are suffering and lack of autonomy. Their ability to make decisions concerning their own life is compromised. Our Christian vocation is to love our neighbor, especially the needy, and often babies in the womb and frail seniors are the posterchildren of vulnerability. Surely, though, those suffering from serious mental illness are among our most vulnerable sisters and brothers.

I think that there have been great strides forward in the treatment of those suffering from mental illness, both in terms of medicine and caring interaction. My feelings are, however, that medicine here is, despite progress, if not still in its infancy, not yet in full maturity. Our greatest tools are human love, concern and prudence.

The Lord hears the cry of the poor, the Psalmist tells us. How does one refer this Scriptural truth to the suffering poor? Certainly the final judgement will bring equality and justice. But now? – does God listen to the cry of the poor here and now? The answer lies, I think, on the obligation laid on all of us to care for the poor. In the present instance of mental illness, this applies to us all. It summons governments to fund adequately hospitals and treatment centres and also after-care. It applies to doctors and



The Lord hears the cry of the poor

other healthcare workers to treat all patients with reverence, compassion and medical expertise. It applies to spiritual care personnel to exercise love and prudence. It applies to family members and friends, calling them to accompany those who suffer with steadfast concern.

Above all, each patient, no matter the manifestations of his or her illness, is fully a child of God – a brother or sister in Christ Jesus. As every other person, this person facing mental health challenges is holy ground. I am also well aware of the tremendous burdens laid on those caring for these persons, especially family members and others who love them. They too, need our prayers, support and help where this is appropriate.

An Ethical Alternative for the Shingles Vaccine

María Giannotti MA, MS Bioethics

A recent publication of CCBI-A's Medicine and Morals (Special Edition September 2017) discussed the ethical dilemma many Catholics face in using vaccines produced from cell lines derived from elective abortions that were performed in the 1970's. These cell lines were used to produce multiple vaccines including a vaccine for shingles (also known as herpes zoster). Shingles is a painful and potentially dangerous viral infection that impacts roughly one in three Canadians at some point in their lives.



It is caused by the reactivation of the *varicella zoster virus*, the same virus that causes chickenpox. A person's risk for shingles increases sharply after 50 years of age and nearly all adults over 50 have the virus dormant in their nervous system, waiting to reactivate with advancing age.

In October of this year GlaxoSmithKline (GSK) received approval in both Canada and the USA to produce a new shingles vaccine. The approval of *Shingrix* in Canada is based on efficacy data collected in more than 37,000 people. Clinical trials demonstrated that *Shingrix* is 97.2 percent effective in people over 50 years old. It also maintained 90 percent efficacy in those 70 years old and above with 95 percent immunity maintained after four years. On the other hand, the current shingle vaccine *Zostavax*(Merck) is only 38 percent effective in people over 70 and only 40 percent duration of immunity after four years.

The CDC (Centers For Disease Control) announced that *Shingrix* is now the preferred vaccine for the prevention of shingles, replacing the long used *Zostavax* which has been on the market since 2006. In addition, the CDC also recommended that *Shingrix* be given to people over 50, regardless of their immunization history with *Zostavax*, and can be given as soon as 8 weeks after *Zostavax* had been administered.

Apart from the efficacy of *Shingrix*, there is an important ethical significance for Catholics. Up until now the only protection against shingles has been from the vaccine *Zostavax* and Catholics would either use Merck's version or abstain and go unprotected. What makes *Shingrix* so significant is that its

production does not depend on the use of cell lines derived from elective abortion as does *Zostavax*, but rather uses a yeast cell line, thus providing a moral option for all who object to the use of the fetal cell line.

Ethical concerns about the dependence of multiple vaccines on cell lines derived from elective abortions has long been a concern for Catholic institutions. Both the **Pontifical Academy for Life** and the **Congregation for the Doctrine of the Faith** have called for Catholics to object to these practices and to advocate for alternatives from pharmaceutical companies.

GlaxoSmithKline's development of *Shingrix* has provided Catholics with an ethical alternative and should be commended for listening to the voice of the people. Catholics, and indeed everyone who respects human life and dignity, is urged to make use of ethical alternatives like *Shingrix* and to redouble their efforts to convince pharmaceutical companies to develop more alternatives in the future.

If you will be getting the Shingles vaccine this season ask your healthcare provider about this ethically acceptable alternative.



Did You Know?

SHINGLES

Shingles (also known as herpes zoster) is a disease caused by the reactivation of the varicella zoster virus (VZV).
Initial infection with the VZV causes varicella (also known as chickenpox). The virus will then lie dormant in spinal nerve cells for years. Reactivation of the virus causes a painful rash called shingles.

A SERIOUS DISEASE



130,000 CANADIANS are diagnosed with shingles EACH YEAR

The risk of developing shingles increases with age



Pain associated with shingles usually lessens as it heals, but for **1 in 5** shingles can cause **post-herpetic neuralgia**

COMPLICATIONS FROM SHINGLES

- rash, itching and tingling
- skin infections and/or scarring
- burning and/or pain

Post-herpetic neuralgia is severe nerve pain, which can last for months – or even years.

Immunization PREVENTS the reactivation of shingles.

Talk to your healthcare provider about the shingles vaccine.

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Immunize Canada
immunize.ca

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