

POLICY BRIEF: Poll Shows Canadians Continue to Want Health Reform

Colin Craig | October 2022



After the pandemic emerged in Canada, governments postponed hundreds of thousands of surgeries, diagnostic scans and appointments with specialists. Research from the Fraser Institute suggests waiting lists have never been longer.

Millions of Canadians don't have a family doctor, thousands of Canadians die each year while sitting on waiting lists and stories about patients being treated in hallways are all too common. The CBC even reported that a Winnipeg emergency room was so crowded earlier this year that two patients had to share a single stretcher.¹

Readers should note that Canada's health care system was actually in a crisis before the pandemic; the pandemic made the problem worse.

SecondStreet.org hired public opinion firm Leger to poll Canadians on possible health care reform options. Highlights from the October 2 to October 7 poll include:

- 72% support copying a European Union (EU) policy called the Cross Border Directive. This policy would give Canadian patients the right to visit public or private health facilities outside the province, pay for surgery and then be reimbursed by their provincial government (up to what their government would have spent to provide surgery locally).
- 64% of Canadians support governments hiring private clinics to provide surgeries for patients in the public system. Despite concerns raised by public sector unions, only 20% of Canadians oppose this option.
- 51% of those polled think Canadians should have the right to use their own money to pay for surgery at private clinics.
- 66% believe health ministers should have to hold a press conference each year to announce the number of patients that died due to long waiting lists.



Photo by Richard Catabay

Generally speaking, support for these reform options was high across Canada, both genders and all age groups.

Methodology

The data represented in this report is from a national online survey conducted by Leger of 1,534 Canadian adults between October 2 to October 7, 2022. The respondents to this survey were drawn from Leger's research panel, a representative sample of the broader Canadian population. Were this a probability sample, the margin of error of a survey of this size would be +/- 2.5 %, 19 times out of 20. The numbers have been rounded to the nearest whole number and as a result, may not add up to 100. Please see appendix for polling data.

Findings

SecondStreet.org decided to poll Canadians on four health care reform options – two questions that we have polled previously and two new questions.

The first question examines the de facto ban on patients paying for medically necessary surgeries in their home provinces. For instance, a British Columbia patient is currently allowed to pay for private knee surgery in Alberta, and an Albertan can pay for private knee surgery in British Columbia, but neither is allowed to pay for knee surgery in their home province. With the exception of Quebec, due to the 2005 Chaoulli v. Quebec Supreme Court decision, paying for private, medically necessary surgery in one’s home province is generally not allowed in Canada. This is one reason why so many Canadians travel outside our country for surgery each year.

In February 2020, just prior to COVID taking hold in Canada, SecondStreet.org hired Nanos Research to poll Canadians about a number of health care reform options, including the idea of letting patients use their own money to pay for health care at private clinics. The poll found 51% of Canadians either strongly or somewhat supported this option while 27% somewhat or strongly opposed the idea.²

Towards the end of 2021, SecondStreet.org hired Leger to conduct some public opinion research on a variety of health care topics, including the same question about letting Canadian patients use their own funds for health care services at private clinics. The November 2021 poll found 62% either strongly or somewhat support this idea.³

It is not clear what led to the increase or what has since led to support returning to 51% in our October 2022 poll. In all three polls, support for this option was decidedly higher than opposition.

In the most recent poll, support was highest in Quebec (56%) and Atlantic Canada (55%) and lowest in Alberta (46%). Men (54%) were more likely to agree with this option than women (47%) and support was stronger than opposition throughout the three age groups examined.

Q1	
<i>Would you strongly support, somewhat support, somewhat oppose or strongly oppose the following statement? “Canadians should be allowed to spend their own money for the health care services they want at a private clinic in Canada.”</i>	
17%	Strongly support
34%	Somewhat support
18%	Somewhat oppose
20%	Strongly oppose
12%	Don’t know

The second question SecondStreet.org posed concerned a related topic – should governments hire private clinics to provide surgeries for patients in the public system? This option is something that provincial governments across the country have been utilizing more frequently to help reduce their surgical backlogs.

While many public sector unions have spoken out against the practice, and some media have presented the idea as controversial, it’s an option that has been used in Canada for decades.

Family doctors’ offices across the country are private businesses. Patients visit their family doctor, receive a service without paying for it directly, and then the doctor’s office bills the government for the appointment after the patient leaves. Many provincial governments have utilized this approach for diagnostic scans, blood testing and other medical services.

