

Bioethics Outlook

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Gender and Sexuality: A report from ACU's National Ethics Network

This paper highlights three points to guide the pastoral care of children and adolescents in Catholic schools who are dealing with gender incongruence or gender dysphoria:

- the givenness in being human, as part of the goodness of each person and the gift we are to ourselves and others;
- understanding what seeking the good of the other really means; and
- the distinction between accompaniment and advocacy.

These three points draw on the understanding of what it means to be human which has been developed in Catholic teaching. There is a need to deepen knowledge among school leaders, teachers and parents about this anthropology, and to strengthen their confidence in explaining it to school communities.

Because gender incongruence and gender dysphoria are complex, and because scientific understanding of them is not settled, it can be difficult for those who are not experts, such as teachers, to respond to them confidently. This is made even more so given the strong emotions

IN THIS ISSUE

We begin with the report of a working group at Australian Catholic University on gender and sexuality. It was compiled by Michael Casey, with successive drafts being discussed at meetings in 2024 and subsequently reviewed by a small number of expert participants.

Then we reprint an article by Xavier Symons, director of the Plunkett Centre, on some ethical issues about IVF that go deeper than do the recent scandals.

Finally, we invite readers to register to attend the Annual Plunkett Lecture. See the flyer on our 'back page'.

they generate, and the legal and social pressures surrounding them. It is easy to be thrown off balance or silenced by strongly asserted claims about what the evidence shows, or about what the best interests of the student require, or what the law prohibits or requires.

At the very least, however, stronger confidence in explaining the Catholic appreciation of givenness as part of the goodness of each of us, about what this means for seeking the good of another person, especially a young person who is struggling or suffering, and about the distinction between accompaniment and advocacy, can help to provide a greater steadiness in the midst of the pressures that arise around this issue.

For these students and for students in Catholic schools more generally, it may help to embed questions about gender and sexuality into a broader idea of identity, rather than elevating them by setting them apart. This could mean supporting approaches which foster more explicitly a better integrated, whole person approach to understanding themselves and who they are. This could almost be the central task of a school's pastoral care for all students.

Accompanying people closely while always remaining faithful to the truth is a tension at the heart of the Christian life. For Catholic schools this tension becomes particularly acute when providing support and pastoral care to students dealing with gender incongruence and gender dysphoria. The fraught and complex nature of gender incongruence and gender dysphoria itself is intensified by the pressure generated by the emotions and social dynamics around it. In some circumstances this can make it difficult for school-based pastoral care to insist on a genuinely person-centred response that seeks to meet the needs of the individual far better than mere affirmation.

CHALLENGES FOR PASTORAL CARE

Good pastoral care for students dealing with gender incongruence or gender dysphoria depends on finding a way to resist the pressure that quickly accrues around this issue. Success in doing so better enables schools to put first the person dealing with gender incongruence or gender dysphoria. It also gives them the freedom to draw a more complete picture of the situation: that in addition to the needs of the individual, the needs of the school community – students, staff and parents – also have to be respected, along with the obligations the school has to the Church and the Catholic community, and to governments from which Catholic schools receive funding to be Catholic schools.

The responsibilities owed to others in the community should not be under-estimated or diminished. Individuals live in communities, and part of the task for schools concerns how to balance these responsibilities with its responsibilities to the person dealing with gender incongruence or gender dysphoria. These responsibilities must be considered together, so that giving priority to the person concerned does not automatically relegate the community and obligations to other people to second place. Dialogue and conversation are critical to holding these different but linked responsibilities together, and to keeping all concerned connected to the reality which the school's obligations – and those of the individual also – create.

The conversations that a school has with students and their parents dealing with gender incongruence or gender dysphoria involve a different approach from conversations with members of staff who are dealing personally with this issue. In both cases accompaniment and pastoral care are required, but the situation of a child or adolescent student is quite distinct from that of an adult staff member, who is also usually under obligations as part of their

employment to uphold the Catholic ethos of the school and to support those who bear witness to it. A willingness to give time for these conversations is critical for both.

Another dimension again is where a parent decides to transition. This is perhaps the situation in which the school has the least influence, although it can also have significant impact on the school community, first of all of course on the parent's own child. Again, refusing to lose sight of either the person or the community of which they are a part, and being prepared to give the time for dialogue and conversation, are indispensable. Being resolved to ensure the necessary time is taken for pastoral care helps to provide a better environment for responding effectively to troubled students and staff.

THE DISTINCTION BETWEEN ADVOCACY AND ACCOMPANIMENT

Considering what makes for good pastoral care in responding to gender incongruence and gender dysphoria in a school setting requires some distinctions to be made. One of the most important distinctions is between what counts as accompaniment and what counts as advocacy. It is a distinction that is clear and helpful in principle, but which can be difficult to maintain in practice without the right resources and support.

A main focus of accompaniment is the needs and particular situation of the unique and irreplaceable person dealing with gender incongruence or gender dysphoria who is also part of a community. Advocacy suggests action on that person's behalf or for their benefit, but often entails more than this, including demands for unconditional validation of the decision the individual has made or is contemplating, and complete acceptance of highly contested assumptions about human nature and sexuality which are contrary to reason, clarified and supplemented by revelation, in the Catholic understanding of who – and what – we are.

