

# POLICY BRIEF: Died on a waiting list

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## Executive summary

Provincial governments in Canada set the bar high when it comes to reporting workplace accidents and infractions that occur in private businesses. Even the most minor cases are disclosed publicly.

For example, B.C.'s government has posted information about several workplace accidents that have resulted in workers being "bruised". Similarly, the Manitoba government has posted information about a restaurant that was shut down for not registering before renovations.

But provincial governments are far less strict with the standards they set for themselves.

Patients often suffer dire consequences due to long waiting lists in the government's health care system – sometimes even death. Despite many grim cases making headlines over the years, governments do not disclose the details (even anonymously) the same way they do for mistakes that private businesses make.

Laura Hillier's tragic case is a good example. The 18-year-old Ontario student was fighting cancer and had a bone marrow donor lined up, but passed away while waiting seven months for a bed and a surgeon to become available. The government had only rationed enough funds for five transplants per month and Laura was forced to wait. This case became famous not because of proactive government disclosure, but because of the young patient's public cry for help.<sup>1</sup>

Michel Houle's story in Quebec is also tragic. The 72-year-old patient required cardiac surgery within two to three months. Sadly, he spent five months on a waiting list before passing. A few months after his death, the government called to plan his surgery.<sup>2</sup>



In Nova Scotia, 39 patients died while waiting to see a gastroenterologist between 2015 and 17.<sup>3</sup> On the west coast, the British Columbia Anesthesiologists' Society found that 308 patients had died while waiting for surgery in the Fraser Health Authority's region alone between 2015 and 16.<sup>4</sup>

SecondStreet.org investigated waiting list deaths more closely by filing Freedom of Information requests with 50 provincial health departments, individual hospitals and health regions across Canada. Specifically, we sought anonymous information on patients dying on waiting lists. Based on partial data from eight provinces, we found:

- Evidence of 1,480 patients who died while waiting for surgery in Canada during 2018-19. This figure is incomplete as it is from health facilities which cover less than half the country.
- Government data shows patient deaths occurred after waiting anywhere from less than a month to more than eight years for surgery.
- Patients passed away while waiting for procedures that could be linked to their cause of death (eg. cardiac surgery), as well as procedures which could have increased their quality of life during their remaining years (eg. cataract surgery, knee surgery, etc.).

Overall, governments have extremely poor data when it comes to tracking information on patients dying on waiting lists.

In terms of policy solutions, SecondStreet.org identified two options.

First, just as governments require businesses to report on workplace injuries and accidents, governments could regularly compile and disclose “*waiting list incident reports.*” Such reports could include anonymous information on cases not only where patients die while waiting for surgery, but also where patients suffer as well (eg. health problems and complications due to excessive waits, patients developing depression, substance abuse issues, etc.).

Second, governments could maintain our public health care system, but allow private clinics to provide the same services. This could potentially save lives and provide patients with more choice instead of suffering on government waiting lists during their final years.

## Background

Canada is unique in the world in that our elected officials have seemingly unmatched control when it comes to the public's access to health care.

While many countries share Canada's goal of universal access to care regardless of ability to pay, no other country on the planet, except for perhaps North Korea, also bans its citizens from spending their own funds on private health care services. Even communist China doesn't block its citizens from using their own money to improve their health.

CBC News spoke with British Columbia patient Christine Mackinnon in 2019 about her decision to close down her pub due to ongoing health problems which weren't resolved by Canada's health care system. Mackinnon told the CBC she was going to China for health care and in her experience, after seeing a doctor in China, she could receive an MRI “the next day.”<sup>5</sup>

Conversely, Ontario does not allow private clinics to charge the public for MRI scans, while British Columbia has passed legislation to prevent private clinics from selling MRI scans to the public (note: this law is currently being challenged in court).<sup>6</sup> Several other laws in Canada effectively shut down and restrict Canadians' access to most forms of private health care (dental, optometry, pharmaceuticals, physiotherapy and chiropractic services being notable exceptions).

Health care in Canada is a rationed system with politicians holding all the bread crumbs.