According to SecondStreet.org's new polling results, 64% of Canadians think it's a good idea for governments to hire private clinics to help reduce surgical backlogs. The findings are consistent with SecondStreet.org's 2021 poll (67% approve) and show support across both genders, all age groups and across the country.⁴

Q2	
Which of the following best represents your view when it comes to governments using private and non-profit health clinics to reduce surgical backlogs as a result of the pandemic?	
64%	Governments should pay private and non-profit clinics to perform surgeries, procedures and diagnostic scans to reduce waiting times for patients.
20%	Governments should not pay private and non-profit clinics to perform surgeries, procedures and diagnostic scans to reduce waiting times for patients.
16%	Don't know

The third question SecondStreet.org posed is related to a health care right that citizens of the European Union currently enjoy. It's known as the "cross border directive."

This policy allows a patient in one EU country to travel to another EU country for surgery, pay for it and then be reimbursed by their home country. Reimbursements cover up to the amount the home country would have spent for the procedure locally.⁵

Importing this option to Canada could give patients more choices: wait for surgery locally or choose to travel to another province or country and receive a reimbursement from their home country. (Presumably, like the EU, a Canadian policy would cap reimbursements at the rate the government pays for the same procedure to be done locally.)

Patients who choose to remain in Canada would also benefit from this policy as they would move up a spot in line each time a patient ahead of them decided to travel abroad.

In terms of the cost for governments to provide this option, expenditures would be very low over the medium term as the policy merely shifts when the government pays for a patient's procedure. E.g., Reimbursing John Doe for, say, a \$5,000 surgical bill this year means the government wouldn't pay his \$5,000 surgical bill next year.

While this practice has been offered on a very limited basis in Canada for years, in Europe it is a much more standardized option – 84% of applications were approved in 2019.⁶ Further, reimbursement rates are much more generous in Europe compared with Canada. As noted, EU countries match reimbursement rates with what they would have paid locally. Conversely, Canadian reimbursement rates can be quite paltry.

CTV documented retired RCMP officer Bob Bridger's story in 2017. The Alberta patient explained how he traveled to the U.S. in 2015 for hip surgery, noting that he could not endure sitting on the province's 18-month waiting list. Bridger noted he was reimbursed for a tiny portion of the bill – "It cost me about \$32,000 Canadian to get this job done in Kalispell, Montana. I got back \$1,800, almost \$1,900, out of that."⁷

While the EU policy is not well known in Canada, it proved to be a popular option when we polled Canadians. Nation-wide, 72% of Canadians think Canadian provinces should give patients the same option while 14% oppose the idea and 14% don't know. Support ranged from 69% in Ontario to 85% in Manitoba and Saskatchewan.

Q3

In the European Union, patients can avoid long surgical waiting lists by using a government program called the Cross Border Directive. This program allows a patient in one EU country to travel to another EU country, pay for surgery and then be reimbursed by their home country for up to the same amount the government would have paid to provide the surgery at a local hospital. Using this program is completely voluntary. Which statement best represents your view?

72%	Canadian provinces should give patients the same option – allow patients the option of waiting for surgery locally or reimburse them for surgery outside their home province or country.
14%	Canadian provinces should not give patients this option. Patients should be required to wait in their home province as is the current practice.
14%	Don't know

The fourth option SecondStreet.org asked Canadians about concerns accountability in the health care system. Specifically, we asked about the idea of provincial governments having to hold a press conference each year to announce how many patients had died the previous year due to long waiting lists.

Tracking and disclosing this information is important as governments have established a monopoly on life-saving treatment in Canada – one cannot simply go to a private clinic for heart surgery if the government's waiting list is too long.

To date, SecondStreet.org has identified more than 26,875 cases where patients died while waiting for surgery, diagnostic scans and appointments with specialists.⁸ The data is incomplete as many health bodies do not track this information while others refused to break down their data by the types of procedures patients were waiting for when they passed.

