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Patient voices Malaysia: making healthcare clearer and more connected



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Foreword



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Every person, at one time or another, will become a patient requiring medical treatment or guidance. These moments, whether routine check-ups or unexpected concerns, are universal experiences. They remind us that good healthcare isn't only about treatment, but also about feeling supported, heard, and cared for.

Through *Patient voices Malaysia: making healthcare clearer and more connected*, we commissioned Economist Impact to listen deeply to the real experiences of people across the country. Through their insights, we learn more about what truly matters to them: the challenges they face when seeking care. By bringing their voices together, this report creates a space for honest conversations and stronger collaboration, encouraging everyone involved in healthcare to put people first.

At Prudential Malaysia, our mission is to help Malaysians find the right care and make their entire patient experience hassle free and worry free. When people have clear information and someone to turn to, they feel more confident about making decisions about their health. Through strong partnerships, continuous improvements, and a focus on holistic care, we aim to help every Malaysian live a healthier, more secure life.

As we launch *Patient voices Malaysia*, we reaffirm what matters most to us: listening, supporting, and working together toward a future where healthcare feels more human, more responsive, and shaped around people and their needs.

Market spotlight: Malaysia

Malaysia has built a dual-track health system. The public sector, led by the Ministry of Health, provides affordable care at all levels—primary, secondary, tertiary and specialist—with near-universal access. Alongside it, a growing private sector, concentrated in urban areas, offers care through networks of clinics and hospitals.

The dual system, however, is marked by a significant mismatch between infrastructure and patient load—exacerbated by staff shortages and an uneven distribution of health workers between sectors.¹ The private sector, for example, operates 72% of all outpatient facilities, yet its share of outpatient visits fell from 54% in 2011 to 36% in 2019.^{1,2} The public system, meanwhile, handles the bulk of hospital care, covering almost three-quarters of all inpatient admissions in 2019.³

This growing demand for public services is adding pressure to a system already under strain. Health outcomes have improved over recent decades, with declines in infant and maternal mortality rates.^{4,5} But life expectancy has levelled off—rising only marginally in the past decade—and disparities in access between urban and rural areas, and between public and private sectors, persist.^{6,7} In 2025, life expectancy stood at 75.3 years, while average healthspan—years lived in good health—was just 64 years as of 2021, pointing to a growing gap between living longer and living well.^{7,8} An ageing population, rising rates of chronic diseases and heavily subsidised public sector are testing the system's long-term sustainability.

To ease these pressures, the government is investing in digital health initiatives, including eHealth systems and electronic medical records.⁹ But progress is uneven. Not all clinics and hospitals use digital records, and even where they do, their systems often can't connect or share information.¹⁰ This makes it harder to co-ordinate care, especially for patients with ongoing health needs.

Against this backdrop, Economist Impact surveyed 1,020 people in Malaysia and interviewed three local experts** to better understand how patients experience healthcare. Identical surveys were conducted in Hong Kong, Indonesia and Singapore, with a total sample of 4,203 people.***

Finding the way to care

Many people in Malaysia face difficulties from the moment they try to access care. Over half (54%) of survey respondents say they do not know where to access care when unwell (Figure 1). “When people say they are unsure where to go, I see that as a rational response to a confusing system,” says Nirmala Bhoo Pathy, professor of epidemiology at the University of Malaya. “Malaysia doesn't have a clear first step, like a regular family doctor or GP. People are left to self-navigate a fragmented landscape of public and private clinics, emergency departments and direct access to specialists.”