Canadian politicians decide how much money to allot to the health care system each year. If politicians vote to provide a hospital with enough funds for, say, 200 hip replacements in a given year, then a patient who is number 250 on the hospital's wait list will have to wait until the following year for their procedure.

In most cases, a patient's only other option is to leave their province and to pay for procedures elsewhere – and many do just that. (*Note: Quebec offers exceptions to this general rule due to the Chaoulli vs Quebec Supreme Court decision in 2005 which has led to a slight increase in the number of private health services allowed in the province.*)<sup>7</sup>

SecondStreet.org research, using Statistics Canada data, showed Canadians made over 217,500 trips outside the country in 2017, specifically for health or medical reasons.<sup>8</sup>

Canada's health care model ultimately pits patients' needs against other areas of government spending. In Canada, politicians decide whether to increase funding for surgical procedures or let patients wait longer periods of time and spend the funds on something else (funding for another department, a grant for a new football stadium, a bailout for a private company, etc.)

Ultimately, Canada's health care model leaves thousands of patients waiting, some dying before their turn for surgery.

Data from the Commonwealth Fund suggests Canada’s waiting lists tend to be much longer than other nations; Canadians were the most likely of 11 countries surveyed to wait two months or longer to see a specialist and four months or longer for surgery.<sup>9</sup>

*reveals that increases in wait times for medically necessary care in Canada between 1993 and 2009 may have resulted in between 25,456 and 63,090 (with a middle value of 44,273) additional deaths among females. This estimated increase in the Canadian mortality rate associated with waiting for medical treatment was likely unnecessary and is the result of a health-policy regime that imposes longer wait times on Canadians than are found in the universal-access healthcare systems of other developed nations.”<sup>10</sup>*

**Table 1**

**2016 Commonwealth Fund International Health Policy Survey**

“Waited four month or longer for elective/non-emergency surgery”	“Percentage of respondents who waited two months or longer for specialist appointment”
<b>CAN (18%)</b>	<b>CAN (30%)</b>
NOR (15%)	NOR (28%)
NZ (15%)	NZ (20%)
SWE (12%)	UK (19%)
UK (12%)	SWE (19%)
AUS (8%)	AUS (13%)
SWI (7%)	SWI (9%)
NETH (4%)	NETH (7%)
US (4%)	US (6%)
FRA (2%)	FRA (4%)
GER (0%)	GER (3%)

SecondStreet.org decided to research what data governments have on patient deaths while waiting for surgery.

### Methodology and interpreting the results

SecondStreet.org filed Freedom of Information requests with 50 large provincial health departments, health regions and hospitals across Canada. Specifically, we asked:

*“Please provide data on the number of patients that died while on a waiting list for a surgical procedure in 2018-19. Please break the data out by procedure and case info – (date the patient was referred to a specialist, date for the procedure and date of cancellation.) Please also note the government’s target time for providing the procedure in question.”*

While governments often disclose at least some data on the amount of time patients spend waiting for various treatments, details about patient suffering (due to long waiting lists) are few and far between.

While this request is straightforward, governments were often unable to, or refused to provide the information we sought.

One source we did identify was a 2014 estimate by the Fraser Institute:

For example, most health regions in the province of Quebec and several in the Toronto area, were unable to provide the data we requested or claimed they do not track it. The same was true for two major health regions we contacted in British Columbia as well as the Winnipeg Regional Health Authority. SecondStreet.org was also unable to obtain data from the health regions we contacted in New Brunswick or Newfoundland and Labrador. Further, it should be noted that during initial research into this topic, we were told by Alberta Health Services that the cause for cancelling a procedure isn’t always tracked for all procedures, and may not be recorded by all staff.

*“While numerous studies have shown a relationship between delayed access to medical care and death, the overall impact on mortality rates of prolonged delays in obtaining medically necessary care in Canada has not been assessed. Such an assessment undertaken in this study*

Some health bodies also indicated they could not release certain details due to patient confidentiality. For example, Queensway Carleton Hospital indicated that six patients died while on a waiting list during 2018-19, but they also suggested that providing additional anonymous information could compromise patient confidentiality.