Anecdotally, it appears the majority of cases were situations where patients were waiting for procedures which could have improved their quality of life (e.g., a hip operation) rather than a procedure which could have potentially saved their life (e.g., a heart operation). However, there certainly were cases of the latter. For instance, the Nova Scotia Health Authority noted that in 2020-21, there were 51 cases where patients died while waiting for potentially life-saving treatment. In “just over three quarters” of those cases, patients had died after waiting longer than the recommended maximum wait time.⁹

Judy Anderson, a retired Ontario nurse, shared with SecondStreet.org how her daughter Shannon passed away after being forced to wait too long for a treatable heart condition. Sadly, this was the second time Judy lost a daughter due to long waiting periods in the health care system.¹⁰

Polling procured by SecondStreet.org in the past showed that Canadians felt it was important for governments to carefully track and disclose this kind of information – 81% in a 2020 Nanos poll and 79% in a 2021 Leger poll.^{11 12}

Findings from the most recent Leger poll suggest there is strong support (66%) for governments to be required to have to go one step further and actually hold a press conference to release and be accountable publicly for cases where government delays contributed to patient deaths. Support for this option was particularly high in Atlantic Canada (84%).

Q4

When it comes to patients dying while waiting for health services from the government, which of the following statements best represents your view?

66%	Health Ministers should have to hold a press conference each year and announce how many patients died the previous year because of long waiting lists.
18%	Health Ministers should not have to hold a press conference each year to announce how many patients died the previous year because of long waiting lists.
16%	Don't know

To view a detailed breakdown of the findings discussed in this policy brief, please see the presentation prepared by Leger in the appendix of this policy brief.

Conclusion

This research endeavour reinforced what SecondStreet.org has observed in past public opinion research – Canadians support improving accountability in the health care system, increasing the choices available and like the idea of governments partnering with private providers to reduce waiting lists.

Generally speaking, there was wide support for reform across the country, both genders and all age groups.

About the Author

Colin Craig is President of SecondStreet.org. He earned an MBA and a BA (Economics) from the University of Manitoba and is the author of *The Government Wears Prada*, a book that examines how governments could be more cost-effective and prepare for our nation’s aging population. Most recently, Colin authored several chapters for the eBook, *Life After COVID: What’s next for Canada?* Over the past two decades, he has contributed to public policy changes at the federal, provincial and municipal levels in Canada.

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12. Craig, Colin. "Policy Brief: Poll Shows Canadians Warm to Health Reform." SecondStreet.org December 2021 policy brief. <https://secondstreet.org/wp-content/uploads/2020/04/SecondStreet.org-Health-Polling.pdf>



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Report

Health Care and Waiting Times

October 2022



DATE 2022-10-21 PROJECT NUMBER 45 915-007



METHODOLOGY

Methodology

Study Population

- Canadian residents, aged 18 and older.

Data Collection

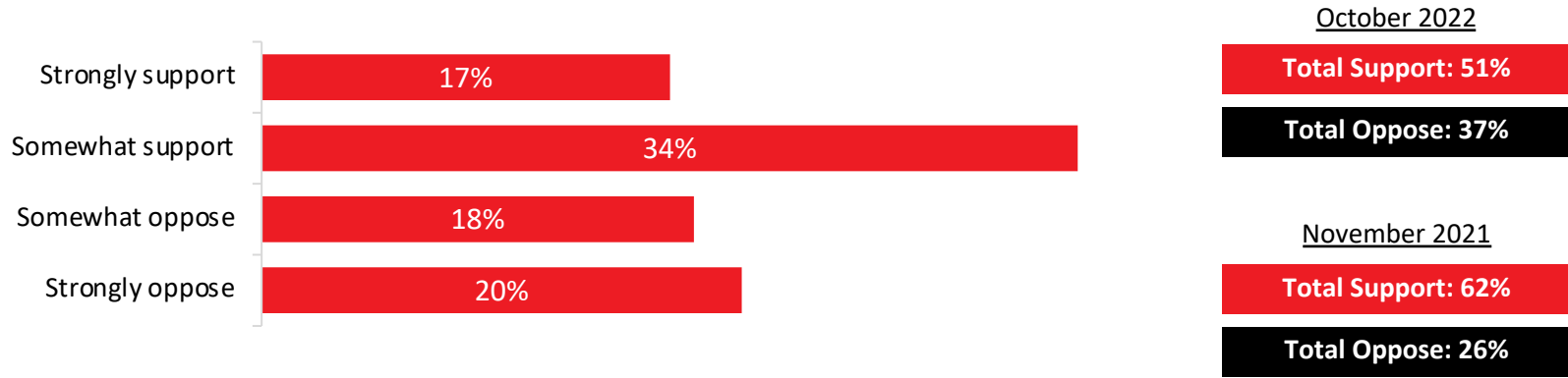
- A total of n=1534 online surveys were conducted via Leger's online LEO panel.
- Interviews were conducted from October 7 to October 9, 2022.

