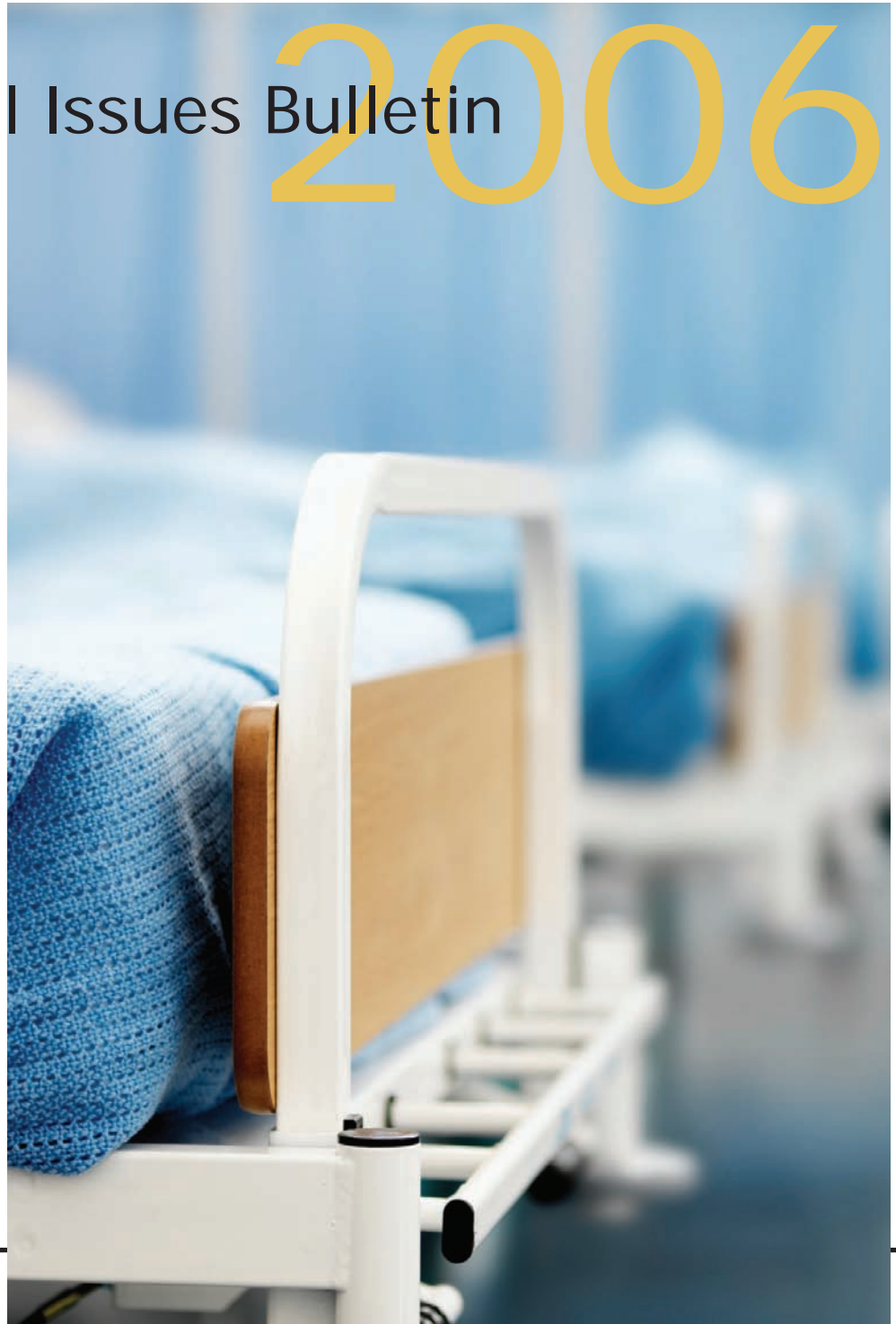


Critical Issues Bulletin

2006



WAITING YOUR TURN 16th EDITION
Hospital Waiting Lists In Canada

By Nadeem Esmail and Michael A. Walker
with Dominika Wrona

Critical Issues Bulletins

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Preface

This *Critical Issues Bulletin* is the Institute's sixteenth attempt to document the extent to which queues for visits to specialists and for diagnostic and surgical procedures are being used to control health care expenses. When we began producing waiting list measures in 1988, there was anecdotal evidence that hospital waiting times were becoming significant. However, there were no systematic measurements of the extent of waiting.

At that time, partial waiting-list measurements made by hospitals and government departments were viewed as politically sensitive and were not made generally available. While these official waiting lists are now more readily accessible and more complete than in years past, they are still incomplete in the majority of provinces and not generally comparable between provinces, meaning that there are no comprehensive measures other than those produced by The Fraser Institute by which to measure the length of waiting lists across Canada.

The contents of the survey have been evaluated to the extent possible by comparing the survey results

to other sources of information. In particular, copies of the preliminary drafts of the study were sent to all of the provincial ministers of health for their comments, as well as to provincial cardiac and cancer agencies.

Measurement is crucial to understanding how any system works; where a system contains problems, it is the key to finding solutions. Largely as a result of the intense public interest in our past publications, waiting lists are now a component of any serious debate on the health care system in Canada. We hope that Canadian policy makers continue to consider the implications of queuing on a medical level, and give much more thought to the implications of queuing at the personal level, as they design alternatives to our present health care arrangements.

While this study and its widespread distribution have been enthusiastically supported by The Fraser Institute, the work has been independently conducted and the views expressed may or may not conform to those of the members and trustees of The Fraser Institute.

Executive Summary

The Fraser Institute's sixteenth annual waiting list survey found that Canada-wide waiting times for surgical and other therapeutic treatments increased slightly in 2006. Total waiting time between referral from a general practitioner and treatment, averaged across all 12 specialties and 10 provinces surveyed, increased from 17.7 weeks in 2005 to 17.8 weeks in 2006. This small nationwide deterioration in access reflects waiting-time increases in 7 provinces, while concealing decreases in waiting time in Alberta, Ontario, and Newfoundland.

Among the provinces, Ontario achieved the shortest total wait in 2006, 14.9 weeks, with Alberta (16.3 weeks), and Manitoba (18.0 weeks) next shortest. New Brunswick exhibited the longest total wait, 31.9 weeks; the next longest waits were found in Saskatchewan (28.5 weeks) and Prince Edward Island (25.8 weeks).

The first segment of waiting: between referral by general practitioner and visit to a specialist for consultation

The small increase in waiting time between 2005 and 2006 is the result of an increase in the first wait—the wait between visiting a general practitioner and attending a consultation with a specialist—and a decrease in the wait between consultation with a specialist and actual treatment. The waiting time between referral by a GP and consultation with a specialist rose from 8.3 weeks in 2005 to 8.8 weeks in 2006. The shortest waits for specialist consultations were in British Columbia and Ontario (7.4 weeks), Manitoba (7.7 weeks), and Saskatchewan (8.4 weeks). The longest waits for specialist consultations occurred in New Brunswick (20.8 weeks), Newfoundland (12.4 weeks), and Prince Edward Island (11.8 weeks).

The second segment of waiting: between the specialist's decision that treatment is required and treatment

Waiting time between specialist consultation and treatment—the second stage of waiting—fell from 9.4 weeks in 2005 to 9.0 weeks in 2006. Increases in waiting times in British Columbia, Saskatchewan, Manitoba, Nova Scotia, and Prince Edward Island were offset by decreases in the five other provinces. The shortest specialist-to-treatment waits were found in Ontario (7.5 weeks), Alberta (7.8 weeks), and Newfoundland (8.1 weeks), while the longest such waits existed in Saskatchewan (20.1 weeks), Prince Edward Island (14.0 weeks), and British Columbia (11.9 weeks).

Waiting by specialty

Among the various specialties, the shortest total waits (i.e., between referral by a general practitioner (GP) and treatment) existed for medical oncology (4.9 weeks), radiation oncology (5.0 weeks), and elective cardiovascular surgery (8.0 weeks). Conversely, patients waited longest between a GP visit and orthopaedic surgery (40.3 weeks), plastic surgery (35.4 weeks), and neurosurgery (31.7 weeks). There were large increases between 2005 and 2006 in the waits for neurosurgery (+12.9 weeks) and otolaryngology (+2.9 weeks), while the wait times for orthopaedic surgery (+0.3 weeks) and internal medicine (+0.6 weeks) increased slightly. These increases were offset by improvements for patients receiving treatment in urology (-1.2 weeks), plastic surgery (-0.8 weeks), radiation oncology (-0.7 weeks), medical oncology (-0.6 weeks), gynaecology (-0.5 weeks), general surgery (-0.3 weeks), elective cardiovascular surgery (-0.3 weeks), and ophthalmology (-0.2 weeks).

Breaking waiting time down into its two components, there is also variation among specialties. With regard to GP-to-specialist waiting, the shortest waits are in

radiation oncology (1.5 weeks), medical oncology (2.8 weeks), and cardiovascular surgery (3.0 weeks), while the longest waits are for neurosurgery (21.0 weeks), orthopaedic surgery (16.2 weeks), and ophthalmology (15.4 weeks). For specialist-to-treatment waiting, patients wait the shortest intervals for urgent cardiovascular surgery (0.7 weeks), medical oncology (2.1 weeks), and radiation oncology (3.4 weeks), and wait longest for orthopaedic surgery (24.2 weeks), plastic surgery (20.1 weeks), and ophthalmology (11.8 weeks).

Comparison between clinically “reasonable” and actual waiting times

In addition to actual waiting times for care, specialists are also surveyed as to what they regard as clinically “reasonable” waiting times. While these values by themselves do not reflect the state of actual waiting time, they can usefully be compared with actual waits to gain an understanding of the medical consequences of waiting for care in Canada. The comparison made is between reasonable and actual specialist-to-treatment waiting times for all 10 provinces and 13 specialties (both urgent and elective cardiovascular surgery are included); it reveals that out of the 116 categories (some comparisons were precluded by missing data), actual waiting time exceeded reasonable waiting time in 77 percent of the comparisons. Averaged across all specialties, Quebec and Nova Scotia came closest to meeting the standard of “reasonable,” in that their actual specialist-to-treatment waits only exceeded the corresponding “reasonable” values by 43 and 48 percent, respectively, smaller gaps than in the other provinces. This partially reflects higher standards as to what is “reasonable” in a number of other provinces, such as Alberta, Ontario, and Newfoundland.

Waiting for diagnostic and therapeutic technology

The growing waits to see a specialist and to receive treatment were not the only delays facing patients in 2006. Patients also experienced significant waiting times for various diagnostic technologies across Canada: computed tomography (CT), magnetic resonance imaging (MRI), and ultrasound scans. The median wait

for a CT scan across Canada was 4.3 weeks. Alberta, Ontario, Quebec, and Nova Scotia had the shortest wait for computed tomography (4.0 weeks), while the longest wait occurred in Prince Edward Island (9.0 weeks). The median wait for an MRI across Canada was 10.3 weeks. Patients in Ontario and Nova Scotia experienced the shortest wait for an MRI (8.0 weeks), while Newfoundland residents waited longest (28.0 weeks). Finally, the median wait for ultrasound was 3.8 weeks across Canada. Ontario displayed the shortest wait for ultrasound (2.0 weeks), while Prince Edward Island and Manitoba exhibited the longest ultrasound waiting time, 8.0 weeks.

Numbers of procedures for which people are waiting

The numbers of procedures for which people are waiting were also calculated. For the 2006 edition, we have continued to use the methodology first introduced in the eleventh edition, which allows the Institute to more accurately measure the number of procedures for which people are waiting. As well, a significant improvement in our estimation methodology implemented in 2003 allows us to more accurately estimate the number of procedures for which patients are waiting in 2006. Throughout Canada, the total number of procedures for which people are waiting in 2006 is 770,641, a decrease of 1.6 percent from the estimated 782,936 procedures in 2005. The number of procedures for which people waited rose in British Columbia, Saskatchewan, Quebec, Nova Scotia, and Prince Edward Island. Assuming that each person was waiting for only one procedure, 2.39 percent of Canadians were waiting for treatment in 2006, which varied from a low of 1.80 percent in Alberta to a high of 5.84 percent in Saskatchewan. However, as noted in previous years, government of Saskatchewan data suggest that many patients in that province are admitted for multiple procedures, meaning that the estimate of the number of people waiting in that province may be greatly exaggerated.

Verification of the data

To attempt to corroborate the findings of this and previous surveys, current waiting time data were solicited from provincial governments and retrieved from provincial web sites, and past waiting time data were

drawn from peer-reviewed journals. Provincial governments collect data that neither directly nor easily compares with that collected by our survey. Nonetheless, even evidence from British Columbia, the jurisdiction where the wait times collected by government most startlingly clash with those published in this study, adds credibility to the Institute's estimates. The evidence from a comparison with academic research strongly suggests that the Institute's measurements may be biased downward, understating actual waiting times.

Summary: The magnitude of the problem and the importance of reform

Canada-wide total waiting time increased slightly in 2006 (continuing to hover near the 18-week mark)—and its level is high, both historically and internationally. Compared to 1993, waiting time in 2006 is 91 percent longer. Moreover, academic studies of waiting time have found that Canadians wait longer than Americans, Germans, and Swedes (sometimes) for cardiac care, although not as long as New Zealanders or the British.

Medical research has shown that longer waits can lead to adverse consequences for cardiac patients. Furthermore, economists attempting to quantify the cost of this waiting time have estimated it to amount to \$1,100 to \$5,600 annually per patient (Cullis and Jones, 1986; Propper, 1990).

The extent of Canada's health system dysfunction was documented in a 2000 Fraser Institute study that

examined the impact of increases in government health spending. The study's analysis revealed that provinces spending more on health care per person had neither shorter (nor longer) total waiting times than those spending less. In addition, those provinces spending more had no higher rates of surgical specialist services (consultations plus procedures) and had lower rates of procedures and major surgeries (Zelder, 2000b). A follow-up study in 2003 found that increased spending was actually correlated with *increases* in waiting times unless those increases in spending were targeted to physicians or pharmaceuticals (Esmail, 2003).

Finally, the promise of the Canadian health care system is not being realized. On the contrary, a profusion of research reveals that cardiovascular surgery queues are routinely jumped by the famous and politically-connected, that suburban and rural residents confront barriers to access not encountered by their urban counterparts, and that low-income Canadians have less access to specialists, particularly cardiovascular ones, are less likely to utilize diagnostic imaging, and have lower cardiovascular and cancer survival rates than their higher-income neighbours.

This grim portrait is the legacy of a medical system offering low expectations cloaked in lofty rhetoric. Indeed, under the current regime—first-dollar coverage with use limited by waiting, and crucial medical resources priced and allocated by governments—prospects for improvement are dim. Only substantial reform of that regime is likely to alleviate the medical system's most curable disease—waiting times that are consistently and significantly longer than physicians feel is clinically reasonable.

Waiting Your Turn

Polls regularly show that Canadians are concerned about wait times and the general state of the health care system. Consequently, consumers, as well as health providers and policy makers, rely on available data regarding waiting times. Among these data, The Fraser Institute's annual study is the only comprehensive study of waiting across provinces and medical specialties.

At the time of this sixteenth edition, the authors feel some satisfaction in the fact that governments across Canada are now focusing on the issue of waiting times and making a reduction in waiting times a key health care priority. Specifically, the provinces have established wait time benchmarks "based on research and clinical evidence" (Ontario Ministry of Health and Long Term Care, 2005) for radiation therapy, hip fracture fixation, hip and knee replacement, cardiac-bypass surgery, and cataract surgery for patients at high risk. Similarly, some satisfaction arises from the fact that the survey is much imitated. Provincial health ministries are now more likely to monitor, collect, and publish waiting time data than ever before. Presently, the British Columbia Ministry of Health, the Alberta Ministry of Health and Wellness, the Saskatchewan Surgical Care Network, Manitoba Health, the Ontario Ministry of Health and Long Term Care, the Quebec Ministry of Health and Social Services, and the Nova Scotia Department of Health allow on-line access to current waiting time information in their respective provinces.¹ Such governmental concern about waiting times is not only ironic because of previous criticisms of the measurement of wait times, but also because the existence of waiting lists for medical procedures and treatments is one manifestation of the governmental rationing of health sector resources that occurs in Canada. To the extent that there is rationing of hospital capacity by means other than price, monetary and

non-monetary costs are nevertheless borne by Canadians, even though these costs are not explicitly recognized. These unrecognized costs may include, for example, lost work time, decreased productivity associated with physical impairment and anxiety, and physical and psychological pain and suffering.

A working person incapacitated by an illness bears the costs of the loss of work. These costs are not included among those associated with running the health care system. Cancer patients who must drive long distances to regional health centres or to the United States for radiation therapy bear costs in terms of lost time that are neither included in health costs nor in any way compensated for by the health care system. A woman with a lump in her breast, who is told she must wait four weeks for a biopsy to determine whether the lump is cancerous, finds little comfort in the advice from her physician that epidemiological research shows that it does not matter to the outcome if the biopsy is delayed that long. The woman's anxiety and tangible psychological pain are not included in the costs of operating the health care system.

All of these are characteristics of the Canadian health care experience and, in each case, the savings to the government's budget are real but must be compared with the real though uncounted costs to Canadian health care consumers. While it is difficult to measure these costs, it is possible to measure the extent of queuing or the length of waiting lists in order to approximate the extent to which these costs may be mounting.

