



Medical tourism keeps Malaysia's best doctors from leaving

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Rising demand from international patients offers medical specialists new opportunities in the private sector amid a talent shortage in the public sector.



Malaysia is facing a shortage of about 11,000 medical specialists in various fields, says Malaysian Medical Association president Dr Thirunavukarasu Rajoo. (Rawpixel pic)

PETALING JAYA: Malaysia's healthcare system is under strain from a worsening shortage of doctors, particularly specialists. Yet even as public hospitals struggle to retain talent, an unlikely force is helping keep some of the nation's top doctors at home: medical tourism.

Despite government efforts to strengthen public healthcare staffing, systemic challenges and a persistent brain drain continue to push doctors

out of the public sector and, in some cases, overseas.

Rising demand from international patients in private hospitals, however, has created an alternative pathway for specialists who might otherwise have also left the country.

Healthcare workforce under pressure

Presently, public hospitals are struggling to fill basic posts, let alone specialist roles. The number of house officers fell sharply from

6,136 in 2019 to 3,271 in 2023, while only about 5% of public healthcare facilities report having adequate manpower.

Dr Thirunavukarasu Rajoo, president of the Malaysian Medical Association (MMA), told FMT the shortage of specialists in the public sector has become more acute.

“We are facing a shortage of about 11,000 medical specialists,” he said, noting that demand has risen due to an ageing population and a higher chronic disease burden. “In some disciplines and locations, the gaps are wider now than they were a few years ago.”

Dissatisfaction with working conditions remains a key driver. Long working hours, relatively low pay compared with the cost of medical education, and limited career progression have fuelled frustration, particularly among younger doctors.

According to Thirunavukarasu, doctors leave the public sector for a combination of reasons.

“Long working hours, heavy workloads, limited career progression and uncertainty in specialist training pathways all contribute,” he said, adding that better remuneration and work-life balance elsewhere often tip the balance. “These pressures accumulate over time.”

The strain is increasingly visible in service delivery. To reduce backlogs, the health ministry has outsourced certain surgeries and diagnostic services to private hospitals.

According to CodeBlue Malaysia, waiting times for some procedures, including arteriovenous fistula surgery, have been cut by up to 75%, while queues for MRI, ultrasound and CT scans have also shortened. The reliance on private capacity highlights persistent constraints in the public system.

Why some specialists stay

While many doctors still plan to specialise and return after training abroad, retention remains uneven.

Between 2021 and 2025, only 73 Malaysian specialists returned to practise locally, with just three rejoining public facilities. Most opted for private hospitals or statutory bodies, signalling

where returning specialists see viable long-term careers.

Yet not all specialists are leaving. Those involved in Malaysia’s medical tourism sector say international demand has created professional opportunities largely unavailable in the public system.

Mint Leong, President of the Malaysian Inbound Tourism Association (Mita), told FMT that medical tourism has grown into one of Malaysia’s most important inbound tourism segments over the past decade, driven largely by repeat visitors from neighbouring countries such as Indonesia.

“It is no longer a niche segment,” she said. “Medical tourism now sits alongside leisure tourism as a key pillar of inbound travel.”

International patients come to Malaysia for both routine and specialised care, including oncology, cardiology, eye care, dental services and comprehensive health screenings.

“Malaysia is known for efficient, one-stop medical check-ups,” Leong said. “At the same time, we also see patients coming for longer treatments that require recovery and follow-up.”

For specialists, this steady flow of diverse and complex cases offers clinical exposure, professional challenge and recognition that many previously believed were achievable only overseas.

Private sector pull, public sector push

Malaysia’s healthcare travel sector has rebounded alongside the recovery in leisure tourism, supported by the expansion of private hospitals and renewed demand for screening and treatment packages.

Medical tourists also tend to spend more and stay longer than leisure travellers, often travelling with family members.

Patients are not choosing Malaysia on price alone.

“It is about trust, quality and value,” Leong said, citing the country’s strong healthcare foundation, modern facilities and experienced doctors.

Thirunavukarasu cautioned that the benefits come with risks.

“Medical tourism can help retain specialists by offering better professional opportunities,” he told FMT. “But without proper safeguards, it can also draw doctors away from the public sector, where shortages are already severe.”

Unchecked growth, he warned, could widen gaps between public and private healthcare unless matched by parallel investment in public-sector manpower and training.

A fragile balance

Medical tourism is not a solution to Malaysia’s doctor shortage. Structural reforms remain essential, including improving working conditions, expanding specialist training

pathways and strengthening workforce planning.

Thirunavukarasu said those reforms must go beyond pay. “Doctors need sustainable career pathways and a system that allows them to grow professionally while serving the public,” he said.

Still, medical tourism’s short-term effect has been difficult to ignore.

“It (has helped) retain skilled doctors and specialists,” Leong said, cautioning that an industry slowdown would have consequences beyond tourism revenue.

As things stand, medical tourism serves as an unintended buffer, allowing Malaysia to preserve its specialist ecosystem while longer-term reforms take shape.