

POLICY BRIEF: Another Poll Shows Canadians Support Health Care Reform

Colin Craig and Bacchus Barua | November 2025



Executive Summary

Across Canada, we find provincial health care systems in crisis. An estimated six million Canadians do not have family doctors, surgical wait times are at all-time highs and thousands are dying on waitlists each year before receiving treatment.^{1 2 3} Each winter during flu season media report on hospitals that are beyond capacity – “hallway medicine” has become a common term nationwide. Research shows over one million patients left emergency rooms in 2024 alone without being treated.⁴

These are just a few of the problems facing patients in Canada. Since launching in 2019, SecondStreet.org has regularly polled on various health reform options to assess the public's views. Recently, SecondStreet.org hired Leger to poll Canadians on five policy reform options that could potentially improve our system.

Key findings from the October 31-November 2, 2025 poll include:

- 59% support governments paying non-government clinics to provide services to reduce wait times for patients in the public system. Many provincial governments embraced this type of collaboration to reduce COVID backlogs. Only 23% oppose the option;
- 56% support the idea of governments funding hospitals based on services provided (activity-based funding) rather than the current practice of providing them with annual cheques (global budgeting). Better-performing public systems in Europe use activity-based funding – a model Quebec and Alberta are moving towards;
- 59% support keeping the public system but allowing patients to pay for services at non-government clinics if they cannot get timely care within the public system. 28% oppose this option while 14% don't know;
- 50% believe governments should offer financial incentives to reward those who live healthy lives. 31% oppose this idea while 19% don't know;
- 30% support “small user fees” in the health system while 55% oppose the idea. Support remains similar (32%) when the fee is defined as \$10 per appointment with a doctor (to a maximum of \$100 per year).

Overall, these numbers are similar to past public opinion research, namely by showing that the public generally supports moving forward with reform that allows for more choice in terms options available to patients and the structure of the system itself (i.e. partnerships). With the cost of living continuing to be a top issue of concern for Canadians, user fees are, not surprisingly, strongly opposed.

Methodology

The data represented in this report is from a national online survey conducted by Leger of 1,627 Canadian adults between October 31 and November 2, 2025. The respondents to this survey were drawn from Leger's LEO 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 no greater than +/- 2.4%, 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 – in partnership with Leger – polled Canadians on five health care reform options, each with the potential of tackling the growing waiting lists that have become a permanent feature of our health care system. The proposed reforms are based on the experiences of other better-performing universal health care systems around the world, including those in Sweden, Switzerland, the Netherlands, France, Australia, Germany, and Japan (among others).

The poll's first question relates to the role the private sector can play as a partner within a publicly-funded universal health care system. The poll found a majority of Canadians (59%) agree that governments should pay private and non-profit clinics to perform surgeries, procedures and diagnostic scans for patients in the public system to reduce wait times.^a Only two-in-10 Canadians oppose this approach.

Q1

Which of the following best represents your view when it comes to governments using private and non-profit health clinics to reduce surgical backlogs in the health care system?

59%	Governments should pay private and non-profit clinics to perform surgeries, procedures and diagnostic scans to reduce waiting times for patients.
23%	Governments should not pay private and non-profit clinics to perform surgeries, procedures and diagnostic scans to reduce waiting times for patients.
18%	I don't know

The strong support for collaboration with the private sector suggests Canadians understand the significant challenges posed by wait times, as well as the potential for non-profit and private clinics to help clear backlogs.

This type of collaboration is already prevalent in several provinces in Canada including B.C., Alberta, Ontario and Quebec.⁵ The most notable example is perhaps the Saskatchewan Surgical Initiative, where publicly-funded care in private clinics contributed towards a 75 percent reduction in the number of patients waiting more than three months between 2010-14.⁶ Studies have also documented relatively higher efficiency in contracted private clinics in Quebec, as well as lower cost per procedure to the public system in both Saskatchewan and Ontario.^{7 8 9}

a) This is similar, albeit slightly lower, than the level of support recorded for a similar question in a poll conducted by SecondStreet.org in 2024 (64%) and 2021 (67%). Presumably the record high level of support in 2021 was in the context of significant backlogs resulting from government policies during the COVID-19 pandemic.