Some health sector administrators are sceptical about the meaning and usefulness of waiting lists. They are sceptical both of the relevance of waiting lists as an indicator of the performance of the health care sector,

1 According to the New Brunswick Department of Health, the New Brunswick Surgical Care Network will allow on-line access to current wait time information once the provincial surgical patient registry is operational in 2007. The Newfoundland Department of Health and Community Services publishes periodic reports on how wait times in Newfoundland compare with the pan-Canadian benchmarks announced in December 2005.

and of the reliability of such data as a measure of the extent of rationing of health care services (Amoko, Modrow, and Tan, 1992). An earlier Fraser Institute publication, a forerunner to *Waiting Your Turn*, evaluated various theoretical issues related to hospital waiting lists, including their relevance as measures of “excess demand” (Globerman, 1990). This discussion defended the proposition that waiting lists are a potentially important barometer of performance in the health care sector. It also provided estimates of waiting lists for a set of hospital procedures in British Columbia. That study was followed in 1991 by a 5-province analysis similar to the initial study. Since 1992, all 10 provinces in Canada have been surveyed.

This sixteenth edition builds upon the Institute’s earlier studies by updating waiting list estimates for all provinces. The next section briefly reviews the relevant theoretical issues underlying these estimates.

Waiting lists as measures of excess demand

One interpretation of hospital waiting lists is that they reflect excess demand for medical treatments performed in hospitals and that they therefore represent the substitution of “non-price” rationing of scarce resources for rationing by price. In this case, the rationing takes place through enforced waiting for a given treatment or procedure. That such involuntary waiting is a form of rationing and not simply the postponement of a service can be seen from the fact that there are costs involved for those who are forced to wait.

Data published in 1991 by Statistics Canada indicate that 45 percent of those who are waiting for health care in Canada describe themselves as being “in pain” (Statistics Canada, 1991). While not all of this pain would be alleviated by a visit to the doctor or by the surgical procedure for which the patient is waiting, some of it undoubtedly is the direct result of waiting. In 1994, Statistics Canada data showed that over one million Canadians felt that they needed care but did not receive it, and that approximately 30 percent of these people were in moderate or severe pain (Statistics Canada, 1994/95). In 2000-01, Statistics Canada data showed that an estimated 4.3 million Canadians had difficulties obtaining routine care, health information or advice, immediate care for minor health issues, and other first contact services, and approximately 1.4

million Canadians had difficulties gaining access to specialist visits, non-emergency surgery, and selected diagnostic tests (Statistics Canada, 2002). Twenty percent of those who waited for the latter three specialized services indicated that the wait affected their lives; most of these people experienced “worry, stress, and anxiety, pain, or diminished health as a result of waiting” (Statistics Canada, 2002). Over 20 percent of the 1.4 million also indicated that their waiting time was unacceptable (Statistics Canada, 2002). The most recent Statistics Canada data, from 2003, show that an estimated 607,000 Canadians had difficulties getting to see a specialist, 201,000 had difficulties getting non-emergency services, and 301,000 had difficulties getting selected diagnostic tests: a total of 1.1 million Canadians (Statistics Canada, 2004). Between 10 and 19 percent of the Canadians who waited for these services indicated that the wait affected their lives. 60 to 72 percent of affected individuals experienced “worry, stress, or anxiety,” and 45 to 55 percent reported experiencing pain while waiting for these specialized services. Finally, between 17 and 29 percent of the individuals who waited for specialized services felt that their waiting time was unacceptable (Statistics Canada, 2004).

A 1993 study by the Institute for Clinical Evaluative Studies at the University of Toronto categorized all patients waiting for hip replacements according to their pain levels (Williams and Naylor, 1993). The study found that in Ontario, 40 percent of those who were experiencing severe disability as well as 40 percent of those who suffered severe pain were waiting 13 months or more for hip surgery. A further 40 percent of those who were in severe pain waited 7 to 12 months, while only 14 percent of those in severe pain waited less than 4 months. While some of these patients might have been postponing surgery for their own reasons, the fact that they were experiencing severe pain probably means that most were being denied prompt access to treatment.

Moreover, adverse consequences from prolonged waiting are increasingly being identified and quantified in the medical and economics literatures. Beanlands *et al.* (1998) assessed the impact of waiting time for cardiac revascularization on mortality, cardiac events (e.g., heart attacks), and heart functioning. Patients who were revascularized earlier had significantly lower preoperative mortality than those who were

revascularized later. As well, those treated earlier had a lower rate of subsequent cardiac events (a difference which approached statistical significance), and significant improvement in heart function (unlike the patients receiving later treatment). Additionally, Sampalis *et al.* (2001) found that those who waited longer for a coronary artery bypass graft had significantly reduced physical functioning, vitality, social functioning, and general health prior to surgery, and had reduced physical functioning, vitality, mental health, and general health 6 months after surgery. The patients who waited longer were also more likely to experience an adverse postoperative event, and were less likely to return to work after surgery. Similarly, Sobolev *et al.* (2003) found that the probability of being admitted for emergency cholecystectomy increased with the duration of the wait time for cholecystectomy.

Morgan, Sykora, and Naylor (1998) examined the effect of waiting on death rates among patients waiting for heart surgery. In their analysis, those who waited longer for surgery, both in absolute terms and relative to the maximum wait recommended, had a higher probability of death while waiting. In a related inquiry, Rosanio *et al.* (1999) found that those who waited longer for coronary angiography were more likely to suffer the adverse consequences of cardiac hospitalization, heart attack, and cardiac-related death.

To express more concretely the cost of these effects on morbidity and mortality, economists have attempted to infer the monetary costs associated with waiting for treatment. Because paying for private care is the alternative to waiting for publicly-provided care in the UK, Cullis and Jones (1986) deduce that the cost of waiting for treatment in terms of reduced morbidity and mortality is, at a maximum, the cost of private care. Taking the actual costs of private care for a variety of important and common treatments, Cullis and Jones (1986) estimate that the cost of waiting in the UK in 1981 was about \$5,600 per patient. Alternatively, Gliberman (1991) treats waiting time as a period during which productive activity (either for pay or in the household) is potentially precluded. Thus, the cost of a day of waiting is the wage or salary forgone, for which Gliberman uses the Canadian average wage. Only those who report experiencing “significant difficulties in carrying out their daily activities,” about 41 percent of those waiting, are counted as bearing the cost of lost wages, meaning that the cost per patient was about \$2,900 in

Canada in 1989. Using the same methodology, but with a 10 percent loss of productivity in place of Gliberman’s procedure-specific measures (which averaged 41 percent), Esmail (2005b) estimated the cost of waiting per patient to be slightly more than \$860 in 2005 if only hours during the normal working week were considered “lost,” and as much as \$2,610 if all hours of the week (minus 8 hours per night sleeping) were considered “lost.” Finally, Propper (1990) estimates the cost of waiting by an experiment in which subjects were asked to choose between immediate treatment (at a varying range of out-of-pocket costs), and delayed treatment (at a varying range of time intervals) at no out-of-pocket cost. From this, she determined that cost per patient was approximately \$1,100 in the UK in 1987.

The idea that waiting can impose costs can be considered via the analogy of wartime rationing of (essentially imposed waiting for) refrigerators or automobiles. Those who wanted refrigerators in 1940 but did not get them until 1946 were not denied the refrigerators; they only had to wait. Clearly, the issue of time is important in goods provision; delay of availability undoubtedly made those waiting worse off. This same logic also applies, sometimes vitally, in the provision of medical services.

Non-price rationing and methods of adapting

Economists generally believe that non-price rationing of scarce resources is inefficient compared to rationing through the price system. In particular, prices are efficient mechanisms for signalling the relative scarcity and value of any good or service, thereby encouraging both producers and consumers to modify their behaviour accordingly. A rise in price occasioned by an increase in the demand for a particular medical procedure thus restrains some health care users, and effectively rations the existing supply. The price rise also sends out the signal that not enough health care is being supplied. Assuming that the price rise makes additional profits possible, there will be an increase in the supply of health care as suppliers change their behaviour to take advantage of the new possibility for profit. This supply response does not necessarily occur, however, if government-imposed waiting is the system of rationing employed.

Non-price rationing is also inefficient because it obscures differences in intensities of demand across different sets of consumers. To the extent that some consumers desire a given product more than other consumers, strict non-price rationing might result in those consumers who desire the product less actually obtaining it. Efficiency, however, is promoted when those consumers who most value a product obtain it. For example, while a non-working spouse and his wife with the same medical condition might be equally restricted by a system of waiting lists, the working wife would probably be willing to pay a little more to be able to get back to work. The reason is that, in addition to the similar pain they both suffer, she also bears the additional cost of lost wages. In other words, with identical illnesses, the wife and husband do not have the same illness cost, including forgone wages, and thus place different values on the medical service that they are both denied by waiting.

At least two prominent qualifications can be raised about the social inefficiencies of rationing by waiting. One is the claim that, without rationing by waiting, many procedures and treatments are performed for which the social costs outweigh the social benefits. Thus, making patients wait is efficient, the argument goes, so that they are prevented from using services for which social costs outweigh social benefits. In these cases, however, it would be more desirable to discourage the consumption of a given amount of medical services by price rationing rather than by non-price rationing. In other words, let the working wife pay the increased costs of earlier treatment so that she can get back to work, and let her husband wait for an opening on the “elective” surgical waiting list. That is the appropriate approach unless one is prepared to argue that patients will pay any price to receive specific treatments (a view only supportable with regard to a few life-saving treatments) and that government bureaucrats are better able than consumers are to determine whether treatment is warranted.

A second qualification is that non-price rationing of a vital product such as medical services is fair and is perceived to be fair by society. To the extent that fairness is an objective, one might argue that non-price rationing provides collective benefits that outweigh the inefficiencies identified above. However, depending upon how the non-price rationing occurs, the resulting distribution of benefits may not be any improvement

upon the price-rationing outcome. In fact, many inequities have been discovered in the current system. Preferential access to cardiovascular surgery on the basis of “nonclinical factors” such as personal prominence or political connections is common (see Alter, Basinski, and Naylor, 1998). As well, residents of suburban Toronto and Vancouver have been found to experience longer waiting times than do their urban counterparts (Ramsay, 1997) and residents of northern Ontario receive substantially lower travel reimbursement from the provincial government than do southern Ontarians when travelling for radiation treatment (Priest, 2000; and Ombudsman Ontario, 2001). Finally, low-income Canadians are less likely to visit medical specialists, including cardiac specialists (Dunlop, Coyte, and McIsaac, 2000), are less likely to utilize diagnostic imaging (Demeter *et al.*, 2005), and have lower cardiac and cancer survival rates (Alter, *et al.* 1999; Mackillop, 1997) than higher-income Canadians. This evidence indicates that rationing by waiting is often a facade for a system of personal privilege, and perhaps even greater inequality than rationing by price. Moreover, perceived inequity in the distribution of medical services due to perceived inequity in income distribution can be better rectified by lump-sum income transfers, or subsidies for the purchase of health insurance by the poor, than by non-price rationing.

To be sure, many arguments have been made both for and against private medical insurance systems (Blomqvist, 1979; McArthur, Ramsay, and Walker, 1996). For the purposes of this report, it is accepted that public provision of, and payment for, health care services is an institutionalized feature of Canadian society for the foreseeable future, and that extensive use of market pricing mechanisms to ration scarce capacity is unlikely. Under these circumstances, the extent of any excess demand and how that excess demand is rationed are relevant public policy issues, since the social costs associated with non-price rationing should be compared to whatever benefits are perceived to be associated with it.

There are several ways in which non-price rationing can take place under the current health care system, and many ways in which individuals adapt to rationing. One form of non-price rationing is a system of triage, the three-way classification system developed by Florence Nightingale for sorting the wounded on the bat-

tlefield in wartime. Under such a system, the physician sorts the patients into three groups: those who are beyond help, those who will benefit greatly from immediate care (and suffer greatly or die without it), and those who can wait for care.

In peacetime, of course, there still are limited resources, requiring physicians to employ the triage system to make choices about the order in which people should be treated. In this setting, physicians effectively ration access by implicitly or explicitly rejecting candidates for medical treatment. In the absence of well-defined criteria, doctors might be expected to reject those candidates least likely to suffer morbid and mortal consequences from non-treatment and those whose life expectancy would be least improved by treatment. The British experience suggests that some doctors use a forgone-present-value-of-earnings criterion for selecting patients for early treatment, thereby giving lower priority to older or incurable critically ill patients (see Aaron and Schwartz, 1984). One study of wait times for adjuvant (i.e., chemotherapy or radiation) therapy for breast cancer in Nova Scotia found that women age 70 and older experienced longer wait times than did younger women (Rayson *et al.*, 2004). The experience of Canada's largest cancer treatment centre suggests that doctors give priority for radiation treatment to people whose cancers may be curable rather than using radiation machines to provide palliative care or limited extensions to life expectancy (*Globe and Mail*, 1989, p. A1).

Canadians may be adapting to non-price rationing by substituting private services for unavailable public services and, specifically, by purchasing medical services outside the country. Provincial health care plans, in fact, cover emergency medical services as well as other services only available outside Canada. Possibly as a reflection of the increasing prevalence of waiting in the health care system, there are now companies in Ontario, Quebec, Alberta, British Columbia, and elsewhere in Canada that either expedite treatment and diagnostic testing in Canada, sometimes through various legislative loopholes, or facilitate diagnostic testing and treatment in the United States. In addition, American medical centres have been known to advertise in Canadian newspapers. This year's survey of specialists (reported later in this study) found that 1.0 percent of patients received treatment in another country during 2005/06.

Measuring rationing by waiting

Observers who argue that hospital waiting lists are not a particularly important social issue believe that such lists tend to be inaccurate estimates of rationing or that there is little social cost associated with enforced waiting. One frequently expressed concern is that doctors encourage a greater demand for medical care than is socially optimal. As a result, the critics argue, while waiting lists exist for specific treatments, there are no significant social costs associated with rationing since many (perhaps most) individuals on waiting lists are not in legitimate need of medical treatment. In a related version of this argument, doctors are suspected of placing a substantial number of patients on hospital waiting lists simply to exacerbate the public's perception of a health care crisis so as to increase public funding of the medical system.

The available evidence on the magnitude of the demand induced by the suppliers for medical services is, at best, ambiguous (see, for example, Frech, 1996). The view that this is a modest problem is supported by the fundamental economic argument that competition among physicians will promote a concordance between the physician's interests and those of the patient. Effectively, general practitioners usually act as agents for patients in need of specialists, while specialists carry out the bulk of hospital procedures. Thus, general practitioners who mitigate medical problems while sparing patients the pain and discomfort of hospital treatments will enhance their reputations compared to those who unnecessarily encourage short-term or long-term hospitalization as a cure. This suggests that general practitioners have an incentive to direct patients to specialists who will not over-prescribe painful and time-consuming hospital treatments.

As well, specialists who place excessive numbers of patients on hospital waiting lists may bear direct costs. For example, those specialists may be perceived by hospital administrators to use a disproportionate share of hospital resources. This may make it more difficult for them to provide quick access to those resources for patients who, in their own view and those of their general practitioners, are in more obvious need of hospital treatment. Similarly, patients facing the prospect of a relatively long waiting list may

seek treatment from other specialists with shorter waiting times.

An additional reason to be sceptical of claims that demand is induced by physicians is that it is implausible for an individual physician to believe that the length of his or her waiting list will significantly affect overall waiting time at the provincial or national level, thus leading to additional funding. Because this provides a clear incentive to “free-ride” on the potential wait-list-inflating responses of other physicians, there is no reason for any individual physician to inflate waiting times.

Finally, an additional concern in measuring waiting is that hospital waiting lists are biased upward because reporting authorities double-count or fail to remove patients who have either already received the treatment or who, for some reason, are no longer likely to require treatment. The survey results, however, indicate that doctors generally do not believe that their patients have been double-booked for treatment.

In summary, while there are hypothetical reasons to suspect that hospital waiting list figures might overstate true excess demand for hospital treatments, the magnitude of any resulting bias is unclear and probably relatively small. Moreover, empirical verification of the Institute’s survey numbers (to be discussed in the two “Verification ...” sections) yields no evidence of upward bias.

National hospital waiting list survey

In order to develop a more detailed understanding of the magnitude and nature of hospital waiting lists in Canada, the authors of this study conducted a survey of specialist physicians. In those instances where data from institutions and provincial governments/agencies are available, they have been used to corroborate the evidence from the survey data. Further, specialists rather than general practitioners were surveyed because specialists have primary responsibility for health care management of surgical candidates.

The survey was conducted in all 10 Canadian provinces. Cornerstone List Fulfillment provided mailing lists, drawn from the Canadian Medical Association’s membership rolls, for the specialists polled. Special-

ists were offered a chance to win a \$2,000 prize (to be randomly awarded) as an inducement to respond. Survey questionnaires were sent to practitioners of 12 different medical specialties: plastic surgery, gynaecology, ophthalmology, otolaryngology, general surgery, neurosurgery, orthopaedic surgery, cardiac and vascular surgery, urology, internal medicine, radiation oncology, and medical oncology. The original survey (1990) was pre-tested on a sample of individual specialists serving on the relevant specialty committees of the British Columbia Medical Association. In each subsequent edition of the survey, suggestions for improvement made by responding physicians have been incorporated into the questionnaires and in 1994, radiation oncology and medical oncology were added to the 10 specialties originally surveyed.