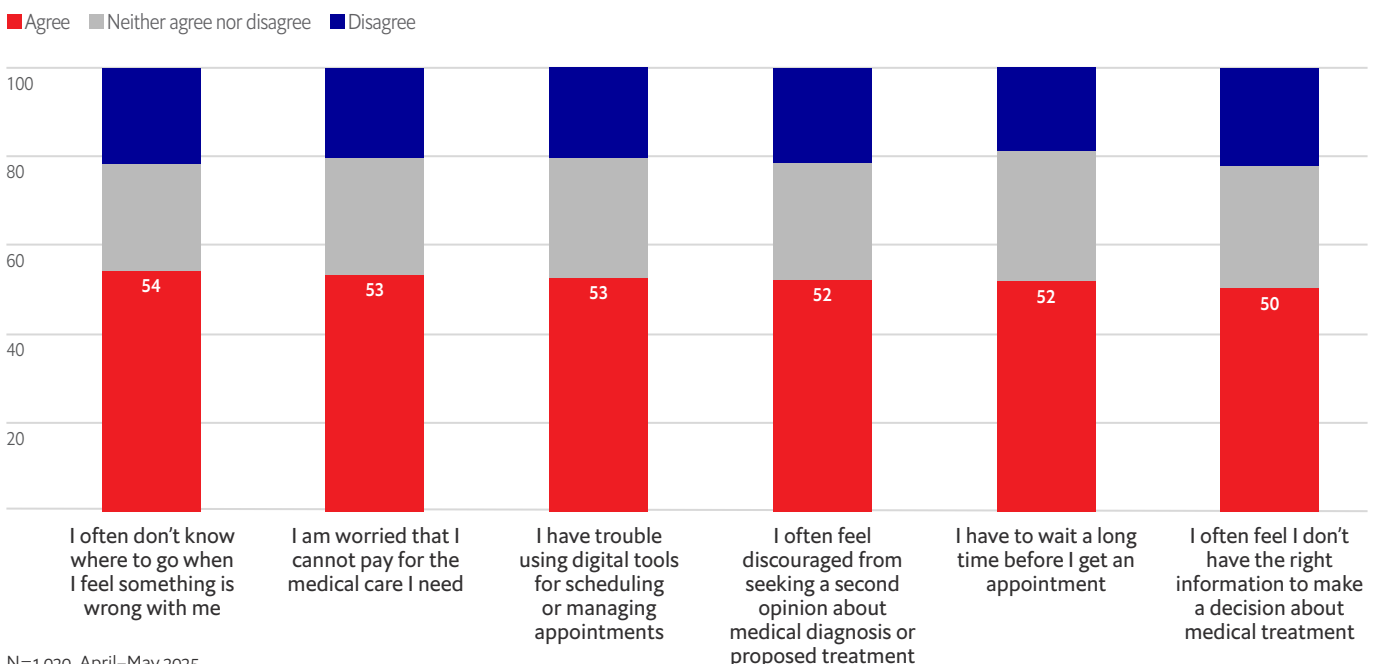
** In addition to Victor Hoe and Mark O'Dell who we interviewed for Malaysia for our *Patient voices: experiences of healthcare access in Asia* study, we also interviewed Nirmala Bhoo Pathy, professor of epidemiology in the Department of Social and Preventive Medicine, University of Malaya, for this Malaysia spotlight.

*** Economist Impact. *Patient voices: experiences of healthcare access in Asia*. For a comprehensive overview of the research methodology, please refer to the Appendix of this report.⁸

Even after finding a provider, the experience is not always smooth. More than half (52%) of the respondents say they face long waits for appointments (Figure 1). These frustrations are echoed by the 24% of respondents who visited a general practitioner (GP) in the past year: 62% describe access as inconvenient due to long wait times, difficulty in booking appointments and other access issues.

Figure 1: Patient experiences while accessing care

% responding (respondents could select a single response)* Numbers have been rounded for ease of interpretation



N=1,020, April–May 2025.
Source: Economist Impact, 2025

Where people live also shapes how they can access care. In Malaysia, public primary care services are typically designed to serve rural and poorer populations.⁶ “The public clinics are mostly nearby in rural areas,” says Victor Hoe, professor of occupational and public health at the University of Malaya. “But for advanced care, people may still need to be referred to a bigger centre in the city.”

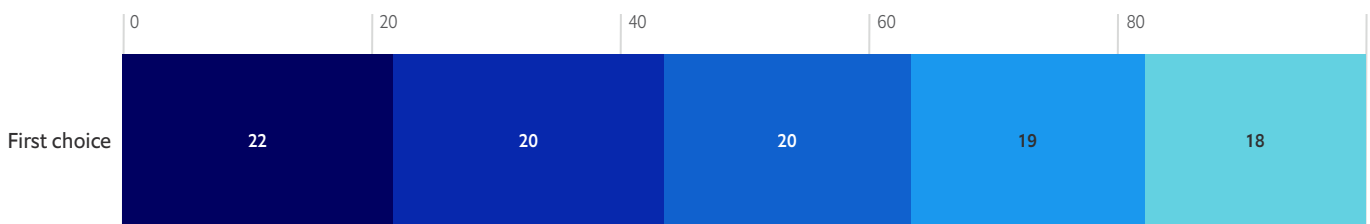
Many rural communities face difficulties getting specialist care—often because there aren't enough clinics or doctors, and transport to bigger hospitals can be limited.¹¹ Urban areas face a different set of challenges. “In [more densely populated] urban areas, access may actually be more difficult because of the large number of people and long waiting hours,” Dr Hoe adds.