Statistical Analysis

- As a non-probability online survey, a margin of error is technically not to be reported.
- If the data were collected through a probability sample, the margin of error would be (n=1535) $\pm 2.5\%$, 19 times out of 20.
- Using data from the 2021 Census, results were weighted according to age, gender, and region in order to ensure a representative sample of the population.
- The numbers presented have been rounded to the nearest whole number. However, raw values were used to calculate the sums presented and therefore may not correspond to the manual addition of these numbers.

DETAILED RESULTS

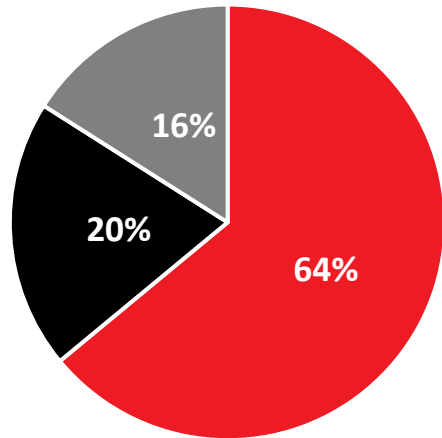
Over 50% feel Canadians should be able to spend their own money for health care at a private clinic



	TOTAL CANADA	Male	Female	18-34	35-54	55+	BC	AB	MB/SK	ON	QC	Atlantic	West	East
Weighted n =	1534	743	791	403	497	635	208	169	99	597	356	104	477	1057
Support	51%	54%	47%	50%	50%	52%	52%	46%	54%	48%	56%	55%	50%	51%
Oppose	37%	36%	38%	35%	35%	41%	34%	39%	34%	40%	34%	34%	36%	38%
Don't Know	12%	10%	14%	15%	15%	7%	14%	15%	11%	12%	10%	12%	14%	11%

Q1. Would you strongly support, somewhat support, somewhat oppose or strongly oppose the following statement? "Canadians should be allowed to spend their own money for the health care they want at a private clinic in Canada."
 Base = All respondents (n=1534)

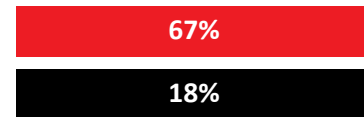
Nearly two-thirds of Canadians agree governments should pay private clinics to perform procedures to reduce wait times



Q2: Which of the following best represents your view when it comes to governments using private and non-profit health clinics to reduce surgical backlogs as a result of the pandemic?

- Governments should pay private and non-profit clinics to perform surgeries, procedures and diagnostic scans to reduce waiting times for patients.
- Governments should not pay private and non-profit clinics to perform surgeries, procedures and diagnostic scans to reduce waiting times for patients.
- Don't know

November 2021



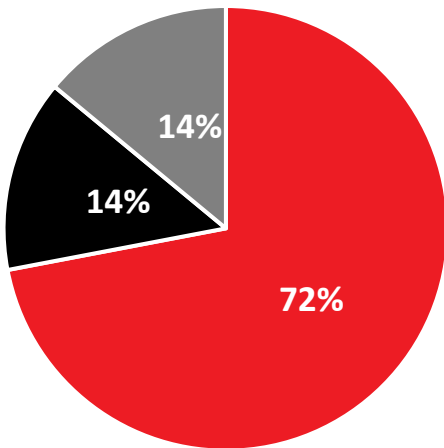
	TOTAL CANADA	Male	Female	18-34	35-54	55+	BC	AB	MB/SK	ON	QC	Atlantic	West	East
Weighted n =	1534	743	791	403	497	635	208	169	99	597	356	104	477	1057
Governments should pay private and non-profit clinics to perform surgeries, procedures and diagnostic scans to reduce waiting times for patients.	64%	62%	65%	62%	60%	68%	63%	55%	69%	59%	75%	65%	61%	65%
Governments should not pay private and non-profit clinics to perform surgeries, procedures and diagnostic scans to reduce waiting times for patients.	20%	24%	17%	20%	20%	21%	25%	23%	14%	23%	14%	18%	22%	19%
Don't know	16%	14%	18%	19%	20%	11%	12%	22%	17%	18%	11%	17%	17%	16%

Governments should pay private and non-profit clinics to perform surgeries, procedures and diagnostic scans to reduce waiting times for patients.