Insisting on this distinction – refusing to treat accompaniment as advocacy – is an important way for schools to support students and staff dealing with gender incongruence or gender dysphoria. Among other things, it helps to give them relief from the pressure to make a public event out of their situation, when this may not be what they want at all. This pressure can arise either from advocates and activists, or from the atmosphere and emotions surrounding gender in society and culture more broadly. Accompaniment rather than advocacy needs to be the priority.

FEATURES OF ACCOMPANIMENT

Accompaniment has a number of dimensions, but in the context of this discussion two might be mentioned. Firstly, in its most important sense it concerns the spiritual life. It is God who accompanies us first in helping us to grow closer to him, and part of discipleship in our turn is to accompany each other. Pope Francis wrote of the need for everyone in the Church to learn the “art of accompaniment” as part of our evangelising mission. Patience, reassurance, compassion, respect, and listening are some of its features. Accompaniment should encourage openness and “readiness to grow” closer to God, rather than “isolated self-realisation”¹. It is “a pilgrimage with Christ to the Father”, fostering “the desire to respond fully to God's love and to bring to fruition what he has sown in our lives”².

Secondly, while there are other forms of accompaniment, one of the most important is accompanying the poor. The basis of this accompaniment is “a real and sincere closeness” to

¹ Francis, Apostolic Exhortation *Evangelii Gaudium*, 24 November 2013, nn.169-73.

² Ibid. nn.170 & 171.

people who are poor. In addition to programs of assistance and activity to address poverty, it is a “loving attentiveness” to the person in front of us which should give rise to our concern for them and lead us “to seek their good”. “The poor person, when loved, ‘is esteemed as of great value’, and this is what makes the authentic option for the poor differ from any other ideology, from any attempt to exploit the poor for one’s own personal or political interest”. Quoting Saint John Paul II, Francis underscores this by adding, “Only this will ensure that ‘in every Christian community the poor feel at home. Would not this approach be the greatest and most effective presentation of the good news of the kingdom?’³.”

Although accompanying those dealing with gender incongruence or gender dysphoria is very different from accompanying those who are poor, the qualities of attentiveness, closeness and seeking the good of the other as Francis and Saint John Paul II have explained it, are essential in this form of accompaniment as well.

COMMONALITIES AND DIFFERENCES IN ACCOMPANIMENT AND ADVOCACY

These dimensions of accompaniment underscore how distinct it is from advocacy. When this difference is not well-understood, however, and when the practicalities of accompaniment are not made clear, accompaniment can easily slip into mere affirmation, thus allowing advocacy to determine outcomes. This slippage is made easier still because, though they are importantly different, both approaches have some things in common. In at least three ways, accompaniment and advocacy have things in common on which they differ: urgency, language, and the concern about what it means to be human.

There is a common understanding of the urgency of helping the person dealing with gender incongruence or gender dysphoria. In accompaniment this means staying closely focussed on the particular person in front of us and seeking their good. In advocacy this often means locating a person’s particular situation in a bigger picture requiring fundamental or “systemic” change. The danger of losing sight of the person we are trying to help because of other priorities is lower in accompaniment, higher in advocacy.

There is a common language, including the use of words such as *respect*, *compassion*, *listening*, *trust*, *openness*, and *best interests* as markers of the appropriate response. As is often the case today in many different contexts, while the words are the same their meanings can be very different. For accompaniment, their meaning is shaped by the understanding that a person flourishes in relationship and community, not alone. In advocacy, their meaning is shaped by an assumption that relationships and community and the expectations that arise from them are part of the problem, from which we have to be freed so we can be whatever we want.

There is also a common concern with what it means to be human and how complex this is. Accompaniment treats our givenness as a gift. Part of the purpose of accompaniment is to help someone to discover (or recover) this sense of gift, including the gift they are to other people, especially when suffering and hardship have obscured this reality. Advocacy treats givenness as a cage. It sees it as a deception or myth used to control our behaviour, as an attempt to

³ Ibid. n.199, quoting John Paul II, Apostolic Letter *Novo Millennio Ineunte*, 6 January 2001, n.50. While John Paul II does not use the term *accompaniment*, he reflects in depth on the Lord’s accompaniment of the rich young man in Matthew’s Gospel (Mt 9:16-26): “Jesus, as a patient and sensitive teacher, answers the young man by taking him, as it were, by the hand, and leading him step by step to the full truth”. John Paul II, Encyclical Letter *Veritatis Splendor*, 6 August 1993, ch.1.

impose a destiny on us and confine what we can be, to defeat the free realisation of who we are. Escaping the cage enables us to become whatever we want.

OTHER DISTINCTIONS

The distinction is often made between sex (a matter of biology) and gender (understood as how a person experiences their biological sex, their masculinity or femininity⁴), although this can be moveable. In some circumstances fluid and unanchored gender is contrasted to fixed and stable bodily sex. In other situations sex is treated as an unfixed phenomenon as well, or as a construct that needs to be redefined⁵.