Figure 2. When appointments are delayed, most respondents wait for their existing provider or delay care until it’s urgent

How do people respond to long waits for medical appointments?

% responding (respondents could select a single response). * Numbers have been rounded for ease of interpretation

- I stay with my provider because of trust
- I delay or skip care
- I use virtual or telehealth options
- I stay with my provider because no other option nearby
- I go to a different provider



Right N=1,020, April–May 2025.
Source: Economist Impact, 2025

When faced with a long wait to get a medical appointment, many patients choose to delay care—either by waiting for their usual doctors due to trust (22%) or proximity (19%), or by postponing care altogether (20%), as shown in Figure 2.

Technology could ease some of these delays. One in five respondents use virtual consultations or telehealth platforms when appointments are delayed (Figure 2). Yet in practice, technology often presents its own hurdles: more than half of respondents (53%) say they struggle to book or manage appointments online (Figure 1).

“During covid, even older adults used the MySejahtera app**** for registration, vaccine appointments, test results and risk status updates.¹² This was made possible because there was help from health workers, volunteers and younger family members guiding them step by step,” says Professor Bhoo Pathy. “But outside that structured digital ecosystem users are often left to manage alone. Digital platforms today are fragmented, with different log-ins, English-heavy interfaces, long forms and little support. For someone who is unwell, working or caring for others, that’s simply too much.”

Private providers have introduced a number of digital platforms such as BookDoc and DoctorOnCall. And many clinics and hospitals use electronic systems. But in the public sector, where most Malaysians seek care, progress has been more gradual.¹⁰ By 2020 only a quarter of public hospitals and fewer than one in ten public clinics used electronic records.¹³ Policy implementation has also moved slowly over time: although the Telemedicine Act was passed in 1997, it has yet to be fully operationalised.¹⁴ As a result, digital adoption remains uneven. Some clinics offer digital services; others still rely on paper, leading to a fragmented care journey.

**** MySejahtera is a government app launched to manage covid-19. It is now being expanded to support Malaysia’s broader digital health efforts, including self-care, virtual services and improved system efficiency.¹²

There are signs of progress. In 2023 Malaysia’s Parliament approved a Health White Paper, which sets out a 15-year plan for improving the healthcare system (see Box 1). This includes new digital systems like electronic medical records, lifetime health records and better ways to share information between clinics and hospitals.^{1,15}

Box 1: Malaysia’s digital health plan at a glance¹

The plan’s digital strategy centres on creating a unified “one individual, one record” vision.¹⁶

Core Initiative: a phased, nationwide roll-out of Electronic Medical Records and a single Electronic Lifetime Health Record for every individual.

Interoperability: these records will be securely shareable between public and private providers through a national Health Information Exchange platform.

Data privacy: data ownership will reside with the individual, who grants access to providers.

The overall objective is to increase service efficiency, such as by offering services like telemedicine, improve continuity of care and use data analytics to support evidence-based medicine.

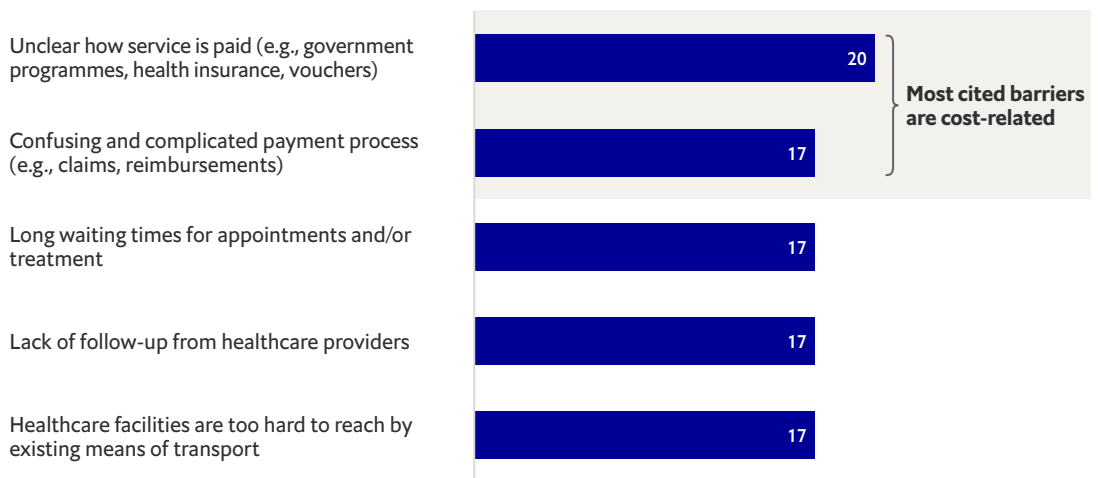
Barriers to care: cost fears and lack of clarity

