

# POLICY BRIEF: Debbie's Law – A Simple Policy to Save Lives

Harrison Fleming | March 2025



## Executive Summary

Many Canadians believe the health care system will be there for them and their loved ones if they fall critically ill. Certainly, that was what Manitoba patient Debbie Fewster and her family believed when it was discovered she required triple-bypass surgery in 2024. Instead, after being told she needed surgery within weeks, Debbie languished on a waiting list for more than two months before passing away.

Debbie's son Daniel informed SecondStreet.org that if his family had known in the beginning that the health system would not be able to provide treatment in a timely manner, he and his sisters would have remortgaged their homes or found other ways to help their mother pay for surgery outside the province.

The tragedy involving Debbie and her family is not unique. While governments do not proactively release data on patients dying on waiting lists, figures obtained by SecondStreet.org paint a devastating picture.<sup>1</sup> For instance, Ontario Health data

shows that 115 patients died during the 2023-24 fiscal year while waiting for heart surgery.<sup>2</sup> Of those, 41 patients waited longer than the maximum recommended wait time.<sup>3</sup> In Nova Scotia, the government disclosed in 2022-23 that 50 patients died waiting for potentially life-saving treatment – 19 of whom died after waiting longer than the maximum recommended wait time.<sup>4</sup>

In addition to these stats, there are high-profile examples in the media of Canadian patients dying on waiting lists. For example, in 2018, *La Presse* highlighted the tragic story of Michel Houle, a Quebecer, who was told he needed heart surgery within two to three months.<sup>5</sup> When the hospital called him nine months later to finally schedule his surgery, he had already passed away.

Health reform is a contentious issue in Canada, but one proposal seems indisputable. "Debbie's Law" would require health regions and health authorities to inform patients immediately if they are unable to provide the potentially life-saving treatments those patients need in a timely manner – heart operations, cancer treatment, etc. – and to recommend that they may wish to seek treatment outside the province.

Ideally, patients' home provinces would reimburse them for having to travel for care abroad. "Debbie's Law", however, does not specifically address the financial side of the issue. Instead, it focuses on a change that is likely to receive broader support – the need to inform patients immediately whenever life-saving treatment cannot be provided in a medically necessary timeframe.

## Introduction

*“How come people keep dying, waiting on lists even after you pay into health care your whole life? That’s the other part ... we weren’t given other options besides waiting for the Canadian health care system. We weren’t advised to go anywhere else to seek treatment. We were told to wait, and they were not able to be there for her.”*

– Daniel Fewster, Debbie’s Son

During the summer of 2024, Manitoba patient Debbie Fewster had been experiencing some minor heart symptoms. After meeting with a specialist she was diagnosed with angina, a pain in the chest that is often the symptom of a larger issue. It’s a red flag in heart health. Debbie’s doctor recognized this and scheduled a stress test to try to gain a better understanding of the extent of the problem. Debbie would fail that stress test on August 1, 2024. It was clear; Debbie needed urgent heart surgery.

Her doctor acted quickly and booked her to see a specialist within two weeks. An echocardiogram (ECHO) was scheduled and took place two weeks later. The ECHO discovered just how serious this issue was. Debbie would need a triple bypass, and she would need it soon.

She was given medication and sent home. Most importantly, she was told she needed life-saving surgery within three weeks. This was on August 22.

Initially, Debbie and her family were optimistic. Her brother had this same surgery approximately 20 years prior, and it had resolved his issue. According to the Cleveland Clinic, the success rate for the surgery is quite high; “ten years after having a coronary artery bypass, more than 75% of people are still alive.”<sup>6</sup>

Following her stress test in July, Debbie had been moving through the health care system quickly, a recognition of the severity of her case. But then she hit a wall, and it soon became clear she would not have her surgery scheduled in September. Debbie and her family were told they would be given a week’s notice for the emergency surgery. That notice never came.

*“They knew she needed surgery, on August 1st, and they clipped her along to there. And after the echocardiogram, we basically heard nothing until October 13th when she passed away.”*

– Daniel Fewster, Debbie’s Son

Even more damning were the signs within the health care system itself that seemed to recognize that Debbie would not get help in time. According to Debbie’s son, one of the reasons they were given for the delay was that the system was ‘catching up’ due to staff taking summer holidays.

