

POLICY BRIEF: Another Poll Shows Canadians Want Health Care Reform

Harrison Fleming | November 2024



Executive Summary

Canada's health care system is in crisis. Across the country, patients face long wait times to find a family doctor and to receive care in walk-in clinics and emergency rooms. It's the same story for Canadians wanting to meet with specialists and to receive diagnostic scans and surgery.

Recent analysis by SecondStreet.org using government data gathered through freedom of information requests, estimated that over one in eight Canadians are on a waitlist for surgery, a diagnostic scan or an appointment with a specialist.¹ It's not just that many patients are waiting for treatment; Fraser Institute research shows that wait times are now at their highest recorded levels in history.² Sadly, and more importantly, thousands of patients are dying each year before they can receive the care they need.³

Since launching in 2019, SecondStreet.org has regularly conducted public opinion research to assess Canadians' interest in health reform measures. This policy brief summarizes SecondStreet.org's most recent public opinion research. Conducted by Leger between October 25-27, it stresses four aspects of health care reform.

Highlights from the research include:

- 73% of Canadians continue to support the idea of their provincial government copying a policy in the European Union (EU) that gives patients the right to be reimbursed for their surgical costs abroad. In the EU, reimbursements cover up to what it would have cost the patient's government to provide treatment locally);
- 61% of Canadians support keeping our government-run system, but allowing patients to pay at non-government health facilities (or use extended health insurance);
- A shocking 47% of Canadians actually avoid seeking the care they need because they don't want to face overwhelming wait times; and
- 11% of Canadians have traveled to other provinces or outside the country to *avoid* long and sometimes life-threatening wait times or unsatisfactory care from local government-run health facilities.

Overall, this poll aligns with previously collected data from Canadians who are not satisfied with the record-setting wait times they face with Canada's government-run health care systems. Canadians continue to support reform – whether it be by copying the EU's "Cross Border Directive" policy or by simply allowing choice outside of the public system.

Methodology

The data represented in this report is from a national online survey conducted by Leger of 1,520 Canadian adults between October 25 to October 27, 2024. 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 the appendix for polling data.

Findings

The first question posed to respondents is a repeat of a question SecondStreet.org has asked Canadians before: whether or not they support their government copying an initiative like the European Union’s “Cross Border Directive” – a policy that reimburses patients for their surgical costs in other EU countries. In October 2022, 72% of those polled supported this policy while 74% supported the initiative when SecondStreet.org polled on it in October of 2023.⁴

This poll shows that a large majority of Canadians (73%) continue to support embracing this policy. Support ranges from a low of 67% in Manitoba and Saskatchewan to a high of 83% in Atlantic Canada.

As noted earlier, average wait times are at their highest recorded levels despite health care spending hitting record levels. It is no surprise that Canadians are looking for solutions like the policy offered in Europe – a policy that would empower patients, not bureaucracies.

The same interest in reform can be found in responses to the second question SecondStreet.org posed to respondents. This question focused on whether or not Canadians should be allowed to pay directly for health services outside of the public system (or to purchase extended insurance covering access to these services). Again, a clear majority of respondents supported giving patients more choice.

Q1	
<p><i>“In the European Union (EU), 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.</i></p> <p><i>Which statement best represents your view regarding implementing this program in Canada?”</i></p>	
73%	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
9%	Canadian provinces should not give patients this option. Patients should be required to wait in their home province as is generally the current practice.
18%	I don’t know

Q2	
<p><i>“Thinking about health care choices in Canada, which statement best represents your view?”</i></p>	
61%	Canada should keep our public health care system, but allow patients to use their own money, or their extended health insurance, to pay for surgery at local private clinics if they cannot get timely care in the public system.
25%	Canada should keep our public health care system and not allow patients to use their own money or insurance to pay for surgery at local private clinics if they don’t want to use the public system, even when the wait lists exceed the maximum acceptable time.
14%	I don’t know

When SecondStreet.org last posed this question, in November 2022, roughly the same percentage of Canadians (62%) supported keeping the public system but allowing patients to pay for care at non-government health facilities.⁵

While it seems common sense that patients should still be able to access health care somewhere else locally when their government cannot provide it, existing laws in Canada prevent that. With the exception of Quebec, patients generally cannot pay for surgery at local private clinics. They must travel to other provinces or outside the country for timely treatment. This is why, for instance, we see Vancouverites traveling to Calgary for private surgery while Calgarians travel to Vancouver for the same private surgery.

