

POLICY BRIEF: A closer look at postponed surgeries due to COVID-19

Colin Craig | March 2021



Executive summary

As COVID-19 emerged in Canada, governments across the country postponed thousands of “non-urgent” surgeries, diagnostic scans and consultations with specialists.

Governments argued these appointments were postponed in order to “preserve capacity” in the system for COVID-19 patients and reduce spread of the virus. The public was also told that no critical health procedures would be delayed, only non-priority cases would be affected (eg. hip operations would be delayed, critical heart operations would not.)

SecondStreet.org decided to investigate this issue further and filed freedom of information requests with health departments across Canada to learn more about how many surgeries and procedures were delayed. Findings from our research include:

- The Ontario government indicated it had “no records”.
- The other nine provinces indicated there were 205,549 surgeries, health procedures and consultations with specialists postponed due to COVID-19 between February 1 – June 24, 2020.
- The Canadian Medical Association Journal estimated there were 148,364 postponed surgeries in Ontario due to COVID-19. Including the data provided by the other nine provinces, Canada’s total rises to 353,913.
- Evidence suggests some patients lost their lives due to the postponement of “non-emergent” surgeries and procedures that were unrelated to COVID-19. The breadth of these losses and other health impacts is unknown.

To address the Canada’s chronic waiting lists, provincial governments could consider hiring private clinics to provide surgeries for patients in the public system. Second, governments could lift their bans on private clinics charging patients for surgery (allowing patients to choose between waiting for care in the public system or utilizing private options).



This would help take pressure off the public system as some patients choose to pay out-of-pocket. It would also help patients who are unable to travel outside the country for health care due to COVID-19.

Governments would also be wise to conduct expedited, independent reviews of their decisions to postpone non-COVID surgeries and procedures in the health care system. Such reviews could examine how many patients passed away due to having their non-COVID procedures postponed, information on patient suffering due to postponed procedures and more importantly, what went right and what needs to improve in the event of another COVID “wave”?

Introduction

On March 15, 2020, the Ontario government asked hospitals across the province to ramp down elective surgeries in order to “preserve capacity” in the health care system and help prevent the spread of COVID-19.¹

Provincial governments across the country announced similar steps around the same time. For instance, Alberta’s Chief Medical Officer announced that those waiting for “elective or non-urgent” procedures would see their appointments

postponed.²

Yet, since that time, there have been many news reports of patients having urgent, non-COVID procedures postponed in Canada; in some cases, resulting in death.

In April 2020, after six months of waiting for a heart defibrillator, Alberta patient Jerry Dunham was told his surgery was postponed due to COVID-19. Two months later, he passed away.³

Media have also reported on several cases of cancer patients having their procedures postponed. For example, Maclean’s ran a column from cancer patient Sydney Loney, describing how her mastectomy had been postponed. Loney described the fear and anxiety she felt as she wondered if the disease was spreading in her body.⁴

Cam-Lorell Forster shared her story with Global News. The Alberta patient was fighting cervical and uterine cancer, but was initially told it was treatable as they caught it early. However, after four months of waiting for surgery, her procedure was put on hold after COVID emerged in Canada. Thankfully for Forster, after her story was investigated by Global News, it was rescheduled for a much earlier date.⁵

Similarly, the University Health Network in Ontario suggested in May 2020 that upwards of 35 patients passed away due to having their cardiac surgeries postponed.⁶

Stories such as these led SecondStreet.org to examine just how many procedures were postponed across Canada.

Research methodology

In June 2020, SecondStreet.org filed Freedom of Information requests with provincial health departments (ministries) across Canada. Specifically, we asked for:

“Documentation on the number of cancelled or

postponed surgeries, health procedures and consultations due to COVID-19.”

While hospitals and health regions often track data on surgeries and procedures more closely than provincial health departments, we fully expected that provincial Ministers of Health would seek out data proactively on just how many procedures they had postponed through their directives. Unfortunately, Ontario indicated it has no such data. A follow-up request with Ontario’s Minister of Health’s office did not result in a response.

Province	Postponements
British Columbia	24,287
Alberta	16,893
Saskatchewan	23,209
Manitoba	8,391
Ontario	No data
Quebec	70,467
New Brunswick	1,562
Newfoundland	23,867
Nova Scotia	35,753
Prince Edward Island	1,120
Total	205,549

Note: All government responses posted at SecondStreet.org

We received a range of responses from the nine provinces that responded to our query. Some merely provided an estimate on the total number of postponements (eg. Quebec) while others provided several pages with detailed information on the number of postponements by procedure (eg. Saskatchewan). While this report was focussed on assessing the magnitude of the postponed medical appointments, we would note that some governments have indicated they have already rescheduled some of the procedures.

While the Ontario government does not appear to have data on the number of surgeries, procedures and medical consultations that were postponed due to COVID-19, the

Canadian Medical Association Journal has estimated that there were 148,364 postponed surgeries in the province due to the pandemic.⁷ In their November 2020 post they note it will take 84 weeks (a year and a half) to clear the province's backlog.

If we combine the CMAJ's total for Ontario with data provided by nine other provinces, there have been 353,913 postponed procedures (note: this figure does not include data for the territories). Further, Ontario's figure only represents postponed surgeries and does not include postponed procedures (eg. colonoscopy) and consultations (eg. meeting with a specialist).

A bad problem worse

What's most troubling about the situation is that prior to COVID-19, Canada had some of the longest waiting times in the developed world. As noted in our 2020 health care report – *Died on a waiting list* – research by the Commonwealth Fund indicates Canadian patients were most likely (out of 11 developed countries) to wait four months or longer for elective surgery and were most likely to wait two months or longer to see a specialist.⁸

Thus, the decision to delay thousands of procedures and medical appointments has caused even more stress to an already exhausted health care system.

Policy options

In the interests of patient health, governments would be wise to consider proceeding with expedited, independent reviews of their decisions to postpone non-COVID surgeries and procedures in the health care system.

Such reviews could examine how many patients passed away due to having their non-COVID procedures postponed, information on patient suffering due to postponed procedures

and more importantly, what went right and what needs to improve in the event of another COVID "wave"?

While there are no quick solutions to address the enormous backlogs in our health care system, there are multiple options that governments could implement rather quickly.

First, health regions could partner with private surgical clinics to provide additional surgeries for patients. For example, Manitoba and British Columbia have hired private clinics to provide surgeries to patients in the public system, helping to reduce their backlogs.^{9 10}

Second, governments could act to remove de facto bans on private, fee for service, health care clinics. By allowing patients a choice – wait for the public system to provide surgery at no charge or pay out-of-pocket at a private clinic – the government could ease pressure on the public system as some patients decide to pursue private care. This option would bring Canada in line with the rest of the world that does not ban citizens from using their own money to improve their health and well-being.

Conclusion

The government's decision to postpone over 350,000 surgeries and procedures has caused significant stress to an already burdened health care system. It is clear that such decisions have come with tragic consequences for some patients.

Governments would be wise to assess the collateral damage from their decisions to postpone "nonemergent" procedures and examine what needs to be done differently in the event of another "COVID wave" or pandemic. Further, partnering with private clinics, and allow patients more choice in terms of private health care, could help address the country's chronic waiting lists.

About the author

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