There are of course circumstances where a hospital or health care provider may not be able to anticipate delays. For instance, a disastrous situation such as a bus accident could overwhelm a hospital with emergency cases, causing physicians to be diverted from previously scheduled procedures. This does not, however, appear to have been the case for Debbie Fewster.

“Do no harm” is a bedrock principle of the medical system. That system left Debbie and her family with the expectation that her life was in good hands and that she would receive timely treatment.

Her situation demands the question: if the health care system knew they had a number of staff away on holidays and could not provide timely care for Debbie, why didn’t they inform her that her life was at risk due to delays?

*“If my family had known that they weren’t going to be able to get to her in time, without a doubt, without a hesitation – I have two sisters who both own homes. We would all – at the very least – have remortgaged our houses. We’d have explored different options. Probably in the States, maybe Mexico, overseas, wherever.”*

– Daniel Fewster, Debbie’s Son

## Background

As tragic as Debbie’s story is, it is not the only one. In 2018, [La Presse](#) reported on the situation of Michel Houle, a Quebecer, who was told in April 2017 that he needed heart surgery within two to three months and was then placed on a waiting list. When the hospital called Houle nine months later to finally schedule his surgery, he had already passed away. Coroner Julie Blondin noted in her report: “[A delay of more than nine months was certainly fatal for this patient.]”<sup>7</sup>

In Ontario, 18-year-old Laura Hillier’s tragic experience with the health care system was one of the inspirations for SecondStreet.org to begin collecting data on Canadian patients who died while waiting for health care. Hillier was battling leukemia and had finally secured a donor for a bone marrow transplant. All she needed was the surgery. Sadly, Hillier passed away after waiting more than half a year for that surgery to be scheduled.<sup>8</sup>

Melanie Leeson is a British Columbian, and a veteran who served Canada. She is currently facing a difficult battle with cancer and was told by four different doctors that if she actually wanted timely care to survive, she should consider travelling abroad and paying privately.<sup>9</sup>

Thankfully, her doctors were honest with her. Leeson accepted their advice and traveled to Baltimore in the United States for treatment. According to Leeson, her doctor in the U.S. was “visibly upset” when she described her situation and told her,

“What B.C. Health [is] doing to patients is criminal.” If Leeson had not decided to pursue treatment abroad, it is quite likely she would have faced the same tragic ending as Debbie, Michel, and Laura.

Daniel Fewster shared with SecondStreet.org that emergency responders hear stories of waiting list deaths all too often. He described what happened when police officers responded to his family’s 911 call after his mother had a heart attack:

*“...one police officer interrupted me and said, ‘hey, I’ve lost two family members to this as well, waiting on a list.’ And she said, ‘you would not believe how many calls we respond to where this is the situation.’ ‘People died waiting on a list,’ she says. ‘It happens constantly.’”*

Government data shows that thousands of Canadians die each year on waiting lists for various surgeries, procedures and diagnostic exams – some that are potentially life-saving, while others are treatments that could have improved patients’ quality of life in their final years.

Since 2019, SecondStreet.org has been compiling data on patients in Canada who have died on health care waiting lists and summarizing that research in annual “*Died on a Waiting List*” reports. Since the 2018-19 fiscal year, nearly 75,000 cases have been identified where patients died waiting for various surgeries and diagnostic scans.<sup>10</sup> That number, staggering as it is, does not cover every jurisdiction. Because many provinces simply don’t track the problem, the true figure is likely much higher.

According to data from the Ontario government – Canada’s largest province – 115 patients died last year while waiting for cardiac surgery alone. Of those 115 deaths, 41 patients had waited longer than the recommended wait time.<sup>11</sup> In 2022-23, Nova Scotia reported 532 patients died while on surgical waitlists. Of those, 50 cases were situations where a patient was waiting for a potentially life-saving treatment – and of those 50 cases themselves, 19 patients had waited longer than the recommended wait time.<sup>12</sup>

It is also important to note that as tragic as Debbie Fewster's case is, her life-threatening medical issues were discovered by a medical professional many Canadians do not have – her family doctor. According to the Canadian Medical Association, 6.5 million Canadians do not have access to a family doctor.<sup>13</sup> One can only imagine how many lives could have been saved if more patients had had access to early, life-saving intervention after meeting with their primary caregiver.