The highest level of support for this type of collaboration was from respondents in Quebec. This is unsurprising given the prevalence of private clinics (called Specialized Medical Centres, SMCs) following the Chaoulli decision in 2005, as well as recent legislation by the Legault government to expand the types of procedures these clinics can perform.¹⁰

The poll's second question relates to the manner in which hospitals are funded and asks respondents whether they should be paid throughout the year according to services provided, or by presenting hospitals with an annual cheque at the beginning of the year.

To be sure, this is a somewhat technical question that most patients probably do not think about when they use the health system. However, as Alberta and Quebec are moving towards this funding approach for more of the health services they provide, SecondStreet.org believed it was an important question to pose to Canadians.

Q2

When it comes to funding hospitals and clinics each year, which option do you think governments should use?

56%	Governments should give hospitals or clinics money each time they provide a service to a patient. The payments would be made throughout the year and would differ depending on the complexity of the service provided.
28%	Governments should give hospitals and clinics an annual cheque at the beginning of each year to use throughout the year to help patients.
22%	I don't know

The poll found over half (56%) of Canadians prefer hospitals or clinics be funded each time they provide a service throughout the year (with payments varying by complexity). A majority support this option across Canada, including all age groups and both genders.

Under such a system (often called activity-based, or patient-focused funding) a hospital might receive, say, \$15,000 each time it provides a knee operation, or \$25,000 if it provides a hip operation (with adjustments for medical factors). This modern approach is used by the vast majority of universal health care systems around the world, particularly in Europe, and incentivizes health providers to help more patients.¹¹ This reform is linked to increased activity and efficiency, as well as lower wait times under the right conditions.¹²

By contrast, most provinces in Canada still pay hospitals using an outdated approach called “global budgeting” (funding transferred through an annual cheque) which does not incentivize treatment, but rather treats patients as costs that eat into their annual budget. Canadians understand this approach doesn’t make sense, with only 23 percent of respondents favouring this method of funding hospitals.

As noted, provinces like Quebec have already started shifting towards an activity-based approach while others (like Alberta) have signalled their intention for similar reforms in the near future. Notably, a report by the Montreal Economic Institute (MEI) found that the introduction of activity-based funding was associated with a 22 percent increase in MRI procedures despite a four percent reduction in unit cost, and a 26 percent increase in productivity in the radiation oncology sector accompanied by a seven percent reduction in cost per procedure.¹³

The third question relates to patient choice in the face of long wait times – specifically the freedom to use their own money (or purchase insurance) for private surgery when timely care isn't unavailable within the confines of the public system.

Q3	
<i>Thinking about health care choices in Canada, which statement best represents your view?</i>	
59%	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.
23%	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

The poll found that the majority of Canadians (59%) believe that while Canada should keep its public health care system, it should allow patients to exercise this option.

Unfortunately, patients in Canada cannot generally exercise this freedom within provincial borders due to a combination of federal and provincial legislation.¹⁴ A notable exception to this rule is Quebec, where the Supreme Court of Canada ruled that the provincial ban on private insurance for core health care services was against the Quebec Charter of Rights.¹⁵ Despite this ruling, the province has only loosened restrictions for a select number of treatments, typically provided at Specialized Medical Centres. Patients can, however, directly pay for care delivered by physicians who have opted out of the public plan – a growing trend in the province.¹⁶

Unsurprisingly, the greatest support for allowing patients to pay (directly or through insurance) for private care was reported in Quebec (65%).

By contrast, just under a third of respondents (31%) in other provinces suggested paying for care at a private clinic (directly or via insurance) should be prohibited, even when the wait lists exceed the maximum acceptable wait time. Overall, we again find a majority of Canadians across the country, among all ages and both genders support this option.

Discussions about health care reform in Canada primarily revolve around the supply of health care services by government. However, little consideration is given to reforms that could potentially reduce demand for potentially preventable conditions – encouraging Canadians to live healthier lives while simultaneously freeing up existing medical resources for treating unavoidable health care needs.

