

POLICY BRIEF: All Provinces Need Greater Transparency Around Lifesaving Surgery

Colin Craig and Bacchus Barua | February 2026



Executive Summary

Every year, thousands of patients die while waiting for treatment in Canada. Canada's single-payer health care system promises universal access to comprehensive care but too often delivers world-famous wait lists instead. The medical literature is clear. Delays in treatment carry a measurable increase in mortality.¹

While some deaths are unavoidable, there are several documented instances where patients might have survived had they simply been informed that the public system would be unable to deliver surgery within a medically safe timeframe. Having this vital information could allow some patients to consider pursuing treatment abroad.

One tragic example is the story of Debbie Fewster, a 69-year-old mother from Manitoba who might have survived had her family known her surgery might not be performed in time. After experiencing chest pains in the summer of 2024, Debbie was told she needed life-saving heart surgery within three weeks but was never given a scheduled date for the operation. She ended up waiting over two months without notice and died on Thanksgiving Day.

Her children have been clear. Had they known care would not be provided within the three-week window, they would have paid for treatment for their mother elsewhere – in another province, or even another country. Determined to prevent similar tragedies, SecondStreet.org developed, in consultation with Debbie's family, the idea of "Debbie's Law" – proposed legislation that would require health care providers to empower patients by informing them of two critical pieces of information the moment the need for life-saving surgery is determined:

1. The expected wait time for surgery, and
2. The maximum recommended wait time for surgery.

In light of Debbie's case, as well as many others, SecondStreet.org decided to file Freedom of Information requests across Canada to understand whether any provincial health care organizations are required to provide patients with this basic information. The findings of this research include:

- In eight of 10 provinces there is no explicit requirement to inform patients of their expected wait time for surgery and the maximum recommended wait time for surgery.
- In Manitoba, the government announced a draft directive regarding Debbie's Law pertaining exclusively to cardiac patients. This was announced by the Manitoba government in early 2025, but it appears it was never finalized. Patients today may still find themselves in exactly the same situation as Debbie was two years ago.
- Saskatchewan does not require providers to inform patients about the estimated wait but suggests "long-waiting" patients should be contacted every three months by the booking office (although there is no explicit requirement).

- In British Columbia, patients must be provided with an estimated wait time within two weeks of being wait listed and informed of any postponement of surgery. “Long waiters” (defined and identified by government) are required to be contacted by phone when they exceed government benchmarks, and then every three months thereafter.

Governments appear to understand the importance of informing and protecting consumers when it comes to private markets – whether it’s requiring auto manufacturers to issue a recall notice or food companies pulling contaminated products off the shelves. And yet, when it comes to wait times in our health care system, Canadians (with few exceptions) generally do not have a right to basic information that could potentially save their lives, never mind information that could prevent adverse medical outcomes or poorer quality of life.

While tackling Canada’s chronic wait times will undoubtedly require significant reform, Debbie’s Law is a simple, relatively costless policy that could potentially save many lives. It’s also supported by the majority of Canadians. A March 2025 poll found almost nine in 10 (86 percent) respondents believe patients should be told as soon as possible if life-saving surgery cannot be provided within the necessary time frame.²

If our health care system can’t offer timely access to life-saving surgery, the least we can do is be honest with patients who bet their lives on it.

Introduction

In 2025, data obtained by SecondStreet.org through Freedom of Information (FOI) requests revealed that almost 24,000 patients died during the 2024-25 fiscal year while waiting for various treatments and diagnostic scans.³ While not every death is avoidable, some are – particularly those instances where health care providers know that patients may face unsafe waits that are longer than maximum recommended benchmarks for life-saving surgery.

If patients were informed in advance of the health care system’s inability to deliver life-saving treatment in time, they may be able to make alternate arrangements beyond the confines of Canadian Medicare. However, without this information, and in the face of dangerously long wait times, tragedy is almost certain.

Consider the story of Debbie Fewster, which was documented by SecondStreet.org last year.⁴ After experiencing heart symptoms in the summer of 2024, Debbie met with her doctor and was diagnosed with angina. The specialist recommended a stress test, which Debbie took and failed on August 1, 2024. Following another specialist appointment and an echocardiogram, it was determined that Debbie needed a triple bypass surgery. On August 22, she was sent home with medication and told she needed life-saving surgery within three weeks (i.e., by mid-September).

However, Debbie did not receive a date for a scheduled appointment and was instead simply told that she would receive a week’s notice for emergency surgery. The three-week window passed without any such notice being provided.

On October 13, 2024, Debbie passed away. She had waited more than seven weeks after August 22 for surgery that had been needed within three weeks. She was never informed that she would *not* receive life-saving surgery in time. Her children did, however, receive a bill for the ambulance.