For many Malaysian residents surveyed, concerns about cost are the most common barriers to seeking care. As Figure 3 shows, uncertainty about who pays—whether it’s government schemes, insurance or out-of-pocket—tops the list, followed by complex payment processes.

Figure 3: Top barriers to better care

The most significant challenges respondents face when accessing medical care

% responding (respondents could select up to three responses). * Numbers have been rounded for ease of interpretation



N=1,020, April–May 2025.
Source: Economist Impact, 2025

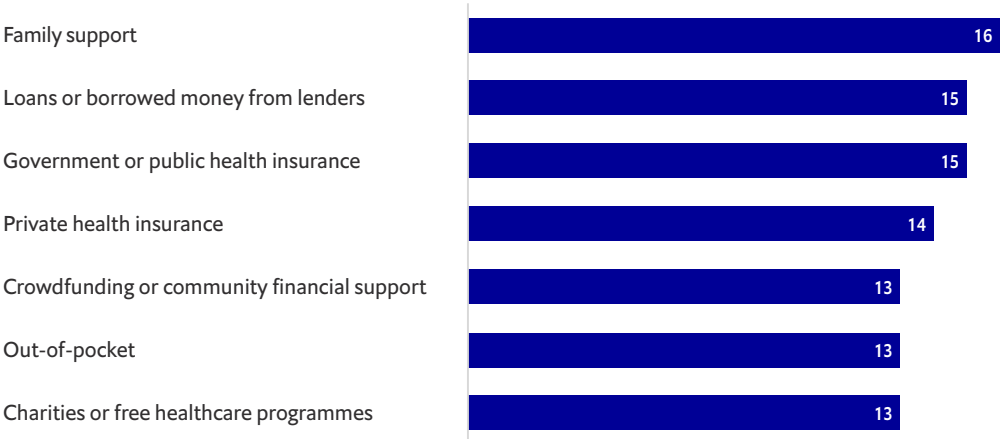
More than half (53%) of respondents say they are concerned they may not be able to afford the care they need. Yet 71% say their health expenses over the past year were lower than expected. This mismatch may reflect how people interpret healthcare costs, suggests Professor Bhoo Pathy. “When people finally see the itemised bill for a consultation, procedure or short admission, especially where there are subsidies or insurance, they often find the amount lower than the large costs they had imagined.”

But this perception, she warns, can give a false sense of affordability. “Hospital charges are only a slice of the true cost of illness,” she says, pointing to the cumulative costs from long-term medications, diagnostic tests, travel, lost income and unpaid caregiving. “Our own research across Malaysia shows that even when initial bills seem manageable, the full cost often leads to substantial financial strain over time.”

The source of funding can also affect how people experience affordability. As Figure 4 shows, nearly six in ten respondents rely on informal ways such as: family support (16%), loans or borrowed money (15%), charities (13%) and crowdfunding (13%). According to Professor Bhoo Pathy, “When patients have to borrow from relatives, take personal loans, seek ad hoc charity or crowdfund, they don’t perceive care as affordable, even if the hospital bill looks ‘manageable’ on paper. It feels insecure, stigmatising and very dependent on social networks.”

Figure 4: Who pays the cost?