The questionnaire used for general surgery is found in Appendix 2. The questionnaires for all of the specialties follow this format (with slight variations for medical and radiation oncology and cardiac and vascular surgery); only the procedures surveyed differ across the various specialty questionnaires. Medical specialists in Quebec and New Brunswick who indicate that their language of preference is French are sent French-language surveys. The data for this issue of *Waiting Your Turn* were collected between January 10 and April 11, 2006.

The survey was sent to all specialists in a category. Unlike in previous editions of *Waiting Your Turn*, 50 percent sampling for internal medicine was not done for large cities in Ontario in 2006. The response rate in the five provinces initially surveyed in 1990 (British Columbia, Manitoba, New Brunswick, Newfoundland, Nova Scotia) was 20 percent. This year, the response rate was 28 percent overall, 1 percent below that for last year’s survey.

Methodology

The treatments identified in all of the specialist tables represent a cross-section of common procedures carried out in each specialty. (Definitions of procedures are found in Appendix 3.) Specialty boards of the British Columbia Medical Association suggested the original list of procedures in 1990, and procedures have been added since then at the recommendation of survey participants.

At the suggestion of the Canadian Hospital Association, since 1995 waiting time has been calculated as the median of physician responses rather than the mean or average, as it had been prior to 1995 (Canadian Hospital Association, 1994). The disadvantage of using average waiting times is the presence of outliers (that is, extremely long waiting times reported by a few specialists), which pull the average upwards. Changes in extreme outlier responses can have dramatic effects on the mean value even if the vast majority of the responses still cluster around the same median value. Using the median avoids this problem. The median is calculated by ranking specialists' responses in either ascending or descending order, and determining the middle value. For example, if five neurosurgeons in New Brunswick respond, the median value is the third highest (or third lowest) value among the five.² This means that if the median wait reported is 5 weeks for a procedure, half of the specialists reported waits of more than 5 weeks, while half of the specialists reported waits of less than 5 weeks.

The major findings from the survey responses are summarized in tables 2 through 15. Table 2 reports the total median time a patient waits for treatment from referral by a general practitioner. To obtain the provincial medians—found in the last row of table 2 (and of tables 3, 4, and 8), and the national median—found in the last column of table 2 (and of tables 3, 4, and 8), the 12 specialty medians are each weighted by a ratio: the number of procedures done in that specialty in the province divided by the total number of procedures done by specialists of all types in the province.

Tables 3 and 4 present median waiting times compared among specialties and provinces. Table 3 summarizes the first stage of waiting, that between the referral by a general practitioner and consultation with a specialist. Table 4 summarizes the second stage of waiting: that between the decision by a specialist that treatment is required and the treatment being received.

Tables 5a through 5l report the time a patient must wait for treatment, where the waiting time per patient is the median of the survey responses. The provincial weighted medians reported in the last line of each table are calculated by multiplying the median wait for

each procedure (e.g., mammoplasty, neurolysis, etc., for plastic surgery) by a weight—the fraction of all surgeries within that specialty constituted by that procedure, with the sum of these multiplied terms forming the weighted median for that province and specialty.

Table 6 provides the percentage change in median waits to receive treatment after the first appointment with a specialist between the years 2005 and 2006. Table 7 provides frequency distribution data indicating the proportion of survey waiting times that fall within various lengths of time among provinces.

Table 8 summarizes clinically “reasonable” waiting times among provinces and specialties. Tables 9a through 9l report the median values for the number of weeks estimated by specialists to be clinically reasonable lengths of time to wait for treatment after an appointment with a specialist. The methodology used to construct these tables is analogous to that used in tables 5a through 5l.

Table 10 summarizes the actual versus clinically “reasonable” waiting times among provinces and specialties. Table 11 summarizes the percentage of patients reported as receiving treatment outside Canada among provinces and specialties.

Table 12 presents the estimated number of procedures for which people are waiting, compared among specialties and provinces. Because the questionnaires omit some less commonly-performed procedures, the sum of the numbers of procedures for which people are waiting for each specialty in table 12 is, of course, an underestimate of the total number waiting.

The number of non-emergency procedures for which people are waiting that were not included in the survey was also calculated, and is listed in table 12 as the “residual” number of procedures for which people are waiting. To estimate this residual number, the number of non-emergency operations not contained in the survey that are done in each province annually must be used. This residual number of operations (compiled from the CIHI data) is then divided by 52 (weeks) and multiplied by each province's weighted median waiting time.

2 For an even-numbered group of respondents, say, 4 physicians, the median is the average of the two middle values—in this example, the average of the second and third highest values.

Tables 13a through 13l report the estimated number of procedures for which people are waiting. To allow for interprovincial comparisons, table 14 summarizes the number of procedures for which people are waiting per 100,000 population among specialties and provinces. Table 15 provides the percentage change in the number of procedures for which people were waiting between 2005 and 2006.

To estimate the number of procedures for which people are waiting, the total annual number of procedures is divided by 52 (weeks per year) and then multiplied by The Fraser Institute's estimate of the actual provincial average number of weeks waited. This means that a waiting period of, say, one month, implies that, on average, patients are waiting one-twelfth of a year for surgery. Therefore, the next person added to the list would find one-twelfth of a year's patients ahead of him or her in the queue. The main assumption underlying this estimate is that the number of surgeries performed will neither increase nor decrease within the year in response to waiting lists.

Previously, as noted, the average of survey waiting times was used to provide an estimate of the actual provincial average waiting time (an unobservable measure of the actual patient experience in a province). Continued concerns over exceptionally large numbers of procedures waited for in Saskatchewan led to a revision in the methodology in 2003 to replace the average waiting time measure with the median waiting time measure to estimate the actual patient experience in each province. This change provides a more accurate estimate of the actual number of procedures waited for across Canada, and makes The Fraser Institute's estimates less susceptible to influence from outlier responses (described above).

This study's weighting of medians and the estimation of the number of procedures for which patients are waiting are based on data from the Canadian Institute for Health Information's Discharge Abstract Database (DAD) and National Ambulatory Care Reporting System (NACRS) for 2004-2005. This data is categorized using the ICD-10/CCI data standard. It should be noted that 2004-05 is the first year that a complete dataset for Manitoba was available from CIHI, while previous editions of *Waiting Your Turn* have estimated the procedures counts for Manitoba using the methodology used this year for Alberta and Quebec described

below. Thus, the change in the number of procedures for which patients are waiting from 2005 to 2006 should be interpreted with caution for Manitoba this year because it also reflects a change from an estimation of procedures to an actual count.

Quebec does not provide CIHI with discharge data. Alberta does not provide CIHI with discharge data for same-day surgeries. As a result, the authors made a pro-rated estimate of procedures in Alberta and Quebec using the 1999-2000 number of hospitalizations from data published by CIHI. Note also that the change for Manitoba described above will affect the estimates for Alberta and Quebec, though to a much smaller extent, as the base for the pro-rated estimates for these two provinces will now include Manitoba while it would not have in years past. As a result, changes in the number of procedures for which patients are waiting should be interpreted with caution for these provinces as well.

There are a number of minor problems in matching CIHI's categories of operations to those reported in The Fraser Institute survey. In a few instances, an operation such as rhinoplasty is listed under more than one specialty in *Waiting Your Turn*. In these cases, we divide the number of patients annually undergoing this type of operation among specialties according to the proportion of specialists in each of the overlapping specialties; e.g., if plastic surgeons constitute 75 percent of the group of specialists performing rhinoplasties, then the number of rhinoplasties counted under plastic surgery is the total multiplied by .75. A second problem is that, in some cases, an operation listed in the *Waiting Your Turn* questionnaire has no direct match in the CIHI tabulation. An example is ophthalmologic surgery for glaucoma, which is not categorized separately in the CIHI discharge abstract data. In these cases, we make no estimate of the number of patients waiting for these operations.

We expect, in coming years, to further improve our estimates for Alberta and Quebec. We also anticipate being able to improve our estimates for ophthalmologic surgery, where a significant number of the surgeries occur in private facilities and, as a result, are not included within the discharge data submitted to, or reported by, CIHI. Table 16a summarizes the number of acute inpatient discharges by procedure, while table 16b summarizes the number of same-day surgery discharges by procedure.

Verification of current data with governments

On September 12, 2006, we sent preliminary data across Canada to provincial ministries of health, and to provincial cancer and cardiac agencies. As of October 15, 2006, we received replies from provincial health ministries in British Columbia, Alberta, Saskatchewan, Manitoba, and Quebec, as well as the Cardiac Care Network of Ontario. The BC Ministry of Health, the Alberta Ministry of Health and Wellness, the Saskatchewan Surgical Care Network, the Manitoba Ministry of Health, the Ontario Ministry of Health and Long Term Care, the Quebec Ministry of Health and Social Services, the Nova Scotia Department of Health, Cancer Care Ontario, and the Cardiac Care Network of Ontario publish current wait list data on their web sites providing waiting times and/or the numbers of patients waiting. The New Brunswick Surgical Care Network provides access to wait time information from a series of reports on waiting times in 2004-05. The Newfoundland Department of Health and Community Services publishes periodic reports on how wait times in Newfoundland compare with the pan-Canadian benchmarks announced in December 2005.

Many provinces measure the waiting time as the time between the date on which a treatment is scheduled (or booked) and the date of the treatment. The Fraser Institute intends to assist those seeking treatment, and those evaluating waiting times, by providing comprehensive data on the entire wait a person seeking treatment can expect. Accordingly, the Institute measures the time between the decision of the specialist that treatment is required and treatment being received.

Alberta

The Alberta Ministry of Health and Wellness' web site presents median waiting times for all waitlisted procedures performed over the past 90 days excluding wait times for "persons who voluntarily delayed their procedure or test, had a scheduled follow up procedure, or those that received emergency care." By comparison, The Fraser Institute reports prospective median waiting times for elective procedures from the specialist's decision to treat the patient.

Chart 1: Comparison of Waiting Times in Alberta, Specialist to Treatment, 2006

Specialty/ Procedure	Alberta Health Median Wait Time ¹	Fraser Institute Median Wait ²
Plastic Surgery	6.9	17.9
Gynaecology	7.9	7.3
Ophthalmology	9.9	8.4
Cataract Surgery	11.3	10.0
Otolaryngology	9.3	9.0
General Surgery	5.0	4.8
Cholecystectomy	5.1	5.0
Neurosurgery	5.7	7.8
Orthopaedic Surgery	11.3	18.6
Hip Replacement Surgery	16.3	24.0
Knee Replacement Surgery	22.9	24.0
Cardiac/Thoracic/ Vascular Surgery	3.7/2.3/3.1	4.5
Coronary Artery Bypass Surgery	3.0	3.8
Urology	4.3	3.3
MRI Scans	9.1	9.0
CT Scans	2.0	4.0

¹Time within which 50 percent of patients were served in the 90 days preceding March 31, 2006.

²Prospective median wait, national hospital waiting list survey, 2006.

Sources: Alberta Ministry of Health and Wellness Wait List web site; and The Fraser Institute's national waiting list survey, 2006.

There is a substantial difference between the measurement of prospective waiting times (the expected waiting time for the next patient) and retrospective waiting times (the amount of time the patient actually waited for surgery). Notably, the latter measure will not include any delays between the decision to treat the patient and the formal booking/recording for that patient, and will include any adjustments in waiting times that were the result of a deterioration in the patient's condition (other than those that resulted in emergency care) or from adjustments that resulted from other uncontrollable factors (emergency cases using up operating room time, an earlier operating slot becoming available, etc.).

Chart 2: Number of Patients Waiting for Care in Alberta, 2006

Specialty/ Procedure	Alberta Ministry of Health and Wellness Count ¹	Fraser Institute Estimate
Plastic Surgery	3,419	1,784
Gynaecology	5,151	3,053
Ophthalmology	13,161	4,963
Cataract Surgery	10,541	3,601
Otolaryngology	4,488	1,952
General Surgery	6,498	4,927
Cholecystectomy	922	636
Neurosurgery	420	612
Orthopaedic Surgery	12,864	7,995
Hip Replacement Surgery/Knee Replacement Surgery	5,204	5,369
Cardiac, Thoracic, and Vascular Surgery	1,065	125
Coronary Artery Bypass Surgery	176	40
Urology	2,178	2,149

¹Count as at March 31, 2006.

Sources: Alberta Ministry of Health and Wellness Wait List web site; and The Fraser Institute's national waiting list survey, 2006.

Despite these differences in methodology, it appears that the prospective wait times from The Fraser Institute's waiting list survey are broadly similar to the retrospective waiting times available from the Alberta Ministry of Health and Wellness' web site (chart 1). Only in the areas of Plastic Surgery, Neurosurgery, Orthopaedic Surgery, Cardiac Surgery, and CT scanning services are the Institute's measures longer than those published by the Alberta Waitlist Registry.

The number of patients waiting published on the Ministry's website are also broadly similar to The Fraser Institute's estimates of the number of procedures for which patients are waiting (chart 2). Despite the substantial differences in methodology mentioned above, it appears that in most cases The Fraser Institute's estimates of procedures for which patients are waiting either closely approximates or underestimates the

actual experience in Alberta. The only case where the Institute's estimates are significantly greater than those published by the Alberta Ministry of Health and Wellness is in Neurosurgery.

British Columbia

In British Columbia, the Ministry of Health defines waiting time in such a way that its estimates are shorter than those in this survey. Specifically, the ministry defines a wait as the interval between the time the booking was received by the hospital and the date of surgery. Not only does this definition omit waiting time between GP and specialist (which the Institute's survey includes in the total), but it also understates the patient's actual waiting time between seeing a specialist and receiving treatment. In addition, because most hospitals only book a few months ahead, this method of measuring waiting lists undoubtedly omits a substantial fraction of patients with waits beyond the booking period (see Ramsay, 1998).

One additional difference between the measures published on the Ministry of Health's web site and those produced by The Fraser Institute is that the ministry's measurement includes all "booked" procedures, even if the booking was less than 24 hours prior to surgery. This suggests that many non-elective surgeries may be included in the Ministry of Health's measurements. By contrast, The Fraser Institute's measurements, with the exception of cardiovascular surgery wait times, include wait times for only elective procedures.

These differences in methodology suggest that the wait times published on the BC Ministry of Health's web site should be substantially shorter than those measured by The Fraser Institute. However, in years past the BC Ministry of Health's wait times have also been found to be remarkably low when compared to the number of procedures actually completed and the number of patients reported to be waiting for treatment.

Charts 3 and 4 show that the wait times recently presented on the ministry's website continue to be critically flawed.

For example, the ministry reports a waiting time of 4.0 weeks for plastic surgery for the three months ending April 30. The web site also shows 3,868 patients waiting for surgery at that time (charts 3 and 4). In order for

Chart 3: Number of Patients Waiting for Care in British Columbia

Specialty/ Procedure	Patients Waiting ¹	Fraser Institute Estimate	Patients Served in Previous 90 days (proximate period) ²
Plastic Surgery	3,868	4,622	2,363
Gynaecology	4,464	3,526	5,290
Ophthalmology	12,843	10,776	10,126
Cataract Surgery	11,531	8,716	8,645
Cornea Transplant	636	244	95
Otolaryngology	5,096	4,106	3,189
General Surgery	11,804	7,113	10,766
Cholecystectomy	1,342	1,180	1,248
Neurosurgery	1,431	1,236	1,115
Orthopaedic Surgery	18,175	24,001	7,831
Hip Replacement	2,412		942
Knee Replacement	5,098	16,384	1,309
Cardiac Surgery	404	189	356
Vascular Surgery	1,055		1,110
Urology	5,219	6,978	6,234
Radiation Oncology	256	—	2,718

¹Count as at April 30, 2006.

²Patients served in 90 days prior to April 30 except for Radiation Oncology (March 31) and Otolaryngology (June 30).
Sources: British Columbia Ministry of Health Services Wait List web site; and The Fraser Institute's hospital waiting list survey.

the waiting time for the next patient placed on the waiting list to be 4.0 weeks, the province would have to provide 967 procedures per week, more than five times the number of surgeries delivered weekly during the 90 days preceding April 30 (chart 3). This waiting time simply cannot be correct.

Either there are fewer people waiting, a lot more surgeries being completed, or the government's number of a 4.0-week wait for plastic surgery is flat wrong! Specialty by specialty, month in and month out, the median wait figures reported by the ministry remain consistently, and surprisingly, lower than expected given the number of patients waiting and the number of procedures that can reasonably be expected to be performed per week. Chart 3 provides information on

Chart 4: Comparison of Reported Waiting Times in British Columbia, Specialist to Treatment

Specialty/ Procedure	BC Health Median Wait ¹	Implied 2005 Expected Wait ²	Fraser Institute Median Wait ³
Plastic Surgery	4.0	21.0	31.0
Gynaecology	4.0	10.8	7.0
Ophthalmology	6.7	16.3	10.8
Cataract Surgery	7.6	17.1	12.0
Cornea Transplant	14.3	86.1	24.0
Otolaryngology	5.3	20.5	15.0
General Surgery	3.0	14.1	6.1
Cholecystectomy	4.1	13.8	8.0
Neurosurgery	3.6	16.5	12.9
Orthopaedic Surgery	8.3	29.8	36.6
Hip Replacement Surgery	20.0	32.9	52.0
Knee Replacement Surgery	24.7	50.1	52.0
Cardiac Surgery	8.7	14.6	8.5
Vascular Surgery	2.3	12.2	8.5
Urology	4.0	10.8	8.4
Radiation Oncology	0.7	1.2	—

¹Median wait for 3 months ending April 30, 2006.

