

Doctors Not Against Medicine Price Transparency, But Oppose Use Of Act 723 — Malaysian Medical Association

By CodeBlue | 22 April 2025

MMA says it's not against drug price transparency, but simply opposes the use of Act 723 on the medical profession, as the correct law is Act 586. MMA is seeking meetings with the health and KPDN ministers, as the government has yet to address concerns.



Malaysian Medical Association president Dr Kalwinder Singh Khaira speaks at the Industry Leadership Summit 2024 in Kuala Lumpur on October 10, 2024, organised by the Galen Centre for Health and Social Policy and supported by PMCare Sdn Bhd. Photo by Saw Siow Feng.

We refer to recent reports on the medicine price display policy, where the Minister of Domestic Trade and Cost of Living had questioned why doctors should be exempt from displaying medicine prices.

We wish to reiterate that doctors are not against medicine price transparency, but are, however, against the use of the Price Control and Anti-Profiteering Act 2011 (Act 723) on the medical

profession as the Private Healthcare Facilities and Services Act 1998 (Act 586) already exists to govern medical practice.

What we are saying is use the correct legislation which should be Act 586 and not Act 723, to govern its (medicine price transparency) implementation. The health minister has the authority to introduce new regulations under Section 107 of Act 586 if deemed necessary to implement any new policy to enhance patients' rights.

Furthermore, Act 723 is not a medical-specific legislation and therefore should not be applied to health care practices. It is important for all that health care policies be formulated under the appropriate legal framework, with Act 586 being the most relevant and suitable.

We also emphasise again that patients are not the same as customers. Patients go to a clinic or hospital to attend to a medical complaint, not to shop for medicines.

Medical doctors prescribe appropriate medications based on patient's health complaints, symptoms, and diagnosis. Doctors are legally held responsible for their services, which include medical examination, consultation, treatment, medical advice, and prescriptions. They do not fall under the same category as retailers, therefore, Act 723 should not in any way be applied to medical practice.

We would also like to state that the continuing narrative that doctors are against price transparency and negative insinuations that doctors are secretive are deeply misleading and demeaning to the medical profession.

The argument that the patient doctor-relationship is similar to a consumer-retailer relationship shows a clear lack of understanding or unwillingness to understand the role of doctors, in particular, general practitioners (GPs), in Malaysia's health care—which is a profession that upholds the care and well-being of Malaysians as its core duty, and is based on the doctor-patient trust—a trust that has been the cornerstone of the doctor-patient relationship for decades and will continue to be its foundation.

The health minister, after the release of a joint statement by eight medical associations on April 2, 2025, stated that he will meet with the Malaysian Medical Association (MMA) and other medical bodies, but we have yet to be informed of the date of the meeting.

MMA has also written in to the Minister of Domestic Trade and Cost of Living to engage on the matter and are still awaiting a reply to our request for a meeting.

For the purpose of clarity, MMA reiterates once again our stand on medicine price transparency:

1. We strongly oppose the application of the Price Control and Anti-Profiteering Act 2011 (Act 723) to the medical profession. Act 723 is not a medical-specific legislation and should not be used to regulate health care practices, particularly when the Private Healthcare Facilities and Services Act 1998 (Act 586) already exists to govern private medical practice in Malaysia.

If need be, new regulations can be made under the powers given to the health minister under Section 107 of Act 586. Any regulatory change should be made through meaningful engagement with medical professionals, ensuring policies are aligned with the realities of private health care delivery.

2. The manner in which price transparency/price display is implemented should be reasonable and of benefit to patients and for the intended purpose. Asking for details beyond this scope is an overreach and putting unnecessary burden on doctors who face legal action if not complied with.

3. Any enforcement on the breach of any policy being planned must be reasonable, not a burden and threat to the operations of clinics which form the backbone of the primary health care sector in the country.

We urge all parties concerned to focus on the above three points for its proper context. For the successful implementation of any policy, it is imperative that early engagements be held with all stakeholders ahead of implementation.

MMA calls on the government to take cognisance of the seriousness of the issue and its ramifications on the health care profession, especially on primary care, and urges the relevant ministries to urgently engage with stakeholders on the matter.

The decisions being made by the government in the present will have a permanent effect on primary health care in the country and also subsequently determine the role and future of the GP practice in Malaysia.

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