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Medical misogyny in Australian healthcare

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April 2026

INTRODUCTION

Medical misogyny, where systemic, conscious, or unconscious gender biases affect how a patient is treated by the healthcare system, can create significant gendered imbalances in healthcare. The issue has gained increasing attention in Australia, as more women share their experiences of being dismissed, ignored or misdiagnosed by medical practitioners.

A long-running investigative series in *The Sydney Morning Herald*, for example, found:

- Women were forcibly admitted to psychiatric wards after being wrongly branded as mentally disordered,[1]
- Women with life-threatening cancers were dismissed as anxious, menopausal or malingerers,[2] and
- A woman's suspicion that she had a life-threatening ectopic pregnancy was ignored for weeks.[3]

These examples highlight that medical misogyny is no simple inconvenience but can carry severe consequences for the lives of those who experience it. Sometimes, those consequences can be fatal.

[1] Dow and Aubusson (2025) "A woman thought she had a stalker. Authorities sent her to a psych ward", https://www.smh.com.au/national/a-woman-thought-she-had-a-stalker-authorities-sent-her-to-a-psych-ward-20250326-p5lmry.html?collection=p5kvq7&gb=1

[2] Aubusson, Dow and Kaine 2025) "'Never taken seriously': Jenny says doctors dismissed her concerns for years. Now she's dying", https://www.smh.com.au/national/they-just-dismiss-you-jenny-is-dying-of-cancer-it-took-years-for-doctors-to-take-her-seriously-20250408-p5lq2o.html?collection=p5kvq7&gb=1

[3] Aubusson and Tuohy (2024) "I thought I was insane': Doctors kept ignoring Keira's pain. It almost killed her", https://www.smh.com.au/national/i-thought-i-was-insane-doctors-kept-ignoring-keira-s-pain-it-almost-killed-her-20241204-p5kvyg.html?collection=p5kvq7&gb=1

Though medical misogyny is generally poorly researched,[4] existing data shows a significant differential between responses to women and men in pain. The 2025 Victorian Inquiry into Women's Pain surveyed over 13,000 women and non-binary people, finding that 90% had experienced pain lasting more than a year, and that 71% cited widespread dismissal by healthcare professionals as a primary challenge when seeking help.[5] This was a self-selected survey and not a representative sample of the population, but still contributes to evidence of a gendered imbalance in health.

In the 2024 national #EndGenderBias survey, two-thirds of respondents reported experiencing healthcare-related gender bias or discrimination.[6] The results report found that "gender bias in healthcare has far-reaching impacts on women's lives".[7]

Late 2025 changes to GP funding may have the unintended consequences of exacerbating gendered imbalances in primary healthcare. In November, the Albanese government introduced changes to increase funding for shorter consultations, while not matching those increases for longer consultations or mental healthcare. In April 2026, Michael Wright, president of the Royal Australian College of General Practitioners told the *Saturday Paper* "the greatest funding comes for providing the shorter consultations, which are more likely to be provided by males GPs. This will exacerbate the gender pay gap that female GPs already are well familiar with."[8] Speaking with the *Saturday Paper*, Perth-based GP Dr Ramya Rama elaborated, "If there is an underfunding of long consults and mental healthcare, then inadvertently there is a widening of the gender pay gap, which ultimately can drive clinicians out of the profession." A reduction in the number of women GPs is likely to have consequences for patient care.

This paper outlines some causes of medical misogyny and investigates its practical impacts on Australians. To that end, we commissioned YouGov to survey a representative sample of Australians on their experiences of General Practitioners (GPs), the results of which are presented here.

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[4] Aubusson and Tuohy (2024) "I thought I was insane': Doctors kept ignoring Keira's pain. It almost killed her"

[5] Victorian Department of Health (2025) *The Inquiry into Women's Pain report*, https://www.health.vic.gov.au/inquiry-into-womens-pain

[6] Department of Health and Aged Care (2024) *#EndGenderBias survey results – Summary report*, https://www.health.gov.au/resources/publications/endgenderbias-survey-results-summary-report?language=en

[7] Department of Health and Aged Care (2024) *#EndGenderBias survey results – Summary report*

[8] Barlow (2026) "Exclusive: Butler warned over 'Medicare misogyny", https://www.thesaturdaypaper.com.au/news/health/2026/04/25/exclusive-butler-warned-over-medicare-misogyny

CAUSES OF MEDICAL MISOGYNY

As with misogyny more broadly, medical misogyny is a multi-layered problem. Its causes include personal biases, such as the misogyny of an individual healthcare practitioner; imbalances in evidence, as most medical research has historically been focused on men; and structural imbalances, such as inadequate funding for abortion or gynaecology in regional areas.

