



The Truth About Canada's Healthcare Wait Times

"My father needed cataract surgery, and he was told by the ophthalmologist that he would either have to wait a year to get the regular cataract surgery that was covered by our provincial healthcare plan, or if he wanted to get it done faster, he would have to pay upfront and he would be seen within a couple of weeks. That's the issue that we're starting to see more and more in Canada are these private clinics that are treating patients but are asking patients to pay out of pocket for care that's typically been covered and is medically necessary and it's leading to longer wait times." **Dr. Bernard Ho**

Welcome to **Code WACK!**, where we break down how our healthcare system really works, what it means for you, and how we can make it better for everyone. I'm your host, **Brenda Gazzar**.

Today, we're talking about one of the biggest misconceptions Americans have about Canadian healthcare — wait times — and what happens when a universal healthcare system begins drifting toward privatization.

This is part one of our conversation with **Dr. Bernard Ho**, an emergency physician in Toronto and Vice-Chair of **Canadian Doctors for Medicare**, a national evidence-based organization working to strengthen Canada's publicly funded healthcare system.

Host: *We hear all the time in the U.S. that wait times in Canada are terrible. When you hear that, what do you think Americans are getting wrong?*

Ho: Yeah, I think that's usually a big oversimplification. I think wait times in Canada really depend on what you're waiting for. So if something is an emergency or is extremely urgent, like a heart attack or a stroke, or you've gotten to a big accident, then you're treated immediately and that's not where the delays or the wait times are.

Where I think Canada does struggle is with non-urgent care. So for example, the average wait time from referral – from a doctor – to treatment for what we call elective procedures is around 27 to 30 weeks. That's quite long and obviously very frustrating for Canadian patients. But I think what's often missed in the discussion is that every system has wait times. So even in the US for example, the average wait time to get a new doctor's appointment in major cities can be three to four weeks, and about a quarter of Americans report delaying or skipping care because of the cost of health care. I think in Canada wait times are much more visible and we talk about it a lot. And it's also based on medical priority, whereas in the US it's often much more hidden and tied to affordability of care.

Host: *That distinction matters.*

In Canada, patients may wait longer for some non-emergency procedures. But in the United States, millions wait too — sometimes because they simply can't afford care. And according to Dr. Ho, that difference shapes everything.

Hmmm. That's a really interesting point that it's tied to affordability of care. Can you tell me more about that?

Ho: So if I were to put like a motto or a tagline on Canada's healthcare system, I would say that access to care is based on need and not ability to pay, whereas I think in the US it's the other way around. If you're able to pay, then you'll have better access to care, but if you need care but you can't actually afford it, that's where the issues come in in the US where patients often delay getting care because they can't afford the medical bill and usually their medical issues worsen over time until they actually can't delay it anymore and they end up going to the

hospital and their bill actually becomes much bigger because their medical issue has become so much worse. So in Canada we're lucky that we get access whenever we need it and we don't actually have to delay seeking care because of cost.

Host: So expand a little bit on the non-urgent care. And what does that actually look like for a real patient?

Ho: When I speak about non-urgent care, I'm talking more about things that can wait or elective care. So for example, things like hip and knee replacements or cataract surgery where you need the surgery, you need the procedure, but waiting a week, waiting two weeks won't be fatal. Or seeing a specialist for something that's stable. So for what it looks like for a real patient, that means your family doctor or someone in the ER like myself refers you to a specialist or an orthopedic surgeon or to another specialist and then you wait a few weeks or a few months to be seen. But if that same patient has something more serious like suspected cancer, they would be fast tracked. And so in many provinces in Canada, cancer treatment actually starts within a few weeks of diagnosis and we have quite strict timelines on that.

Host: Can you tell me again, the average wait time for non-urgent or elective care in Canada was how long?

Ho: About 27 to 30 weeks.

Host: Obviously it's frustrating to wait, but are there generally any consequences for waiting for a non-urgent procedure?

Ho: Yeah, of course. So for example, for hip and knee replacements often people need those procedures because of arthritis in the hip or in the knee. And as the arthritis gets worse, they're not able to walk and so their quality of life deteriorates while they're waiting on the wait list to get that procedure done. And

so that leads to a whole host of other issues too, right? So if they're not able to walk their normal amount, if they're not able to exercise, that can worsen their blood pressure or their diabetes for example. That can also lead to chronic pain issues. And so there are definitely real problems that Canadians are facing on the wait list. The country is working hard to tackle this issue. And there are a host of reasons why our wait times are getting longer. Many of them are systemic and sort of an underfunding of our public healthcare system. So I definitely don't want to downplay the seriousness of the issue of wait times in Canada. But again, comparing it to other countries, we see similar situations and similar problems across other countries in Europe. Even in the US too, in the US trying to get a doctor's appointment, like a family doctor's appointment in major cities can take three to four weeks.

Host: Yeah. And longer <laugh>

Ho: And I'm sure longer. Yeah.

Host: I mean honestly, just trying to see my primary care doctor can take months.

Ho: Yeah, exactly. And it's the same problem in Canada. We have a lack of family doctors right now, and so it can take weeks or months to get an appointment. So definitely not an issue that's unique to Canada by any means.

Host: You mentioned your father's cataract surgery experience. Is Canada starting to move toward a more privatized system?

