

Doctors Leaving: When Nationalism Becomes a Policy Alibi

If the goal is retention, the solution is not rhetorical. It is structural.

WORLDS INTO WORDS

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Illustrative photo

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THE Health Ministry revealed that only about 10 per cent of 5,000 new doctor placement slots were filled earlier this year.

This is not a statistical anomaly. It points to a system that is not holding.

A system meant to absorb and retain its doctors is failing to do so. When trained doctors choose not to enter, or not to remain, the problem is not temporary. It is structural.

It is in this context that Public Service Department director-general Tan Sri Wan Ahmad Dahlan Abdul Aziz suggested that a stronger “sense of nationalism” might stem the outflow of doctors.

The argument is simple: what is lacking is not policy or structure, but sentiment. If doctors felt more deeply for the country, they would stay.

This diagnosis misidentifies the problem.

Doctors do not make life-altering decisions based on abstractions. They respond to the conditions in which they work and live.

In the current system, those conditions are uneven at best and opaque at worst. Career pathways are uncertain. Criteria for progression are not always clear or consistently applied. Placements often disregard personal circumstances, disrupting not only professional development but the possibility of building a stable life around one's work.

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This is not a question of resilience or sacrifice. It is a question of whether the system offers a future that people can reasonably commit to.

The claim that doctors leave primarily for higher salaries reduces a complex decision to a single factor. Pay matters, but it is rarely decisive on its own.

What drives departure, more often, is the absence of clarity and fairness. When effort is not reliably linked to progression, when timelines shift without explanation, when decisions appear inconsistent, staying becomes uncertain.

Leaving, in that context, is not opportunism. It is a way of managing risk.

What is described as “brain drain” is not a sudden rupture in loyalty. It is the cumulative outcome of a system that has not sustained the people within it.

I am not a medical doctor. But the consequences extend beyond the profession. When the system fails to sustain its doctors, it does not fail them alone. It fails the public that depends on them.

Many doctors abroad remain deeply attached to Malaysia. Their departure was not a rejection of the country, but a response to the conditions they encountered within its institutions.

Many intended to return. What changed was not their sense of belonging, but their assessment of whether the system could support a viable professional and personal future.

At the centre of the “nationalism” argument is a conceptual confusion. As George Orwell observed, nationalism and patriotism are not the same.

Nationalism is bound up with identity and the assertion of collective prestige; it demands alignment and often leaves little room for dissent. Patriotism, by contrast, is a quieter and more durable attachment, a commitment to place and community that does not require constant proof.

To invoke nationalism in this context is to shift the burden onto individuals, suggesting that departure reflects a deficit of feeling rather than a response to institutional failure.

Once departure is framed as a failure of loyalty, the focus shifts. Structural problems are recast as personal shortcomings. The demand is no longer for reform, but for greater emotional compliance.

No profession can be sustained on sentiment alone.

A functioning system must offer predictability. It must make its processes clear and its decisions consistent. It must allow those within it to plan not only their next posting, but the trajectory of their careers and their lives.

When these conditions are absent, uncertainty stops being temporary. It becomes part of the structure itself.

In such an environment, doctors are expected to absorb instability as part of their professional duty. When they choose not to, their departure is moralised rather than understood. This inversion, where the system’s failure is recast as the individual’s, does not clarify the problem. It entrenches it.

At some point, the discussion must return to a basic premise: doctors are not instruments of policy. They are people.

Yes, some are bonded or sponsored. But obligation does not erase basic limits. It does not justify conditions that disregard rest, safety or family life.

The consequences are visible: long working hours, accidents after extended shifts, relationships strained by postings that separate families for years.

These are not isolated cases. They reflect a system that treats endurance as duty and exhaustion as proof of commitment.

To frame departure as a failure of loyalty in such conditions is to ignore what is being asked. No system can demand indefinite sacrifice and expect indefinite compliance.

Doctors are leaving because the terms under which they are asked to stay do not recognise them as human beings.

What is often described as brain drain is, more precisely, an erosion of trust. Trust that effort will be recognised. Trust that processes will be fair. Trust that the future can be planned within the system rather than in spite of it. Once that trust is weakened, appeals to identity cannot restore it.

If the goal is retention, the solution is not rhetorical. It is structural. Clear pathways. Transparent criteria. Consistent governance. These are the basic conditions required for any system that seeks to hold its people.

Doctors are not leaving because they lack attachment to the country. They are leaving because the system does not give them sufficient reason to stay.

Until that changes, invoking nationalism will not resolve the crisis. It will remain what it is: a policy alibi.

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