Data we obtained on patients dying while waiting for surgery shows there are two groups:

First, cases whereby a patient died because of their long wait for treatment. For example, a patient dies from a heart attack after waiting too long for heart surgery. As in Laura Hillier's case, this is obviously a very dreadful situation.

The Nova Health Authority's response suggests this type of problem may have occurred under their watch:

*"Twenty-five (6.3%) of all deaths on the waiting list involved procedures where delays in treatment might reasonably be implicated causally. Among these are bowel resections; angioplasty; pacemaker insertion; cancer resections and abdominal aneurysm surgery. Among these, just over half were waiting beyond the recommended wait times for the procedure in question."*

Hamilton Health Sciences provided some additional insight into data related to cases where a patient died while waiting for a procedure that could be implicated causally. The health body noted that in some cases patients might not be medically ready for treatment, which prolonged their waiting period. In other cases, the patient may have been waiting to receive another procedure first.

The second category includes cases whereby patients died while waiting for care. This category is much broader and includes situations where a patient dies while waiting for non-life-saving surgery (eg. a hip replacement, knee surgery, cataract operation, etc.).

In fact, the data shows cataract surgery, knee surgery and hip operations were common procedures that patients were waiting for when they died. These health conditions may not

cause a patient to die, but they could affect a patient's quality of life before passing. Indeed, patients often value eyesight as much as life itself.

Similarly, those waiting for hip or knee procedures may have had their mobility compromised. The story of late British Columbia patient Erma Krahn's story helps demonstrate this problem.

The first time Krahn required knee surgery, she was 75 years old and was told it would take a year before she could receive the procedure in the public system. As Krahn was fighting cancer, she didn't want to have limited mobility during her precious remaining years. Krahn wanted to be able to continue walking, golfing and participating in her cardio classes so she went to a private clinic in Vancouver and paid out-of-pocket for the procedure.<sup>11</sup>

Hamilton Health Sciences also provided insight into cases where patients passed away while waiting for these types of non-life-saving procedures. The health body noted that for their 58 non-cardiac deaths on a waiting list, 15% of the time a patient had a change in their medical condition which may have precluded surgery. 17% of the time patients were waiting for other medical procedures to occur first or they had to wait a "predetermined interval period" before surgery. The health authority also noted that 8% of the time patients elected to defer their surgery date.

It is also entirely possible that in both cases (patients waiting for potentially life-saving and non-life-saving procedures) patients passed away due to reasons that are completely unrelated to the health care system or their condition. For example, the system may have been quick to schedule a procedure in short order, but, during the wait, a patient could have suffered a tragedy, such as a motor vehicle accident.

Finally, it is important to note that our research query does not include data related to patients dying while waiting long periods to see a specialist or receive a diagnostic test. It is entirely possible that some patients may have passed away during this stage – not just during the waiting period to actually receive the procedure.

A 2019 story from the CBC illustrates how this could happen. The news outlet noted that wait times for echocardiograms in Manitoba soared to 70 weeks in 2018-19 – up from 21 weeks in 2016-17.<sup>12</sup> It's easy to imagine how a patient's condition could worsen while that patient waited for more than a year to receive the diagnostic scan.

Some patients could also pass away after receiving a procedure past the recommended time frame. The long delay could end up contributing to the patient's passing – for example, diagnosing and beginning to treat a cancer situation after it had spread too far. These types of cases would also not be captured in the data discussed in this report.

## Research findings

Many health bodies across the country informed SecondStreet.org that they do not track the cause of surgical cancellations. In Quebec, we were only able to obtain data from one health region. Health regions we contacted in Newfoundland and Labrador and New Brunswick, two major health regions in British Columbia, the Winnipeg Regional Health Authority and several hospitals in the Toronto-area also informed us that they do not track such data.

Overall, we were able to obtain data from hospitals and health authorities that serve approximately 14.6 million Canadians. Their data shows that 1,480 patients were removed from surgical waiting lists in 2018-19 as those patients had passed away. If we extrapolate the findings across Canada's population of 38 million people, the data suggests at least 3,841 patients passed away in 2018-19 while waiting for surgery.<sup>13</sup>

The "data quality" column in Table 2 grades the quality of data provided from each health body. "Good" grades denote responses that include significant information and allow for analysis into how long patients waited for various procedures before passing away. "Fair" responses denote cases which provide some information and "poor" grades represent responses with little in the way of useful data.

