

CATHOLIC DIOCESE OF HONG KONG
POSITION STATEMENT ON GENDER RECOGNITION
The Basic Stance

In view of the growing advocacy of the transgender ideology, the Catholic Diocese of Hong Kong wishes to clearly state its position in line with the teaching of the Catholic Church.

The Diocese has explicitly stated, in its response to the Gender Recognition Public Consultation conducted by the Hong Kong SAR Government in the second half of 2017, that it strongly cautions against and does not support “the introduction of a gender recognition scheme to enable a person to acquire a legally recognized gender other than his or her birth gender”.

The main reasons for our basic stance and related analyses are as follows:

1. “Gender” is sometimes regarded as a mere sociological construct, that is, as something conceptual which is adopted by a specific human society on the basis of social and cultural factors at a certain stage of its development, for the purpose of distinguishing between “male” and “female”. Actually, gender cannot be completely severed from a person’s inborn “biological sex”, nor is “maleness” or “femaleness” something that is or can be “self-selected”, manipulated or altered at will.
2. The sexually-differentiated body is integral to the wholeness of man and woman whose complementarity, bodily integrity and dignity must be fully respected as essential elements of a genuine human ecology.
3. The gender recognition legislation (“the GRL”) as mooted in the Paper for the above-mentioned Public Consultation would, in effect, not only contradict anthropological reality but would also compel others, under penalty of law, to recognize a person’s “self-selected”, “preferred” or “re-assigned” sex. In the Diocese’s view, there is no sound basis for saying that a person has a “human right” to compel others to do so.
4. The GRL, if enacted, would have the effect, intended or otherwise, of promoting a “gender ideology” that typically begins by advancing the notion that gender can be completely divorced from “biological sex”, followed by the assertion that any change in gender so defined is equivalent to a sex change and effectively ending up with blotting out sexual differentiation altogether, thereby opening the way to, inter alia, genderless or same-sex
5. The Diocese believes that the GRL would not be in the public interest but would have moral, sociological, legal, medical and other consequences adversely affecting the well-being of individuals, families and the common good of society, including in particular the rearing, education and welfare of children. This would be so even if the GRL could theoretically be isolated and looked at independently from such issues as same-sex marriage.
6. The GRL, if enacted, would generally apply both “vertically” as between citizens and government or public authorities, and “horizontally” right across the board in the private sector as between citizens and private entities. This would inevitably give rise to multi-faceted problems, potential conflict and other legitimate concerns, aggravated by lack of informed consensus on the issue in Hong Kong where traditional values and cultural attitudes still play an important role.
7. The problems (consequent upon the GRL if enacted) would include but would by no means be restricted to those relating to the use of gender-specific amenities and facilities, such as public toilets and shower-rooms, and participation in gender-specific sports, etc.
8. The GRL would most likely lead to “reverse discrimination”, including “viewpoint discrimination”, against those institutions and individuals who in good conscience could not or would not, whether on account of their religious beliefs or for some other reason, subscribe to the scheme. Such reverse discrimination would undermine or erode freedom of religion, belief and conscience, freedom of speech, as well as the autonomy of our schools and other institutions with regard to educational policies and family life education.

9. Because of its general application, the impact of the GRL on marriage, family and children, as well as on parental rights in the matter of education would likely be even deeper and broader than that of the majority decision of the Court of Final Appeal in *W v the Registrar of Marriages*.
10. Our concern for the welfare of children of course includes but is not restricted to those who are going through some form of gender-confusion or related problems. Certainly children diagnosed as suffering from “Gender Dysphoria” or “GD” (under DSM-5 criteria) or “Gender Identity Disorder” or “GID” (under DSM-IV-TR criteria) are among those who are in need of special love, care, protection, proper therapy and accompaniment.
11. In this connection, the use of puberty-blocking hormones, for example, is particularly risky since the intervention radically disrupts the normal sequence of physical and psychological growth that occurs during adolescence and cannot simply be “reversed” if there is a change of mind or some medical or other reason.
12. The hypothesis that a transgender person is “born that way” is not supported by any reliable scientific evidence. In studies concerning gender-confused children, there is clear evidence that only a minority of children who experience cross-gender identification will continue to do so into adolescence or adulthood.
13. The effectiveness of care and the risks of possible harm to people of different ages in the course of treatment undertaken as part of “gender transitioning”, including the long-term effects of hormonal treatment and “Sex Reassignment Surgery” (“SRS”) are also matters of legitimate concern. A large cohort study in Sweden (among other studies) shows that, “[p]ersons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behavior, and psychiatric morbidity than the general population”.
14. We recognize, with sympathy and compassion, the genuine distress and suffering of people who are diagnosed with GD or are afflicted with some form of gender identity problem. We would, at the same time, stress the need in every case to ensure that the measures adopted to alleviate the condition can (after proper investigation into all possible psychosocial interactive factors) be justified not only medically but also ethically and that any associated malady (or “comorbidity”) will likewise be addressed as required.