The most immediate source of medical misogyny is a medical practitioner's personal biases, which can affect how they treat a female patient. Often this involves an expectation that women exaggerate their level of pain, dismissing concerns because of an assumed lack of knowledge, or denying access to, or coercing a patient to take, particular treatment options.[9] These issues can often be compounded for patients who are also marginalised in other ways, such as disabled, queer or First Nations women. In those cases, misogyny is compounded with ableism, queerphobia, racism, and other prejudices to add further difficulty to medical experiences.[10] These biases do not have to be conscious on the part of the medical practitioner to have damaging consequences for their patients.

Medical misogyny goes deeper than the individual biases of practitioners. Medicine has historically been a male-dominated field, and medical research tended to focus exclusively on men.[11] To correct this, countries including the United States, Canada, Ireland and Germany have introduced policies to ensure gender analyses are integrated into medical research, but Australia has lagged behind.[12] According to a 2025 study described by its authors as "Australia's most comprehensive study into the health and social issues affecting women and girls",[13] just 3.3% of the over $3.5 billion

[9] See for example, Department of Health and Aged Care (2024) *#EndGenderBias survey results – Summary report*, pp. 9-10

[10] Victorian Department of Health (2025) *The Inquiry into Women's Pain report*, pp. 25-26

[11] The Sex and Gender Sensitive Research Call to Action Group (2019) "Sex and gender in health research: updating policy to reflect evidence", *The Medical Journal of Australia*, https://www.mja.com.au/journal/2020/212/2/sex-and-gender-health-research-updating-policy-reflect-evidence

[12] The Sex and Gender Sensitive Research Call to Action Group (2019) "Sex and gender in health research: updating policy to reflect evidence", *The Medical Journal of Australia*

[13] Skouteris and Holton (2026) "From violence to endometriosis: The biggest health issues facing women", https://lens.monash.edu/from-violence-to-endometriosis-the-biggest-health-issues-facing-women/

in Australian health research funding in 2023-24 supported women's health-related research.[14]

Medical misogyny also encompasses gendered structural barriers to accessing healthcare. Endometriosis, for example, affects one in ten women, but can take up to ten years to diagnose. The causes of this wait include long waiting lists for diagnostic surgery and high out-of-pocket expenses – on average $3,670 a year for tests, treatments and surgeries.[15] Those who can afford private healthcare often skip the queue, and 65% of Australian endometriosis hospitalisations are either self-funded or funded by private healthcare.[16] In a country where women earn 21% less on average than men[17] and are more likely to live in poverty,[18] this represents a significant structural barrier. Similarly, inconsistencies in the availability of abortion sometimes force Australian women to travel outside their local area or pay significant out-of-pocket expenses.[19]

MEDICAL MISOGYNY AMONG AUSTRALIAN GPS

While the varied causes of medical misogyny are relatively well documented, its impact is under-researched. With that in mind, the Australia Institute commissioned YouGov to survey a representative sample of 1541 Australians on their experiences of General Practitioners (GPs).[20]

GPs are the main point of entry for patients in the Australian medical system. In addition to playing a key role in the treatment of a large range of injuries and illnesses, they are also the gatekeepers to most prescription medicines and referral to medical

[14] Holton et al. (2025) "Women deserve better': a national mixed-methods exploration of the 'silent' health conditions and social issues affecting women and girls in Australia", *BMC Women's Health*, https://link.springer.com/article/10.1186/s12905-025-04236-7#Tab8

[15] Gargett, Filby and Cousins (2020) "1 in 10 women are affected by endometriosis. So why does it take so long to diagnose?", https://theconversation.com/1-in-10-women-are-affected-by-endometriosis-so-why-does-it-take-so-long-to-diagnose-141803

[16] Gargett, Filby and Cousins (2020) "1 in 10 women are affected by endometriosis. So why does it take so long to diagnose?"

[17] Workplace Gender Equality Agency (2026) "Gender pay gap data", https://www.wgea.gov.au/pay-and-gender/gender-pay-gap-data

[18] Australian Council of Social Services (n.d.) "Rate of poverty by gender (% of men and women)", https://povertyandinequality.acoss.org.au/data/poverty/rate-of-poverty-by-gender-of-men-and-women/

[19] Millar (2024) "Abortion provision in Australian public hospitals", *Critical Public Health* https://www.tandfonline.com/doi/full/10.1080/09581596.2025.2500627