The critical distinction to keep clear, however, is that between sex and identity. Sex and gender are important aspects of individual identity, but neither of them says everything there is to be said about a person. No matter how large they loom as part of someone's story, whether for a period of time or for a lifetime, there is always much more to a person than their sex or gender. The current celebration of sexuality and gender can make them seem like attractive means of securing recognition as a unique person, especially in adolescence. What is often behind this, however, is a bigger struggle with questions of identity and belonging, in which questions about sex and gender may not be as decisive as they are presented.

Also to be considered is the way that young people often combine or conflate or confuse same-sex attraction with gender incongruence and gender dysphoria. They consider them as issues that should be treated in the same way, so apparently different responses on the part of the school or the Church raise questions of credibility and fairness.

This perception can be addressed by clarifying the important respects in which the Church treats those with same-sex attraction and gender incongruence or gender dysphoria in the same way. Catholic teaching holds same-sex attraction or gender incongruence or gender dysphoria are not moral issues in themselves – it is not a moral failing to be same-sex attracted or gender incongruent or gender dysphoric⁶. At this level of principle, the two issues are treated the same way. The duty owed to those who are same-sex attracted or gender incongruent or gender dysphoric is likewise the same: to be treated with respect, consideration and kindness as people made in the image and likeness of God.

Where differences in response may be identified, of course, is in the different forms of support that might be provided for young people in these situations. One reason for different responses is that caring for a student who is same-sex attracted does not usually have the same impact

4. "Gender in this sense can be influenced by a range of early experiences and expectations, in the family and at school, on social media and in the wider culture and society. In this sense, gender can also change over time and vary both between individuals and across cultures. Rigid cultural stereotypes of masculinity and femininity are thus unfortunate and undesirable because they can create unreasonable pressure on children to present or behave in particular ways." *Created and Loved: A guide for Catholic schools on identity and gender*, Australian Catholic Bishops Conference, 2022, p.4.

5. "In the growing contraposition between nature and culture, the propositions of gender theory converge in the concept of 'queer', which refers to dimensions of sexuality that are extremely fluid, flexible, as it were, nomadic. This culminates in the assertion of the complete emancipation of the individual from any *a priori* sexual definition, and the disappearance of classifications seen as overly rigid." Congregation for Catholic Education, "Male and Female He Created Them": Towards a path of dialogue on the question of gender theory in education" (2019), n.12.

6. Francis, Apostolic Exhortation *Amoris Laetitia*, 19 March 2016, n.250: "We would like before all else to reaffirm that every person, regardless of sexual orientation, ought to be respected in his or her dignity and treated with consideration, while 'every sign of unjust discrimination' is to be carefully avoided", (citing the *Catechism of the Catholic Church* n. 2358).

on a school as the accommodations which may be required or requested in caring for a student with gender incongruence or gender dysphoria, especially if the accommodations made have the effect of imposing contested beliefs about gender on others who may not share them. Explaining the reasons for these different responses is important, even while recognising that the explanations may not necessarily reassure young people in every case.

SOME BLURRED DISTINCTIONS

The reason for this lies in part in the different cultural presuppositions that are in play between younger and older generations. Young people often reflect society's increasing focus on a magnified sense of personal agency and self-creation, informed by the underlying idea that identity is created rather than discovered. Whatever the defining attribute of identity may be (whether gender, sexuality or something else on a broad spectrum), it is something constructed, not something given and grown from the interaction of the unique and irreplaceable person that each individual is, with family, religion and culture. Hence a person's identity can be expressed anyway they wish, including chosen pronouns and gender identities, which others are expected to accept.

This distinction between self-discovery and self-creation is something that needs to be engaged by Catholic schools in explaining their responses, and more broadly in making accessible a Catholic understanding of the sort of creatures that we are and the relationships that enable us to flourish. Clearly the choices we make as we navigate the givenness unique to our own life shape at least some dimensions of personal identity. In this sense, identity is both discovered and created. What is not true, however, is the assumption which pre-dominates in the affirmation response to gender incongruence or gender dysphoria; that you can choose every dimension of identity (or at least every dimension that is significant to you), rather than building your choices on the foundation of the first gift we receive: our created body.

A final critical distinction to clarify is that between the gender incongruence that some children and adolescents experience, and the gender dysphoria that occurs more rarely in them, and in different conditions again in adults. People are more willing to accept an adult's claims around gender identity on the grounds of the self-determination that belongs to adults. Obviously neither children nor adolescents have yet developed the maturity of adulthood, which is why people are less willing to accept a child's or adolescent's claims about their gender as determinative. This is also the basis for many critiques of the medical treatment pathway: a child cannot make a truly considered choice about such life-changing matters. Conflating the situations of adults with those of children and adolescents compounds the pressure that builds around this issue, and causes confusion about the appropriate response to gender incongruence in young people.

Taken together, the blurring of these distinctions also helps to blur the distinction between men and women and dismantle the understanding of the importance of male-female difference to humanity as a whole⁷. In this way, an account of what it means to be human and to be embodied is advanced which is at odds with reality. The elements of truth in this account can be powerful, especially those which seem to make sense of individual people's experience and suffering, but it begins with a false understanding of who we are as creatures – that is, what God has created humanity to be – and builds from there to false conclusions. This explains in part some disturbing aspects of public discussion about gender incongruence and

⁷ "Philosophical analysis . . . demonstrates that sexual difference between male and female is constitutive of human identity." "Male and Female He Created Them", n.26.

gender dysphoria, including the shouting and the aggression, the intimidation and silencing, the insistence on conformity and validation, and the manipulation of language and emotion.

