



Australian
Academy of
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Sciences

Trust in health and medical science

Communiqué from the Australian Academy of Health and Medical Sciences

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Trust in health and medical science is essential to improved and more equitable health outcomes, and a resilient, effective health system. While trust in Australia remains generally high, it cannot be taken for granted. The Academy's Trust Project is demonstrating that trust must be continually earned through robust research practices, transparent and effective communication, institutional accountability, meaningful relationships, meeting people where they are, and delivering tangible benefits that reflect community values.

Trust in health and medical science matters. It shapes whether and where people seek health advice and care, and what information they act on.

Although most Australians say that they trust scientists and health professionals, their trust in health and medical science cannot be taken for granted.ⁱ

ⁱ The 2025 Edelman Trust Barometer identified healthcare as the most trusted sector in Australia (trusted by 72% of respondents) and scientists as the most trusted group of people (trusted by 77%).^{8,9}

A recent roundtable convened by the Australian Academy of Health and Medical Sciences (AAHMS) brought together national and international experts from across medical research, healthcare, public health, social science and policy. The discussion advanced the Academy's landmark [Trust Project](#) to [understand](#) and [measure](#) trust, and to identify ways to maintain and strengthen trust in health and medical science.

Trust emerges from a complex system

Trust in health and medical science is dynamic and relational. It shifts with context, shaped by individuals' experiences and values, and their perceptions of competence, integrity, transparency, fairness and care.¹

At the Academy's roundtable, experts examined trust in health and medical science as emerging from and underscoring how people relate with the whole system through which knowledge is produced, reviewed, translated, delivered, communicated, and experienced and internalised by individuals and communities. Trust is not a judgement the public simply grants at any single point in the research process; it is an evolving relationship that is repeatedly shaped and reshaped as an individual interacts with different parts of the complex health and medical research system.

Academy President, Professor Louise Baur, who participated in the roundtable, said: "Trust in expertise can be strengthened or weakened at many points in the health and medical science system: from how research is designed, undertaken and peer reviewed, through to how findings are communicated and translated into policy. Ultimately, it comes down to people's interactions with health professionals and their experience of the health system."

"Trust in health and medical science can only be strengthened through a sustained and simultaneous fine-tuning of each part of this system", added Professor Baur. "This is why the Academy's Trust Project brings together scientists and researchers, policymakers, and health leaders."

Strong foundations, but under pressure

Public discourse often warns of a "crisis of trust", yet data show that Australians' trust in health and medical expertise remains generally strong. However, as the experts at the Academy's roundtable acknowledged, this trust is unevenly held, and it is thinnest where people have most reason to hold it lightly.¹ For Aboriginal and Torres Strait Islander peoples, caution towards health research and health services follows from a documented record of how those systems have acted towards

them.^{2,3} Similar patterns appear among people in rural and remote communities, people with disability, and other communities who have been excluded from or not benefited from health and medical research.¹

Roundtable participants identified as critical the fact that both the distribution of trust across the population, and extent to which trust translates into engagement with scientific research and the health system, interfaces with factors such as:

- An individual's information landscape and navigation of this
- Their health literacy
- Their direct or extended (including generational, familial or community) experiences of health, medical, scientific, education and government institutions
- Their resources (including finances, time, transport and other material supports, and available cognitive load)
- Their health or disability status
- The type and standard of care available to them – which can vary according to jurisdiction, location, setting, and degree of culturally appropriate and linguistically accessible provision.

The Academy's 2026 evidence brief, "[*Measuring Trust in Health and Medical Science*](#)", identified declining childhood vaccination rates as an important example of generally high levels of trust not converting into consistent uptake of evidence-based interventions.⁴ ⁱⁱ Although trust is one among many intersecting individual- and system-level barriers that shape parents' decision-making and behaviours around childhood vaccination – it is a significant one cited by the parents of unvaccinated or partially vaccinated children.ⁱⁱⁱ In its 2026 [*evidence brief*](#), the Academy examined recent data from the National Vaccination Insights Project which showed that the percentage of Australian parents who did not trust vaccine information they received from a doctor or nurse increased from 6.4% in 2024 to 8.8% in 2025, and that, among, parents of unvaccinated children:⁴⁻⁷

- 48.8% cite their belief that vaccines are unsafe.
- 43.7% cite their lack of trust in information they receive from a doctor or nurse.

