



OFFICE OF THE GOVERNOR  
VICTORIA

## **INTERNATIONAL WOMEN'S DAY**

### **HEALTH PANEL**

**Tuesday 3 March 2026**

#### **Acknowledgments**

**Elida Brereton**, President, National Council of Women Victoria

**Dr Jacinta Parsons**, Moderator of tonight's discussion,  
and panellists **Professor Jayashri Kulkarni AM**,

**Professor Cassandra Szoeki**,

**Professor Helena Teede AM** and **Sarah Barnbrook**

#### **Distinguished guests**

I begin by acknowledging the Traditional Owners of the lands on which this House stands – the Wurundjeri and Bunurong people of the Eastern Kulin Nation – and pay my respects to their Elders, past and present.

The distinguished experts on tonight's panel will have more direct experience than I of working in health sciences.

Though I spent a large part of my career in academia, I am trained in what has been described as 'the dismal science' of economics.

I can, however, speak to the role of scientific research in driving change and impact.

My role as Governor has also led me to be actively involved in promoting Victoria's thriving medical and biotech sectors.

So, while our panellists will offer deeper insights into women's health, I would like to open by providing some reflections from a broader perspective.

Often proclaimed as the founder of modern nursing, the British social reformer Florence Nightingale once wrote:

*"Nursing is a progressive art such that to stand still is to go backward."*

Across the more than 160 years since she penned those words, there has yet to be a moment in which advances in nursing, and medicine more broadly, has stood still.

Historically, nursing was one of the few areas in which the contributions of women to such progress were recognised.

But as medicine has advanced, so to has the representation of women and their contributions – which now extend across the breadth of the medical and scientific establishments.

And far from approaching a standstill, progress seems to be ever faster.

Each day our pool of collective knowledge deepens, and contemporary breakthroughs continue to benefit countless people across the world.

Perhaps more than any other sector, growth in the health sciences is amplified by advances in adjacent industries.

Artificial intelligence, for example, is set to be one of the most revolutionary technologies of our time – and healthcare presents itself as one of AI's immediate applications.

As we gain access to these new tools, it is imperative that we also grow our understanding of how to reap the benefits without detriment to those seeking care.

And that we ensure we can apply them equitably.

Historically, this is not something society has managed easily.

While we continue to work toward better understanding and treatment of injury, illness and disease, we are still addressing fundamental questions about the effects of gender on incidence, symptoms and recovery.

We have seen great leaps forward in the diagnosis and treatment of diseases that almost exclusively affect women – including those with rapid onset and often dire consequences.

Breast cancer research is one example that comes to mind, as well as Australia’s remarkable work on cervical cancer, which sees us on track to be the first country in the world to eliminate this disease.

Yet in other areas of medicine which, on the surface, appear to be more gender indiscriminate – such as cardiovascular disease or arthritis – the distinct and disproportionate effects on women are still being acknowledged, much less fully understood.

This is the outcome of gendered data bias – a phenomenon described by Caroline Ciado-Perez in her book *Invisible Women*.

She tells us:

*“For millennia, medicine has functioned on the assumption that male bodies can represent humanity as a whole.”*

Consequently, the author argues, we find ourselves in a world where the experience of one half of the population is seen as universal, and the other as niche.

It is a byproduct of the historical over-representation of men as both researchers and clinical trial participants.

The consequences of these data gaps are pervasive and are still felt deeply today.

While women can expect to live longer than men on average, they also spend more of their lives in poorer health.

For many common diseases, women also tend to receive their first diagnosis at a later age when compared to men.

Now with greater awareness of these inequities and knowledge gaps, we should turn our attention to resolving them.

If we fail to do so, the same mistakes will be repeated, and their effects compounded.

Australia – and particularly Victoria – has always contributed significantly to global health and medical research as well as understanding of gender equity.

This is the State that educated our nation's first female medical graduates – Clara Stone and Margaret Whyte – back in 1891.

And Victoria is a global leader in health and life sciences research and clinical trials capabilities.

Together, we must ensure our contribution goes beyond knowledge and evidence – it must extend to leadership in assuring equity in their application too.

Medicine continues to push forward knowledge and practice – but we cannot afford to have gender equity at a standstill while the application of new technologies moves forward.

In that respect, we all have a part to play, and I look forward to hearing further insights from our panel.

Thank you.