CHALLENGES FOR GOOD PASTORAL CARE

Clarifying the distinction between accompaniment and advocacy is a key factor in responding to gender incongruence and gender dysphoria. It helps teachers to provide pastoral care to students without compromising Catholic beliefs about the person and our createdness which the school teaches and upholds. Clarifying what accompaniment means in practice also requires making the Christian understanding of what it means to be human accessible for teachers and parents, including in their conversations with students. Even with clarity about these matters, however, it can still be difficult for teachers to feel confident about how to distinguish the needs of the student before them from the demands and expectations which are amplified by other elements in today's gender narrative.

For those who are not experts, such as teachers, confidence in dealing with the complexity of gender incongruence and gender dysphoria is difficult to some greater or lesser extent; made even more so by the strong emotions they generate, and the legal and social pressures surrounding them. It is easy to be thrown off balance or silenced by strongly asserted claims about what the evidence shows, or about what the best interests of the student require, or what the law prohibits or requires. At the very least however, being clear on the distinction between accompaniment and advocacy, on the Catholic appreciation of givenness as part of the goodness of each of us, and on what this means for seeking the good of another person, especially a young person who is struggling or suffering, can help provide a greater steadiness in the midst of the pressures that arise around this issue.

It also helps to withstand the pressures involved to appreciate that many of the issues arising from gender incongruence and gender dysphoria, including how best to respond to a young person dealing with them, are not in fact settled but intensely contested. This means the possibility of proposing better ways of responding, ways which are more consistent with the good of the person we are helping, remains open.

To help teachers identify responses which are more consistent with the good of the person, formation and professional development in the Catholic understanding of what it means to be human, the anthropology underlying the life and service of the Church, is required. One possible source for this, among others, is St John Paul II's theology of the body, which the teaching of Pope Francis has drawn on in some issues and parallels in others⁸. Providing the resources to translate the Catholic understanding of what it means to be human into teaching and pastoral care confidently is an essential part of this formation.

ATTENTIVENESS AND PASTORAL CARE

Proposing a better way of responding also means acknowledging the other issues which often accompany gender incongruence and gender dysphoria in students. For example, family dynamics, learning problems, and mental health issues may mean that in some cases it is appropriate to see whether trauma-informed models of care may be helpful in developing ways of supporting these young people. Equipping schools to consider this would require training

⁸ Pope Francis draws on the theology of the body directly in his teaching about love and marriage in *Amoris Laetitia* (nn.150-56 & 159-64). His teaching in *Laudato si* (n.151) about the importance of "accepting our bodies as God's gift", and "valuing one's own body in its femininity or masculinity" to be able "to recognise myself in an encounter with someone who is different", seems to parallel ideas in the theology of the body.

and formation for key staff in trauma-informed models of care, and possibly partnerships with child health and safety agencies with experience of how these models can help in different circumstances.

The available data indicate the vast majority of persons seeking gender transition have significant psychological (and sometimes medical) comorbidities which must be attended to if the individual is to receive effective care. Most researchers make it clear that a comprehensive assessment of psychological, social and (in the case of adolescents) familial factors should precede and accompany any other treatments offered. The implication is that relying on a solely medical pathway (hormones, surgery) is bad medicine⁹.

Allowing other factors which can be present in many or even most cases to be over-shadowed by or attributed solely to gender incongruence or gender dysphoria is a failure of pastoral care. For this reason, attentiveness to the difficulties that young people have to navigate, sometimes with not much support, and how this can complicate for them the process of coming to a more or less settled sense of self, almost serves as a baseline for pastoral care of students dealing with gender incongruence or gender dysphoria. Understanding that these issues may be part of the larger issue of how a young person dealing with a number of health or family or social issues establishes their own sense of self, places pastoral care on a sounder footing to provide help.

It is important that pastoral care be pragmatic, not romantic. There are limits to what can be done and to what can help, and pastoral care that celebrates young people for who they are and the decisions they make is likely to be less helpful than the simple attentiveness that notices the students who are regularly alone, recognising that withdrawal from others can be an indicator of distress. Loneliness in particular is one among a range of factors that should be kept in focus. It can be such a disheartening and disorienting experience that, when some sense of belonging and some form of recognition is found, it is not lightly let go. This is a part of the explanation for the aggression and defensiveness that can come to the fore when a decision to transition is queried – or even simply when there is hesitation in celebrating it.