**Table 2**

### Surgical cancellations due to patient deaths (2018-19)

Province / health body	Number of patients who died on a waiting list	Data quality
BC – Fraser Health	277	FAIR
BC – Interior Health	175	FAIR
AB – Alberta Health Services	39	FAIR
SK – Ministry of Health	242	FAIR
MB – Interlake-Eastern	0	GOOD
MB – Prairie Mountain Health	27	POOR
ON – Guelph General Hospital	8	FAIR
ON – Hamilton Health Sciences	78	GOOD
ON – London Health Sciences	9	FAIR
ON – Mackenzie Health (Richmond Hill)	12	FAIR
ON – The Queensway Carleton (Ottawa)	6	POOR
ON – Scarborough Health	12	POOR
ON – SickKids	7	POOR
ON – Sinai Health	5	POOR
ON – Southlake Regional Health Centre	60	FAIR
ON – The Ottawa Hospital	26	POOR
ON – Thunder Bay Regional HSC	49	FAIR
ON – Trillium Health Partners	33	FAIR
QC – CISSS de Laval	1	GOOD
PEI – Health PEI	16	POOR
NS – Nova Scotia Health Authority	398	GOOD
<b>TOTAL</b>	<b>1,480</b>	

As previously noted, even within the health care system, some services track the reasons for surgical cancellations better than others. This could explain how Alberta, with its 4.4 million people, only saw 39 patients removed from waiting lists due to death while Fraser Health, which serves 1.8 million people, saw 279 patients removed from waiting lists due to death.

Below are short summaries of responses by health bodies in each province. (To view a PDF of each health body's actual response, please visit [www.secondstreet.org](http://www.secondstreet.org).)

### **Nova Scotia**

The Nova Scotia government indicated that there were 398 procedures that were cancelled in 2018-19 as the patient had passed away. While data was not available for each circumstance, 260 (65%) of the patients passed away after waiting longer than the government's target time.

As noted earlier, 6.3% of the patient deaths (25) occurred while waiting for procedures where delays in treatment *"might reasonably be implicated causally."* The government noted, *"just over half were waiting beyond the recommended wait times for the procedure in question."*

Some other examples of procedures that patients were waiting for when they passed away included: cystoscopy (bladder scope), herniorrhaphy (hernia operation), cataracts and bowel resections.

### **Prince Edward Island**

The provincial government provided data indicating that 16 patients died while waiting for health procedures in 2018-19. The procedures included cataract surgery (12), one hip replacement, two knee replacements and one case where a patient was waiting for radiation therapy. The government cited patient confidentiality as grounds for refusing anonymous data on how long each patient waited.

### **Quebec**

The CISSS de Laval indicated that they had only one cancellation in their waiting list system as the patient had passed away. The procedure in question was *"lyse synechies nasales (ORL)"* (nasal surgery). The government's response indicates the procedure was cancelled approximately 13 months after the patient was put on a waiting list and that no date was scheduled for the procedure.

### **Ontario**

SecondStreet.org received data from 12 health regions or hospitals in Ontario out of 28 health bodies we approached.

Overall, the data indicates that there were at least 305 patients who died in Ontario while waiting for health procedures.

Guelph General Hospital indicated that eight patients died while waiting for procedures during 2018-19. While the data was incomplete, it notes the following types of procedures: vascular, oncology and general.

Hamilton Health Sciences informed SecondStreet.org: *"During the relevant time frame, 78 patients (58 non-cardiac and 20 cardiac) were removed from the waitlist with the removal reason "deceased."* Unfortunately, data concerning when patients were referred to specialists and their dates for surgery were often incomplete. This prevented analysis into how long patients waited before passing away.

London Health Sciences indicated there were nine patients who were removed from their surgical wait lists due to being "deceased." Data from these cases come from the Cardiac CorHealth Wait Times Information System (WTIS) and all appear to involve heart operations. The times between each patient's "referral date" and "date of death" ranged from 25 days to over nine months.