Q4	
<i>Each year the health care system has to use a lot of resources to treat health problems that could have been prevented through patients living healthier lives – better diets, getting more exercise, quitting smoking, etc. Which of the following best represents your view?</i>	
50%	The government should give financial incentives to reward those who live healthy lives.
31%	The government should not give financial incentives to reward those who live healthy lives.
19%	I don't know

According to the Canadian Cancer Society, “[a]bout 4 in 10 cancer cases can be prevented through healthy living and policies that protect the health of Canadians,” while the

Heart and Stroke Foundation suggests “80% of premature heart disease and stroke can be prevented through healthy behaviours.”^{17 18} Empirical evidence repeatedly shows that financial incentives can lead to health benefits. One recent report estimated Canada could have saved over \$12 billion in avoidable health care costs – and that’s just based on five medical conditions responsible for the highest years of life lost among men.¹⁹ More generally, the Chronic Disease Prevention Alliance of Canada (CDPAC) estimated that the cost of treating diet-related disease in Canada was approximately \$26 billion in 2015.²⁰

SecondStreet.org polled Canadians about the idea of governments providing financial rewards to incentivize healthy living. The results indicate that half of the respondents (50%) supported the introduction of such incentives. Among the provinces, higher support was reported in Alberta (57%) and Quebec (53%), while there was relatively less support in Ontario (47%) and Atlantic Canada (42%). Across Canada, seniors aged 55 and older were most likely to oppose government-provided health incentives.

To be sure, even if financial incentives helped lead to improvements to the average Canadian’s health, it is unlikely the health care system would realize year-over-year savings in the immediate term. This is due to the significant pent-up demand for health services (as evidenced by wait lists) and the system being rather inefficient. However, what a significant improvement to the health of Canadians could do is reduce demand for avoidable health conditions, allowing the system to focus resources on helping Canadians with unavoidable conditions.

For questions five and six, SecondStreet.org decided to probe another policy idea that comes up from time to time – user fees in the health care system.

User fees are a common feature of better-performing universal health systems around the world – Sweden, Germany, France, Switzerland, Japan to name a few. In fact, a Fraser Institute study found 22 (of 28) universal health care systems employ some form of cost-sharing (with Canada among the minority that don’t). Under such models, when patients receive health care services, the majority of the cost is covered by insurance (either by a tax-funded government plan, or via regulated private insurers), but patients do pay a portion of the bill. For example, a patient in Japan might pay a \$28 fee for an appointment with a family doctor, while one in Germany would pay about \$16 per day in hospital (with no charges after 28 days).²¹

Q5

Which of the following best represents your view when it comes to the idea of small user fees in the health care system, with exemptions for vulnerable populations?

30%	I think it would be reasonable to have a small user fee when people use the health care system.
55%	I don’t think it would be reasonable to have a small user fee when people use the health care system
15%	I don’t know

The Leger poll found a majority of Canadians (55%) do not support this policy option. Opposition was highest (61%) among the poll’s middle-income bracket (\$60k-100k). Despite the widespread adoption of user fees in other more successful universal health care systems, the results are not terribly surprising as the cost of living continues to be the issue of top concern in Canada. For instance, an October 2025 Ipsos poll found that addressing the cost of living were the top two priorities (42% – “help with daily expenses” and 27% “lower personal taxes) Canadians wanted addressed in the November federal budget.²³

Even when defining “small user fee” as a charge of \$10 per patient visit with a doctor (up to a maximum of \$100 per year), there was still strong opposition.

Q6	
Do you think it would be reasonable for adults to pay \$10 each time they had an appointment with their family doctor? (Up to a maximum of \$100 per year)	
59%	No
32%	Yes
9%	I don't know

The *Canada Health Act* does not allow health providers to receive payment for an insured service from both a patient and a provincial government.²⁴ Considering the public’s views towards this option, it is doubtful a federal politician would change the legislation to allow such charges anytime soon. It is equally doubtful a provincial government would allow such fees, risking funding clawbacks from Ottawa.

Conclusion

The findings within this research project are similar to past public opinion research, namely by showing that Canadians are quite supportive of reforming the health system to allow for more choice in terms options available to patients and the structure of the system itself (i.e. partnerships). This research found that support was also high for changing the funding structure of the system to incentivize output using an activity-based funding approach. Finally, with the cost of living continuing to be a top issue of concern for Canadians, user fees are opposed by just over half of the respondents to the poll.

About The Authors

Colin Craig is President of SecondStreet.org. He has 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 Canada’s aging population. More recently, Colin authored several chapters for the eBooks, *Life After COVID: What’s Next for Canada?* and *Healthcare Choice in Canada*. He has contributed to public policy changes at the federal, provincial and municipal levels in Canada. In 2022, he was awarded the Queen Elizabeth II’s Platinum Jubilee medal for his work on improving public policy in Canada.

