

Reflection: Systemic Discrimination and its Effect on Healthcare in Malaysia: Causes, Implications, and Plausible Solutions

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During the span of July to August 2022, I had the immense pleasure of undertaking this independent research project, titled *Systemic Discrimination and its Effect on Healthcare in Malaysia: Causes, Implications, and Plausible Solutions* as part of the University of Toronto Laidlaw Scholars cohort. Before I begin with anything else, I would like to extend my warmest thank-yous to my research advisor, Professor Erica Di Ruggiero at the Dalla Lana School of Public Health, University of Toronto. As well, I would like to thank various institutions and civil society organizations who were instrumental in the data collection portion of this research, including the University of Malaya, United Nations University, Mercy Malaysia, and many others. Your contributions are sincerely recognized and will continue to be greatly valued moving forward.

Beginning this research, I was incredibly aware of the research topic I wanted to pursue and the exact direction I wanted to take it in. Growing up in a half-Malaysian household with relatives who had lived in or were currently living in Malaysia, I had heard countless stories about the *personal* injustices and discrepancies of Ketuanan Melayu, which literally translates to Malay supremacy, beginning in the 1950s extending to the present. I remember my own father telling me that, despite graduating top of his class and being accepted to some of the world's best universities in North America, he was rejected from every single Malaysian university because he was not ethnically Malay.

Of course, this background was insightful as it allowed me to quickly digest loads of historic precedence and literature on race relations, legal development, policymaking, and so forth in Malaysia. The literature review portion of this research process - which composed of the first two weeks of my research - served to be surprisingly simple given my previous exposure to key concepts, terminology, the Malay language, and Malaysian worldviews.

However, things started to shift as I approached my qualitative analysis. Initially, I conducted interviews with scholars from global institutions (such as Canada, the United States, Australia, and Singapore) who had written the literature I had already reviewed: these interviews confirmed what I had already discovered, but it was not until much later that I realized they also provided me with a double-edged sword: *confirmation bias*. As I branched off and conducted interviews with other professionals, namely policymakers, government representatives, and medical professionals, I came to the realization that my familial connection to this topic - and much of the literature I had reviewed - had blindsided me to other perspectives that I should have included in my initial proposal.

What surprised me the most about the qualitative interviews was that the most enriching and meaningful ones were the ones where the key informant heavily disagreed with the views I presented in my project background and proposal. Of course, all interviews remained civil and professional, but it was intriguing to hear perspectives that I had never been exposed to - both as a descendent of ethnic minority populations in Malaysia and a Canadian scholar looking inwards - and it made me shockingly aware of my own pre-existing biases. It was almost enlightening to hear such a vast diversity of ideas from different professionals ranging in geographic regions, professions, academic backgrounds, and even interests. It dawned on me that every single person had presets in life that determined or shaped the way they thought now: just because my mindset fit the standard, socially acceptable way of thought among most immigrant populations didn't mean it was the only one worth considering.

The logistics side was less so smooth sailing. First, this was a completely new project that I proposed to my research advisor, meaning the onus was placed on me to complete the ethics board approval process, write consent forms, and make an algorithm in various softwares and tools for data analysis, and everything in between. The workload was already intense, but with the short timeframe to get it accomplished, there were times when I wished time would slow down - and longed for a team for moral support. The challenges with the REB approval transcended beyond just submitting the protocol: for time's sake, my research advisor and I decided it would be best to limit consent and research to professionals, hence the over-representation of academics, medical professionals, and government representatives. Although this did streamline the process, I felt that there was a void of opinions missing: we weren't able to interview regular citizens on the ground, particularly those from ethnic minorities (whom this research revolves around). This set of opinions would have, undoubtedly, added a new layer of complexity to the research process.

There were also challenges with the international scope of this research. Unfortunately, my plans to travel this year fell through due to the rising cases (and costs) of COVID-19 in Malaysia, which, while telling in the scope of Malaysia's healthcare system and this project, meant I was unable to complete my fieldwork in the same time zone. Managing a nearly 12-hour difference meant that I was often awake in the early hours of the morning, trying my best to contribute my all to an interview despite feeling exhausted and weak from an already full day of work and research. In addition, processing the data and extrapolating as much key information as possible even after a long interview was equally tiring. At times like these, it was easy to feel ostracized without having other students or a larger team around me for moral support.

All being said and done, this research contributed strongly to my understanding of Malaysian healthcare, policymaking, discrepancies in health between the minority and majority world, ethnic relations in fragile or developing states, and so, so much more in between. Apart from growing as a scholar and academic, I also felt closer to the home country of my ancestors

and the struggles - and gains - they faced in the past few decades. With a much greater understanding of the intrinsic worldviews, policies, and designs of the healthcare systems in Malaysia, I ultimately walk away from Summer One with a stronger idea of what solutions need to be implemented - and how we can get there as a community.