Mackenzie Health (Richmond Hill) informed SecondStreet.org that 12 patients were removed from their wait lists during 2018-19 as they had passed away. The procedures involved oncology,

urologic, vascular, orthopaedic and general surgery. In only one case did the patient have a scheduled date for surgery.

While the data is incomplete, we can see that four Mackenzie Health patients passed away between seven and 17 months after they were first referred to a specialist to the time they were removed from the government's waiting list.

The Queensway Carleton Hospital responded to our query by noting that six patients passed away in 2018-19 while waiting for surgery. The health facility noted that although SecondStreet.org sought anonymous health information, *"the combination of several pieces of information about one particular case may inadvertently identify a specific individual and provide you with personal health information about that individual."*

Scarborough Health indicated that 12 patients were removed from waiting lists in 2018-19 as they had passed away. The procedures included oncology, orthopaedic, plastic and reconstructive surgery, urologic and vascular surgery. Scarborough Health would not disclose the date the patient passed away, preventing analysis into patients' wait times and how those compare with the date the patient passed away.

Further, Scarborough Health noted, *"no patient's cause of death correlated with the procedure for which they were waiting."*

SickKids provided a response indicating that seven patients died while waiting for surgery in 2018-19. The hospital refused to provide additional details, claiming information on the procedures in question could identify patient identities. It also noted: *"Please note that the data on this record is not formally maintained as a wait list, as the scheduling of surgical procedures is dynamic and constantly being updated based on the health status of the patient. As a result, the data may not be accurate or complete."*

SickKids added: *"The hospital does not collect information on the date a patient was referred to a specialist or the date of the procedure scheduled, as the date of procedure is dynamic and*

*constantly changing in relation to the patient's health status and readiness for surgery."*

Sinai Health indicated that five patients were removed from their waiting lists in 2018-19 as the patients had passed away. The cases included: gynecologic, general, ophthalmic and oral and maxillofacial and dentistry. The health body refused to release additional information due to patient confidentiality. Further, it noted the data is *"un-validated and may not be accurate, complete or reliable."*

Southlake Regional Health Centre in Newmarket provided data showing 60 patients were removed from their waiting lists in 2018-19 as they had passed away. The data included several different types of procedures, including, but not limited to, cataract surgery, hip and knee operations, arterial bypass surgery, benign tumour surgery, lung surgery and aneurysm surgery. Included among the 60 patient deaths were seven instances whereby a patient's target date for surgery was at least a year-long wait from the time they were referred to a specialist until their target surgical date. For example, one patient's referral date to see a specialist was March 2017 and their target date for surgery was March 2019. The patient's cancellation date is listed as April 2019, two years after their referral date.

The Ottawa Hospital provided data showing 26 patients died on a waiting list in 2018-19. The hospital did not provide additional data for those situations on a case-by-case basis.

Thunder Bay Regional Health Sciences Centre provided data showing 49 cases of patients dying on a waiting list in 2018-19. Of the 26 cases where the facility provided data for both the patient's "date of referral" and "most recent system update" (in most cases this is the cancellation date), seven of the cases indicated waiting periods longer than one year.

Trillium Health Partners provided data showing 33 patients died in 2018-19 while waiting for surgery. In most cases, the health body was not able to provide data on the patient's referral date, making it impossible to determine how long they waited for surgery.

## Manitoba

In Manitoba, the Prairie Mountain Health Region provided some data to SecondStreet.org, and the Interlake-Eastern Health Region indicated no patients died while waiting for surgery. The province's largest health region, the Winnipeg Regional Health Authority, indicated they do not track data related to cancelled surgeries due to patient deaths.

The Prairie Mountain Health region indicated there were 27 procedures that were cancelled in 2018-19 due to patient deaths. Nine of those procedures were cataract surgeries. The health body refused to disclose information on the other procedures due to patient confidentiality.

In most cases, the health region provided data for the scheduled date for the procedure and the date of cancellation. As there is no data on when the patient met with a specialist or when it was determined the patient would require the procedure, it is impossible to determine how long the patient waited for surgery before passing away.