²Number of weeks to exhaust the list of patients waiting.

³Prospective median wait, national hospital waiting list survey, 2006.

Sources: British Columbia Ministry of Health Services Wait List web site; and The Fraser Institute's hospital waiting list survey.

the current number of patients waiting for surgery, The Fraser Institute's estimates of the number of procedures for which patients are waiting, and the number of procedures completed in the 90 days preceding April 30, 2006. Chart 4 shows the ministry's published waiting times, the "expected" waiting time for the next patient placed on the waiting list using the number of procedures actually provided weekly, and The Fraser Institute's median waiting time measurements.

For the three months ending April 30, 2006, the government's reported median wait averaged 35 percent of the "expected" wait, ranging from 17 percent (for cornea transplant) to 61 percent (for hip replacement surgery). The Institute median wait data, meanwhile, averages 81 percent of the "expected" wait.

It should be noted that the BC Ministry of Health has found its counts of patients waiting for treatment to be highly problematic—specifically, some patients have already been treated and not removed from waiting lists. This suggests that the “expected” wait may be overstating the wait times in British Columbia. However, the number of patients waiting for treatment would have to drop to about one third of the current reported level in order for the ministry’s measurements of waiting times to be consistent with the number of patients waiting and procedures being performed. In other words, the true patient experience in British Columbia likely lies somewhere between the “expected” wait estimated above and the wait time reported by the ministry, which is precisely where the wait times and estimates of procedures for which patients are waiting produced by The Fraser Institute generally lie.

Saskatchewan

The Saskatchewan Surgical Care Network (SSCN) wait list web site provides measures of waiting times from the provincial registry for surgeries in most areas of Saskatchewan. The measures presented by Saskatchewan are for non-emergent surgeries and measure the wait from when a booking was made to when the procedure was completed. As noted above, this methodology differs significantly from that used by The Fraser Institute.

One of the differences between the wait times presented here and those available on the SSCN website is a difference between measuring at the time a new patient is seen by the specialist, and when the booking for the procedure is actually made. There are a number of systemic delays that can occur between the time the patient is seen by a specialist and the time a booking is made, the first being that there is often a delay to order and complete tests and analyze the test results (in particular, imaging scans). Another delay relates to the fact that there may be a wait list to make the actual booking. A telephone survey of Saskatchewan physicians conducted by the authors of *Waiting Your Turn* in 2002 revealed that at least some of the physicians did not place their elective patients on the government waiting list until the patients became urgent cases. Thus, waiting times that measure from booking time to actual procedure will not capture the waiting times for testing and any delays in booking that occur.

The crucial difference between the two measures, however, is the inclusion of urgent surgeries. The SSCN website measures waiting times for all non-emergent surgeries (i.e., urgent and elective surgery waits are measured), while *Waiting Your Turn* measures waiting times for only elective surgeries (with the exception of cardiovascular surgery where emergent, urgent, and elective wait times are measured). This means that urgent wait times (which are significantly shorter than elective wait times) are included in the wait time measures available on the SSCN website but not in those measured by The Fraser Institute.

The resulting conclusion is that the numbers available on the SSCN website are not directly comparable to those measured in *Waiting Your Turn*.

Despite these differences in methodology, it appears that The Fraser Institute’s estimates of waiting times in Saskatchewan either closely approximate or underestimate the actual experience in that province (chart 5). Only in the cases of Plastic Surgery, Ophthalmology, Otolaryngology, General Surgery, Orthopaedic Surgery, and Non-Radical Prostatectomy are the Institute’s estimates notably longer than the wait times reported on the SSCN’s web site.

With respect to the estimates of procedures for which patients are waiting, only in the cases of Ophthalmology, Otolaryngology, General Surgery, Orthopaedic Surgery, Urology and the overall count of procedures for which patients are waiting are The Fraser Institute’s estimates notably larger than the SSCN’s counts of patients waiting for care (chart 6). Note, however, that much of this difference may arise from differences in what is being measured: the SSCN’s counts include only patients waiting for procedures done in operating rooms and do not count patients who will be treated in “other locations such as procedure rooms,” while The Fraser Institute’s estimates include counts for all patients treated in hospitals.

Verification and comparison of earlier data with independent sources

The waiting list data can also be verified by comparison with independently computed estimates, primarily found in academic journals. Six studies predate the

Chart 5: Comparison between Saskatchewan Surgical Care Network Wait List Measures and Waiting Your Turn 2006

Specialty/Procedure	SSCN Wait ¹	SSCN Elective Wait ²	Fraser Institute Median
Plastic Surgery	24.7	39.0	44.7
Mammoplasty/Operations on Breast (3,5)	42.0	43.3	56.0
Gynaecology	11.9	21.5	9.9
Tubal Ligation (1-5,7)	13.1	16.4	12.0
Hysterectomy (1-7)	14.2	18.2	14.0
Laparoscopic Procedures (1-7)	7.6	11.3	8.0
Hysteroscopic Procedures (1-7)	7.6	11.3	8.0
Ophthalmology	22.4	26.4	31.4
Cataract Surgery (1-7,10)	17.5	19.4	38.0
Otolaryngology	21.2	33.3	47.0
Myringotomy (3-7)	3.8	6.7	6.0
Tonsillectomy (3, 5-7)	26.7	33.4	80.0
General Surgery	9.5	21.4	12.2
Hernia Repair (1-10)	13.3	19.3	24.0
Cholecystectomy (1-7,10)	8.7	17.9	25.0
Breast Biopsy (1-3,5-7)	2.6	6.4	3.0
Mastectomy (3)	2.2	5.0	3.0
Neurosurgery	12.6	27.3	9.4
Disc Surgery/Laminectomy (3,5)	16.8	24.8	10.0
Orthopaedic Surgery	22.1	37.1	55.6
Hip Replacement (1,3,5,6)	27.3	33.6	67.0
Knee Replacement (1,3,5,6)	42.9	44.3	67.0
Removal of Pins/Removal of Hardware (3,5,6)	19.6	25.4	52.0
Cardiovascular Surgery	3.5	13.5	0.7 (Urgent)
Bypass Surgery (3,5)	2.4	8.3	0.6 (Urgent)
Valves and Septa (3,5)	4.3	11.5	0.6 (Urgent)
Cardiovascular Surgery	3.5	13.5	4.8 (Elective)
Bypass Surgery (3,5)	2.4	8.3	4.5 (Elective)
Valves and Septa (3,5)	4.3	11.5	4.5 (Elective)
Urology	13.2	22.8	10.0
Non-Radical Prostatectomy (3,5)	17.3	25.7	52.0
Radical Prostatectomy (3,5)	12.9	13.7	6.0
Bladder Resection (3,5,6)	3.8	8.0	3.5
Cystoscopy (1,3,5,6,10)	6.7	12.3	4.5
All Procedures/Specialties	16.4	27.5	20.1

¹SSCN wait times are retrospectively measured for procedures performed between October 2005 and March 2006.

²SSCN Elective wait is measured by eliminating the 0-3 weeks time frame in the weighted average measure. SSCN measures non-emergent surgeries, which includes both urgent and elective. In an attempt to eliminate the measure of urgent procedures, the shortest time frame is removed to allow better comparability with the waiting times presented in Waiting Your Turn.

Note: Not all health regions reported waiting times for all procedures. Reporting regions are denoted next to the procedure name by the following codes: (1) Five Hills, (2) Cypress, (3) Regina Qu'Appelle, (4) Sunrise, (5) Saskatoon, (6) Prince Albert Parkland, (7) Prairie North, (8) Sun Country, (9) Heartland, (10) Kelsey Trail.

Note: Saskatchewan Surgical Care Network data is presented as a proportion of patients who received their surgery within certain time frames. This comparison is made based on a weighted measure of the mid-point of each time frame. For example: 57 percent of patients in Saskatchewan waited less than 3 weeks for Neurosurgery, 11 percent waited 4 to 6 weeks, 10 percent waited 7 weeks to 3 months, 16 percent waited 4 to 12 months, 2 percent waited 13 to 18 months, and 4 percent waited more than 18 months. Taking the midpoints of each time frame to be 1.5, 5, 10, 34.7, 67.2, and 82 weeks respectively gives an average waiting time of 12.6 weeks. Wait times for individual procedures, which are not available from the SSCN web site on a provincial basis, have been developed by producing a median wait time for each health region using the same methodology and then weighting individual health region wait times by the number of patients completed.

Chart 6: Comparison between Patients Waiting According to Saskatchewan Surgical Care Network Wait List and Procedures for which Patients are Waiting Estimate from *Waiting Your Turn 2006*

Specialty	SSCN Count ¹	FI Estimate
Plastic Surgery	1,893	1,738
Gynaecology	2,408	1,334
Ophthalmology	5,119	9,248
Otolaryngology	3,562	4,482
General Surgery	3,202	4,849
Neurosurgery	450	254
Orthopaedic Surgery	7,610	9,349
Cardiovascular Surgery	158	30
Urology	1,209	2,429
Overall Count	27,140	58,018

¹SSCN Patients waiting count at March 31, 2006

Sources: Saskatchewan Surgical Care Network wait list web site and The Fraser Institute's national waiting list survey, 2006.

Institute's data series, and thus offer an informal basis for comparison. A brief survey of Ontario hospitals undertaken in October 1990 for the General Accounting Office of the United States Government (1991) indicates that patients experienced waits (after seeing a specialist and before receiving treatment) for elective orthopaedic surgery ranging from 8.5 weeks to 51 weeks, for elective cardiovascular surgery ranging from 1 to 25 weeks, and for elective ophthalmology surgery ranging from 4.3 to 51 weeks. The new survey data presented here (in table 4) finds typical Ontario patients waiting 17.5 weeks for orthopaedic surgery, 3.5 weeks for elective cardiovascular surgery, and 10.9 weeks for ophthalmology procedures in 2006.

A study of waiting times for radiotherapy in Ontario between 1982 and 1991 (Mackillop *et al.*, 1994) found that the median waiting times between diagnosis by a general practitioner and initiation of radiotherapy for carcinoma of the larynx, carcinoma of the cervix, and non-small-cell lung cancer were 30.3 days, 27.2 days, and 27.3 days, respectively. In Ontario in 2006, the wait for radiotherapy was approximately 25 days for cancer of the larynx, cancer of the cervix, and lung cancer (see tables 3 and 5k). However, the 2006 estimate that the median wait for prostate cancer treatment

was approximately 39 days is notably lower than Mackillop's estimate of 93.3 days.

A study of knee replacement surgery in Ontario found that in the late 1980s, the median wait for an initial appointment with an orthopaedic specialist was 4 weeks, while the median waiting time to receive a knee operation was 8 weeks (Coyte *et al.*, 1994). By comparison, the Institute's survey finds that in Ontario in 2006, the wait to see an orthopaedic specialist was 14.0 weeks (see table 3) and the wait to receive hip or knee surgery was 20.0 weeks (see table 5g).

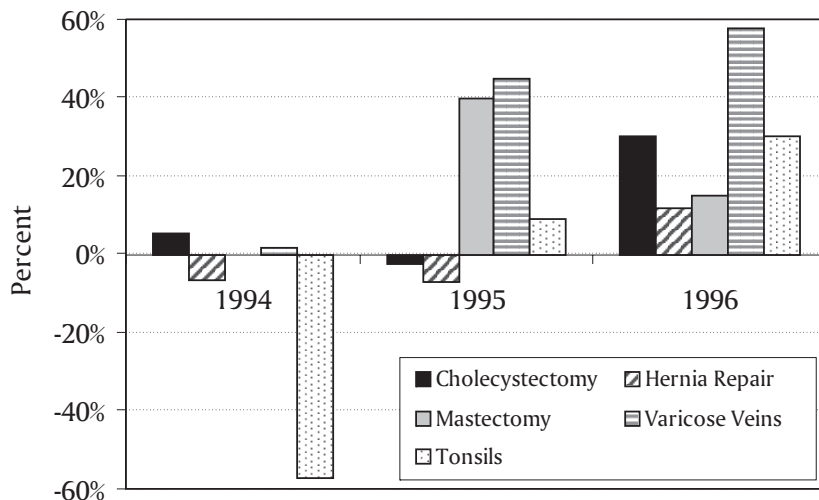
Examination of waiting times for particular cardiovascular treatments in 1990 by Collins-Nakai *et al.* (1992) focused on three important procedures. They estimated median Canadian waiting times of 11 weeks for angioplasty and 5.5 months for cardiac bypass surgery. In comparison, 2006 median waiting times for "angiography/angioplasty" ranged from 3.3 weeks in Nova Scotia to 14.3 weeks in New Brunswick (see table 5j), and for elective cardiac bypass ranged from 3.0 weeks in Ontario to 24.0 weeks in Nova Scotia (see table 5h).

A study of waiting times for selected cardiovascular procedures in 1992 found that in Canada, 13.3 percent of waiting times for elective coronary bypass surgery fell in the 2-to-6-week range, with 40 percent in the 6-to-12-week range, 40 percent in the 12-to-24-week range, and 6.7 percent in the over-36-weeks range (Carroll *et al.*, 1995). Again, the 2006 data indicated that the provincial waiting time for elective bypass surgery (between specialist consultation and treatment) ranged from 3.0 weeks in Ontario to 24.0 weeks in Nova Scotia (see table 5h).

Regarding waiting time for coronary artery bypass in Ontario in the early 1990s, Morgan *et al.* (1998) discovered that the median and mean waits were 18 and 38 days, respectively. By comparison, the 2006 Ontario survey data reveal waiting times for emergent, urgent, and elective bypass surgery of 1, 3.5, and 21 days respectively (see table 5h).

Twelve more recent studies permit direct comparison of Fraser Institute waiting times and independently derived estimates. DeCoster *et al.* (1998) obtained median waiting times for 5 common surgical procedures in Manitoba and compared them to Fraser Insti-

Chart 7: Waiting Times—Difference between Manitoba Centre for Health Policy and Evaluation and The Fraser Institute



Source: DeCoster *et al.*, 1998, and The Fraser Institute's national waiting list surveys.

tute estimates of waiting times for those procedures. Waiting times for the five procedures—cholecystectomy, hernia repair, excision of breast lesions, varicose veins stripping and ligation, and tonsillectomy—were compared for the years 1994 to 1996. For 11 of the 15 comparisons (five procedures over three years) DeCoster *et al.* found that the Fraser Institute's measures of waiting times in Manitoba were actually equal to or shorter than those measured by MCHPE (chart 7).

The data gathered by the Manitoba Centre for Health Policy Evaluation provide further valuable insights about the reliability of The Fraser Institute waiting list survey. One of the concerns of Institute researchers over the years has been the apparent variability of the waiting time estimates. The normal presumption in measuring process fluctuations is that they will be modest in comparison to the size of the process being measured. This would predict swings in waiting times of, say, 10 or 15 percent from year to year. Numbers larger than this raise questions about whether the measurement method is subject to "noise."

Since for nearly a decade The Fraser Institute's waiting list measurements have been the only systematic ones available, the Institute has had no way to discern

whether the sometimes dramatic swings in measurements are real or are induced by the sampling procedure. Comparable measurements by the Manitoba Centre, which are based on individual physician experience, cast some welcome light on the matter.

As chart 8 shows, the data from DeCoster *et al.* (1998) for two adjacent measurement periods—1995 and 1996—reveal very wide swings in the *ex post* waiting time experienced by patients. Tonsillectomy wait times increased by 22 percent in 1995 only to fall 13 percent the following year, a total swing of 35 percent. Varicose vein surgery waits swung by nearly 14 percent in the same period, and hernia repair waits by nearly 10 percent. Since these *ex post* surgery waiting times do not include the pre-booking wait times that specialists record in

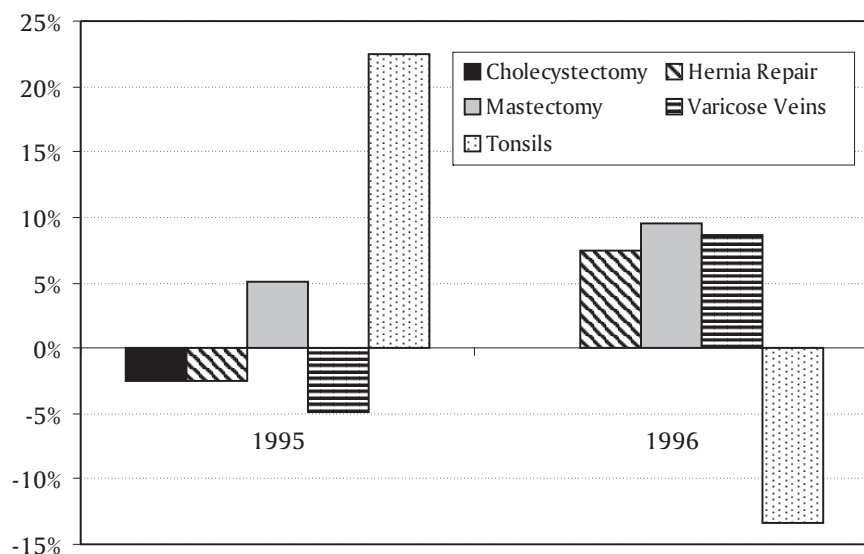
The Fraser Institute survey data, it is likely that the swings estimated by the Manitoba data underestimate the extent of the actual fluctuation.