In the aftermath of her death, Debbie’s family have been unequivocal – no one should have to go through the same experience without being provided with the potentially life-saving information needed to chart a different course. Had they known care would not be provided within the three-week window, they indicated they would have sought options elsewhere – in another province, or even another country.

When bringing Debbie’s story to light, SecondStreet.org worked with the Fewsters on a solution – “*Debbie’s Law*”. This proposed legislation would give patients the right to two pieces of critical information the moment the need for life-saving surgery is determined:

1. The expected wait time for surgery; and
2. The maximum recommended wait time for surgery.

Debbie's Law would empower patients to consider alternatives to government hospitals if their lives are at risk due to lengthy wait times. For example, if the maximum recommended wait time for bypass surgery is a month, but a patient is scheduled for surgery in two months, they would have the opportunity to seek care elsewhere based on the information provided.

After Debbie's family and SecondStreet.org made this proposal in March 2025, the government of Manitoba drafted a directive to that effect a month later.⁵ Though limited to cardiac care, and without any penalties for non-compliance, it was a clear step in the right direction. Support was also found across the political aisle, with opposition health critic Kathleen Cook introducing a far more comprehensive bill based on Debbie's story shortly after.⁶

However, as of September 22, 2025, a legal directive (even for cardiac care) has not been finalized.⁷ While Kathleen Cook's initial private member's bill died on the order paper when the Manitoba legislature rose towards the end of 2025, she has since reintroduced the bill.

In light of Debbie's case and many others, SecondStreet.org decided to file FOI requests across Canada to understand whether other provincial health care organizations are required to provide patients with information about their wait in conjunction with maximum recommended timeframes for life saving treatment.

Methodology

Between August and December 2025, SecondStreet.org filed FOI requests across ten provinces. The requests sought documentation indicating whether patients must be informed – at the time they decide to proceed with surgery or when it is presented as an option – of their expected wait time for surgery and the maximum recommended wait time for surgery.^a

Every province (with the exception of Quebec) was also asked specifically about documentation concerning lifesaving heart surgery. FOI requests in Manitoba asked for a finalized copy of the government's directive (first announced in April 2025) in addition to the number of associated notices provided since.

Provided below is an example of the language used in the FOIs for most provinces:

“Please provide documentation on the government's (or health region's) protocol for patients requiring potentially lifesaving heart surgery. Specifically, please provide documentation that indicates patients must be informed – at the time they decide to proceed with surgery or when it is presented as an option – of their expected wait time for surgery and the maximum recommended wait time for surgery. If a similar disclosure is required, please provide that documentation. The time period for this request is January 1, 2022 to present (we're looking for the most recent documentation so if this protocol goes back further that is fine too – whatever is the current practice).”

a) Responses regarding internal protocols for prioritization, or public information on wait times, were not considered, as they did not directly address the question with regard to direct patient communication.

Research Findings

Responses were received from all 10 provinces and are briefly summarized below:

British Columbia: Patients waiting for surgery must be provided with an estimated wait time within two weeks of being wait-listed. Patients must be informed of any postponement of surgery, and those identified as “long waiters”^b must be contacted by phone and then every three months thereafter.

Alberta: There is no formal policy to support patient notification of wait times for various/particular surgeries.

Saskatchewan: The government provided links to a number of resources; however, no clear response was provided regarding an explicit requirement to inform patients of their wait or the maximum recommended benchmark.^c To the best of our abilities, we could not discern any indication that patients must be informed of their estimated wait time and maximum recommended timeframe. While documentation suggests the health authority and surgeon offices “will work together to ensure that long waiting patients are contacted to validate their continuing need for surgery and to offer appropriate solutions” and that these patients *should* be contacted every three months by the booking office, there is no explicit requirement that they *must* (unlike BC, where stronger wording applies). That being said, as part of informed consent to care protocols, the health care provider must provide patients with the timeframe required for them to make decision as well as the length of time the decision may be postponed without increased risk.^d

Manitoba: This FOI request differs from other provinces (for reasons provided in the Methodology section). While the FOI confirmed that a directive regarding *Debbie’s Law* pertaining to cardiac patients was being drafted, a final version did not exist on October 23, 2025.

Ontario Health: Reported that there are currently no written protocols stating that patients must be informed of their expected wait time for surgery or treatment and the maximum recommended wait time for surgery.

Quebec: The Ministère de la Santé et des Services Sociaux could not locate any document that matched the requested information. However, they also noted that Santé Québec may be a more appropriate organization for the filed request. As we could not submit a subsequent request in time, results for Quebec should be interpreted with caution.

New Brunswick: Provided documentation on internal protocols for patient prioritization, but we could not identify any requirements of communication with the patient regarding their wait and maximum recommended benchmarks.