The problem goes beyond access to a family doctor, however. Recent public opinion research conducted for SecondStreet.org by Leger found that nearly half of Canadians avoid using the health care system over concerns about long wait times.<sup>14</sup>

## Policy Solutions

Various health reform measures could reduce wait times and improve the health care system's operations – from changing the way hospitals are funded and incentivizing output (activity-based funding) to allowing patients to access health care at non-government providers operating outside the public system and allowing for more partnerships between government and non-government health providers, to name a few.

While these measures might be contentious in some circles, there is one option that would help patients in Debbie's situation which would likely also receive support across the political spectrum.

In short, "Debbie's Law" would compel regional health authorities (or provincial health authorities) to ensure patients are informed whenever potentially lifesaving treatment cannot be provided within the medically recommended timeframe. Patients would also be advised that they may wish to seek lifesaving treatment outside their home province.

This requirement would bring governments' responsibility toward health care into line with what governments require of private businesses. Take, for example, the recalls that automakers are required to issue whenever a potentially

dangerous mechanical issue arises. Car manufacturers are tasked not only with informing everyone who owns the impacted vehicle, but also with remedying that issue altogether.<sup>15</sup>

Similarly, food importers and processors must notify consumers whenever a public health issue arises from a product – such as lettuce – that may have been contaminated. They are responsible not only for pulling that product off of the shelves but also for informing customers of the issue.

Following these examples, it should stand beyond question that governments should have the same obligation to inform citizens whenever the health care system puts patients' lives at risk.

Under Debbie's law, if a patient is told they require surgery within, say, 28 days, and the local health region is booking at least 60 days out, health authorities would have to inform the patient they will not be treated within the necessary timeline. It's important to note that the intention of Debbie's Law is not to criticize or condemn diagnosing physicians for their recommendations – they should always be encouraged to inform patients of their honest opinion. Debbie's Law is simply a tool for patient transparency which can potentially save lives.

*"I think it should be a requirement. I don't think it's fair to say: 'yes, no, maybe so,' when somebody is facing imminent health concerns that will cost them their life ... it's almost criminal to not give people options when they know they're not going to be able to get to them."*

– Daniel Fewster

Ideally, this law would be backed up with a financial penalty imposed on health regions or provincial health authorities that fail to comply with the requirement. The penalty would be paid to patients or their families.

Obviously, there is no amount of money that can atone for the death of a loved one, but a strong financial penalty would do two things:

First, it would make health authorities keenly aware of their responsibility to patients. Right now, they already have the tools to see the necessary information. If they faced a penalty for not sharing it, the incentive to provide that information to patients would be clear.

Second, it would be an important and symbolic recognition from the authority to the family of that patient that a serious error occurred.

Again, it is important to note that Debbie's Law focuses on situations where a hospital or care provider could reasonably foresee they could not provide care in time. Unforeseen events can occur and alter a hospital's operations; this is understandable. However, it is reasonable to expect that if a patient's date for potentially life-saving surgery is delayed beyond the maximum recommended time frame, that patients should be informed of the risk.

Evidence suggests that the medical establishment might welcome Debbie's Law. The Canadian Medical Association (CMA) website already notes that the system should pay for patients to receive treatment abroad:

*"The CMA is calling for provincial and territorial governments to provide patients with the choice to receive care (and cover the costs) either within their jurisdiction, elsewhere in Canada, or outside the country if care is not provided within a timely manner."*

## Conclusion

Had the system been required to inform Debbie Fewster that it could not provide her potentially life-saving treatment in a timely manner, there is a chance she would still be with us today.

As noted, her family made it clear they would have stopped at nothing to find the care their mother needed. Unfortunately, they were under the impression the health care system would be there to care for their mom. It clearly was not.

Debbie's case is tragic but sadly is not unique in Canada. Thousands of patients are dying while waiting for various health care services every year. The status quo is letting people down, and families have little to no recourse when a health system is too broken to treat their loved ones.

While meaningful health reforms – such as reimbursing patients for out-of-province care – are necessary to improve service delivery, Debbie's Law is a simple and immediate step that is neither costly nor cumbersome for governments. It should be no less than a moral obligation of government-run health care monopolies to inform patients if their lives are at risk.

## About the Author

Harrison Fleming is Legislative and Policy Director at SecondStreet.org. He has spent more than a decade working in political offices across Canada, serving in several senior roles. His firsthand knowledge of government operations and barriers to change drove him to pursue reform. His columns on health and education reform are frequently seen in newspapers and media outlets across Canada.

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