Overall, the Manitoba estimates are greater than or equal to Fraser Institute estimates in 73 percent of cases, and less than Fraser Institute estimates in 27 percent of cases. In conjunction with the information about volatility provided by the Manitoba data, and the timing differences between the estimates, it would seem that the two methods produce estimates of waiting times that are more or less consistent.

Bellan *et al.* (2001) reported on the Manitoba Cataract Waiting List Program, recording a median wait of 28.9 weeks for cataract surgery in November 1999 (The Fraser Institute recorded a median wait of 12.0 weeks that year; see Zelder with Wilson, 2000). Bellan *et al.* report that estimates of waiting times for cataract surgery by both The Fraser Institute and the Manitoba Centre for Health Policy and Evaluation have been too low.

Tu *et al.* (2005) obtained median waiting times for 12 health services delivered in Ontario in 2003-04, 11 of which can be compared with waiting times estimated by The Fraser Institute (MRI, CT, Hip and Knee Replacement, Cataract Surgery, Angiography, Angioplasty,

Chart 8: Fluctuation in Manitoba Centre for Health Policy and Evaluation Waiting Times, 1995 and 1996



Source: DeCoster *et al.*, 1998; calculations by authors.

Elective Bypass Surgery, Hysterectomy, Radical Prostatectomy, and Mastectomy). Chart 9 shows a comparison of the data published by Tu *et al.* for fiscal year 2003-04 with wait times published by The Fraser Institute in both 2003 and 2004. For 14 of the 22 comparisons (11 procedures over two years), the Fraser Institute's measures of waiting times in Ontario are actually equal to or shorter than those measured by ICES.

Mayo *et al.* (2001) studied the waiting time between initial diagnosis and first surgery for breast cancer (mastectomies and lumpectomies) in Quebec between 1992 and 1998. Their finding was that there was a significant increase in waiting time during that period. As initial diagnosis is not necessarily at the time of referral by the general practitioner, the time segment is not necessarily comparable to the Institute's measurement of the total wait time between the general practitioner referring the patient and treatment. Nonetheless, Mayo *et al.* found the wait time in 1992 to be longer than the Institute's estimate, and in 1998, they found the wait time to be considerably longer (10.3 versus 5.0 weeks).

Bell *et al.* (1998) surveyed the two largest hospitals in every Canadian city of 500,000 or more³ in 1996-97 to learn their waiting times for 7 procedures, many of which were diagnostic. Among these, the Institute also collected three: magnetic resonance imaging, colonoscopy, and knee replacement. In all three cases, the median waiting times found by Bell *et al.* exceeded the Institute's Canada-wide waiting times (for these, see Ramsay and Walker, 1997).

Liu and Trope (1999) assessed the length of wait for selected ophthalmological surgeries in Ontario in late 1997. The Institute's survey also tracks three of these procedures—cataract extraction, corneal transplant, and pterygium excision. In all three cases, the Institute figures (see Ramsay and

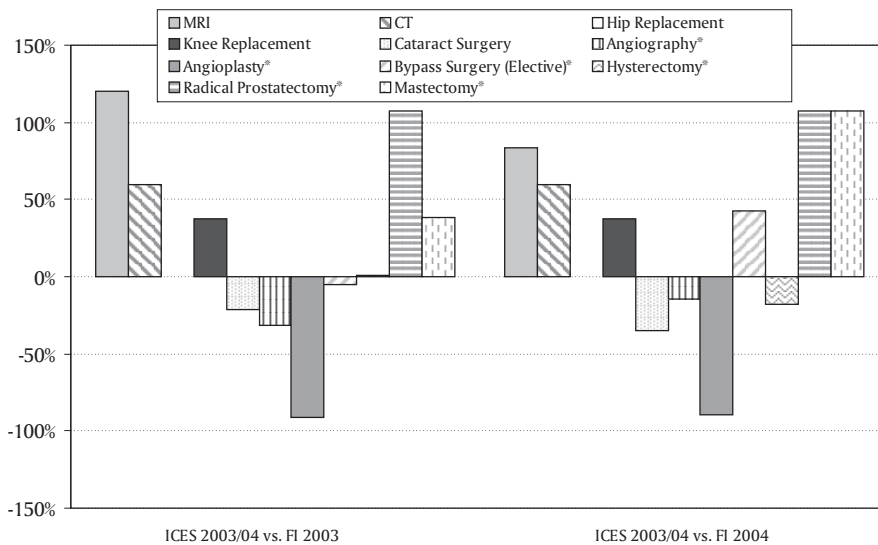
Walker, 1998) were lower than the values independently derived by Liu and Trope.

Benk *et al.* (2006) examined wait times for radiation therapy in Ontario between September 1, 2001 and August 31, 2002. They found that patients experienced a median wait time of 10.0 weeks for breast cancers also treated with chemotherapy, 4.0 weeks for breast cancers without chemotherapy, 3.3 weeks for cancer of the cervix, and 3.8 weeks for cancer of the tonsil and larynx between first radiotherapy consultation and treatment. By comparison, *Waiting Your Turn* shows median wait times of 8.0 weeks for breast cancer, 3.8 weeks for cancer of the cervix, and 4.0 weeks for cancer of the larynx between appointment with a specialist and treatment for 2001-02.

Hatch and Trope (2004) studied waiting times for eye surgery at a major Toronto teaching hospital for the months of May, June, and July in 1999, 2000, and 2001. They found median waiting times for cataract extraction were 3 months (13.0 weeks), 6 months (26.0 weeks), and 5.75 months (24.9 weeks) for each

3 Although not identified by name, this list presumably consisted of Montreal, Toronto, Winnipeg, Calgary, Edmonton, and Vancouver.

Chart 9: Waiting Times—Difference between Institute for Clinical Evaluative Sciences (Ontario) and The Fraser Institute



Note: Wait times for Angiography and Angioplasty were measured separately by Tu et al., while they are measured in a single category “Angiography/Angioplasty” by The Fraser Institute.

*The median wait time for this procedure was measured by ICES in days. This wait time has been divided into a 7-day week for comparison with the wait time produced by The Fraser Institute.

Source: Tu et al. (2005) and The Fraser Institute’s national waiting list surveys.

year respectively. *Waiting Your Turn* indicated that patients in Ontario waited a median of 16, 16, and 22 weeks in 1999, 2000-01, and 2001-02 respectively. Hatch and Trope also found patients waited a median of 5.5 months (23.8 weeks), 8 months (34.7 weeks), and 11 months (47.7 weeks) respectively for corneal transplantation. By comparison, *Waiting Your Turn* indicated patients in Ontario waited a median of 24, 27, and 26 weeks in the three periods respectively. Hatch and Trope also revealed that patients receiving trabeculectomy (treatment for glaucoma) waited a median of 2.5 months (10.8 weeks), 4.0 months (17.3 weeks), and 4.0 months (17.3 weeks) respectively. *Waiting Your Turn* indicated median wait times for Ontario patients of 8, 12, and 10 weeks. Hatch and Trope also examined wait times for vitreoretinal surgery, finding median wait times of 1.15 months (5 weeks), 1.15 months (5 weeks), and 3.35 months (14.5 weeks) respectively. During that same period *Waiting Your Turn* indicated median wait times for Ontario of 4, 4, and 5 weeks respectively. Finally,

Hatch and Trope examined average wait times for adult strabismus surgery, finding waits of 8 months (34.7 weeks), 10 months (43.3 weeks), and 12.5 months (54.2 weeks) respectively. By comparison, *Waiting Your Turn* measured median wait times for Ontario patients of 12, 16, and 20 weeks respectively.

Rayson et al. (2004) studied waiting times for breast cancer in Nova Scotia between 1999 and 2000. They found that patients experienced a median wait time of 11 days from the time a patient’s referral was received by the cancer centre office until they were contacted, and another 6 days until their first appointment with a specialist (17 days or 2.4 weeks total). Patients then waited a median of 36 days (5.1 weeks) for radiation therapy or 7 days (1 week) for chemotherapy. By comparison, *Waiting Your Turn* found that patients in Nova Scotia experienced a median wait

time of 0 weeks for an appointment with a radiation oncologist and 4 weeks (28 days) for an appointment with a medical oncologist after referral, and then waited another 3.5 and 4 weeks (25 and 28 days) respectively for treatment in 1999.

A study of wait times for elective cataract surgery in the Greater Vancouver area between March 2001 and November 2002 by Conner-Spady et al. (2004) reported that patients’ median waiting time from the booking date until the date of surgery was 11.5 weeks. *Waiting Your Turn* found the waiting time for cataract surgery in British Columbia was 24 weeks in 2000-01 and 20 weeks in 2001-02.

Sobolev et al. (2003) discovered that patients at two acute care centers in Ontario, from 1997 to 2000, experienced a median wait time of 6 weeks for cholecystectomy (from last consultation visit to elective surgery). *Waiting Your Turn* data indicated a median waiting time for all Ontario patients of 4 weeks in each

of 1997, 1998, and 1999, and a median wait of 5 weeks in 2000-01.

Snider *et al.* (2005) report that the actual median waiting time for patients in two orthopaedic practices in Ontario between June 1, 2000 and June 1, 2001 was 2.47 months (10.7 weeks) for orthopedic consultation and 9.77 months (42.3 weeks) for primary total hip or knee replacement/arthroplasty. By comparison, *Waiting Your Turn* found a median waiting time in Ontario of 10.3 weeks for consultation and 16 weeks for surgery in 2000-01.

In summary, 73 independent waiting time estimates exist for comparison with recent Institute figures. In 49 of 74 cases, the Institute figures lie below the comparison values. In only 21 instances does the Institute value exceed the comparison value, and in three cases they are identical. This evidence strongly suggests that the Institute's measurements are not biased upward, but, if anything, may be biased downward, understating actual waiting times.

Further confirmation of the magnitude of Canadian waiting times can be derived from 5 international comparative studies (the first 4 of which are noted above). Coyte *et al.* (1994) found that in the late 1980s, Canadians waited longer than Americans for orthopaedic consultation (5.4 versus 3.2 weeks) and for surgery post-consultation (13.5 versus 4.5 weeks). Collins-Nakai *et al.* (1992) discovered that in 1990, Canadians waited longer than Germans and Americans, respectively, for cardiac catheterization (2.2 months, versus 1.7 months, versus 0 months), angioplasty (11 weeks, versus 7 weeks, versus 0 weeks), and bypass surgery (5.5 months, versus 4.4 months, versus 0 months). Another study of cardiac procedures, by Carroll *et al.* (1995), revealed that in 1992 Canadians generally waited longer for both elective and urgent coronary artery bypass than did Americans (whether in private or public Veterans' Administration hospitals) and Swedes, and longer than Americans (in either hospital type) for either elective or urgent angiography. At the same time, Canadians had shorter waits than the British for elective and urgent bypasses and angiographies, and shorter waits than Swedes for both types of angiographies. Finally, Jackson, Doogue, and Elliott (1998) compared waiting times for coronary artery bypass between New Zealand in 1994-95 and Ontario

in the same period, using data from Naylor *et al.* (1995). They found that the New Zealand mean and median waiting times (232 and 106 days, respectively) were longer than the Canadian mean and median (34 and 17 days, respectively).

Analysis of cardiovascular surgery

Cardiovascular disease is a degenerative process, and the decline in the condition of a candidate for cardiac surgery is gradual. Under the Canadian system of non-price-rationed supply, patients with non-cardiac conditions that require immediate care replace some cardiac surgery candidates. This is not a direct displacement but rather a reflection of the fact that hospital budgets are separated into sub-budgets for "conventional illness" and for other high-cost interventions such as cardiac bypass. Only a certain number of the latter are included in a hospital's overall annual budget. Complicating matters is the ongoing debate about whether cardiac bypass surgery actually extends life. If it only improves the quality of life, it may be harder to justify increasing the funding for it.

The result has been lengthy waiting lists, often as long as a year or more, followed by public outcry, which in turn has prompted short-term funding. Across Canada, many governments have had to provide additional funding for heart surgery in their provinces. In the past, American hospitals have also provided a convenient short-term safety valve for burgeoning waiting lists for cardiac operations. The government of British Columbia contracted Washington State hospitals to perform some 200 operations in 1989 following public dismay over the 6-month waiting list for cardiac bypass surgery in the province.

Wealthy individuals, furthermore, may avoid waiting by having heart surgery performed in the United States. A California heart-surgery centre has even advertised its services in a Vancouver newspaper. Throughout Canada in 2006, an average of 2.3 percent of cardiac patients inquired about receiving treatment in another province, while 1.8 percent of patients asked about treatment in another country. From these inquiries, 0.7 percent of all patients received treatment in another province and 0.6 percent received treatment in another country (Fraser Institute, national hospital waiting list survey, 2006).

Excess demand and limited supply have led to the development of a fairly stringent system for setting priorities in some hospitals. In some provinces, patients scheduled for cardiovascular surgery are classified by the urgency of their medical conditions. In these cases, the amount of time they wait for surgery will depend upon their classifications. Priorities are usually set based on the amount of pain (angina pectoris) that patients are experiencing, the amount of blood flow through their arteries (usually determined by an angiogram test), and the general condition of their hearts.

Since 1993, The Fraser Institute cardiovascular surgery questionnaire, following the traditional classification by which patients are prioritized, has distinguished among emergent, urgent, and elective patients. However, in discussing the situation with physicians and hospital administrators, it became clear that these classifications are not standardized across provinces. Decisions as to how to group patients were thus left to responding physicians and heart centres. Direct comparisons among provinces using these categories should, therefore, be made tentatively, while recognizing that this survey provides the only comprehensive comparative data available on the topic.

As noted earlier, efforts were made again this year to verify the cardiovascular surgery survey results using data from provincial health ministries and from provincial cardiac agencies. These data are noted in the tables.

The survey estimates of the numbers of people waiting for heart surgery were derived in the same manner as those for the other specialties, using median waiting time for urgent, rather than elective, patients. The median waiting time for urgent patients was chosen over the emergent or elective medians because it is the intermediate of the three measures.

In 1991, an Ontario panel of 16 cardiovascular surgeons attempted to outline explicit criteria for prioritizing patients (Naylor *et al.*, 1991). The panel also suggested intervals that were safe waiting times for coronary surgery candidates. This process generated 9 categories of treatment priority. For comparative purposes, it was necessary to collapse their 9 priority categories down to the 3 used in this study. Once this was done, their findings suggested that emergent patients should be operated on within 3

days (0.43 weeks). This year's median wait time for Newfoundland falls outside this range (see table 5h). However, physicians in this province may define "emergent" to include patients that might be considered "urgent" in other provinces. According to the Ontario panel, urgent surgeries should be performed within 6 weeks. By comparison, the longest median wait for urgent cardiac surgery reported in 2006 was 1.1 weeks (Alberta) (see tables 4 and 5h). Finally, the Ontario panel suggested that elective surgeries be performed within a period of 24 weeks. The longest median wait for elective cardiac surgery reported in 2006 was 16.2 weeks (Nova Scotia) (see tables 4 and 5h).

Prior to 1998, this Ontario panel's waiting-time estimates were used as the measure of the clinically reasonable wait for patients requiring cardiovascular surgery. Since 1998, cardiovascular surgeons were asked to indicate their impression of the clinically reasonable length of time for their patients to wait. This year's survey found cardiovascular specialists to be much less tolerant of long waits than the Ontario panel. This year's respondents felt that urgent patients should only wait 0.9 weeks for surgery (instead of 6 weeks), and that patients requiring elective cardiovascular surgery should only wait 4.8 weeks (instead of 24 weeks; see table 8).

More recently, a group of Canadian physician associations known as the Wait Time Alliance for Timely Health Care (WTA, 2005) published a set of medically reasonable wait times that can also be compared with physician responses to the *Waiting Your Turn* survey. The WTA suggests that patients should wait no longer than 6 weeks for an office consultation with a specialist for a scheduled case. The longest median wait for a routine specialist consult reported this year was 6.0 weeks (Newfoundland) (see table 3). According to the WTA, urgent bypass surgeries should be completed within 14 days and scheduled (elective) bypass surgeries within 6 weeks (WTA, 2005, p. 3). By comparison, the longest median wait for urgent bypass surgery reported in 2006 was 1.0 weeks (Alberta, Nova Scotia, and Newfoundland), while wait times for elective bypass surgery in British Columbia, New Brunswick, Nova Scotia and Newfoundland were 6 weeks or longer in 2006 (see table 5h). The WTA also recommends that urgent and scheduled (elective) valvular surgeries should be completed within 14 days and 6 weeks respectively (WTA, 2005, p. 3). Again, the longest wait-

ing time reported for urgent operations on the valves and septa of the heart in 2006 was 1.5 weeks (Alberta), while wait times in British Columbia, Alberta, New Brunswick, Nova Scotia, and Newfoundland are beyond the recommended wait time for elective operations (see table 5h). Finally, the WTA recommended maximum wait times of less than 14 days and less than 6 weeks for urgent and elective pacemaker operations respectively. The longest waiting time reported for 2006 for urgent operations was 1.0 weeks (British Columbia, Alberta, Ontario, New Brunswick, and Nova Scotia), while waiting times reported for 2006 in British Columbia and Nova Scotia are beyond the recommended elective wait time (see table 5h).