Bacchus Barua is Research Director for SecondStreet.org. He is a Canadian economist with over 15 years of experience in the think tank world. As the former Director of Health Policy Studies at the Fraser Institute, Bacchus researched a range of key health care topics and has helped shape public discourse in the field through frequent commentary on radio and television – including appearances on CBC, Global News, CTV, BNN and articles featured in the Wall Street Journal, National Post, Globe and Mail, Maclean’s and Forbes. He was also invited to provide testimony for the House of Commons Standing Committee on Health (HESA) in 2022. Bacchus currently also serves as an affiliate scholar with the Canadian Health Policy Institute [CHPI].

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National Omnibus

Second Street

Canadian Views on Healthcare System



Date: 05 / 11 / 2025
Project: 10013636



Methodology



Method

Canadian online survey via Leger's LEO panel, with n=1,627 Canadian residents aged 18+.

When

In field from the Oct 31st to Nov 2nd of 2025, inclusive.

Margin of error

For comparison purposes, a probability sample of n=1,627 yields a margin of error no greater than $\pm 2.4\%$, (19 times out of 20).

Weighting

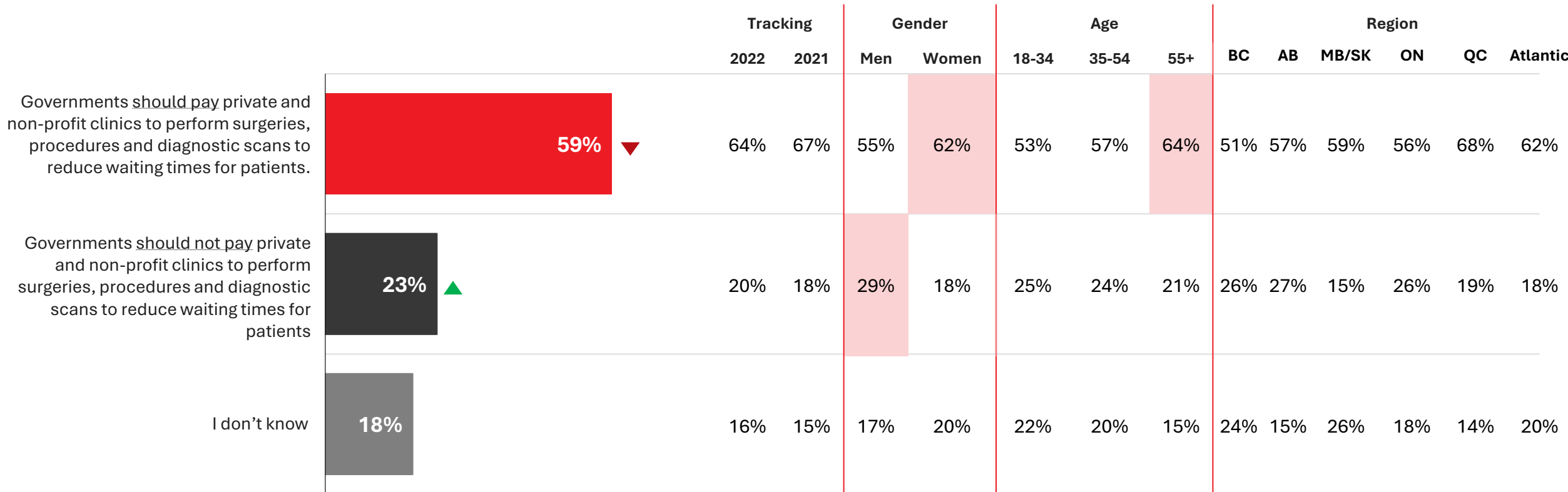
Incidence weighting was completed by gender, age, region, education, and language, based on Statistics Canada data.

Detailed Results



Majority (59%) of Canadians agree the government should pay private and non-profit clinics to perform procedures to reduce wait times.

However, two-in-ten (23%) oppose this approach while 18% remain unsure. Support for government payment to private and non-profit clinics has declined significantly since 2022. Women and Canadians aged 55+ are most likely to agree, whereas men and those residing outside Quebec (24% vs. 19% of those in Quebec) are more likely to oppose.