## Saskatchewan

The Saskatchewan Ministry of Health indicated there were 242 patients who died while waiting for procedures in 2018-19 and that 52% of them were patients waiting for cataract surgery.

Overall, patients died in Saskatchewan while waiting for 41 different types of procedures. The cases ranged from surgeries that are unlikely to cause death due to a long wait time – eg. knee and hip surgery – to cases where a long wait period could potentially have contributed to a patient's death. For example, one patient was supposed to receive a hysterectomy within three months but was removed from the waiting list a year later.

Of the 242 cases where patients died on a waiting list in Saskatchewan, 126 (52%) of them were situations where patients waited longer than the recommended maximum medical wait time.

The government notes the cancellation date provided may not necessarily be the day the patient passed away. However, in the vast majority of cases, there are no scheduled dates for surgery. This means that the government may have learned of the patient's death when calling to finally book the procedure in question – just as we saw in the Michel Houle case.

## Alberta

Alberta Health provided data showing that 39 patients died while waiting for surgery during 2018-19. The procedures ranged from cataract surgery to procedures involving the bladder, kidneys, arteries and more. The data shows two instances of patients waiting more than eight years (3,000 days) for knee surgery and one where a patient waited more than nine years (3,500 days) to have surgery related to their breast ("removal of device"). Of the 39 cases of patients dying on a waiting list, 26 occurred after waiting more than one year.

The government's response does not include data on how each patient's waiting period compares with the recommended maximum surgical wait time.

## British Columbia

SecondStreet.org received data from Fraser Health and Interior Health, which cover approximately half of British Columbia's population.

Fraser Health indicated there were 277 deaths on a waiting list with 32% of the patients dying after waiting more than 26 weeks (approximately 89 cases). Of the 277 deaths, 133 were for "cataract extraction and IOL Implants" and 10 for "posterior vitrectomy/gas exchange/membrane peel." The health authority indicated there were 134 "other procedures" where patients passed away while waiting for care. However, as the procedures each had counts that were less than 10, data was not broken out due to confidentiality.

Interior Health indicated there were 175 patients who passed away while waiting for elective surgery in 2018-19. Data was partially broken out by "cataract extraction & intraocular lens



implant” (77), “arthroplasty knee replacement” (11) and “other surgical procedures” (87). Of those cases, 16% saw patients wait longer than the health authority’s 26-week target (a total of 28 cases).

## Observations

The most startling finding during this research exercise was the lack of government data on this topic and the poor quality of data available. It is difficult to reconcile how some governments mandate that employers track even minor injuries in the workplace but do not seem to know how many patients are dying due to long waiting periods in their own health care system.

In terms of the 1,480 patient deaths we were able to identify, each case comes with its own unique story, but the large volume of cases identified, and some of the details provided, gives pause for concern for two reasons:

First, the data suggests there have been cases whereby government rationing of health services has led to long waiting lists that have contributed to premature patient deaths. For example, the Nova Scotia Health Authority’s response confirms that over a dozen patients passed away while waiting more than the recommended time for procedures that could be linked to their passing. Other health providers indicated patients passed away while waiting for surgeries that could impact a patient’s mortality – oncology, cardiac procedures, etc.

Second, as previously noted, many of the procedures in question may not have been causally linked with the patient’s passing, but they could have reduced their quality of life prior to death. In many cases, patients waited much longer than recommended waiting periods – sometimes years for surgery.

## Policy options

While investigating this topic, SecondStreet.org identified two policy options for governments to consider:

The first option would be to disclose anonymous “*waiting list incident reports*,” similar to how governments disclose even relatively minor workplace accidents and regulation infractions.

For example, the British Columbia government’s WorkSafeBC program requires incident reports from employers when accidents occur and anonymous summaries of each case are posted online. While many serious workplace accidents are posted online, it is not uncommon to find examples that are less serious.