⁹ See these sources: Bechard, Melanie, et al; (2016) Psychosocial and Psychological Vulnerability in Adolescents with Gender Dysphoria: A “Proof of Principle” Study. *Journal of Sex and Marital Therapy* (2017) 43(7) 678-688. doi 10.1080/0092623X.2016.1232325; de Vries, Annelou L C et al (2016) Poor peer relations predict parent- and self-reported behavioral and emotional problems of adolescents with gender dysphoria: a cross-national, cross-clinic comparative analysis. *European Child and Adolescent Psychiatry* (2016) 25:579-588. doi 10.1007/s00787-015-0764-7; Giovanardi, Guido et al (2018) Attachment Patterns and Complex Trauma in a Sample of Adults Diagnosed with Gender Dysphoria. *Frontiers in Psychology* February 2018 (9)60. doi 10.3389/fpsyg.2018.00060; Kaltiala-Heino, Riittakerttu et al (2018) Gender dysphoria in adolescence: current perspectives. *Adolescent Health, Medicine and Therapeutics* 2018:9 31-41; Kozłowska, Kasia et al (2021) Australian children and adolescents with gender dysphoria: Clinical presentations and challenges experienced by a multidisciplinary team and gender service. *Human Systems: Therapy, Culture and Attachments* (2021) 0(0)1-26. doi 10.1177/26344041211010777; Mahfouda, Simone et al (2017) Puberty suppression in transgender children and adolescents. *Lancet Diabetes Endocrinol* 2017. doi 10.1016/S2213-8587(17)30099-2; Warriar, Varun et al (2020) Elevated rates of autism, other neurodevelopmental and psychiatric diagnoses, and autistic traits in transgender and gender diverse individuals. *Nature Communications* (2020) 11:3959 doi 10.1038/s41467.020.17794.1; Zucker, Kenneth J, et al (2017) Intense/obsessional interests of children with gender dysphoria: a cross-validation study using the Teacher’s Report Form. *Child and Adolescent Psychiatry and Mental Health* (2017) 11:51. doi 10.1186/s13034-017-0189-9; Zwickl, Sav et al (2021) Factors associated with suicide attempts among Australian transgender adults. *BMJ Psychiatry* (2021) 21:81. doi 10.1186/s12888-021-03084-7

SUPPORT IN COMMUNITY AND TRADITION

Another important aspect of the pastoral care that schools need to provide is to support parents and families when a child is dealing with gender incongruence or gender dysphoria. The principle of subsidiarity as it applies to education recognises that it is parents who usually have the greatest stake in the health and well-being of their children. Catholic schools support parents in educating their children, and part of their role is to help ensure that parents do not have to face by themselves the increasing challenges this involves¹⁰. Schools can also provide an alternative social support community to a student, one the student can trust especially in circumstances where they are closer to it, more embedded in it, than may be the case with their families or online communities. This has to be done however in a way which does not overlook supporting the student's parents and family, and without losing sight of the responsibility schools have to them. Often today this is a sensitive and challenging task, calling upon the wise and mature leadership skills of educators.

While support for parents from schools remains important, the influence of the online world on children and adolescents significantly limits, and in some situations completely displaces, the influence that both parents and schools have. Social media, online communications and the devices in students' hands can have an adverse impact on their emotions, mental health, and wellbeing, and this is now a major concern for parents and educators. The online space also plays an increasingly decisive part in shaping the values and assumptions of young people about issues such as sexuality and gender, reinforced by the influence it can have (positively and negatively) on the sense of identity, belonging, recognition and worth of adolescents in particular, and not only those who are vulnerable.

This significant aspect of the learning context for students today highlights the need to create alternative sources to the information received and the emotions engaged online. The school is an obvious alternative. Through the humanities and sciences and its Catholic identity, it opens up for students a tradition to which they belong, and which belongs to them. Its great repositories of learning and wisdom reflecting on the immense complexity of human experience offer young people ways of recognising themselves in the experience of others and finding ground under their feet. This is a resource which lies close at hand for a Catholic school and should not be neglected or forgotten.

Behind the support which the school provides as a community and as part of a tradition is its religious identity. All schools have the intention of broadening horizons and deepening understanding for their students. Catholic schools bring richer dimensions to this by inviting every student to encounter the loving-kindness of the heart of our God, the sense of being loved by their Creator and imbued with an unrepeatable uniqueness. The pastoral care which Catholic schools provide, not only to students but also to their parents and families, arises from this spiritual and social context, and has to remain strongly anchored in it to be fruitful.

SUPPORTING GOOD PASTORAL CARE

The reflections in this paper can be distilled to five principles to help clarify the way forward:

1. There is a givenness to being human, which is part of the goodness of each person and the gift we are to ourselves and others.

¹⁰ "Male and Female He Created Them", nn.44-46.

Catholic schools understand the importance of good pastoral care for adolescent students to support them with the extraordinary range of pressures to which they are subject today, including in the areas of sexuality and gender. Success in this requires not only effective practical help and support – for students and their parents – but confidence in explaining Catholic teaching about the human person. Unfortunately this is often under-developed. For many reasons, teachers are not always especially confident about explaining a Catholic understanding of sexuality. Unsurprisingly, they are even less confident about explaining a Catholic understanding of what it means to be human and the sort of creatures we are – individual and relational, rational and emotional, free and constrained, self-directing and dependent, embodied and spiritual, a complex unity of complex parts¹¹. Teachers need to be supported to strengthen this confidence.

