BULLETIN:
B.C. Health Care by the Numbers

Colin Craig & Bacchus Barua | September 2026

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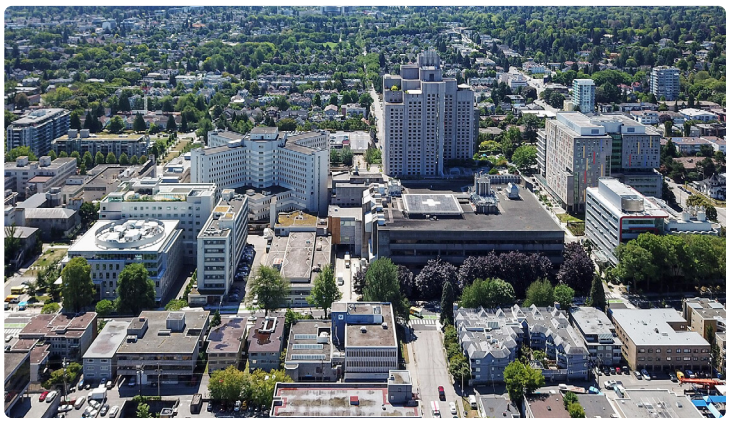

Background:

As British Columbians head to the polls on October 24, 2026, SecondStreet.org tabulated the following data to help voters and media understand the province's current health care crisis. Any party interested in governing, should put aside partisan politics to acknowledge the seriousness of the crisis, and the proven solutions that can actually help improve health care for British Columbians.

Spending:

Spending on health care in British Columbia, on a per capita basis, has far exceeded inflation over the past 20 years:[1]

- 2005-06: $2,920
- 2015-16: $4,053
- 2025-56: **$7,217**

Beginning in 2005-06, had per capita spending increased with inflation (CPI), it would only be $4,476 for 2025-26 instead of $7,217.[2] Spending increased at more than double the rate of inflation. B.C. spends above the national average per person and the Canadian Medical Association has noted Canada is among the top spenders in the OECD on health care (as a share of GDP).[3]

Patients Without a Family Doctor:

According to government estimates, about **1.1 million** British Columbians (one in five) do not have a primary care provider (i.e. a family doctor or nurse practitioner).[4] However, having a family doctor does not guarantee access to care. A 2024 poll by Angus Reid found **54%** of British Columbians delay seeking medical treatment – the highest rate of delay in seeking medical advice in Canada.[5] The same poll found **77%** of British Columbians would like to see their family doctor more frequently.

Wait Times for Treatment:

Research by the Fraser Institute shows that wait times in B.C. have steadily grown over the past 20 years despite a significant increase in spending. The wait time from referral to a specialist to treatment in B.C. has increased 75% since 2005, and is now the highest recorded wait time in the province since measurement began in 1993:

- 2005: 18.4 weeks[6]
- 2015: 22.4 weeks[7]
- 2025: **32.2 weeks**[8]

Number of Patients On a Waiting List:

Since the end of the pandemic in 2022, SecondStreet.org has tracked the number of patients waiting for surgery, a diagnostic scan or appointment with a specialist in Canada. British Columbia's volume of patients on a waitlist for surgery has increased **8.4%**. Data only recently became available for the number of patients waiting for diagnostic scans and appointments with a specialist. Waitlist volumes as of April 2026:[9]

- Surgery: **96,238**
- Diagnostic Scan: **236,162***
- Appointment with a Specialist: **132,425**

** Note: Only includes GI Endoscopies, CT and MRI scans*

Not Meeting the Benchmark:

Government data shows that in 2025, there were 282,887 patients that received surgeries for which there was a clinical benchmark. Of those, 98,545 patients (35%) waited longer than the benchmark time period.[10]

Died on a Waiting List:

Government data obtained by SecondStreet.org from health regions across B.C. shows that at least **16,791** patients died on surgical and diagnostic waiting lists between 2022-23 and 2025-26.[11] This figure does not include diagnostic scan waitlist deaths for Vancouver Coastal Health in 2025-26 and 2022-23, and Island Health in 2022-23. The true figure is likely closer to 18,000.

Doctors in Distress:

A recent survey by Doctors of BC found **90%** of respondents said waitlists are contributing to specialist burnout, with **70%** reporting distress because they cannot provide their patients with the access to care they need.[12] A little over one-third (**36%**) of specialists surveyed reported they have closed their practice to new referrals or may do so in the next year.

ER Closures and Untreated Patients:

Data from the Health Ministry analyzed by Postmedia indicate nearly **2,400 temporary ER closures** recorded in the province between 2023-2025.[13] And among B.C. patients who visited an ER in 2024, **141,961 left without being treated** according to the Montreal Economic Institute - a 71.6% increase since 2019.[14]

$245 Million for Tourists:

B.C. taxpayers have spent **$245.1 million** since 2020-21 on health care services for people who don't live in the province. Non-residents received care in B.C., but left without paying their bills, ultimately resulting in a bad debt expense. B.C.'s situation is the worst in Canada.

The Good News:

While B.C.'s health care system is in a state of crisis, what British Columbians want – a universal public system with timely health care consistently – is possible.

SecondStreet.org has visited Sweden, Denmark, France and Japan to speak firsthand with their officials and tour their hospitals. Their universal public health care systems, and several others in Europe, measure wait times in days or weeks instead of months or years (as is common in B.C. and the rest of Canada).

Common features of the European systems (and Japan) mentioned above include:

- **Put Patients First** – Their governments partner with whoever can help patients: government health facilities, non-profits and for-profit entities. In B.C., the government continues to take an ideological approach by remaining reluctant to partner with private providers, instead forcing patients to rely on an overburdended government monopoly.

- **Incentivize Output** – Better-performing systems tend to provide hospitals with funding each time they help a patient, incentivizing providers to want to treat more patients and reduce spending on administration. This is known as "activity-based funding." In B.C., hospitals receive an annual cheque (global budget) and have to stretch the funds throughout the year regardless of demand. Patients are seen as a drain on budgets.

- **Non-Government Options** – Better-performing universal health care systems allow patients a choice: use the public system or pay at non-government facilities. When some patients decide to pay privately, that takes pressure off of the public system. In B.C., the government has gone to court to block non-government alternatives, putting more pressure on the public system and denying patients the right to seek alternative care, even in the face of medically unreasonable waits.

- **Wait Time Guarantees** – Patients in Europe can use the "Cross Border Directive" – an option which allows them to pay for treatment in another EU country and be reimbursed by their home government. In Denmark, Portugal and Sweden, patients waiting longer than government benchmarks can seek publicly-funded care in a private facility.

The Choice:

British Columbia can spend another 20 years throwing money at the system and hoping for an improvement, or the government can copy what works well in Europe, Japan and other developed countries with universal public health care systems.

Questions for Candidates:

- **European Approach:** Will you commit to putting patients first and copy the successful practices used in European public systems to deliver care faster and improve access?
- **Guarantees:** Will you commit to a wait time guarantee that ensures patients are treated within clinical benchmarks, and if not, that they are provided with alternatives (public, private, domestic or international that provides the care needed)?
- **Transparency:** Will you commit to ensuring patients are informed of the maximum clinically acceptable wait time as soon as the need for treatment is established, and their expected wait time?
- **Put Patients First:** Will you prioritize timely access to care for patients by partnering with non-profit and for-profit private clinics to provide publicly-funded care?

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Photo credit: Carmen Walker - Aerial view of Vancouver General Hospital