Legislative Assembly for the
Australian Capital Territory
Standing Committee on Social Policy

Submission cover sheet

Inquiry into endometriosis and other pelvic pain conditions

Submission number: 009

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Standing Committee on Social Policy
ACT Legislative Assembly
GPO Box 1020
CANBERRA ACT 2601

Via email: LACommitteeSP@parliament.act.gov.au

RE: Submission to Inquiry into Endometriosis and Other Pelvic Pain Conditions

Dear Committee Chair and Members,

I am pleased to provide this submission to the Standing Committee on Social Policy's Inquiry into endometriosis and other pelvic pain conditions in the Australian Capital Territory.

As an Adjunct Fellow of the University of Adelaide's Robinson Research Institute and a reproductive medicine specialist with over 20 years' residence in Canberra, I bring both research expertise and local knowledge to this inquiry. My research specifically focuses on endometriosis and chronic pelvic pain conditions, with particular emphasis on intersectionality, health equity, and the social and structural determinants that shape diagnostic delay, access to care, and health outcomes. I am also a proud Wiradjuri woman, and my work is informed by commitment to Aboriginal and Torres Strait Islander health equity and self-determination.

This inquiry occurs at a critical time. Evidence indicates that approximately one in five people in the ACT live with endometriosis, adenomyosis, PCOS, or chronic pelvic pain, yet diagnostic delay averages 7-12 years from symptom onset. This delay is not incidental but structurally produced through primary care gatekeeping, gendered bias in pain assessment, constrained specialist access, and fragmented care pathways.

Importantly, these harms are not evenly distributed. People experiencing intersecting forms of disadvantage: Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities, gender-diverse individuals, people with disability, larger-bodied people, young people, and those with limited financial resources, face compounded barriers, longer delays, and worse outcomes.

The ACT's compact, centralised health system creates both distinctive challenges and genuine opportunities. While geographic access is relatively high, workforce scarcity and limited provider choice mean that individual clinician bias, service bottlenecks, or culturally unsafe encounters have disproportionate and enduring consequences. Conversely, the Territory's scale positions it well to implement system-wide reforms rapidly and comprehensively, potentially leading Australia in equity-focused pelvic pain care.

Without explicit equity-oriented reform, incremental improvements risk benefiting those already advantaged while leaving the most marginalised behind. The economic costs of inaction are substantial: billions nationally in lost productivity, with the ACT bearing its proportionate share. More fundamentally, prolonged diagnostic delay and inadequate care constitute preventable suffering that undermines the Territory's stated commitments to health equity, gender equality, and human rights.

The ACT has a genuine opportunity to demonstrate that small jurisdictions can deliver care that is not only nominally accessible, but effective, safe, and just in practice. This requires moving beyond service expansion toward structural redesign that explicitly centres those who have historically been excluded.

I would welcome the opportunity to appear before the Committee to:

- Provide oral evidence on any aspect of this submission
- Respond to questions from Committee members
- Discuss implementation considerations for recommendations
- Clarify technical or research-related matters

This submission is provided in my capacity as a researcher with subject-matter expertise in endometriosis and chronic pelvic pain conditions. I have no financial conflicts of interest to declare. My research is supported by the Robinson Research Institute and Adelaide University, and I receive no funding from pharmaceutical companies, medical device manufacturers, or other commercial entities with interests in outcomes of this inquiry.

I acknowledge that my perspective is shaped by my own social location as a Wiradjuri woman, researcher, and long-term ACT resident, and that these intersecting identities inform my commitment to equity-focused health systems reform.

Thank you for undertaking this important inquiry and for the opportunity to contribute evidence. Endometriosis, adenomyosis, PCOS, and chronic pelvic pain are not marginal issues, they are widespread, chronic conditions that profoundly affect physical functioning, mental health, education, employment, economic security, and quality of life for thousands of people in the ACT.

The evidence is clear: current diagnostic delays and inequitable access to care are not inevitable. They are products of system design, and therefore amenable to policy intervention. The ACT has both the opportunity and the responsibility to lead reform that ensures timely diagnosis, effective treatment, and equitable outcomes for all people living with these conditions, particularly those who have historically been most marginalized.

I look forward to the Committee's findings and recommendations, and I remain available to provide any further assistance that would support your important work.

Yours sincerely,

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Enclosures:

1. Plain Language Summary (4 pages)
2. Main Submission (91 pages)