2. Accompaniment should shape the response, instead of advocacy or affirmation

The complexity and difficulty of gender incongruence and gender dysphoria means that responding to it is usually referred to the school leadership, to specialists in the school system, and to external experts. This is understandable, but it also has the unintended effect of weakening the capacity of teachers to accompany struggling students and their families. The fear of saying the wrong thing and unintentionally causing hurt or pushing students away is another important factor, particularly for teachers with their concern for their students. This fear is only deepened by the possible legal and media consequences of saying the wrong thing. Clarifying the distinction between accompaniment and advocacy is one important way of helping teachers to feel better able to discuss gender incongruence and gender dysphoria at a general level. It also clarifies what seeking the good of the other really means, so helping teachers and schools to propose a better way of responding to individual students than mere affirmation. Creating opportunities for teachers and schools to share their experiences and learnings from accompanying students is important as well in deepening understanding and confidence in its practice.

3. School pastoral care for all students should be based on an integrated, whole person approach to understanding themselves.

Teachers know how important the affective and relational dimensions of our nature are to engaging students with what they are learning, along with the cognitive and moral dimensions. Helping young people to avoid reducing life to just one of its dimensions, as they are frequently invited to do by the world around them, gives them a better chance to enter into all its dimensions with some confidence. For students dealing with gender incongruence or gender dysphoria and students more generally, it may help to embed questions about gender and sexuality into a broader idea of identity, rather than elevating them by setting them apart. This means supporting approaches which foster more explicitly a better integrated, whole person approach to understanding themselves and who they are. This could almost be the central task of a school's pastoral care for all students.

4. The wisdom and learning of tradition can help young people find ground under their feet.

The wider social influences consolidating a highly individualised and relativised concept of ethics and morality related to sex and gender, as well as an atomised and reductive understanding of the human person, work powerfully against this integrated understanding of identity. Responding to this, and supporting teachers, parents and students dealing with

¹¹ James Franklin, *The Worth of Persons: The Foundation of Ethics* (Encounter, New York: 2022).

gender incongruence and gender dysphoria specifically, requires good evidence and trustworthy information, but it also requires engaging the emotions, especially in a culture where emotions and emotivism play such a large part in the decisions we make about ethical questions and about how to live. A major resource here is the tradition comprising the humanities, the sciences and Catholic teaching and thinking. For example, while a love of reading is harder to cultivate in an age of scrolling and swiping, the study of literature remains the royal road for exploring in multifaceted ways the mystery we are to ourselves, and for contemplating how people come to be who they are.

5. Faithfulness and pastoral care must pull together, not in different directions.

The pastoral care of young people dealing with gender incongruence and gender dysphoria involves many practical dimensions. Some helpful frameworks and resources have been developed already and need to be made better known. Further resources on the practicalities of accompaniment and pastoral care are required as well, drawing on clear, strong principles which provide a basis for measuring impact and effectiveness. Practical resources should also acknowledge that the law in this area is not settled, and encourage a more confident and robust approach to the narrow readings of legal requirements that would rule out better ways of supporting students. After all this is done, however, perhaps the most important practical question for Catholic schools caring for students with gender incongruence or gender dysphoria concerns what accommodations the student needs, and the school can make, without compromising its beliefs and witness. This a key tension in the Christian life: accompanying people closely while always remaining faithful to the truth. Being faithful and being pastoral have to pull in the same direction.

Success in this requires real clarity. Pursuing it is all the more important at this moment to help young people to believe in their own goodness, and to discover that, like sex, body, self, and life, their goodness is not a construct but a gift.¹²

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¹² This paper is based on discussions held across three meetings during 2024 about some of the matters raised for Catholic schools in particular by gender incongruence and gender dysphoria among young people. The meetings were convened by the National Ethics Network, an initiative of Australian Catholic University.

A range of experts and practitioners involved in different fields and capacities took part in the discussions, and the paper brings together some of the main reflections and ideas offered by the participants. It is not a consensus statement and is not to be taken as representing the views of all those who participated in the discussions. It is a compilation of insights from the experience and expertise shared by the participants which highlights needs, issues and possible responses for further consideration.

The paper was compiled by Dr Michael Casey at Australian Catholic University, with successive drafts being discussed at the meetings in 2024 and subsequently reviewed by a small number of expert participants. In particular, the comments and suggestions on drafts offered by Fr Joseph Parkinson (Catholic Bioethics Perth), Dr Bernadette Tobin (Plunkett Centre for Ethics at ACU, Sydney) and Dr Nigel Zimmermann (Melbourne Archdiocese Catholic Schools) are most gratefully acknowledged.

‘People, not products’ – Ethical questions about IVF that go deeper than the recent scandals

After [two incidents](#) involving women who were implanted with the wrong embryos – including [one case](#) where a woman gave birth to the child of a complete stranger – the Australian IVF industry is facing a long-overdue reckoning. On Friday, 13 June 2025, federal and state health ministers [announced an immediate inquiry into the sector and its regulation](#), stating that it was unacceptable for the sector’s peak body to also function as a regulator. Currently, IVF providers in Australia are accredited by a national body, the [Reproductive Technology Accreditation Committee](#), which is a professional group of the Board of the Fertility Society of Australia and New Zealand. Federal health minister Mark Butler said [the national review was focused on](#) “independence and transparency around the accreditation of providers”.