▲▼ Statistically significantly higher/lower than previous wave

Q1. Which of the following best represents your view when it comes to governments using private and non-profit health clinics to reduce surgical backlogs in the health care system? *Base: All (n=1,627) NOTE: Question wording has changed since last wave.*

Significantly higher vs. counterpart(s)

Over half (56%) of Canadians prefer hospitals or clinics be funded per service provided, with payments varying by complexity.

About two-in-ten (23%) favour an annual lump-sum payment, while 22% are unsure. Support for per-service funding is highest among older Canadians 55+ whereas, young adults aged 18-24 (38%) are more likely to favour an annual lump-sum payment. Regionally, Quebec residents (27% vs. 21% of rest of Canada) show greater preference for annual payments.

		Gender		Age		Region					
		Men	Women	18-54	55+	BC	AB	MB/SK	ON	QC	Atlantic
Governments should give hospitals or clinics money <u>each time</u> they provide a service to a patient. The payments would be made throughout the year and would differ depending on the complexity of the service provided Governments should give hospitals and clinics an <u>annual cheque</u> at the beginning of each year to use throughout the year to help patients I don't know	56%	56%	55%	53%	59%	55%	55%	53%	57%	55%	54%
	23%	22%	23%	24%	21%	22%	25%	18%	21%	27%	18%
	22%	22%	21%	23%	20%	23%	20%	29%	21%	18%	28%

Q2. When it comes to funding hospitals and clinics each year, which option do you think governments should use?.

Base: All (n=1,627)

Significantly higher vs. counterpart(s)

Nearly six-in-ten Canadians (59%) believe Canada should keep its public healthcare system but allow patients to pay privately or use insurance for surgery when timely care isn’t unavailable.

Three-in-ten Canadians (28%) believe patients should not be allowed to pay privately for surgery, while 14% are unsure. Regionally, Quebec residents are more likely to support allowing patients to pay privately or use extended insurance when timely care is unavailable, whereas those in the rest of the country are significantly more likely to oppose this view.

		Tracking		Gender		Age		Region	
		2024	2022	Men	Women	18-54	55+	Quebec	RoC
Canada should keep our public health care system, but <u>allow</u> 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.	59%	61%	62%	58%	59%	57%	61%	65%	57%
Canada should keep our public health care system and <u>not allow</u> 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	28%	25%	24%	29%	26%	29%	26%	18%	31%
I don't know	14%	14%	14%	12%	15%	14%	13%	17%	13%

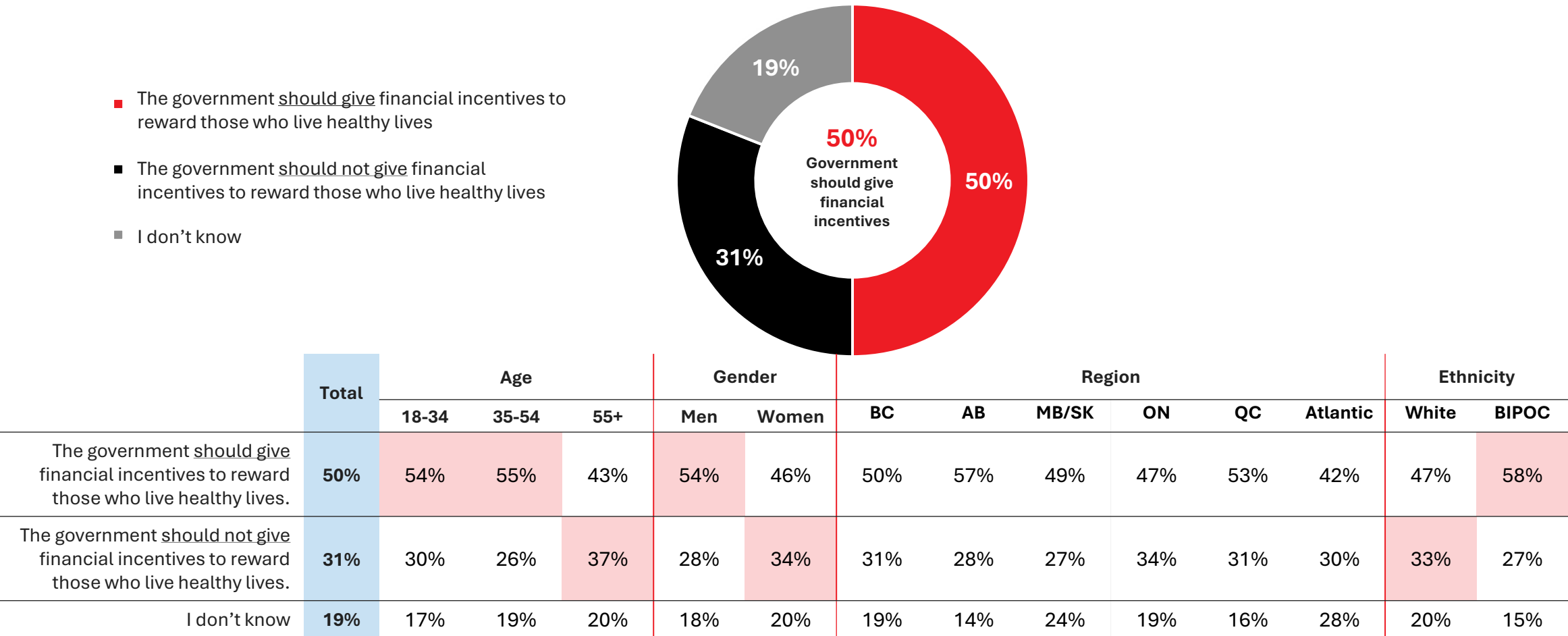
Q3. Thinking about health care choices in Canada, which statement best represents your view?