Governments should not pay private and non-profit clinics to perform surgeries, procedures and diagnostic scans to reduce waiting times for patients.

Don't know

Over 7 in 10 Canadians agree provinces should reimburse patients for surgery outside of their home province or country

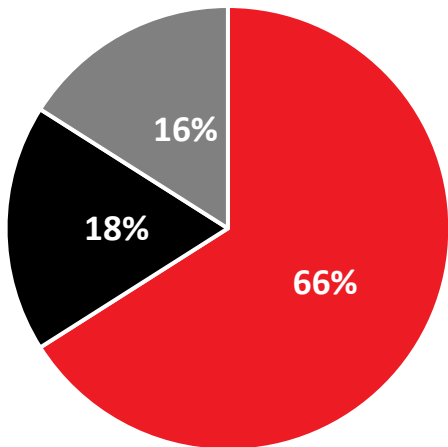


Q3: In the European Union, patients can avoid long surgical waiting lists by using a government program called the Cross Border Directive. This program allows a patient in one EU country to travel to another EU country, pay for surgery and then be reimbursed by their home country for up to the same amount the government would have paid to provide the surgery at a local hospital. Using this program is completely voluntary.

- Canadian provinces should give patients the same option – allow patients the option of waiting for surgery locally or reimburse them for surgery outside their home province or country.
- Canadian provinces should not give patients this option. Patients should be required to wait in their home province as is the current practice.
- Don't know

	TOTAL CANADA	Male	Female	18-34	35-54	55+	BC	AB	MB/SK	ON	QC	Atlantic	West	East
Weighted n =	1534	743	791	403	497	635	208	169	99	597	356	104	477	1057
Canadian provinces should give patients the same option – allow patients the option of waiting for surgery locally or reimburse them for surgery outside their home province or country.	72%	73%	72%	70%	70%	75%	74%	71%	85%	69%	71%	81%	75%	71%
Canadian provinces should not give patients this option. Patients should be required to wait in their home province as is the current practice.	14%	15%	13%	14%	14%	13%	13%	14%	7%	15%	16%	7%	12%	14%
Don't know	14%	12%	16%	16%	16%	11%	13%	15%	9%	16%	13%	12%	13%	15%

Two-thirds of Canadians agree Health Ministers should announce how many patients died due to long waiting lists each year



Q4: When it comes to patients dying while waiting for health services from the government, which of the following statements best represents your view?

- Health Ministers should have to hold a press conference each year and announce how many patients died the previous year because of long waiting lists.
- Health Ministers should not have to hold a press conference each year to announce how many patients died the previous year because of long waiting lists.
- Don't know

	TOTAL CANADA	Male	Female	18-34	35-54	55+	BC	AB	MB/SK	ON	QC	Atlantic	West	East
Weighted n =	1534	743	791	403	497	635	208	169	99	597	356	104	477	1057
Health Ministers should have to hold a press conference each year and announce how many patients died the previous year because of long waiting lists.	66%	66%	66%	67%	60%	71%	70%	57%	76%	68%	58%	84%	67%	66%
Health Ministers should not have to hold a press conference each year to announce how many patients died the previous year because of long waiting lists.	18%	20%	16%	19%	20%	16%	17%	20%	10%	14%	28%	10%	17%	19%
Don't know	16%	14%	17%	14%	20%	13%	13%	23%	13%	17%	14%	6%	17%	15%

RESPONDENT PROFILE

RESPONDENT PROFILE - *Canada*

	Weighted
n=	1534
Gender	(%)
Male	48
Female	52
Age	
18 to 34	26
35 to 54	32
55 years of age or older	41
Household Income	
Less than \$40,000	23
\$40,000 to less than \$80,000	32
\$80,000 or more	38

	Weighted
n=	1534
Gender	(%)
British Columbia	14
Alberta	11
Saskatchewan	3
Manitoba	4
Ontario	39
Quebec	23
New Brunswick	2
Nova Scotia	3
Prince Edward Island	<1
Newfoundland and Labrador	1

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