Canada's provincial, territorial, and federal governments agreed to a set of common benchmarks for medically necessary treatment on December 12, 2005. Three of these common benchmarks, those for cardiac bypass surgery, can also be compared with responses to the *Waiting Your Turn* Cardiovascular Surgery survey. The provinces have agreed that level one patients should be treated within 2 weeks. By comparison, the longest median wait time for emergent bypass surgery reported in 2006 was 0.5 weeks (Newfoundland). The provinces have also agreed that level two patients should be treated within 6 weeks. The longest median wait reported for urgent surgery in 2006 was 1.0 weeks (Alberta, Nova Scotia, and Newfoundland). Finally, the provinces have agreed that level three patients should be treated within 26 weeks. By comparison, the longest median wait time for elective surgery reported in 2006 was 24 weeks (Nova Scotia).

However, even though the median wait time is less than the benchmark wait time, this does not mean that provinces have already met their targets. A median value below the benchmark wait time means only that more than 50 percent of patients are being treated within the benchmark wait time agreed to by Canada's provincial, territorial, and federal governments, while a median value above the benchmark value means that fewer than 50 percent of patients are being treated within the benchmark wait time. It is important to remember that the pan-Canadian benchmark wait times apply to all patient cases, while the median wait time is the point in time by which 50 percent of patients have been treated and 50 percent of patients are still waiting for treatment.

Survey results: estimated waiting in Canada

The total waiting time for surgery is composed of two segments: waiting after seeing a general practitioner before consultation with a specialist, and subsequently, waiting to receive treatment after the first consultation with a specialist. The results of the most recent survey from 2006 provide details, by province, of total waiting and of each segment.

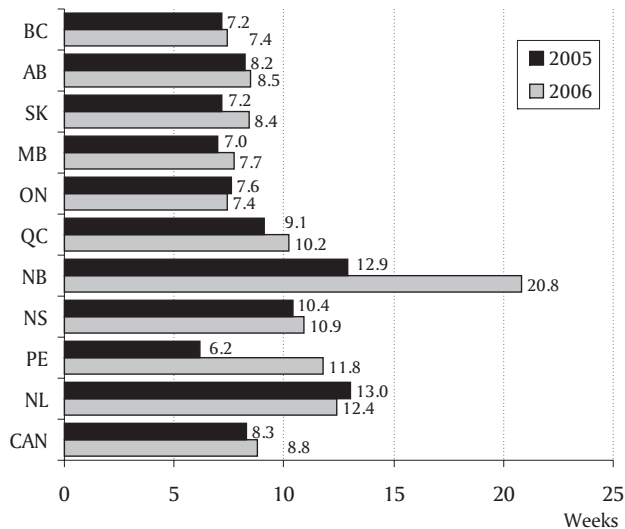
Waiting time between general practitioner referral and specialist appointment

Table 3 indicates the median number of weeks that patients wait for initial appointments with specialists after referral from their general practitioners or from other specialists. For Canada as a whole, the waiting time to see a specialist, 8.8 weeks in 2006, is 138 percent longer than in 1993, when it was 3.7 weeks (see graphs 1 and 2). The weighted medians, depicted in chart 10 and graph 1, reveal that British Columbia and Ontario have the shortest waits in the country for appointments with specialists (7.4 weeks), while New Brunswick has the longest (20.8 weeks). The waiting time to see a specialist has increased in 8 provinces since 2005, and has fallen in Ontario and Newfoundland. Looking at particular specialties, most waits for specialists' appointments are less than two months in duration (see table 3). However, there are a number of waiting times of 12 weeks or longer: to see a plastic surgeon in all provinces except Quebec and Prince Edward Island; to see a gynaecologist in Prince Edward Island or Newfoundland; to see an ophthalmologist in all provinces except British Columbia and Manitoba; to see an otolaryngologist in Alberta, Nova Scotia, or Prince Edward Island; to see a neurosurgeon in all provinces except Manitoba, Nova Scotia, and Newfoundland; to see an orthopaedic surgeon in all provinces except Saskatchewan; to see a urologist in New Brunswick; and to see an internal medicine specialist in Prince Edward Island.

Waiting time between specialist consultation and treatment

Tables 5a through 5l contain data on the time waited between specialist consultation and treatment for

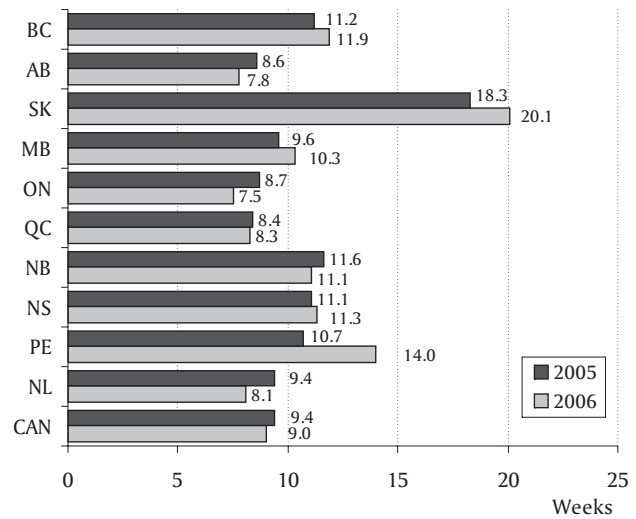
Chart 10: Waiting By Province in 2005 and 2006: Weeks Waited from Referral by GP to Appointment with Specialist



Source: The Fraser Institute’s national waiting list survey, 2006.

each of the 12 specialties surveyed, including subspecialty breakdowns for the different procedures contained under each specialty heading. These tables indicate that residents of all provinces surveyed wait significant periods of time for most forms of hospital treatment. While there are only short waits for some treatments, most procedures require waits of at least a month. The data in tables 5a through 5l are summarized in table 4 and chart 11 as weighted medians for each specialty, for each province, and for Canada. For Canada as a whole, the wait for treatment after having seen a specialist fell in 2006 to 9.0 weeks, down 0.4 weeks from the 2005 level (9.4 weeks). This portion of waiting is 61 percent longer than in 1993, when the wait for treatment after having seen a specialist was 5.6 weeks (see graphs 3 and 4). Ranking the provinces according to the 2006 weighted medians indicates that the longest median wait for surgery after visiting a specialist occurs in Saskatchewan (20.1 weeks) and the shortest is in Ontario (7.5 weeks). Chart 11 illustrates the median waits for treatment by province. Among the specialties, the longest Canada-wide waits are for orthopaedic surgery (24.2 weeks), plastic surgery (20.1 weeks), and ophthalmology (11.8 weeks), while the shortest waits exist for urgent cardiovascular surgery

Chart 11: Waiting by Province in 2005 and 2006: Weeks Waited from Appointment with Specialist to Treatment



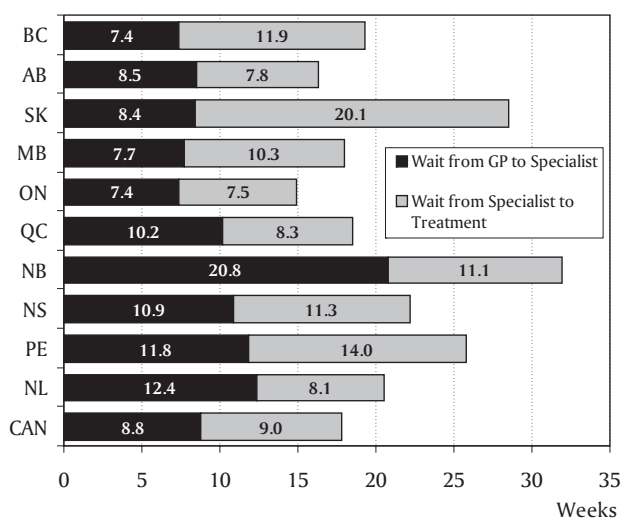
Source: The Fraser Institute’s national waiting list survey, 2006.

(0.7 weeks), medical oncology (2.1 weeks), and radiation oncology (3.4 weeks) (see table 4).

Table 7 presents a frequency distribution of the median waits for surgery by province and by region. In all provinces, the wait for the majority of operations is less than 13 weeks. Manitoba performs the highest proportion of surgeries within 13 weeks (81.3 percent), while Newfoundland performs the highest proportion within 8 weeks (64.7 percent). Waits of 26 weeks or more are least frequent in Ontario (7.7 percent), and most frequent in Saskatchewan (32.9 percent).

Table 6 compares the 2005 and 2006 waiting times for treatment. This year’s study indicates an overall increase in the waiting time between consultation with a specialist and treatment in 5 provinces, with decreases in Alberta (10%), Ontario (14%), Quebec (1%), New Brunswick (4%), and Newfoundland (14%) (table 6 and chart 11). At the same time, between 2005 and 2006, the median wait increased by 6 percent in British Columbia, 10 percent in Saskatchewan, 8 percent in Manitoba, 2 percent in Nova Scotia, and 31 percent in Prince Edward Island.

Chart 12: Median Wait by Province in 2006: Weeks Waited from Referral by GP to Treatment



Note: Totals may not match sum of subtotals due to rounding.
Source: The Fraser Institute's national waiting list survey, 2006.

Total waiting time between general practitioner referral and treatment

While the data on these two segments of waiting time convey only partial impressions about the extent of health care rationing, information on the sum of those two segments, the total waiting time, provides a fuller picture. This overall wait records the time between the referral by a general practitioner and the time that the required surgery is performed. Table 2 and chart 12 present these total wait times for each province in 2006. For Canada as a whole, total waiting time rose slightly, from its previous value of 17.7 weeks in 2005 to 17.8 weeks in 2006—continuing to hover near the 18 week mark as it has since 2003. Among the provinces, total waiting time fell in 3 (Alberta, Ontario, and Newfoundland) between 2005 and 2006, but rose in the other 7. The shortest total waiting times in 2006 were recorded in Ontario (14.9 weeks), Alberta (16.3 weeks), and Manitoba (18.0 weeks). The longest total waits were in New Brunswick (31.9 weeks), Saskatchewan (28.5 weeks), and Prince Edward Island (25.8 weeks).

For Canada as a whole, the longest waits for treatment are in orthopaedic surgery, plastic surgery, and neuro-

surgery. The median waits for these specialties (table 2 and chart 13) are longer than 6 months: 40.3 weeks for orthopaedic surgery, 35.4 weeks for plastic surgery, and 31.7 weeks for neurosurgery. The shortest wait in Canada is for cancer patients being treated with chemotherapy. These patients wait approximately 4.9 weeks to receive treatment.

Clinically reasonable waiting times

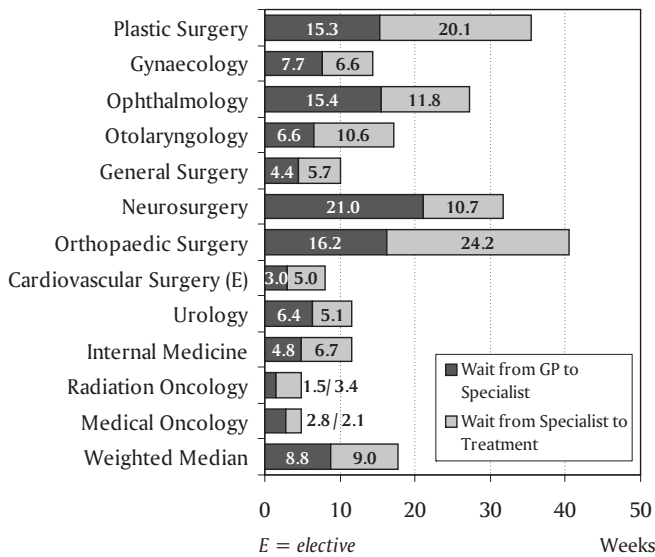
When asked to give a clinically reasonable waiting time for the various procedures, specialists generally indicate a period of time substantially shorter than the median number of weeks patients were actually waiting for treatment (see tables 9a through 9l). Table 8 summarizes the weighted median reasonable waiting times for all specialties surveyed. These weighted medians were calculated in the same manner as those in table 4. Seventy-seven percent of the actual weighted median waiting times for specialties in Canada's provinces (in table 4) are greater than the clinically reasonable weighted median waiting times (in table 8). For example, the median wait for plastic surgery in Ontario is 12.2 weeks. A clinically reasonable length of time to wait, according to specialists in Ontario, is 8.2 weeks. In Alberta, the actual time to wait for an ophthalmological procedure is 8.4 weeks, whereas a wait of 6.2 weeks is considered to be clinically reasonable. Table 10 summarizes the differences between the median reasonable and median actual wait for specialties.

Chart 14 compares the actual median number of weeks patients are waiting for treatment in Canada after having seen a specialist with the reasonable median number of weeks specialists feel patients should be waiting. The largest difference between these two values is in orthopaedic surgery, where the actual waiting time is nearly 14 weeks longer than what is considered to be reasonable by specialists.

Number of procedures for which people are waiting

As a result of discussions with representatives from the Saskatchewan Department of Health in 2002, as discussed in the 12th edition of *Waiting Your Turn*, counts of the numbers of patients waiting for surgery have

Chart 13: Median Wait by Specialty in 2006: Weeks Waited from Referral by GP to Treatment

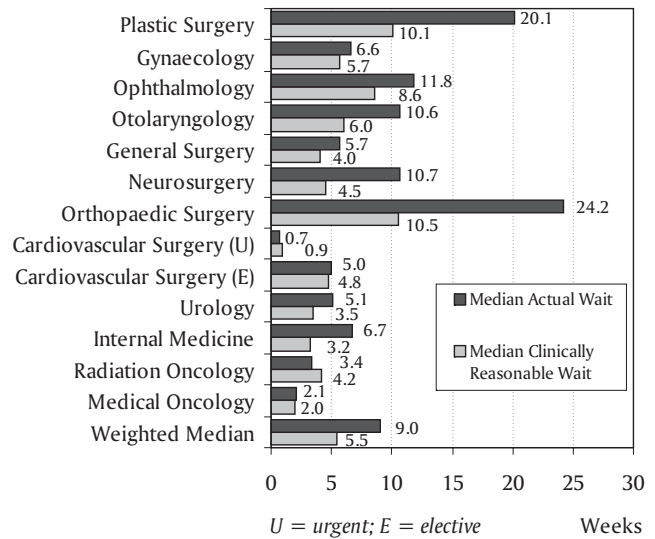


Note: Totals may not match sum of subtotals due to rounding.
 Source: The Fraser Institute’s national waiting list survey, 2006.

been replaced with the numbers of procedures for which patients are waiting. Although there is considerable evidence from provinces outside Saskatchewan that the previous assumption—that one procedure is a good proxy for one patient waiting—is sound, evidence from Saskatchewan suggests that “procedures for which people are waiting” is a description that better reflects The Fraser Institute’s methodology, which was also altered in 2003 due to continued concerns with the estimated counts for Saskatchewan. As a result, these numbers should be interpreted with caution, especially for Saskatchewan. Although this cautionary note applies to all estimates of procedures for which people are waiting, there do not appear to be significant systematic differences between the numbers of procedures for which people are waiting estimated in this edition of *Waiting Your Turn* and counts of patients waiting provided to us by provincial ministries other than Saskatchewan.

Tables 13a through 13l estimate the numbers of procedures for which people are waiting for the specific procedures comprising each of the 12 specialties. Because provincial populations vary greatly, it is hard to gauge

Chart 14: Median Actual Wait Versus Median Clinically Reasonable Wait by Specialty for Canada: Weeks Waited from Appointment with Specialist to Treatment in 2006



Source: The Fraser Institute’s national waiting list survey, 2006.

the differences in the lengths of waiting lists solely on the basis of the sheer numbers of procedures for which people are waiting. Consequently, table 14 presents the numbers on a population-adjusted basis (per 100,000). This illustrates population-adjusted differences that are not apparent from the raw totals. For example, in Ontario, there are 9,168 gynaecology procedures for which people are waiting, while there are only 3,053 waited for in Alberta (see table 12). However, when the calculation is adjusted for population, a higher proportion of the population is waiting in Alberta: 94 procedures per 100,000 people there, versus 73 procedures per 100,000 people in Ontario (see table 14). Tables 12 and 14 provide summaries of estimated numbers of procedures for which people are waiting.