How the healthcare services respondents obtain are most often paid for
 % responding (respondents could select a single response)* Numbers have been rounded for ease of interpretation



N=1,020, April–May 2025.
 Source: Economist Impact, 2025

According to Dr Hoe this reliance on informal payment sources reflects deeper structural issues in Malaysia’s healthcare financing. “We see widespread use of alternative financing models, partly due to a lack of a robust social security system,” he says. While these informal ways may help patients avoid financial hardship once bills are due, they do little to mitigate the anxiety patients feel beforehand. “More transparency and a more integrated healthcare financing system are urgently needed,” adds Dr Hoe. *Recommendations for an Integrated National Financing Framework*, a paper published by the United Nations Development Programme in 2024, supports the need for stronger healthcare financing. It calls for an update to Malaysia’s national health financing approach that links spending to health outcomes, and combines public and private funding to expand coverage and make it more sustainable.^{15,17}

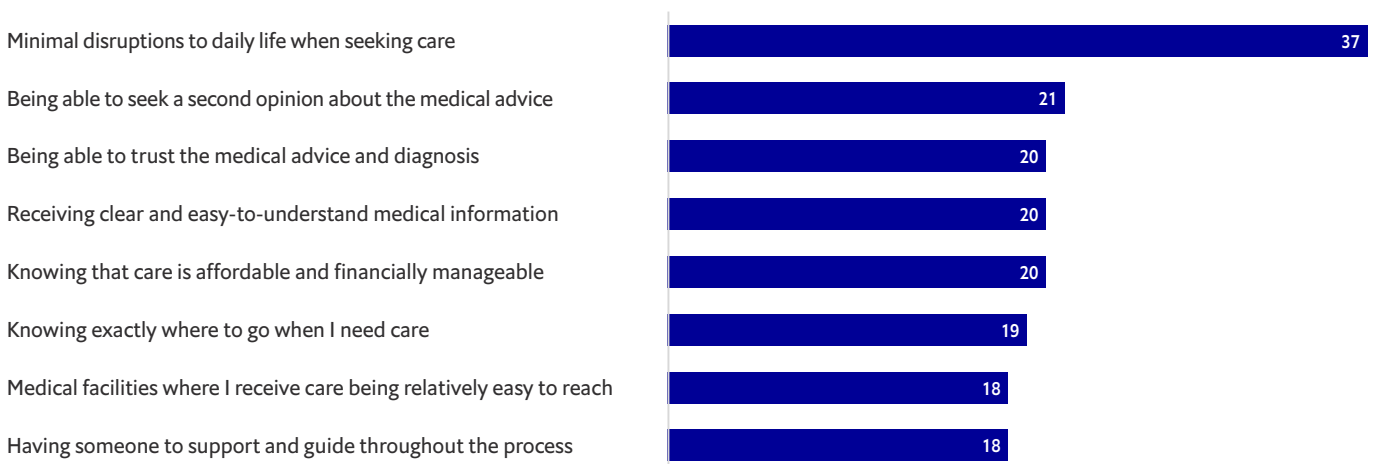
Greater transparency may help cushion the expectation of healthcare costs. The problem of “sticker shock” is rooted in a lack of oversight, as Mark O’Dell, chief executive officer of the Life Insurance Association of Malaysia, explains: “On the private side, there’s no regulation of hospital pricing except that doctors’ fees are capped.” To address this, new rules will take effect in 2026 requiring clinics and pharmacies to provide itemised bills and display drug prices.¹⁸ The Malaysia Medicine Price Guide (MyPriMe), published on the Ministry of Health website, also offers reference prices to guide the public in making informed choices when purchasing medicines in the private sector.¹⁹ It is a step towards giving patients a clearer understanding of what they will pay and help to ease the financial anxiety of seeking care. However, as reporting is voluntary, questions remain about how accurate or representative the listed prices are, and how closely they reflect an actual market cost.²⁰

Support for health decisions in and beyond the clinic

For many Malaysian residents surveyed, making healthcare decisions is closely tied to how easily care can fit around daily life. When asked what provides peace of mind when seeking medical care (Figure 5), the most frequently cited response is minimal disruption to routines (37%). This priority is seen in behaviour: 94% of respondents say they have put off seeking care sometimes or several times in the last year, often due to the factors that routinely disrupt daily life, such as family obligations or work responsibilities (Figure 6).