No other developed country has these kinds of barriers – only places such as Cuba and North Korea have comparable restrictions. One reason why other developed nations do not have such barriers is that they restrict the supply of health care and require everyone to place demand on the public system. Allowing choice would take pressure off that public system.

Perhaps the most sobering data comes from our third question. SecondStreet.org asked Canadians whether they are avoiding government-run health care providers altogether because of wait times. Sadly, the answer was yes. With ER wait times at record levels, walk-in clinics are often congested, and millions of Canadians do not have access to a family doctor. It's no surprise that 47% – nearly half – of Canadians are choosing to stay home instead.

There are very real consequences for all of this. Without access to timely diagnostics, treatment and care, small problems can become large problems. An ailment that could have been detected and dealt with might end up becoming fatal.

SecondStreet.org releases regular updates to CanadaWaits.ca, a consolidated tracker of government-released wait time data that shows an estimated 5.2 million Canadians are waiting for health care right now. With the data from the poll question above, however, and with so many people willing to avoid the health care system altogether, we can see that number is likely even larger.

This finding also has implications for SecondStreet.org's annual *Died on a Waiting List* report, which shows that since 2018, nearly 60,000 Canadians have died while waiting for health care.⁶ While there is no way of knowing how many Canadians have died because they chose not to seek health care due to the challenges of accessing government-provided treatment, the fact it is happening at all is unconscionable.

Anecdotally speaking, many Canadians have heard stories of people traveling abroad to seek medical treatment instead of facing wait lists at home. SecondStreet.org's final polling question sought to determine how many Canadians have paid for health care outside the province (including abroad) because they simply can't get the care they need at home.

Q3	
<i>"Do you ever avoid going to a hospital or a doctor because you don't believe you will receive timely treatment?"</i>	
47%	Yes
49%	No
4%	I don't know

Q4	
<i>"Have you ever traveled to another province or country and paid for private health care services because you wanted to avoid long wait times or unsatisfactory services in your home province?"</i>	
11%	Yes
87%	No
2%	I don't know

While there are many variables that make traveling for health care an unviable option for some, many Canadians are still making the choice – and investment – to travel abroad for care. In fact, while it's often claimed that “the rich” are the ones traveling abroad for treatment, medical tourism is occurring across the income spectrum: 9% of households with incomes under \$60,000 indicated they have purposely paid for health care outside their province, 12% of those with incomes between \$60,000-100,000 and 11% of those with incomes above \$100,000 per year.

Conclusion

This data confirms that Canadians are dissatisfied with the health services available to them and continue to support reform. From supporting European policy solutions like the Cross Border Directive to welcoming choice outside of the public system, Canadians continue to signal that the status quo isn't good enough.

The fact that roughly half of Canadians indicated they would not access government-run health care because they didn't think they would get treated in a timely manner should serve as a wake-up call for policy makers across the country.

About the Author

Harrison Fleming is the Legislative and Policy Director at SecondStreet.org. He has spent more than a decade working in senior positions in government across Canada. His firsthand knowledge of government operations and barriers to change drove him to pursue reform. You will frequently see his columns on health reform, education reform and other topics in newspapers and media outlets across Canada.

References

1. SecondStreet.org, CanadaWaits.ca
2. Fraser Institute, 2023 “*Waiting Your Turn* Report”
3. SecondStreet.org, “Updated Figures: *Died on a Waiting List*”, March 2, 2023
4. SecondStreet.org, “*Policy Brief: Poll Shows Canadians Continue to Want Health Reform*” October 2022
5. SecondStreet.org, “November 2022 Health Care Polling Numbers” December 19, 2022
6. SecondStreet.org, “Updated Figures: *Died on a Waiting List*” March 2, 2023



Canadian Views on Health Care Options



Methodology



Method

Canadian online survey via Leger's LEO panel, with n=1520 Canadians aged 18+.