The history of negligence in the IVF sector, however, predates these latest breaches, and we do well to reflect on how an instrumental approach to conception, to children, to patients and families is baked into the way in which the IVF industry operates.

Originally, in vitro fertilisation (IVF) was [intended](#) as a treatment for a narrow subset of women experiencing medical infertility. Today, IVF is provided by large corporations who are profit driven and increasingly target people experiencing “social infertility” or older women looking to wind back the fertility clock. The language of “customers” has replaced the language of “patients” and IVF “treatments” have become “products”.

IVF providers offer a range of increasingly sophisticated options and tests which ostensibly help women take control of their reproductive health, but which can cause confusion and anxiety for patients and families. On top of this, providers stand accused of systematically neglecting their obligations to women using their services. While Australia should, as a matter of priority, establish an independent national regulator to preside over IVF providers, we should recognise that there is a problem with the industrialisation of fertility as such, something that even the best regulator will not be able to fully address.

A BRIEF HISTORY OF IVF IN AUSTRALIA

Australia was a world leader in developing IVF technology, and Australian scientists who developed IVF technology also helped create our IVF industry. [Monash IVF](#), the company at the centre of the most recent scandals, was set up by IVF pioneer Carl Wood who in 1973 oversaw the world’s first IVF pregnancy. Australian Doctors Gab Kovacs and Alan Trounson were part of [the team that oversaw Australia’s first IVF birth in 1980](#), which was only the third IVF birth in the world. Trounson went on to serve as Scientific Director at Monash IVF and Kovacs served as Medical Director. In this way, the science and the business of IVF have been intertwined from the start.

Initially, IVF was relatively rare, had low success rates, and was narrowly focussed on women and men experiencing medical infertility. It has now become a huge, sprawling industry with [annual revenue in excess of more than \\$800 million a year](#) – including hundreds of millions of dollars of Medicare subsidies. IVF provision has expanded to include single parents, same-sex couples and, increasingly, older women who are struggling to conceive.

Somewhere in the vicinity of [one in eighteen babies](#) is born by IVF in Australia each year. We can expect this number to grow.

Overall IVF success rates in terms of live birth rate per embryo transfer cycle [increased](#) from 27.3 per cent in 2018 to 29.9 per cent in 2022, though these success rates vary based on the age and medical profile of patients. Importantly, however, IVF success rates decrease significantly once women reach the age of 35.

The Fertility Society of Australia and New Zealand has gone as far as to describe IVF as a solution to declining fertility, suggesting that it should be part of a plan to increase fertility rates nationally given that people are increasingly choosing to delay having kids. A [recent report published by the Fertility Society](#), co-authored by former federal Health Minister Greg Hunt, notes that Australians are increasingly seeking to conceive at a later age, and this means that there is an “increased role for IVF in particular, and [assisted reproductive technology] more generally, in supporting individual conception and national birth rates”.

CONCERNS OVER NEGLIGENCE IN THE IVF INDUSTRY

The IVF industry has been plagued by claims of negligence since its inception. Initially, in Australia it was not mandatory to keep donor records for IVF, and sperm and egg donors could opt to have their identifying information withheld from any subsequent children. (In some cases, clinics destroyed their medical records.) Donor sperm could be used for as many women as needed, creating situations in which today there are some sperm donors who [are believed to have fathered several hundred children](#).

Donors were subject to basic health checks, but screening was limited, putting women at risk of contracting disease. Four women, for example, died after receiving fertility treatment at Westmead Hospital in Sydney in the 1980s using donor semen from HIV positive donors. This is just one of the harrowing revelations recounted in journalist Sarah Dingle’s 2021 book, [Brave New Humans: The Dirty Reality of Donor Conception](#).

Legal reforms have addressed some of these problems. It has now become mandatory, for example, to ensure that children conceived by IVF can access a de-identified medical history of their donor parents, and, [in some states](#), identifying information about their donor parents once they turn 18.

Nevertheless, problems remain. In recent years, the IVF industry has been extensively criticised for failing to give clients an adequate picture of IVF success rates and the withholding of donor information from clients. IVF success rates [plummet once a woman hits 40](#), and yet in 2022 [one in four women receiving IVF in Australia](#) was over the age of 40.

In a [2024 Four Corners report on IVF](#), several parents and prospective parents were interviewed about their experiences with the major Australian IVF providers. One participant, Amelia Hawkshaw, said that 17 of her embryos had been destroyed in a lab at Royal Prince Alfred Hospital in Sydney after they were infected with bacteria. In a separate case, Queensland woman Anastasia Gunn alleged that an IVF clinic had created embryos from her eggs with the wrong donor sperm. She went on to have two boys who have serious health problems, including mobility disorders and autism. The IVF provider, Queensland Fertility Group, however, has refused to acknowledge or accept responsibility for the error.

In the wake of the most recent Monash IVF scandal, some experts have claimed that IVF mistakes are [“rare”](#). In reality it is difficult to tell, because in some cases — such as

implantation of the wrong embryos — the mistake may go undetected. We should also factor in the *history* of negligence in the IVF industry relating to patient safety and respect for embryos, children and women.