ⁱⁱ Recent trends, patterns and themes across childhood vaccination rates are examined in-depth in a forthcoming Academy childhood vaccination evidence brief.

ⁱⁱⁱ Not all barriers to vaccination relate to trust. Significantly more parents of partially vaccinated children report access (i.e. practical, as opposed to acceptance or attitudinal) barriers than parents of fully vaccinated children. These barriers include difficulty making a vaccination appointment and costs associated with vaccinating, and they are often amplified by factors such as financial stress and caring for multiple children.¹⁰

- 39.8% cite not believing that vaccines are effective for preventing disease.
- 39.7% cite not believing that vaccinating their child helps protect others in the community.

Creating the conditions for trust

From the roundtable discussion, four clear priorities emerged for the sector:

- Strengthen research integrity and professional standards.
- Build trusted relationships between researchers, health professionals, communities and policymakers.
- Communicate evidence and uncertainty with openness.
- Work with the information environments where people form health judgements, including social media platforms, search engines, AI assistants, and the community networks people consult before and after a clinical appointment.

Participants also emphasised that these are questions of institutional conduct and system design, and that refining the communication of health and medical information is only one part of the response needed. Social media platforms, search engines and AI assistants now sit between individuals and health information, and they influence what is easy to find, what appears credible, and who appears to be speaking. People do not simply receive this information. They compare it against what they hear from family, community and their own clinician, and they decide what to act on.

An effective and durable response will require timely, coordinated and scaled action across research, healthcare, policy, education, community engagement, and the digital information environment.

The Academy's role

As Australia's authority on, and trusted voice of, health and medical science, the Academy has an important role in helping create the conditions for trust. We can convene expertise across disciplines and sectors, provide independent and evidence-based advice, press for health decisions grounded in rigorous evidence, and champion integrity and trustworthy practice.

The Academy's Fellows are among Australia's leading health and medical researchers and clinician-scientists, whose collective reach extends across academia,

industry, and decision-making bodies. We act as a bridge between science and society, connecting the best evidence and expertise to the decision-makers able to translate these into policy, systems and services able to improve the health and wellbeing of all Australian communities. We will continue to explore how to support and mobilise them as trusted voices, while working across and beyond the sector to help strengthen trust in health and medical expertise.

Academy President, Professor Louise Baur, concluded: “Trust is something the health and medical science sector must work to continually earn from Australian communities. The Academy will continue to bring together the nation’s leading expertise to understand what strengthens trust, where it is at risk, and how the system can respond.”

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Acknowledgement of Country

The Australian Academy of Health and Medical Sciences acknowledges the traditional custodians of the lands on which our offices stand and on which we hold our meetings and events across the country. Aboriginal and Torres Strait Islander peoples were the nation's first scientists, and they remain the spiritual and cultural custodians of their land. We pay our respects to elders past and present.

About the Academy

The Australian Academy of Health and Medical Sciences is Australia's authority on, and trusted voice of, health and medical science.

Our Fellows are the very best of Australia's health and medical researchers and clinician scientists.

We serve the public good by drawing on this expertise and our ability to bring together the right people across research, policy and practice to provide independent, evidence-based advice on the issues that shape Australia's health – to government, health leaders and the community.

The Academy is a bridge between science and society – connecting the best evidence and expertise to the decisions that matter so that research and innovation translate into better policy, better practice, and better health outcomes.

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Authorisation

This communiqué was approved for submission and publication by members of the Academy's Executive in October 2026.

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