Figure 5: Top factors that provide support, confidence and peace of mind in healthcare

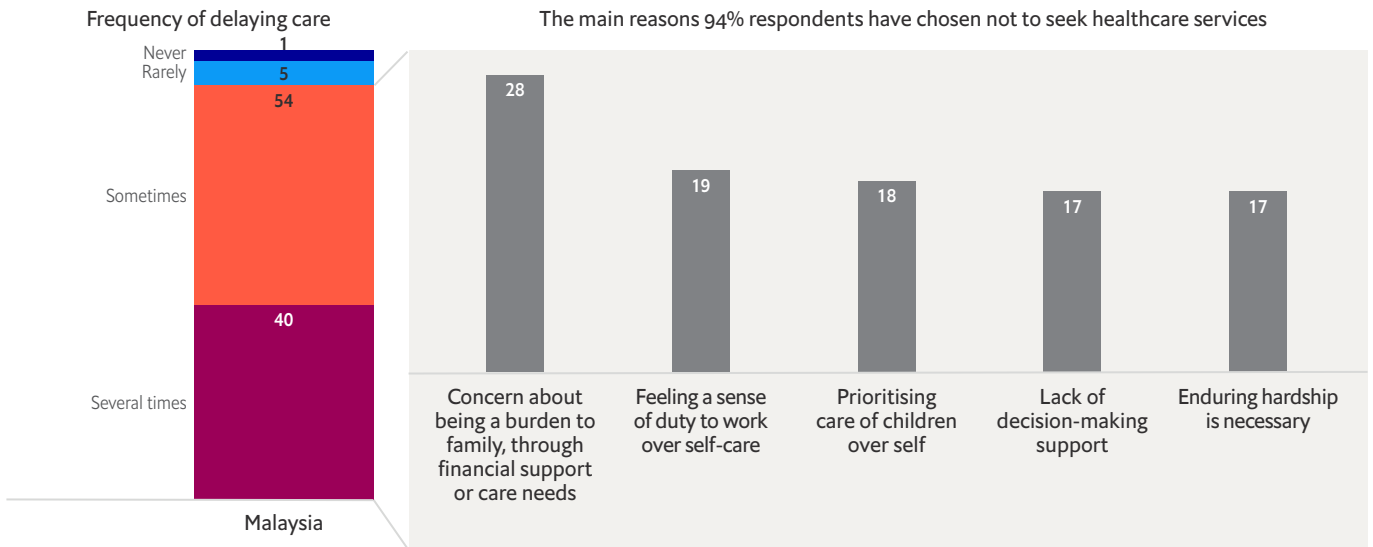
% responding (respondents could select up to three responses)* Numbers have been rounded for ease of interpretation



*1,020, April-May 2025
Source: Economist Impact, 2025

Figure 6: Frequency of and reasons for delaying care

% responding (Frequency: single response allowed; Reasons: up to three responses selected)* Numbers have been rounded for ease of interpretation



*Left chart: N=1,020 adults surveyed.

Right chart: N=959 (Based on the subset of respondents who cited delaying care sometimes or several times in the past 12 months.)

April–May 2025.

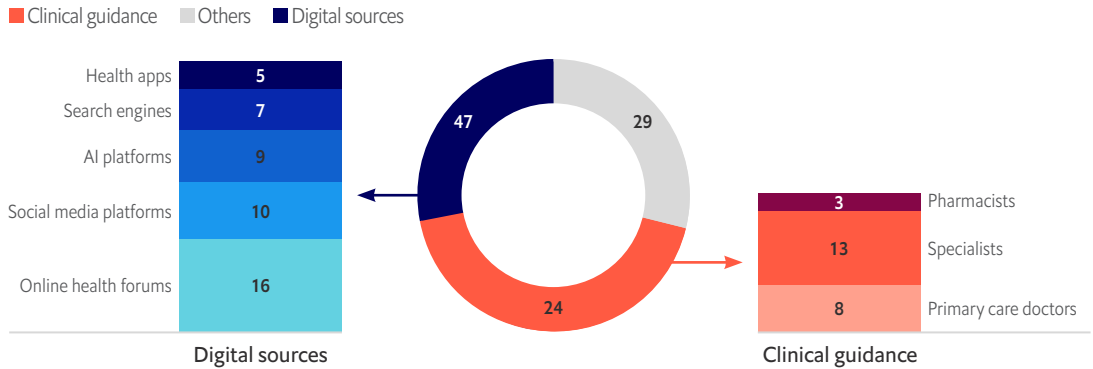
Source: Economist Impact, 2025

Beyond convenience, access to clear, trustworthy information is important for patients to feel confident while seeking care. The ability to seek a second opinion (21%), to trust the medical advice and diagnosis (20%) and to receive easy-to-understand medical information (20%) are the next most cited factors contributing to peace of mind (Figure 5). Yet many respondents feel under-informed: 50% say they lack the right information to make informed decisions (Figure 1), and 17% delay care due to insufficient support in making health decisions (Figure 6). These gaps can compound existing access issues.