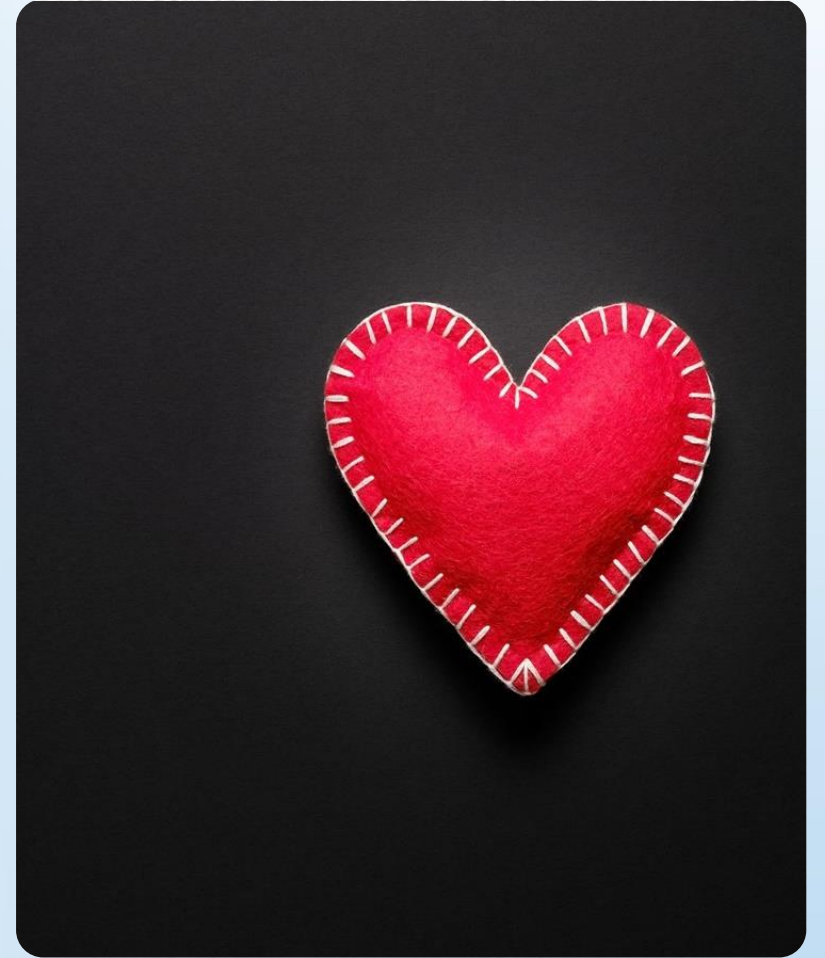
When

The weekly online omnibus was in field from the 25th to the 27th of October 2024, inclusive, using Leger's online panel, LEO.

Margin of error

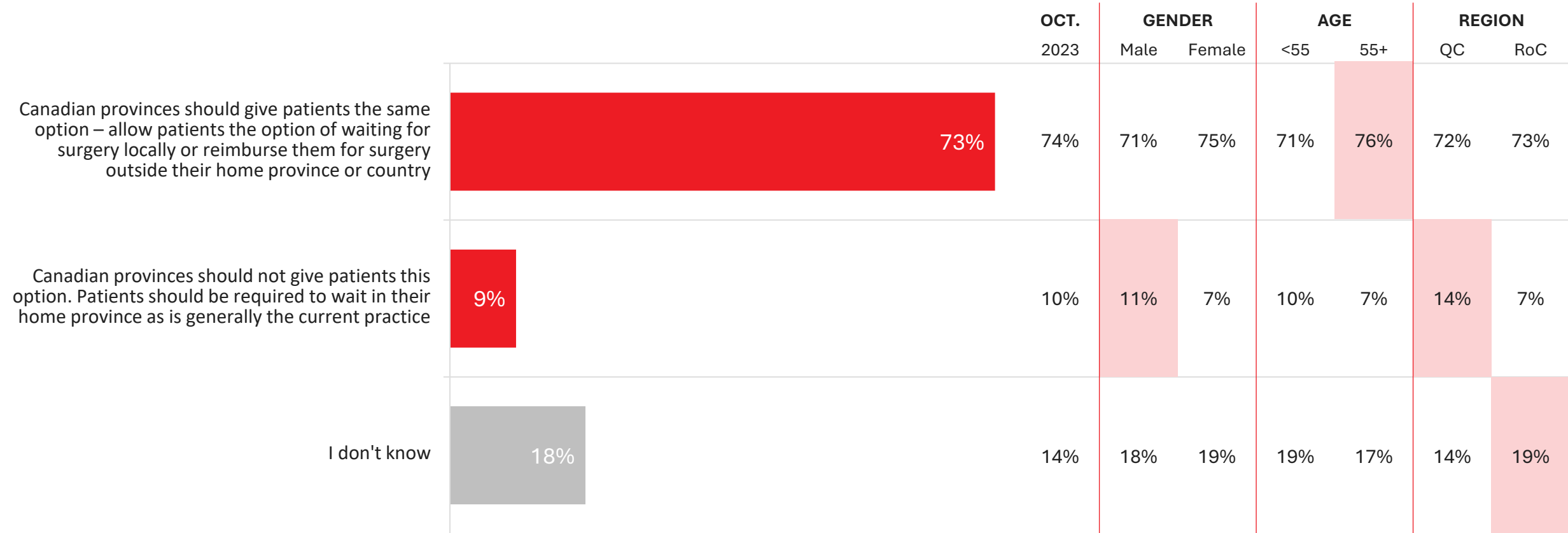
For comparison purposes, a probability sample of this size (n=1520) yields a margin of error no greater than $\pm 2.5\%$, (19 times out of 20)