Table 15 compares the numbers of procedures for which people were waiting in 2005 with those in 2006. Note that 2004-05 is the first year for which CIHI made available a complete procedure count dataset for Manitoba on which these estimates are based. Previous editions of *Waiting Your Turn* have used hospitalization counts data from CIHI from 1999-2000 to estimate

Chart 15: Pan-Canadian Benchmark Wait Times and Waiting Your Turn, 2006

Procedure (Pan-Canadian Benchmark/Waiting Your Turn)	Pan-Canadian Benchmark Wait Time	National Median Wait Time¹ (Range of Provincial Median Wait Times) in weeks	National Median Reasonable Wait Time¹ (Range of Provincial Reasonable Median Wait Times) in weeks
Radiation Therapy/Radiation Oncology	within 4 weeks of patients being ready to treat	3.4 (2.1-5.0)	4.2 (2.8-10.1)
Hip Replacements	within 26 weeks	29.7 (18.0-67.0)	12.3 (9.0-22.0)
Knee Replacements	within 26 weeks	29.7 (18.0-67.0)	12.3 (9.0-22.0)
Cataract Surgery	within 16 weeks for patients who are at high risk	12.5 (7.0-38.0)	9.1 (7.0-13.0)
Cardiac Bypass Surgery	Level I within 2 weeks/ Level II within 6 weeks/ Level III within 26 weeks	Emergent: 0.0 (0.0-0.5)/ Urgent: 0.6 (0.4-1.0)/ Elective: 4.9 (3.0-24.0)	Emergent: 0.0 (0.0-0.5)/ Urgent: 0.9 (0.3-2.5)/ Elective: 4.5 (3.5-12.0)

¹These wait times were produced for individual procedures using the same methodology used to produce national median wait times for medical specialties, described above under "Methodology."

Sources: Ontario Ministry of Health and Long Term Care, 2005; and The Fraser Institute's National Waiting List Survey.

Manitoba's procedures counts. Thus, these changes should be interpreted with caution for Manitoba in this changeover year. Also, the provincial estimates for Alberta and Quebec will be affected by this change in methodology, though to a much smaller extent, which means that changes for these two provinces should also be interpreted with caution.

In five provinces, the estimated number of procedures for which people are waiting decreased between 2005 and 2006. The estimated number of procedures for which people are waiting in Canada as a whole also fell, from 782,936 in 2005 to 770,641 in 2006, a 1.6 percent decrease. As a percentage of the population, 2.39 percent of Canadians were waiting for treatment in 2006,⁴ varying from a low of 1.80 percent in Alberta to a high of 5.84 percent in Saskatchewan.

Pan-Canadian benchmarks

Canada's provincial, territorial, and federal governments agreed to a set of common benchmarks for med-

ically necessary treatment on December 12, 2005. Chart 15 compares those benchmarks for which a similar comparator exists in *Waiting Your Turn*. Two observations arise from this comparison. First, Canada's physicians tend to have a lower threshold for reasonable wait times than do Canada's provincial, territorial, and federal governments. Second, median wait times in many provinces are already within the benchmarks set by governments in Canada,⁵ which means that more than 50 percent of patients in these provinces are already being treated in a time frame that provincial governments would consider "reasonable" according to these benchmarks.

Health expenditures and waiting times

Given the variation in waiting time across the provinces, it is natural to ask whether governments in those provinces with shorter waiting times achieve this result by spending more on health care. To evalu-

⁴ On the assumption that one procedure is equivalent to one patient.

⁵ Note once more that although the median wait time is less than the benchmark wait time, this does not mean that provinces have already met their targets. A median value below the benchmark wait time means only that more than 50 percent of patients are being treated within the benchmark wait time agreed to by Canada's provincial, territorial, and federal governments, while a median value above the benchmark value means that fewer than 50 percent of patients are being treated within the benchmark wait time. It is important to remember that the pan-Canadian benchmark wait times apply to all patient cases, while the median wait time is the point in time by which 50 percent of patients have been treated and 50 percent of patients are still waiting for treatment.

Chart 16: Canadian Doctors, Medical Technology, and Health Spending Relative to the Universal Access Countries of the OECD,¹ Age-Adjusted,² 2002

Comparison	Canadian Value	OECD Average	Canadian Rank	Number of Countries
Doctors per 1,000 Population	2.3	2.9	24	27
CT Scanners per Million Population	10.8	19.0	17	21
MRI Scanners per Million Population	4.7	7.9	13	22
Lithotriptors per Million Population	0.4	3.4	16 (tie)	16
Mammographs per Million Population	21.4	22.4	7	12
National Health Expenditure as a Percent of GDP	10.7	8.5	3	27

¹That is, not including the United States or Mexico.

²All values have been age adjusted to account for the fact that the Canadian population is relatively young when compared to other developed nations with universal access health systems (Esmail and Walker, 2005a).

Source: Esmail and Walker, 2005a.

ate this hypothesis, provincial weighted medians (i.e., the last line in table 2) for the years 1993 through 1998 were taken from those editions of *Waiting Your Turn*. The statistical technique of regression analysis was used to assess whether provinces that spent more on health care (controlling for other differences across provinces such as the percentage of elderly, per capita disposable income, the party in power, and the frequency of health sector strikes) had shorter waiting times. The measure of spending used was real (i.e., adjusted for differences in health costs over time and across provinces) per capita total government spending on health care. The analysis revealed that provinces that spent more on health care per person had neither shorter nor longer weighted median waiting times than provinces that spent less. In addition, provinces that spent more had no higher rates of surgical specialist services (consultations plus procedures) and lower rates of procedures and major surgeries (for the complete results of this analysis, see Zelder, 2000b). A follow-up study in 2003 using a similar methodology found that increased health expenditures were actually correlated with *increases* in waiting times, unless those spending increases were targeted to doctors or pharmaceutical expenditures (Esmail, 2003).

These findings, that additional spending has no positive effect on waiting or service provision, must imply that spending increases are being absorbed entirely by wage increases or by administrative expenses. This result, while surprising at first, becomes more understandable when one considers the environment in

which Canadian health care is provided. Canadian health care is an enterprise highly dominated by government. Indeed, in 2005, the fraction of total Canadian health spending attributable to governments was 66.1 percent (OECD, 2006). A substantial body of economic research demonstrates that governments are almost always less effective providers of goods and services than private firms. Borchering *et al.*'s (1982) comprehensive analysis of 50 studies comparing government and private provision of a variety of goods and services discovered that government provision was superior to private provision (in terms of higher productivity and lower costs) in only two out of those 50 cases. Megginson and Netter, in their comprehensive review of privatization (2001), concluded that privately-owned firms are more efficient and profitable than comparable public sector firms. This pattern was replicated in the context of hospital care, where Zelder (2000a) found that the majority of studies comparing for-profit and government-run hospitals indicated that for-profits had lower costs. Consequently, the revelation that higher spending appears to produce no improvement in waiting time is entirely consistent with this literature. This implies that, given the health system's current configuration, increases in spending should not be expected to shorten waiting times.

A note on technology

The wait to see a specialist and the wait to receive treatment are not the only waits that patients face. Within hospitals, limited budgets force specialists to

Chart 17: Waiting for Technology: Weeks Waited to Receive Selected Diagnostic Tests in 2004, 2005, and 2006

Province	CT-Scan			MRI			Ultrasound		
	2006	2005	2004	2006	2005	2004	2006	2005	2004
British Columbia	5.0	5.0	5.5	12.0	12.0	12.0	3.0	3.0	2.5
Alberta	4.0 ¹	5.5	6.0	9.0 ²	10.0	12.0	2.5	2.0	2.0
Saskatchewan	5.0	8.0	8.0	12.0	24.0	25.0	3.5	2.3	2.8
Manitoba	6.0 ³	6.0	6.0	10.0 ⁴	10.0	11.0	8.0 ⁵	6.0	8.0
Ontario	4.0 ⁶	6.0	5.0	8.0 ⁷	11.5	12.0	2.0	2.0	2.0
Quebec	4.0	5.0	5.0	12.0	12.0	12.0	6.0	5.0	4.0
New Brunswick	5.0	4.0	4.5	9.0	10.0	7.0	4.5	4.0	4.0
Nova Scotia	4.0 ⁸	4.0	4.0	8.0 ⁹	9.0	12.0	6.0 ¹⁰	4.0	3.5
P.E.I.	9.0	4.0	9.3	13.0	5.0	6.0	8.0	5.0	8.0
Newfoundland	5.0	5.5	4.3	28.0	36.0	33.5	4.8	9.0	8.5
Canada	4.3	5.5	5.2	10.3	12.3	12.6	3.8	3.4	3.1

¹Alberta Health and Wellness web site reports a 2.0 week median wait time for CT scans for the 90 days preceding March 31, 2006. 11,026 patients were waiting for CT scans at March 31.

²Alberta Health and Wellness web site reports a 9.1 week median wait time for MRI scans for the 90 days preceding March 31, 2006. 23,496 patients were waiting for MRI scans at March 31.

³Manitoba Health web site reports a 12 week average estimated maximum wait time for CT scans for April 2006.

⁴Manitoba Health web site reports an 11 week average estimated maximum wait time for MRI scans for April 2006.

⁵Manitoba Health web site reports an 15 week average estimated maximum wait time for ultrasound exams for April 2006.

⁶Ontario Ministry of Health and Long-Term Care web site reports a 13 day (1.9 week) median wait time for CT scans completed in February/March 2006.

⁷Ontario Ministry of Health and Long-Term Care web site reports a 28 day (4 week) median wait time for MRI scans completed in February/March 2006.

⁸Nova Scotia Department of Health web site reports wait times ranging from 5 to 70 days (0.7 to 10 weeks) for CT scans in March 2006.

⁹Nova Scotia Department of Health web site reports wait times ranging from 42 to 122 days (6 to 17.4 weeks) for MRI scans in March 2006.

¹⁰Nova Scotia Department of Health web site reports wait times ranging from 14 to 110 days (2 to 15.7 weeks) for ultrasound in March 2006.

work with scarce resources. Chart 16 gives an indication of the difficulties that Canadian patients have in gaining access to modern medical technologies compared to their counterparts in the rest of the Organisation for Economic Cooperation and Development (OECD). Despite the fact that Canada was ranked third in health spending amongst the universal-access, public-health-care-system countries in the OECD in 2002 after accounting for the age of the Canadian population (Esmail and Walker, 2005a), the age-adjusted availability of medical technology (per million people) in Canada ranks well below that of many other OECD nations. Specifically, Canada exhibits low availability of computed tomography (CT) scanners, lithotriptors (which break up kidney stones), and magnetic resonance imagers (MRIs). There are, of course, differences in access to technology among the provinces as well (Ramsay and Esmail, 2004).

This year's study examined the wait for various diagnostic technologies across Canada. Chart 17 displays the median number of weeks patients must wait for access to a CT, MRI, or ultrasound scanner. The median waits for MRI and CT were shorter in 2006 than in 2005, while the national median wait time for ultrasound increased. The median wait for a CT scan across Canada was 4.3 weeks. The shortest wait for computed tomography was in Alberta, Ontario, Quebec, and Nova Scotia (4.0 weeks), while the longest wait occurred in Prince Edward Island (9.0 weeks). The median wait for an MRI across Canada was 10.3 weeks. Patients in Ontario and Nova Scotia waited the least amount of time for an MRI (8.0 weeks), while Newfoundland residents waited longest (28.0 weeks). Finally, the median wait for ultrasound was 3.8 weeks across Canada. Ontario displayed the shortest wait (2.0 weeks) while Manitobans and Prince Edward

Islanders, at 8.0 weeks, waited the longest for ultrasound.

Conclusion

The 2006 *Waiting Your Turn* survey indicates that waiting times for medical treatment in Canada have increased slightly from 2005, and that they remain at a very high level historically. Even if one debates the reliability of waiting-list data, this survey reveals that specialists feel their patients are waiting too long to receive treatment. Furthermore, a 1996 national survey conducted by the College of Family Physicians of Canada showed that general practitioners were also concerned about the effects of waiting on the health of their patients (College of Family Physicians of Canada, 1996). Almost 70 percent of family physicians felt that the waiting times their patients were experiencing were not acceptable.

Patients would also prefer earlier treatment, according to this year's survey data. On average, in all specialties, only 8.2 percent of patients are on waiting lists because they requested a delay or postponement of their treatment. The responses range from a low of 3.9 percent of neurosurgery patients requesting a delay of

treatment, to a high of 12.5 percent of gynaecology patients requesting a delay of treatment. Conversely, the percentage of patients who would have their surgeries within the week if there were an operating room available is greater than 50 percent in all specialties except otolaryngology, general surgery, plastic surgery, and gynaecology. Neurosurgery and internal medicine patients are the most anxious to receive treatment (Fraser Institute, national hospital waiting list survey, 2006).

Yet the disturbing presence of long waiting lists in all of Canada's provinces, documented here, implies that patients seeking treatment are likely to be disappointed. Even more discouraging is the evidence presented here that provinces that spend more on health care are not rewarded with shorter waiting lists. This means that under the current regime—first-dollar coverage with use limited by waiting, and crucial medical resources priced and allocated by governments—prospects for improvement are dim. Only substantial reform of that regime is likely to alleviate the medical system's most curable disease—waiting times that are consistently and significantly longer than physicians feel is clinically reasonable.

Selected Graphs

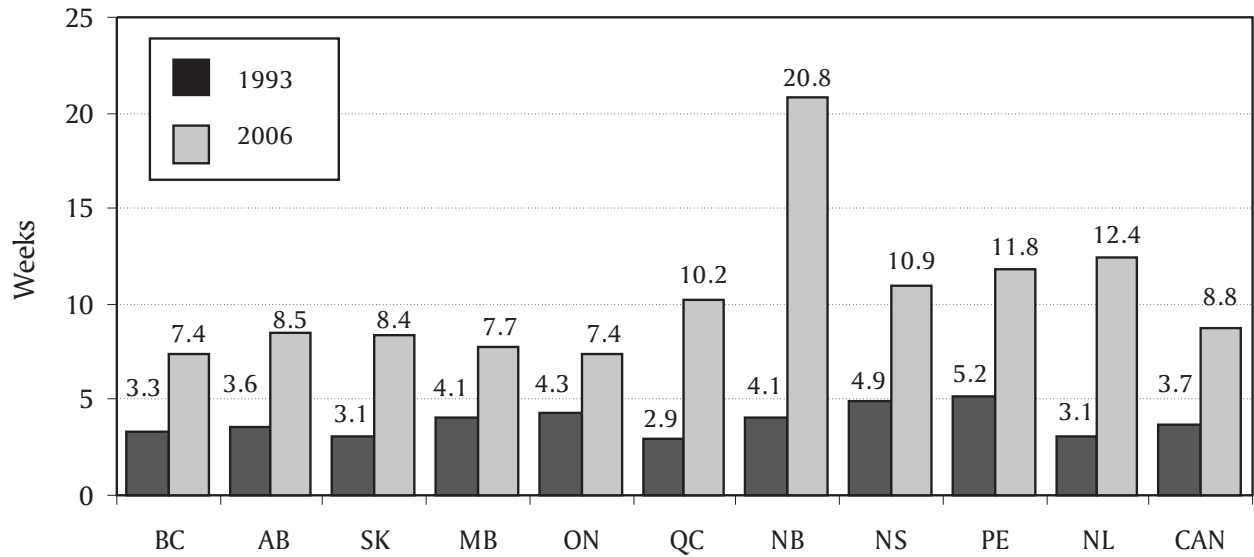
Graphs 1–6: Median Actual Waiting Times, 1993 and 2006

Graphs 7–8: Median Reasonable Waiting Times, 1994 and 2006

Graphs 9–19: Actual versus Reasonable Waiting Times, 1994 through 2006, by Province

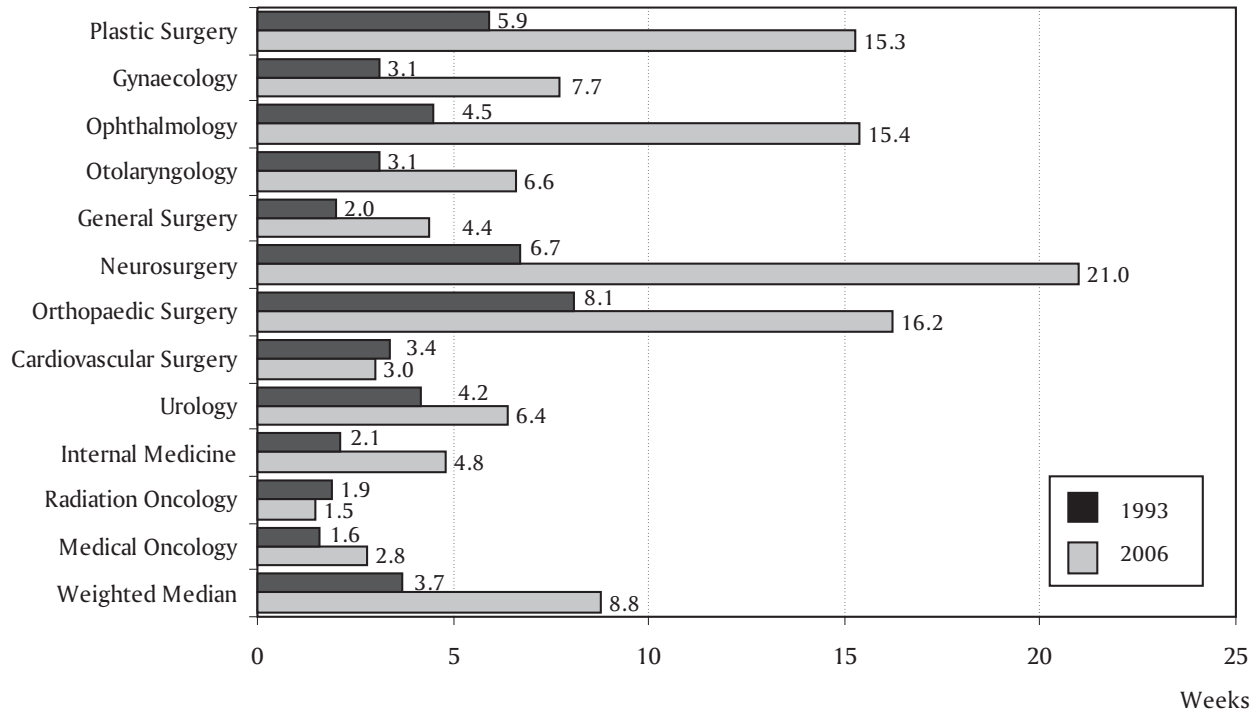
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Graph 1: Median Wait Between Referral by GP and Appointment with Specialist, by Province, 1993 and 2006