Concluding Remarks

The Catholic Church teaches that there is a natural moral law, accessible to human reason, which is inscribed in the heart and very nature of the human person as an embodied relational being born male or female. The Diocese accordingly believes that not only is its basic stance against gender ideology and the GRL fully justified by a “theological anthropology” (mentioned in the Consultation Paper, Para. 5.35 of p. 133) or on other religious grounds, but it is also strongly supported by natural and secular (i.e., non-religious) reasons.

The Diocese reaffirms the intrinsic worth and equal dignity of every human person, regardless of sex or gender, or whether the person is or is not “LGBTQ...” The Diocese, as part of its basic stance, would in particular stress the importance of special care, love and protection of the weakest and the most vulnerable, especially children, from all forms of abuse, bullying, unjust discrimination and other harms.

The Diocese’s fundamental objection to the GRL remains regardless of whether the GRL model adopted is the self-declaratory model or the full SRS model or one in between the two. Moreover, regardless of whether there is or is no GRL, there is always the prior question (among others) which every treating physician has to answer, namely whether any proposed measure, particularly if it involves the removal of perfectly healthy organs, can be justified on sound bioethical and therapeutic principles.

The Diocese will, in accord with the Catholic faith and the social teaching of the Church, continue to study and collaborate with others to search for concrete, ethical and just solutions that safeguard and advance the whole-person well-being of the individual, the core values of the family, and the integral development of society.

20 February, 2018

天主教香港教區

對性別認同的立場書

基本立場

面對鼓吹跨性別意識形態的運動不斷擴散，天主教香港教區冀望以此立場書，清晰地表明其依據天主教訓導所持的立場。香港特別行政區政府於 2017 年下半年進行「性別承認公開諮詢」，探討「應否設立性別承認制度，讓申請人異於天生性別的性別能在法律上獲得承認」（諮詢議題 1）。教區在當時的回應中已清楚指出：政府必須謹慎處理此事，因其後果嚴重；對引進性別承認制度，教區不表支持。我們基本立場的主要理據和有關分析如下：

1. 「性別」不是一個純粹社會學上的建構概念，經某人類社群在其發展過程的某階段、按社會及文化因素而擬定，用以區分男女。其實，「性別」與人天生的「生理性別」不能完全分割開來。「男性特質」或「女性特質」，亦不能任由人「自行選擇」、操控或隨意改變。
2. 以雌雄區分的人體，是男女的整全人性不可或缺的一部分；男女的互補性、身體完整性和尊嚴，作為真正人類生態必要的部分，都必須受到充分尊重。
3. 《諮詢文件》中所提出的性別承認法律，實際上不但會與人類學的實況互相矛盾，而且會使普羅大眾為免受法律的懲處而被迫承認某位人士「自行選擇」、「屬意」或「重置」的性別。教區認為，把強迫普羅大眾作這樣的性別承認視為「人權」，並無合理依據。
4. 性別承認法律如獲通過，將會有意無意地推廣「性別意識形態」。性別意識形態的典型推廣進程，就是首先提倡把「性別」與「生理性別」可彼此完全分割的這種觀念，繼而斷言按此而界定的任何性別更改(change in gender)，都是等同變性(sex change)，而最後，則以達到任何雌雄的區分完全消失作為終結，從而大開通往無性別婚姻或同性婚姻等等的方便之門。
5. 教區相信，性別承認法律不符公眾利益，反而會引致道德、社會學、法律、醫療以及其他方面的後果，對個人和家庭的福祉及社會的整體利益，尤其是撫養教育兒童及兒童福祉等，造成不良影響。即使性別承認法律理論上可與同性婚姻等議題分開來考慮，上述不良影響仍會出現。
6. 性別承認法律一旦獲得通過，大體來說，「在縱向方面」，將可應用於市民和政府機關或公共機關之間的關係上；而「在橫向方面」，則可一律應用於私營界別，例如市民和私營組織之間的關係上。這樣會無可避免地引起多方面的問題、潛在衝突和其他令人有理由關注的事項，尤其在香港這傳統價值觀和文化態度方面仍發揮著重要作用的地方，對性別承認這議題欠缺有認知基礎的共識，因此問題將會更為嚴重。
7. 性別承認法律（如獲通過）所衍生的問題，將會包括使用特為個別性別提供的設施和設備，如公共廁所和浴室，以及參加特定性別的體育運動等等，但絕不會僅限於這些問題。
8. 性別承認法律最有可能會導致針對著按照良知、本身的宗教信仰或其他理由，不可能或不會贊同性別承認制度的那些人士和機構的「逆向歧視」，包括「觀點歧視」。這樣的逆向歧視，會損害或侵蝕宗教自由、信仰自由和良心自由、言論自由，以及我們的學校和其他機構在教育政策和家庭生活教育方面的自主。
9. 性別承認法律具廣泛的應用面，因此它對婚姻、家庭和兒童，以及對父母在教育事務上的權利所產生的影響，有可能會比 W 對婚姻登記官（W v the Registrar of Marriages）一案中終審法院以大多數通過的裁決所造成的影響，更深遠和更廣闊。