Detailed Results



Most (73%) believe Canadian provinces should allow patients the option of waiting for local surgery or being reimbursed for surgery outside their province or country.

Having a private healthcare option is significantly more likely to be supported by older Canadians (aged 55+), as well as rural residents (82% vs. 72% in urban or suburban areas), and those earning \$60K or more (77% vs. 69% among those earning <\$60). Regionally, Atlantic Canadians are more in favour of this option (83% vs. 72% in the rest of the country). Results are similar to those from October 2023.



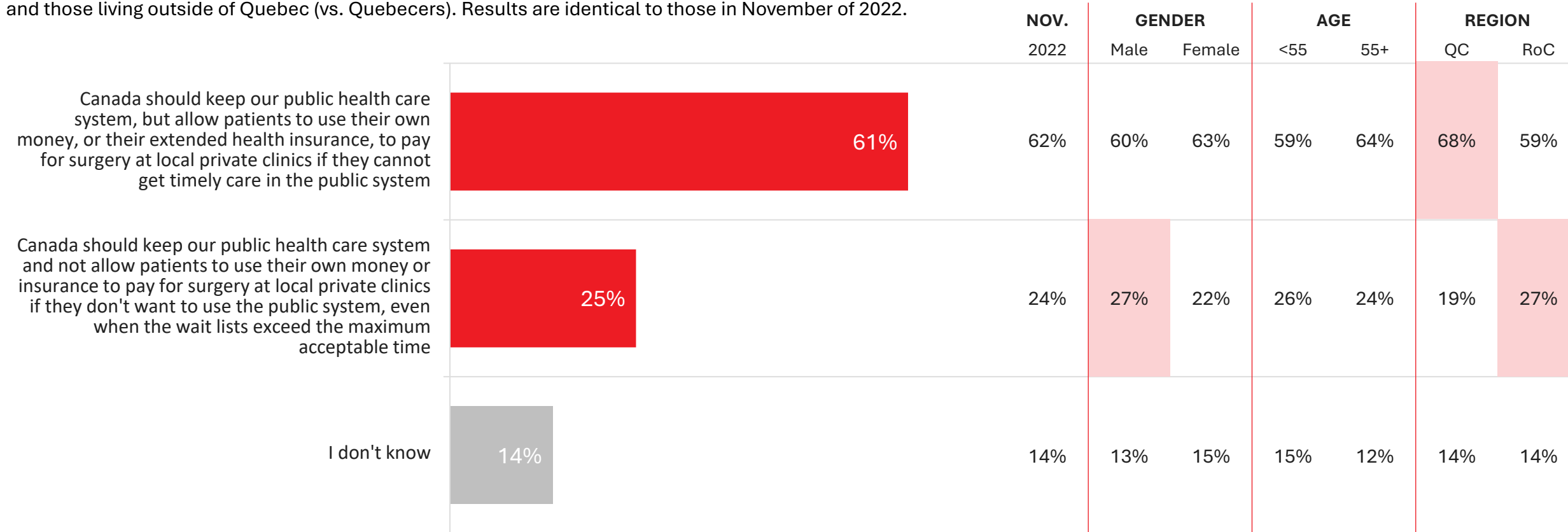
Q1. Which statement best represents your view regarding implementing this program in Canada?