Base: All (n=1,627)

Significantly higher vs. counterpart(s)

Half (50%) of Canadians believe the government should offer financial incentives to reward those who live healthy lives.

However, one-in-three (31%) oppose this idea and nearly one-in-five (19%) are unsure. Support for rewarding healthy lifestyles is higher among younger Canadians aged 18–54, men, and those identifying as BIPOC. In contrast, older Canadians aged 55+, women, and those of white ethnic background are more likely to oppose government-provided health incentives.

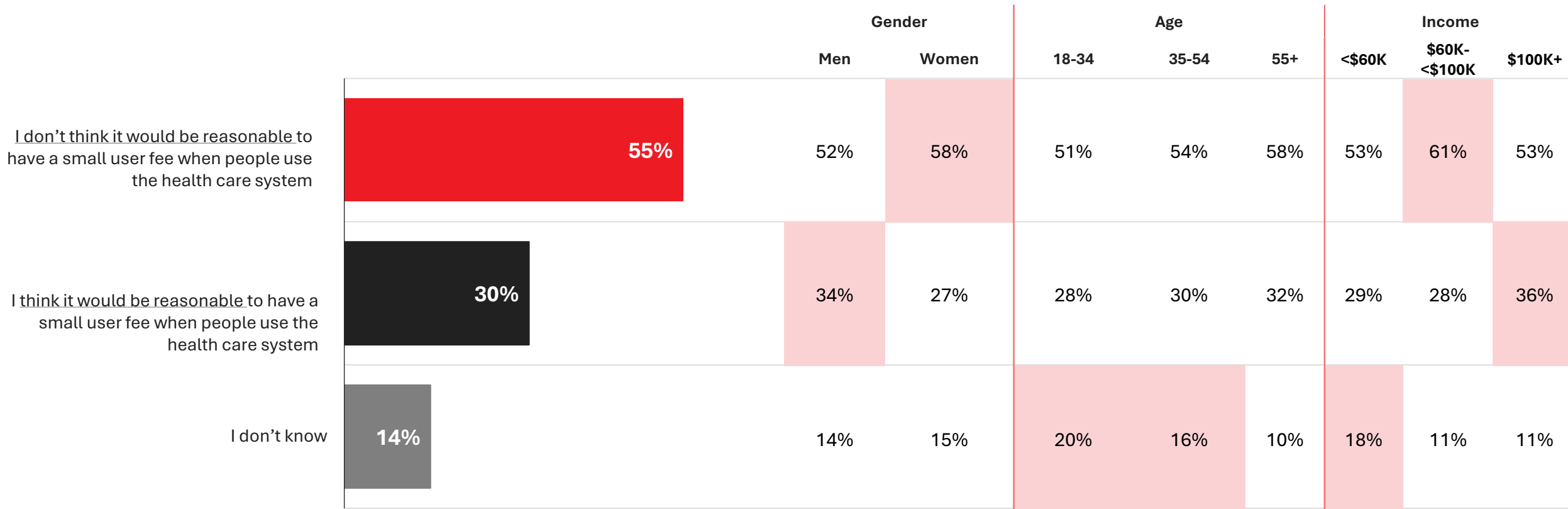


Q4. Each year the health care system has to use a lot of resources to treat health problems that could have been prevented through patients living healthier lives – better diets, getting more exercise, quitting smoking, etc. Which of the following best represents your view? *Base: All (n=1,627)*

Significantly higher vs. counterpart(s) 7

Majority (55%) of Canadians don't think it's reasonable to charge a user fee when people use the health care system.

Three-in-ten (30%) think it *would be* reasonable to charge a small user fee, while 14% are unsure. Men, Quebec residents (37% vs. 29% in the rest of Canada), and those with household incomes of \$100K or more are more likely to find a user fee reasonable. In contrast, women, older Canadians aged 55+ (58% vs. 53% of those aged 18–54), and those with household incomes between \$60K and \$100K are more likely to disagree and view user fees as unreasonable.