Ho: We are seeing more and more private surgical clinics pop up in Canada where patients can pay to get faster access to these procedures. And I think these procedures cost anywhere from \$20,000 to \$40,000, so quite a lot to get them done. The issue there is that there's a lot of scientific evidence to show that when we allow this type of what we call private delivery of care, kind of like in the US, it creates this two-tiered healthcare system that actually worsens wait times for the

public system, worsens wait times for everyone else other than the person who's paying to jump the queue. And it doesn't actually improve the issues that we're trying to tackle. And so the better solution is actually to put more funding, more money into our public system so that we have more doctors, more nurses, more anesthetists and more offering room time to get these procedures done quicker.

Host: Got it. Okay. So have things gotten better or worse over time regarding wait times?

Ho: I would say that wait times have definitely gotten worse in recent years, especially after COVID. There has been a backlog of delayed procedures, huge staffing shortages across the country and a growing patient demand as well as an aging population within Canada. As I said, our average wait time for elective care is close to 30 weeks, which is much longer than we saw pre-COVID and much longer than we'd like. And I think if the trend continues, patients will feel the frustration much more than they are feeling right now. But again, there's also a lot of investment and policy focus within our federal government to improve access. So there's real effort to turn that around. And so I'm hoping to see some improvement in the next few years.

Host: *There's also this perception in the U.S. that if health care is publicly funded, the quality must be worse. What's been your experience?*

Ho: I wouldn't equate single payer with lower quality at all, and that hasn't been my experience at all. Canada actually has pretty strong health outcomes. So for example, our life expectancy is around 81 to 82 years compared to around 77 in the US. And so despite having a single payer system Canadians on average live longer. We also tend to have lower rates of deaths from chronic diseases or from things like high blood pressure and diabetes compared to the US and so our physicians and our nurses and our other healthcare providers are trained to similar standards and we use the same treatments. But again, the difference is that the access to it isn't tied to our ability to pay for it. So yeah, I would say that Canadians live longer on average, and we also spend about half as much per

person on health care compared to the US so the care is high quality. The main challenge is timely access in some areas of the country.

Host: Some people also assume that a system like Canada's is more expensive, which you just said is not, but what does it actually mean for a typical family's costs?

Ho: I think that's probably the biggest difference between a patient in Canada versus a patient in the US. So in Canada, when you go to your family doctor or you go to the hospital, to the ER or see a specialist, you don't get a bill. It's funded through taxes. So there's no deductibles or surprise bills at the end of the day for medically necessary care, whereas in the US, families are often paying, you know, thousands of dollars a year in premiums and out-of-pocket costs when they can actually use the care. So Canadians still pay through their taxes, but it's much more predictable and it's much more spread out, so you don't have to worry about whether or not you can actually afford this doctor's visit or this procedure or whatever else you need, and you're not making those life and death decisions in the moment based on whether you can actually afford it.

Host: So are there situations where Canadians do run into out of pocket costs or gaps in coverage?

Ho: Yeah, and I think that's one of the weaknesses of our healthcare system. There are quite a few healthcare services that fall outside of the umbrella of Medicare in Canada. So things like prescription drugs outside the hospital dental care, vision care, some mental health services, physiotherapy, occupational therapy. Those aren't universally covered.

And about 60% of Canadians have private insurance to help with that. And there are public programs for certain demographics. So if you're above a certain age, below a certain age, if you are living with disability, then there's certain coverage for prescription medications, but it isn't nearly universal yet. And so Canada's system is universal for hospital care and for physician care, but it's not fully

comprehensive, and that's one of the areas that we're trying to improve within our country.

Host: Got it. So I know it varies from province to province. Is there any province that covers more than others?

Ho: Yeah, it's pretty variable as you said. And actually the federal government over the last couple of years has been trying to reduce some of those out-of-pocket costs through prescription drugs and dental care. So a couple of years ago they introduced legislation that would cover the cost of diabetic medications and contraceptives for all Canadians. It's just required some buy-in from the provinces and territories, and we've unfortunately haven't seen buy-in from all the provinces and territories yet. Similarly for dental care, there has been an introduction of a federal dental care program that would cover dental care for all Canadians. And there has been some work to improve the access to that program but we've seen pretty good results in that.

Host: What's the biggest misconception Americans have about Canada's healthcare system?

Ho: I would say that I think the biggest misconception from when I talk to other Americans is that because of all of these wait times Canada's system is either a disaster or that it eliminates all problems because of our "universal coverage." And I think the reality is that Canada is somewhere in the middle. We provide universal access and strong financial protection, high quality care with low or no cost, and the trade off there are the wait times, whereas I think the US has chosen high quality care with low wait times with the trade off being the cost to the patient. But I think because of the inefficiencies that I talked about, the wait times are not actually as good as they could be in the US and so the trade-offs aren't actually working out very well in the US. The key point here is that every system has a trade off, and in Canada it's more waiting for non-urgent care. And in the US it's more barriers related to costs. And so I think it really comes down to what kind of system you want to prioritize at the end of the day.

Host: That was Dr. Bernard Ho discussing what Americans often misunderstand about Canada's healthcare system — and why privatization may be creating increasing pressures north of the border.

Next time on Code WACK!, we continue our conversation and explore what lessons the US can — and can't — learn from Canada's healthcare model.

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