Base: ALL n=1520

Significantly higher than its counterparts 4

If public funding is off the table, six-in-ten (61%) believe patients should be able to use their own money or extended health insurance to pay at local private clinics.

If they cannot get timely care in the public system, Quebecers are significantly more likely to agree that while Canada should keep our public health care system, patients should be allowed to use their own money, or their extended health insurance, to pay for surgery at local private clinics. A quarter (25%) say that Canada should keep our public health care system and not allow patients to use their own money or insurance to pay for surgery at local private clinics if they don't want to use the public system, even when the wait lists exceed the maximum acceptable time. This opinion is strongest among men (vs. women) and those living outside of Quebec (vs. Quebecers). Results are identical to those in November of 2022.



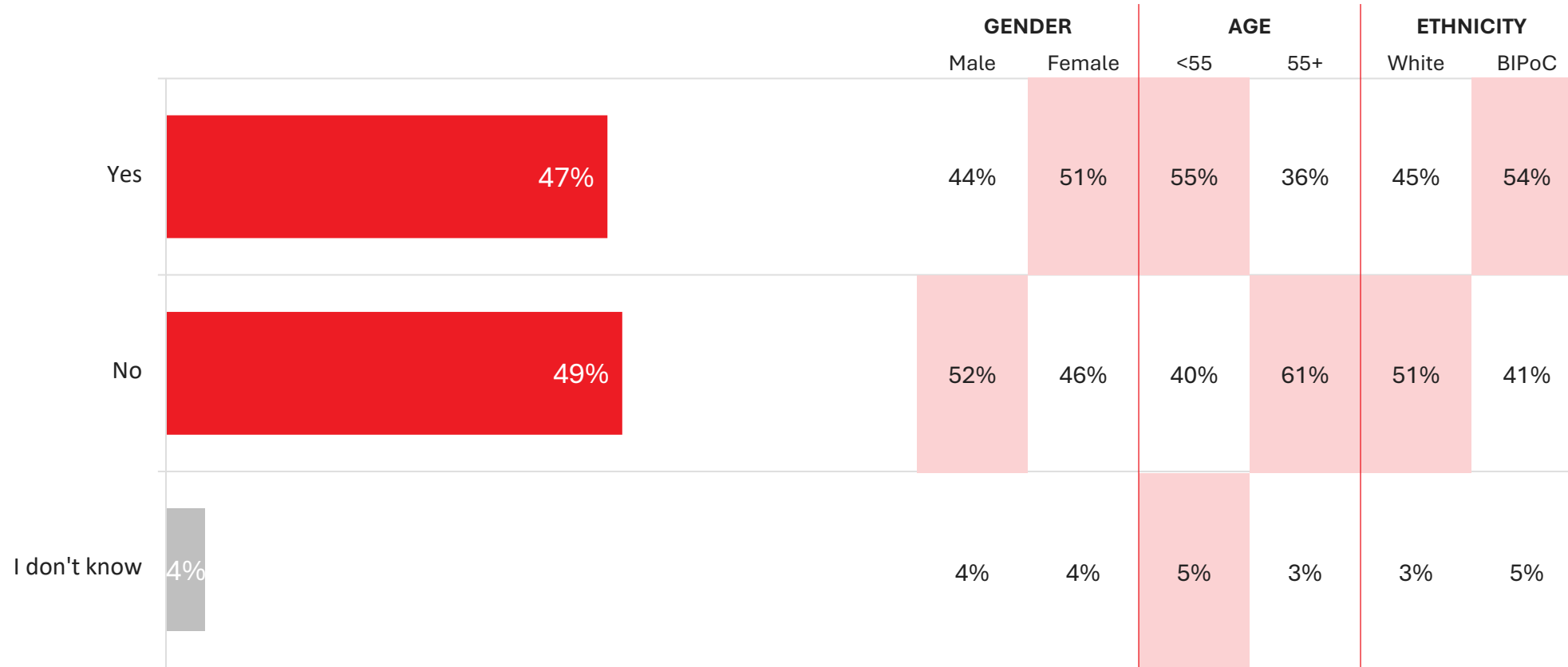
Q2. Thinking about health care choices in Canada, which statement best represents your view?

Base: ALL n=1520

Significantly higher than its counterparts 5

About half of Canadians (47%) have avoided going to a hospital or doctor for fear that they won't receive timely treatment.