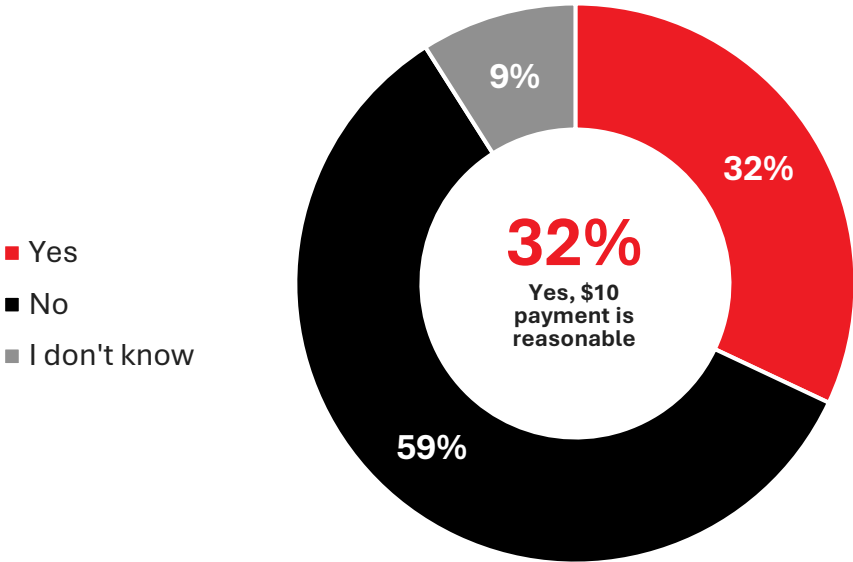
Q5. Which of the following best represents your view when it comes to the idea of small user fees in the health care system, with exemptions for vulnerable populations

Base: All (n=1,627)

Significantly higher vs. counterpart(s)

Six-in-ten (59%) Canadians disagree with adults paying a \$10 fee per appointment with a family doctor.

In contrast, one-third (32%) believe a \$10 payment per appointment is reasonable. Men, Quebecers, and those with household incomes of \$100K or more are more likely to find this fee acceptable. Women and those with household incomes below \$100K are more likely to view it as unreasonable.



	Total	Age			Gender		Region						Income		
		18-34	35-54	55+	Men	Women	BC	AB	MB/SK	ON	QC	Atlantic	<\$60K	\$60K-<\$100K	\$100K+
Yes	32%	37%	27%	32%	36%	27%	29%	31%	27%	28%	41%	29%	26%	30%	40%
No	59%	54%	63%	60%	55%	64%	61%	61%	59%	63%	51%	63%	65%	62%	52%
I don't know	9%	10%	9%	8%	9%	9%	10%	8%	13%	9%	8%	8%	9%	8%	7%

Q6. Do you think it would be reasonable for adults to pay \$10 each time they had an appointment with their family doctor? (Up to a maximum of \$100 per year)

Base: All (n=1,627)

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Leger Digital
Digital strategy and user experience

International Research
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600
employees

185
consultants

8
offices

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