10. 我們對兒童福祉的關注定然包括但並不限於那些正在經歷某種性別混亂或相關難題的人士。毫無疑問，被診斷為患有「性別不安」（根據《精神紊亂診斷及統計手冊》第五版的準則）或「性別認同障礙」（根據《精神紊亂診斷及統計手冊》第四版修訂版的準則）的兒童，正正是需要特別的愛、關懷、保護、適當治療和陪伴的一群。
11. 就這方面而言，舉例說，使用青春期荷爾蒙阻斷劑，是尤其危險的，因為這種干預方式徹底破壞青春期内生理和心理成長的正常秩序；而且，如果日後改變主意或因某些醫學上或其他理由而需要「逆轉」過來，那就不可能簡單地做到。
12. 「跨性別人士『生來如此』」的假設，並無任何可靠的科學證據足以支撐。涉及性別混亂兒童的研究，有明顯的證據顯示，經歷跨性別認同的兒童中，只有少數會繼續在青春期或成年期仍是如此。
13. 同樣令人有理由關注的就是，在接受「性別過渡過程」各部分療程時，不同年齡人士所得到的醫護成效以及他們可能承受傷害的風險，包括賀爾蒙治療和「性別重置手術」的長遠影響。瑞典的一個大型群組研究（以及其他研究）指出：「易性症人士在接受性別重置手術後，死亡、自殺行為和精神病的風險，遠高於一般大眾。」
14. 我們承認，被診斷為患有性別不安症或某種形式的性別認同問題的人士，確實身處困境和痛苦。對這些人士，我們深表同情與憐憫。我們要同時強調，在每一個案中，採用任何舒緩有關狀況的措施之前，必須確保已對一切可行的心理社會互動因素進行適當調查和研究，並要確保，採用這些措施，不僅在醫學上，而且在倫理上，都是基於充分的理據；而且，任何相關的疾病（或「合併病症」），也要按需要同樣地處理。

結語

根據天主教會的訓導，「人」生而為男性或女性，有一個與他人保持聯繫的軀體，而銘刻在「人」的內心和本性之內的，是「人」的理性所能領悟的自然道德律。因此，教區相信，其反對性別意識形態和性別承認法律的基本立場，不僅按「神學人類學」（參考《諮詢文件》，第 138 頁，第 5.35 段）或其他宗教上的理由有充分理據，而且從自然律和世俗（即宗教範疇以外）角度，亦可找到否定該意識形態和反對立法的強力理據。

教區重申，每個人都有內在價值和同等尊嚴，不論其性別，也不論其是否「女同性戀者、男同性戀者、雙性戀者、跨性別者、對性別認同疑惑者」（LGBTQ）。教區秉持其基本立場，特別強調，應給予社會上最弱小和最脆弱的一群，尤其是兒童，特別的關懷、愛與保護的重要性，以免他們受到一切形式的侵犯、欺凌、不公義的歧視和其他傷害。

不論性別承認法律是認同自我聲明模式、完整的性別重置手術模式，或是這兩者之間的任何模式，教區對其基本的反對立場也不會改變。此外，不論是否有性別承認法律，每一個參與醫療過程的醫生都必須回答的首要問題（也包括其他問題）始終是：任何建議的措施，尤其是如果涉及去除完全健全的器官，是否在生物倫理和治療原則上有穩當的理據？

教區將按照天主教信仰和教會的社會訓導，繼續深入研究，並且聯同其他有關人士，尋找具體、合乎倫理道德和公義的解決辦法，從而捍衛及促進個人的整體福祉、家庭的核心價值和社會的整體發展。

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