For example, the government’s website notes that in September 2019 a young worker in the lower mainland was “*using stilts while applying drywall mud tripped and fell to the ground.*” This accident resulted in “bruising.”<sup>14</sup>

Similarly, governments disclose even the most trivial of health violations in the restaurant industry. For instance, the Manitoba government’s website notes the Wood Fired Pizza restaurant in the City of Brandon was shut down in November 2019 for “*Extensively remodel[ing] a food handling establishment without first registering.*”<sup>15</sup>

Governments could apply this same standard to their own operations in the health care sector by carefully tracking and publicly disclosing anonymous information on cases where patients pass away before receiving care or situations where they suffer from such waits. Death is of course the ultimate adverse event. Not only do many patients suffer while waiting, but some deteriorate to the point that the surgical outcome is negatively impacted or surgery is no longer possible.

It would be remarkable if governments held themselves to the same standard to which they hold private companies.

Waiting list incident reports could include information on:

- *The procedure a patient required;*
- *The recommended maximum wait time for that procedure;*
- *The date the decision was made to proceed with treatment;*
- *How long a patient waited to meet with a specialist for a consultation;*
- *How long a patient waited for diagnostic testing during their journey (MRI, CT, PET, etc);*
- *How long a patient waited to receive surgery (or when their surgery was scheduled for when they passed away); and*
- *Consequences from waiting (eg. death, health complications from relying on painkillers for too long, depression, mobility loss in other limbs, etc.).*

One tool that could help with compiling such information would be coroner reports. When patients pass away, coroners could advise as to whether or not a long wait for treatment played a role in the patient's demise.

Public opinion research commissioned by SecondStreet.org in early 2020 suggests there is public support for greater transparency when it comes to patients suffering in the health care system. The poll of 1,008 Canadians found *"81% agree or somewhat agree with the idea of governments publicly disclosing each year the number of patients that die while on a waiting list."*<sup>16</sup>

A second policy option that governments could pursue – and one that would give more patients dignity during their final years – would be to increase the choices available to patients. Instead of patients having to decide between waiting for the government to provide a particular health procedure and leaving the country for care somewhere else, the government could allow private clinics in Canada to provide the same procedures as the public health care system.

This approach would be similar to how parents across Canada can choose to put their children in public schools or pay out-of-pocket and send their children to private schools.

As the number of private health care clinics increases in Canada, they would not only increase patient choice, but also take pressure off our public health care system. Most importantly, they would provide more patients with an alternative to spending their final days in pain and suffering. They might even allow some patients to avoid dying while waiting for medically necessary care.

### About the author

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## Appendix

The following is a list of hospitals, health regions and departments that SecondStreet.org contacted that did not respond or did not provide data.

Health body	Response
<b>British Columbia</b>	
Island Health	No Data
Vancouver Coastal Health	Referred to Ministry of Health
BC Ministry of Health	No Data
<b>Manitoba</b>	
Winnipeg Regional Health Authority	No Data
Southern Health Santé Sud	No Data
Northern Health	No Data
<b>Quebec</b>	
CIUSSS de la Capitale-Nationale	No Data
CIUSSS de l'Est-de-l'île-de-Montréal	No Data
CIUSSS du Centre-Ouest-de-l'île-de-Montréal	No Response
CIUSSS du center-sud-de-l'île-de-Montréal	No Data
CIUSSS du Nord-de-l'île-de-Montréal	No Response
<b>Ontario</b>	
William Osler Health System	No Data
Toronto General Site (Univ. Hospital Network)	No Data
Toronto Western (University Hospital Network)	No Data
Windsor Metropolitan General Site	No Data
Royal Victoria Regional Health Center (Barrie)	No Data
Joseph Brant Hospital	No Data
Ministry of Health and Long-Term Care	No Data
St. Michael's Hospital Site	No Response
St. Joseph's Health Centre Site	No Response
Providence Healthcare Site	No Response
Toronto East HN - Michael Garron Hospital	No Data
Stevenson Memorial Hospital	No Data
Markham-Stouffville Hospital	No Response
North York General Hospital	No Response
Humber River Hospital	No Data
Timmins and District General Hospital	No Data
<b>New Brunswick</b>	
Horizon Health Network	No Data
<b>Newfoundland and Labrador</b>	
Eastern Health	No Data

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