Professional healthcare advice is still important for many. Almost one in four (24%) of respondents turn to GPs, pharmacists or specialists after an initial diagnosis (Figure 7). But finding the right doctor can be a challenge. As Mr O’Dell explains, “There is often no source of reliable information about who is the right doctor for your needs. You end up getting your information from friends and relatives or just taking a chance.”

Figure 7: Getting advice on treatment

In the last year, who or what has helped respondents make decisions on their course of care after initial diagnosis? % responding (respondents could select a single response)* Numbers have been rounded for ease of interpretation



Left: N=1,020; April–May 2025. Source: Economist Impact, 2025

As digital platforms become more accessible, they are emerging as strong complementary—or even alternative—sources of advice. A growing number of respondents now rely on online health forums (16%), social media platforms (10%) or artificial intelligence (AI) tools (9%) when making treatment decisions, collectively rivalling the reliance on clinical guidance (Figure 7). These digital tools can help patients feel more informed and in control. But limited digital literacy remains a barrier to fully realising their benefits. Many lack the skills needed to use these tools effectively. Supporting patients to build these skills will be essential to ensuring digital health complements, rather than fragments, decision-making. According to Professor Bhoo Pathy, “There is a clear national digital health strategy with much more patient-centred thinking. The bigger gap now is actually awareness. Most of the public do not know how much is already in place. The Ministry of Health and the government will need to communicate this clearly if they want people to trust and use these tools.”

Building confidence in the care journey

Malaysia’s healthcare system provides broad access through its dual-track model and has made strong progress in improving health outcomes. Yet patients still face uncertainty, long waits and uneven support when trying to access care.

One priority should be improving the first point of contact. Many people are unsure where to go when unwell, especially without a regular family doctor. Strengthening primary care as a trusted entry point—through community clinics, care co-ordinators or a central referral system—would help patients begin their journey with greater ease and clarity.

Addressing cost concerns is another priority. In the private sector, clearer pricing, upfront estimates and simpler billing would help people plan with more confidence. In the public system, where services are subsidised, raising awareness of long-term and indirect costs—such as repeat visits, medications, travel expenses or lost income—can help families prepare more realistically. Widespread reliance on informal borrowing is a sign that formal financial protection needs to be strengthened.

Digital tools are also becoming a bigger part of the healthcare experience. Used well, they can help patients find services, understand options and manage care more easily. But in order to build trust, these tools must be reliable, user-friendly and connected to professional care. Improving digital health literacy and public awareness of available platforms, alongside human support, will be key to improving uptake.

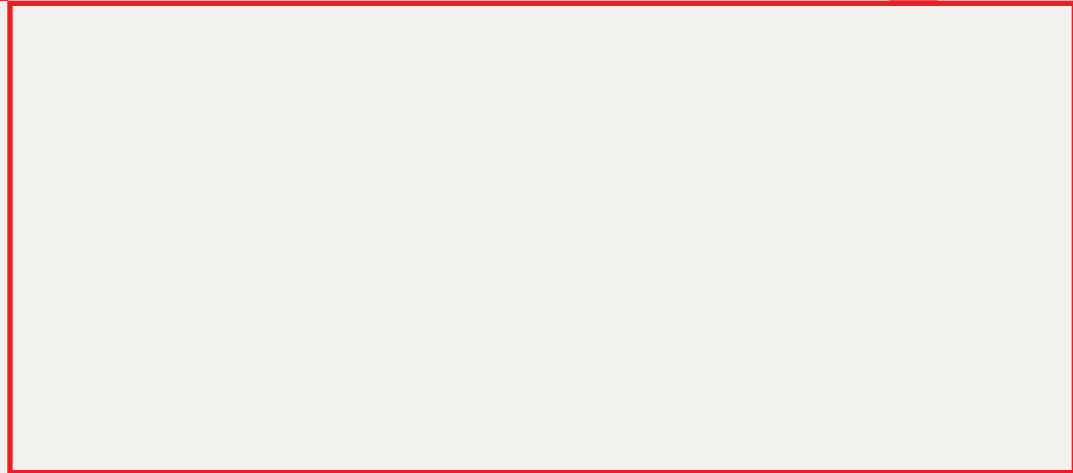
Malaysia has made meaningful progress. The next step is to make care easier to access, easier to afford and easier to understand. With clearer starting points, better cost awareness and trustworthy digital tools, the system can become more patient-friendly—helping people feel better supported throughout their care journey.

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