Nova Scotia: The province’s health authority provided documentation on wait time benchmarks as well as internal protocols for the Patient Access Registry Nova Scotia – however, we could not find any indication that patients must be provided with the wait time information for life saving surgery.

Prince Edward Island: Could not retrieve any document that would outline the requested information.

Newfoundland and Labrador: The province stated that there are no unifying document, documented guidelines or policies in relation to cardiac surgery wait times that would address wait time estimates or maximum recommended wait times.

b) Any patient waiting over their wait time target, as per their assigned diagnostic code. The criteria is defined annually by the Ministry of Health.

c) Although a list of recommended benchmarks for various surgeries was provided.

d) This occurs before the decision to proceed with surgery, and hence, not directly related to the FOI.

Based on these responses, the following colour-coded table summarizes existing requirements, where:

- RED = No Requirement
- ORANGE = Some Recommendations/ Limited Requirements
- YELLOW = Some Existing Requirements
- GREEN = Specific Requirements (during patient journey)
- BLUE = Specific Requirements (start of patient journey)

Province	Requirement to Inform Patients	
	Estimated Wait	Max Recommended Wait
British Columbia	● GREEN	● YELLOW
Alberta	● RED	● RED
Saskatchewan	● RED	● ORANGE
Manitoba	● RED	● RED
Ontario	● RED	● RED
Quebec ^e	● RED	● RED
New Brunswick	● RED	● RED
Nova Scotia	● RED	● RED
Prince Edward Island	● RED	● RED
Newfoundland and Labrador	● RED	● RED

As can be seen in **Table 1**, eight of 10 provinces are classified ● (RED), as there is no explicit requirement to inform patients at the time they decide to proceed with surgery of their expected wait time for surgery and the maximum recommended wait time for surgery.

One province (Saskatchewan) receives a mixed classification: ● (RED) for information about the estimated wait and ● (ORANGE) regarding information about maximum recommended wait times. Patients may glean some information about maximum recommended waits in Saskatchewan due to a combination of requirements to inform patients about the length of time they can postpone their decision to treat without increased risk. As well, while patients should be contacted every three months by the booking office, there is no explicit requirement.

British Columbia comes closest to the spirit of Debbie’s Law, though falls short with regards to the timing of information provided. Patients must be provided with an estimated wait time within two weeks of being wait listed and informed of any postponement of surgery ● (GREEN). It should be noted, however, that in cases like Debbie Fewster’s, having to wait upwards of two weeks just to be told an estimated wait time could be detrimental leaves patients with just a week to find a surgeon outside the country. “Long waiters” are contacted by phone when they exceed government benchmarks, and then every three months thereafter. Though patients are not required to be apprised of the benchmark when they are wait-listed, this effectively notifies them when they have exceeded a safe waiting period and affords them the opportunity to take immediate alternative action – thus earning a ● (YELLOW) classification.

e) Requirements for Quebec should be interpreted with caution. Though the Ministère de la Santé et des Services Sociaux indicated that no such requirements exist, the response to our FOI suggested that another agency Santé Quebec may be better suited to respond. Future updates to this report will file FOIs with both organizations.

No province earned a • (BLUE) classification, as none explicitly require health care workers to provide patients with their expected wait and maximum recommended timeframe at the time they decide to proceed with surgery.

Policy Considerations

When it comes to major surgery, and especially life-saving surgery, transparency should be paramount with regard to patient communication. Yet the results from our pan-Canadian analysis suggests a near total lack of transparency when it comes to informing patients about their estimated wait in conjunction with maximum recommended benchmarks. No doubt, many physicians and health care workers may voluntarily relay this information to their patients. This should be standard practice, however. It would also increase accountability if policymakers in Canada were to go one step further and require health providers to inform patients of the known potential consequences of delays – including, but not limited to, death.

Given that long wait times have become a defining feature of Canadian health care, there is an urgent need for improved transparency in this area. A recent survey by the Fraser Institute found patients faced a median wait of over half a year (28.6 weeks) between referral from a family doctor to receipt of scheduled treatment.⁸ It's no wonder that SecondStreet.org found that at least 100,000 Canadians have died while waiting for care since 2018.² As the latest report notes, that figure is based on incomplete government data, so the true total is likely much higher. The latest report included this noteworthy data from Ontario Health: 355 patients died while waiting for cardiac treatments, of which at least 90 died after waiting past provincial benchmarks (i.e. more than 90 days).⁹

While the health care system clearly needs a significant multi-pronged reform strategy to tackle chronic wait times, Debbie's Law is a simple, relatively costless, reform that could potentially save thousands of lives. The proposal seeks to improve transparency and accountability: two concepts which are not ideological.