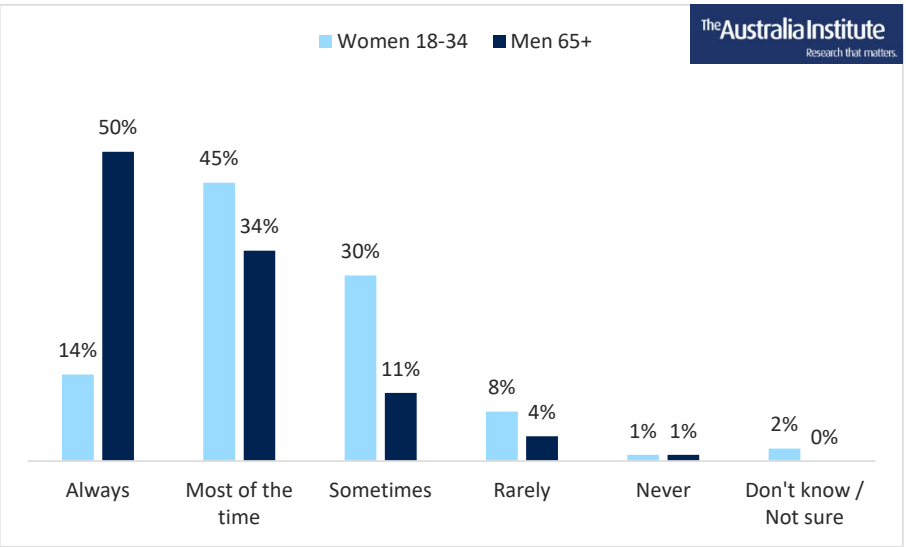
[20] Australia Institute (2026) "Data tables – Medical misogyny polling", https://australiainstitute.org.au/report/medical-misogyny-in-australian-healthcare

specialists. It can be hard to find a GP and seeing them can be expensive.[21] If GPs do not take patients' concerns seriously then the costs in terms of lost treatment time, and in seeking a second opinion, can be high.

By comparing the experiences of different demographics, the polling results show stark divides in Australians' experiences of their primary healthcare along gender and age lines.

As shown in Figure 1, the experience of younger women differs greatly from that of older men in Australia's medical system. While half (50%) of all men aged 65 and over think that GPs always take their concerns seriously, just one in seven (14%) women between 18 and 34 years old say the same.

Figure 1: How often do you think your GP takes your medical concerns seriously and believe what you are telling them about how you feel? – young women & older men



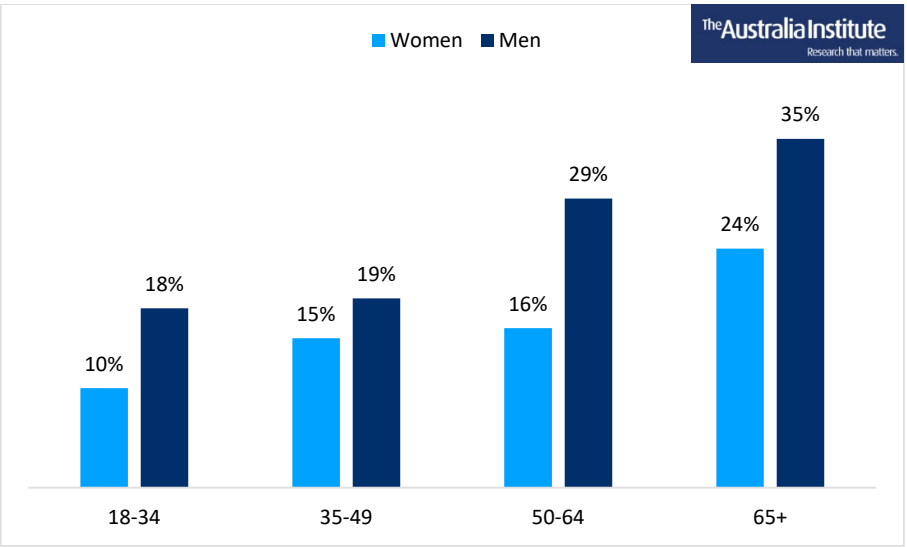
Source: Australia Institute (2026) "Data tables – Medical misogyny polling"

Younger women were twice as likely to think GPs only "rarely" take their concerns seriously than older men, and almost three times as likely to answer "sometimes".

As shown in Figure 2, this is part of a consistent pattern: if you are an older male, your experience at the local doctor is likely to be better. If you are a younger woman, your experience is likely to be worse.

[21] Royal Australian College of General Practitioners (2025) *General Practice: Health of the Nation 2025*, pp. 9-10, https://www.racgp.org.au/general-practice-health-of-the-nation

Figure 2: How often do you think doctors have been helpful in developing the right treatment options for you? – "Always" by age and gender



Source: Australia Institute (2026) "Data tables – Medical misogyny polling"

CONCLUSION

Australian women have long been raising the alarm about the existence of medical misogyny in the country's healthcare system. This polling shows that medical misogyny is a real and urgent issue in GP offices.

There is a gulf between the experiences of younger women and older men when it comes to visiting their general practitioner. According to this polling, older men are significantly more likely to have a positive experience and feel they have been helped in developing the right treatment options for themselves.

Without action, there is no reason to believe that the situation will improve. Medical misogyny risks turning Australia's healthcare into a tale of two medical systems, where younger women have significantly worse experiences than older men.

As the recent comments from the president of the Royal Australian College of General Practitioners demonstrate, the situation is likely to further deteriorate given the policy settings that set women GPs at a further disadvantage.

Addressing the crisis of medical misogyny requires structural change to Australian healthcare, including more research into the experiences of women and policy settings that them.