THE INSTRUMENTALISATION OF HUMAN LIFE

IVF has long been criticised for instrumentalising human lives — whether it is the embryo which becomes a child or the adult patient who seeks treatment. In medicine, the patient’s welfare should always come first. This should be a bedrock of clinical practice, but in IVF a transactional mentality has replaced a focus on patient welfare.

But there is an even harder question to consider — namely, whether and in what cases IVF should be offered at all. Older women well into their 40s are [increasingly trying IVF](#) even though the prospect of IVF success is very small, not because of any medical reason necessarily but just because of natural processes of aging. Given this, in what sense is IVF a “treatment”? In what circumstances would providing IVF amount to taking advantage of a desperate patient? The replacement of the language of “patient” with the language of “customer” in the IVF industry is an implicit acceptance that what the industry is providing today are not medical *treatments* for infertility as much as a series of technological fixes that speak to social and life circumstances that otherwise preclude conception.

The transactional logic at the heart of the IVF industry also stems from the way in which IVF babies are brought into existence — namely, in laboratories rather than in the context of a sexual act. These embryos are the object of a scientific process carried out by an IVF company. If we were ever to speak in a literal way of “making babies”, this would be it. This sense of being “made” is increased the more “design” and precision testing are involved in the production of IVF babies.

The trouble is that the way in which we bring human life into existence shapes our own conception of human dignity. Exerting this level of power of another human being — determining not just the conditions of their existence but literally making them in a laboratory — can lead someone to think that the resultant individuals are *your products*. German political philosopher Jürgen Habermas famously argued in [The Future of Human Nature](#) that the way in which we treat embryonic human life in IVF — particularly when we “objectify it” and “design it” — affects how we view human dignity in general. To put it frankly, it leads us to view human nature as something *made* rather than *given*, and other human beings as our possession rather than autonomous and befitting of rights.

This seems to be something of the mindset of the IVF industry. It plays out in how embryos are treated — they are also either “used” or “discarded” if unneeded or unwanted — and how customers are treated — in too many cases with callous neglect.

Contrast such language with the way women such as Amelia Hawkshaw see their situation. Concerning the loss of her embryos, [she remarked](#): “Those 17 embryos were all like potential children we could have had”, she said in an interview. “My children are people, not products”, [says Lexie Gunn](#), the partner of Anastasia Gunn. “We’re not talking about a pair of sneakers. I didn’t go home and open up the box and they were the wrong brand of sneakers. These are my children.”

A PATH FORWARD?

“What’s the threshold for you to think something’s not quite right?” This was a question posed by [Katherine Dawson](#), an Australian woman in her 30s who was conceived using donated sperm and who believes that she may have up to 700 siblings.

There is a growing consensus that the fertility industry in Australia needs stricter and more impartial regulation. Indeed, the Fertility Society of Australia and New Zealand, [in the report I’ve already mentioned](#), has called for uniform laws to be adopted by the commonwealth and states on assisted reproduction as well as the establishment of an independent regulator. One can only hope that this would be an outcome of the current “rapid review” of the nation’s fertility sector.

But we should be aware that there are endemic problems to the IVF industry that cannot be solved by an independent regulator. It is baked into the industry that those seeking IVF are treated as *customers* rather than *patients* and that embryos are treated as *products*. The science and the economics of IVF are intertwined and both are underpinned by a kind of utilitarian logic which objectifies embryos and children and in different ways can take advantage of vulnerable women seeking to conceive. These challenges are problems related to IVF as such and the for profit-model on which IVF is provided, rather than being a problem of neglect on the part of individual providers or an effect of a lack of robust and uniform legal standards or ethical guidelines.

The ethics of IVF is not settled. Rather, the recent Monash IVF scandals show that the period of ethical querying has only just begun, because the central question of instrumentalisation was never honestly faced. We must now face what we have previously denied.¹³

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¹³ <https://www.abc.net.au/religion/people-not-products-ethical-questions-ivf-scandals/105439014>



2025 Plunkett Lecture

Ethics in Healthcare: Principles or Platitudes?

Date

Wednesday, 5 November 2025

Time

5.30pm. The lecture will be followed by refreshments.

Venue

Peter Cosgrove Centre
Level 18, Tenison Woods House,
8 - 20 Napier Street,
North Sydney NSW 2060

**In-person or livestream
Registration**

forms.office.com/r/382YA50vNs

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Safe, effective healthcare has an ethical heart. But advocacy for ethical care and conduct can exact a heavy toll on physicians. Drawing on his extensive clinical and governance experience, emergency physician Dr Stephen Parnis will defend the right of doctors and healthcare professionals to go beyond the platitudes, and act according to their consciences. How can we form and nurture the consciences of healthcare professionals as pressure from employers, regulators, governments and interest groups grows? And what principles can best help medical students and trainees become ethical clinicians?

**PRESENTER**

Dr Stephen Parnis MBBS PGDipSurgAnat FACEM FAICD FAMA is a Senior Emergency Physician at St Vincent's Hospital Melbourne and the Royal Victorian Eye & Ear Hospital. He is a former Vice President of the Australian Medical Association, Honorary Clinical Fellow of the Plunkett Centre for Ethics, and an advocate and advisor on health policy and medical ethics for over two decades.