Indeed, many other countries with universal health care that also struggle with wait times (albeit to a lesser extent than Canada) already have similar legislation or formalized protocols. Some examples are documented below:

In **Finland**, the Patient Injuries Act and the Patient Insurance Act require patients to be provided with an estimated wait time at the "time of access to treatment".^f

In **Norway**, patients must be provided with the time of their first appointment (or when they will be notified regarding the appointment) in addition to a deadline for the maximum "medically defensible" wait.^g

In **Sweden**, the Patient Act states patients must be given information about the time they can expect to receive care.¹⁰

Several countries also establish maximum wait times for care. However, unlike Canada (which has benchmarks for a small set of procedures, but no consequences), several countries can either impose fines on providers (UK and Finland) or must offer patients alternatives (Denmark, Portugal and Sweden) if care is not provided within benchmarks.

In the **United Kingdom**, patients have the "the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer [the patient] a range of suitable alternative providers if this is not possible."^{11 h} Maximum wait

f) <https://www.pvk.fi/en/claimant/patient-rights>

g) Patients may file a complaint with Heflo (the government health agency) following which alternative treatment may be offered but not guaranteed.

h) While wait times are published in the "Handbook to the NHS Constitution", there is no explicit requirement that patients are proactively informed about their wait.

time guarantees were introduced in the 2000s, with financial penalties for not meeting targets. Though financial penalties were removed in recent years, non-financial consequences remain in place (such as lower Care Quality Commission ratings, resulting in increased oversight and performance management).¹²

Finland also sets maximum targets for waiting in the Health Care Act (2010) and granted the National Supervisory Agency (Valvira) the “authority to penalise municipalities that failed to meet them”.¹³

In **Denmark**, if treatment is not provided within establish maximum timeframes, patients have the right to go to a private hospital (in the country, or abroad) and receive care paid for by public funds (at domestic rates).¹³

Portugal, meanwhile, offers patients a voucher to receive care in a private hospital once they approach 75% of the benchmark.¹³

Patients in **Sweden** must be informed if care will not be available within the guaranteed timeframe, and offered care with another provider (at no cost to the patient).¹⁰

Canadians already overwhelmingly support the introduction of legislation in keeping with the Debbie’s Law proposal¹⁴. A recent poll found that almost 9 in ten (86 percent) of respondents believe that that the health care system should have to disclose to patients as soon as possible if it knows it cannot provide life-saving care within the necessary time frame and to suggest patients look elsewhere.

Of course, for this legislation to be truly effective, it would need to be accompanied by consequences – either the imposition of financial penalties on regional health authorities (like Finland), or requirements to offer patients alternative treatment options within or outside Canada (like Denmark).

Interestingly, there is already some support among professional organizations like Doctors of BCⁱ which published a policy statement in 2012 that stated “*Patients must be treated within established wait time benchmarks*” and that “[i]n the event that treatment cannot be provided within established wait time benchmarks at the usual public facility, the provincial government must offer a care guarantee whereby treatment will be offered within the benchmark wait time at another public facility, in or out of the province, or in a private facility, at no cost to the patient.”¹⁵

More recently, the Canadian Medical Association called 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.*”¹⁶

Governments clearly understand the importance of informing and protecting consumers when it comes to private markets. Auto manufacturers are required to issue recalls when a problem is identified, food companies issue warnings and pull products off the shelves when contamination is detected, and restaurant inspectors often close down establishments that fail to adhere to public safety standards. And yet, when it comes to wait times in our health care system, Canadians (with few exceptions) generally do not have a right to basic information that could potentially save their lives.

i) Formerly the British Columbia Medical Association

Conclusion

Across Canada, patients face long wait times for scheduled surgery. In many instances, these wait times can cause medical complications; other times, they can lead to death.

Offering patients information at the beginning of their journey about their expected wait and maximum recommended timeframes for lifesaving treatment should be considered a basic requirement – and yet, no province (except British Columbia, to some degree) currently requires health care organizations or workers to do so. As a result, patients like Debbie Fewster were denied the opportunity to make an informed choice to escape the confines of Canadian Medicare in order to get the life-saving treatment she needed. Had there been clear transparency about her wait and the consequences of delayed care, her children may not have lost their mother.

Debbie's case is not unique. Since 2018, over 100,000 patients have died while waiting for various treatments, including, in some cases, lifesaving surgery. It is not a stretch to say that at least some of them would be with us today had there been more transparency in our health care systems.

The cost of implementing Debbie's Law is likely small or even negligible. However, the cost of not doing so is the ultimate price for families who lose loved ones needlessly.

About The Authors

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].

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 the nation's aging population. Most 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.

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