Those who have avoided going to a hospital or a doctor are significantly more likely to be women, younger Canadians, and those who identify as BIPOC vs. their counterparts. Moreover, 65% of Atlantic Canadians have also refrained from a hospital or doctor visit for fear of a lack of timely treatment (vs. 46% in the rest of the country).



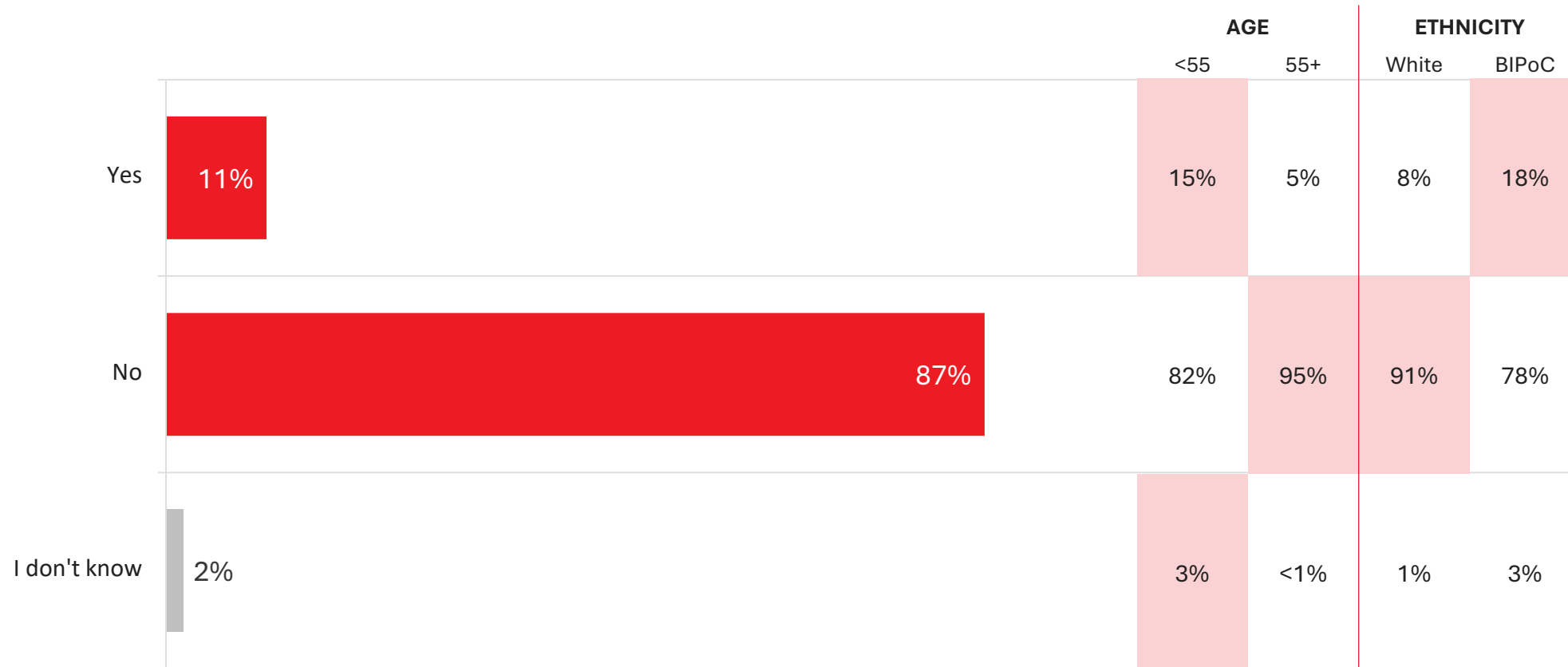
Q3. Do you ever avoid going to a hospital or a doctor because you don't believe you will receive timely treatment?

Base: ALL n=1520

Significantly higher than its counterparts 6

Few, just 11%, have ever travelled to another province or country and paid for private health care services because they wanted to avoid long wait times or unsatisfactory services in their home province.

Those who have travelled for health care services are significantly more likely to be those under age 55 and those who identify as BIPOC vs. their counterparts. The vast majority (87%) have not done this.



Q4. Have you ever traveled to another province or country and paid for private health care services because you wanted to avoid long wait times or unsatisfactory services in your home province?

Base: ALL n=1520

Significantly higher than its counterparts

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