CodeBlue
Health is a human right

Vaccination Is A Medical Procedure, Not A Retail Service — MMA

By CodeBlue | 16 October 2025

The MMA reiterates that commercial interest must never supersede patient safety and quality of care. Vaccination is not a transaction — it is a clinical act that carries accountability, responsibility, and duty of care.

Malaysian Medical Association president Dr R. Arasu speaks at a doctors' rally in Putrajaya on May 6, 2025, to protest the Domestic Trade and Cost of Living Ministry's (KPDN) jurisdiction over mandatory drug price display under the Price Control and Anti-Profiteering Act 2011 (Act 723). Photo by Sam Tham for CodeBlue.

The Malaysian Medical Association (MMA) strongly disagrees with recent calls to allow pharmacists to administer vaccines.

Vaccination is a medical procedure, not a retail service. It requires clinical assessment, identification of contraindications, and readiness to manage adverse or anaphylactic reactions.

It also involves strict adherence to cold chain management, documentation, and patient follow-up, all of which must be performed within a regulated clinical environment under qualified medical supervision.

Importantly, doctors who administer vaccines carry medical-legal responsibility and are protected by professional indemnity insurance – a safeguard that ensures accountability and protects both the patient and practitioner.

This framework of legal and professional responsibility is fundamental to patient safety.

Malaysia's private health care sector is one of the most regulated in the region, governed by more than 54 laws and regulations to ensure patient safety, quality of care, and duty of care.

Foremost among these are the Private Healthcare Facilities and Services Act (PHFSA) and the Medical Act, which stipulate that only licensed medical professionals can provide medical treatment, including vaccinations, in approved clinical settings.

It was stated that in the Philippines, pharmacists are legally authorised to administer adult vaccines under the Philippine Pharmacy Act (RA 10918). However, this comparison is misleading without full context.

The law, passed in 2016 and implemented only from 2021, was introduced out of necessity due to doctor shortages and access challenges across the country's more than 7,600 islands.

In Malaysia, with over 10,000 well-distributed general practitioner (GP) clinics operating under the PHFSA and the Medical Act, such an approach is unnecessary and could compromise patient safety, quality, and accountability.

The suggestion to expand vaccination duties beyond clinical settings in the name of convenience is misguided and risks undermining patient safety.

This form of task shifting of transferring clinical responsibilities traditionally performed by doctors to non-physician health care personnel may be suitable in countries facing workforce shortages, but it is unjustified in Malaysia, where there is already adequate GP coverage and easy access to regulated care.

Our GP clinics are easily accessible and embedded within communities, having played a critical frontline role during the Covid-19 pandemic, delivering vaccinations safely, managing complications, and maintaining continuity of care under proper clinical governance and monitoring.

The MMA reiterates that commercial interest must never supersede patient safety and quality of care. Vaccination is not a transaction — it is a clinical act that carries accountability, responsibility, and duty of care.

The focus should remain on strengthening coordination, increasing public awareness, and improving vaccine confidence through the country's existing clinical network — not creating parallel systems with diluted oversight.

The MMA stands ready to support the Ministry of Health in expanding vaccine access without compromising safety, professionalism, or public trust.

This statement was issued by MMA president Dr R. Arasu.

- This is the personal opinion of the writer or publication and does not necessarily represent the views of *CodeBlue.*