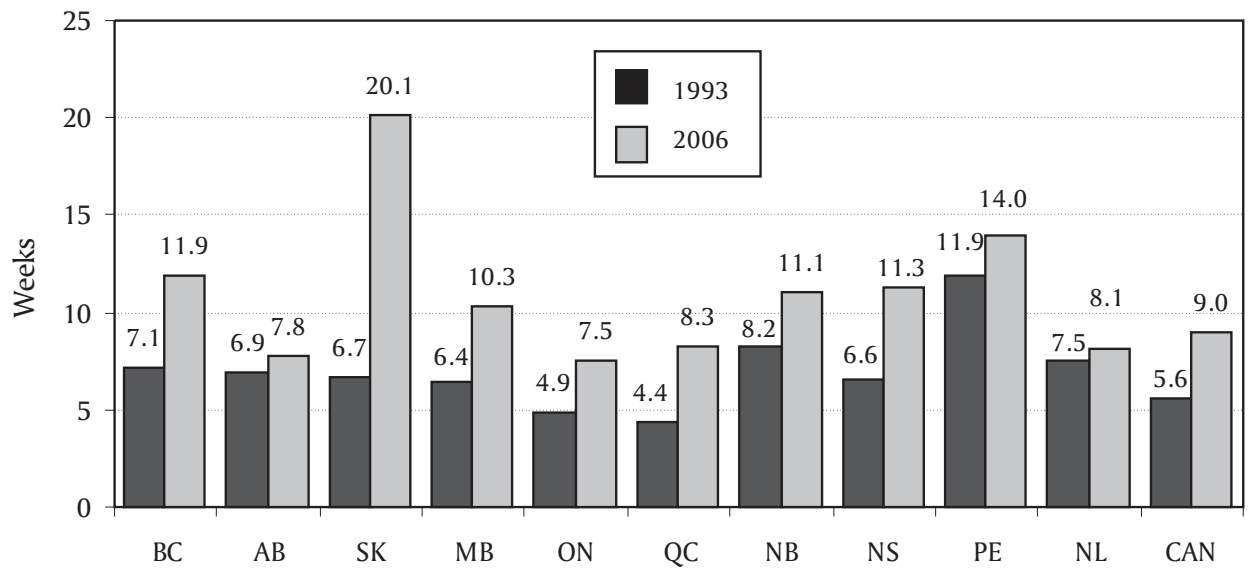
Source: The Fraser Institute's national waiting list survey, 2006; and Ramsay and Walker, 1997.

Graph 2: Median Wait between Referral by GP and Appointment with Specialist, by Specialty, 1993 and 2006



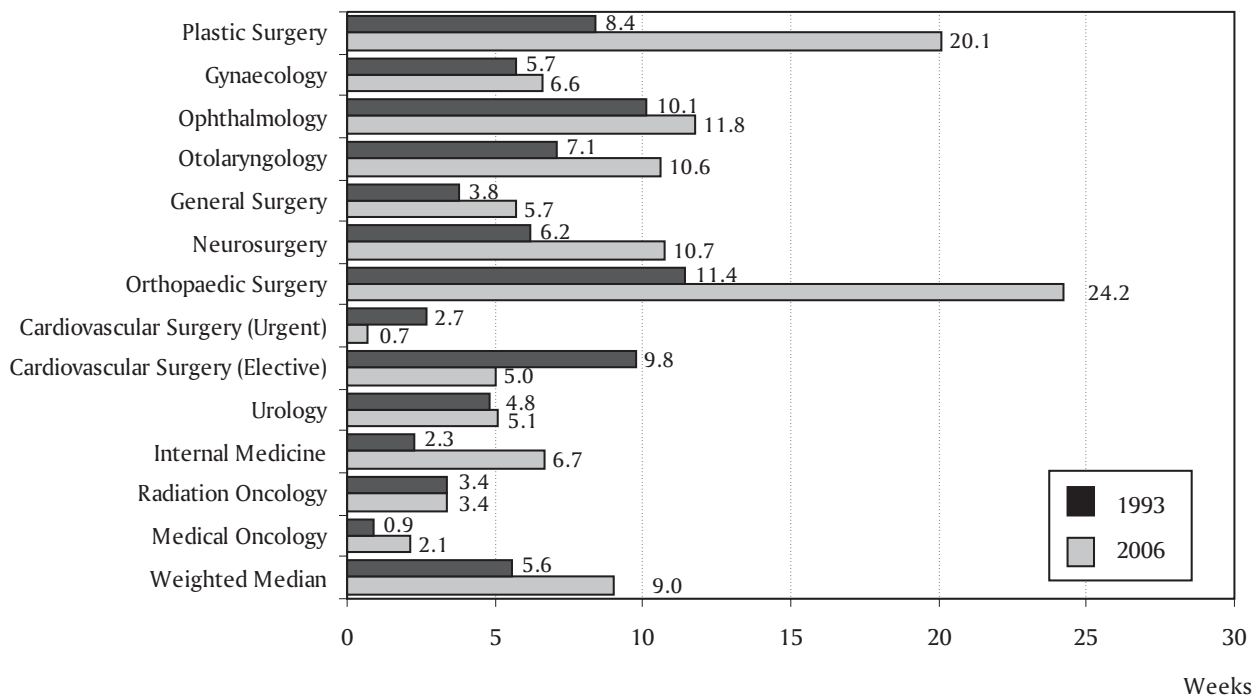
Source: The Fraser Institute's national waiting list survey, 2006; and Ramsay and Walker, 1997.

Graph 3: Median Wait between Appointment with Specialist and Treatment, by Province, 1993 and 2006



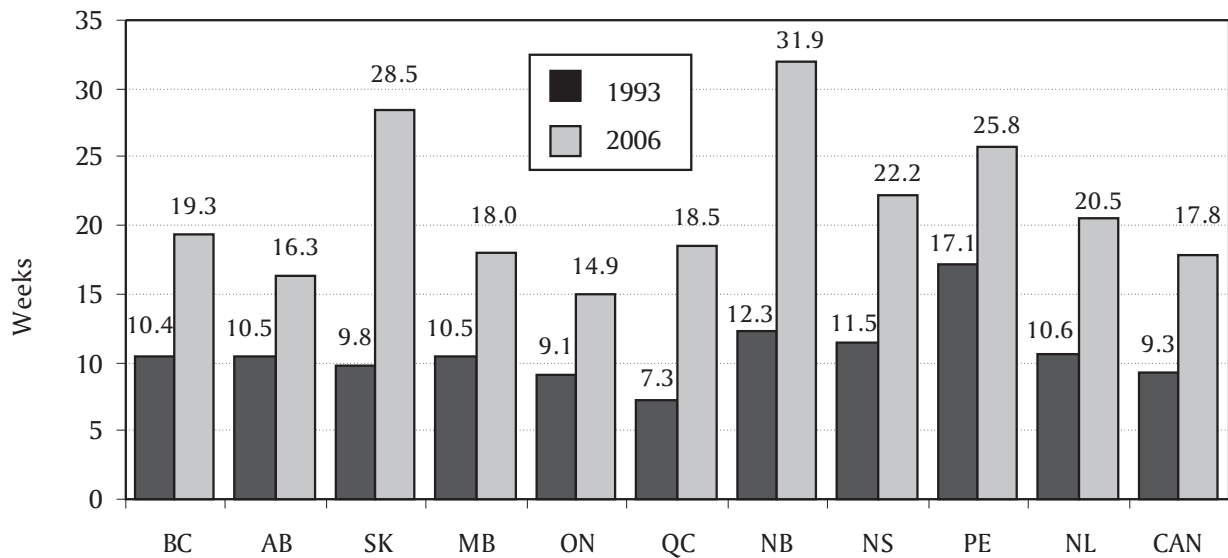
Source: The Fraser Institute's national waiting list survey, 2006; and Ramsay and Walker, 1997.

Graph 4: Median Wait between Appointment with Specialist and Treatment, by Specialty, 1993 and 2006



Source: The Fraser Institute's national waiting list survey, 2006; and Ramsay and Walker, 1997.

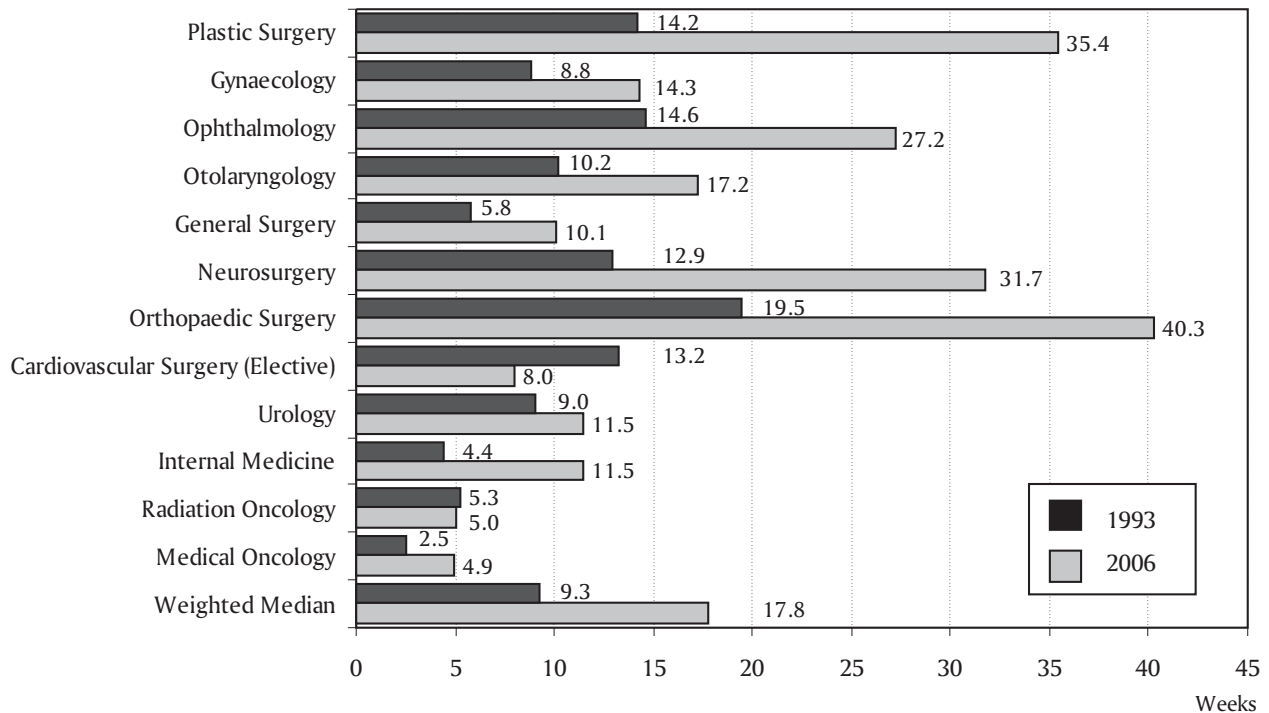
Graph 5: Median Wait between Referral by GP and Treatment, by Province, 1993 and 2006



Note: Totals may not equal the sum of the subtotals due to rounding.

Source: The Fraser Institute's national waiting list survey, 2006; and Ramsay and Walker, 1997.

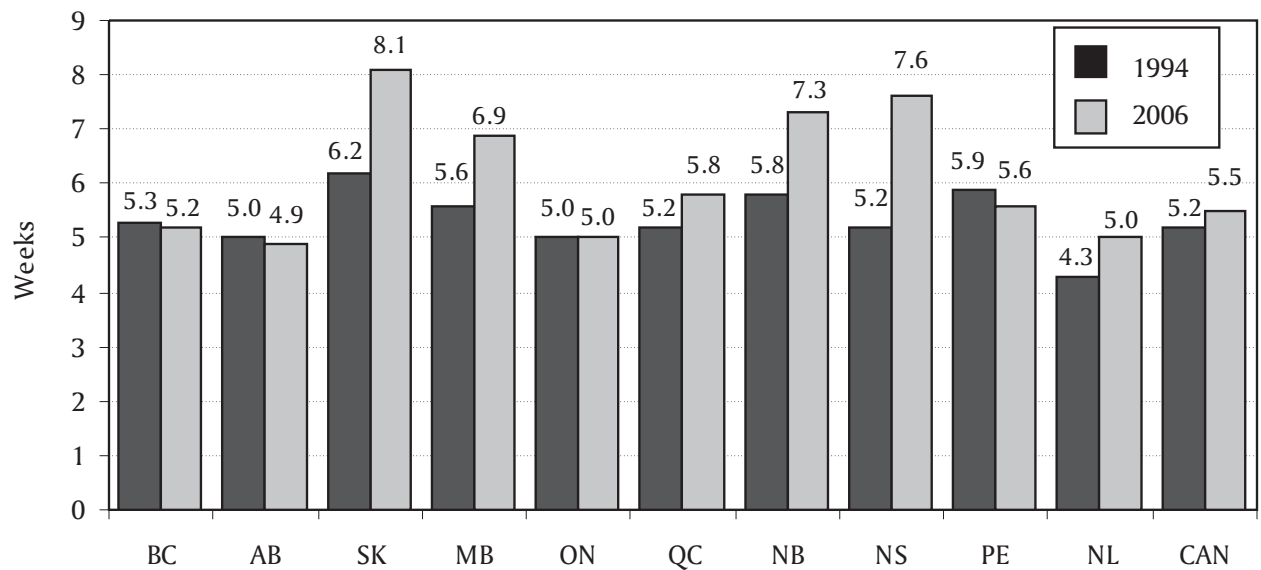
Graph 6: Median Wait between Referral by GP and Treatment, by Specialty, 1993 and 2006



Note: Totals may not equal the sum of the subtotals due to rounding.

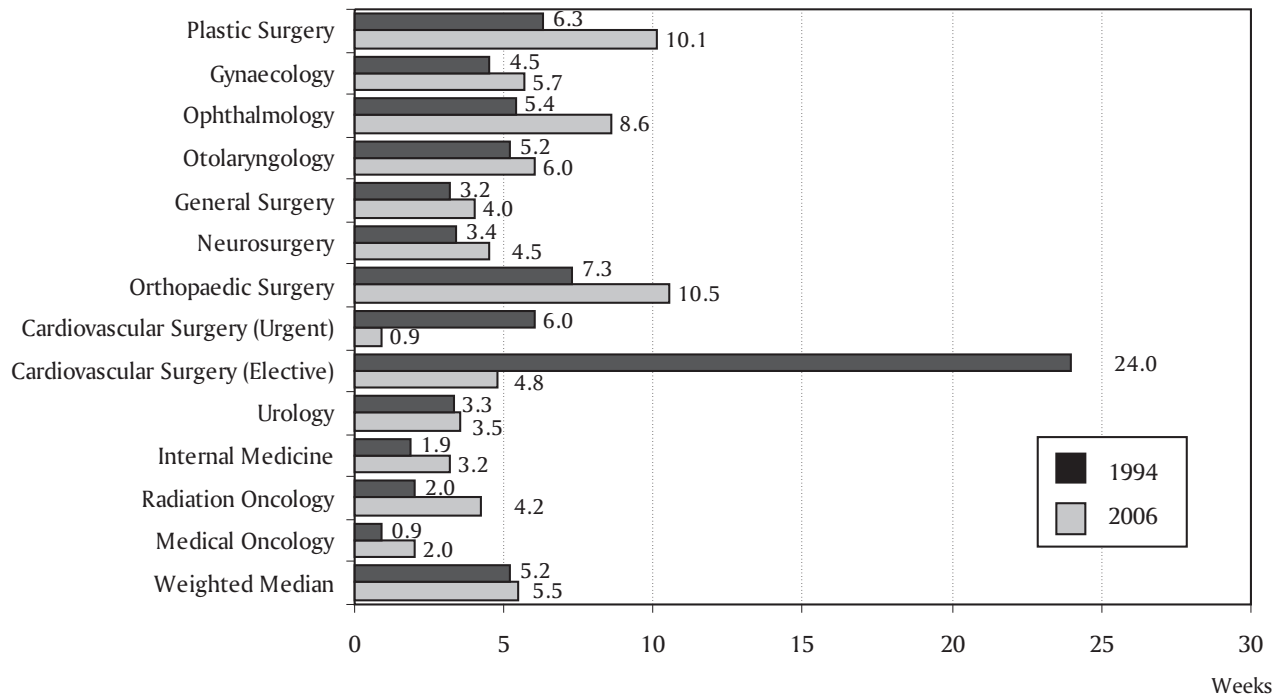
Source: The Fraser Institute's national waiting list survey, 2006; and Ramsay and Walker, 1997.

Graph 7: Median Reasonable Wait between Appointment with Specialist and Treatment, by Province, 1994 and 2006



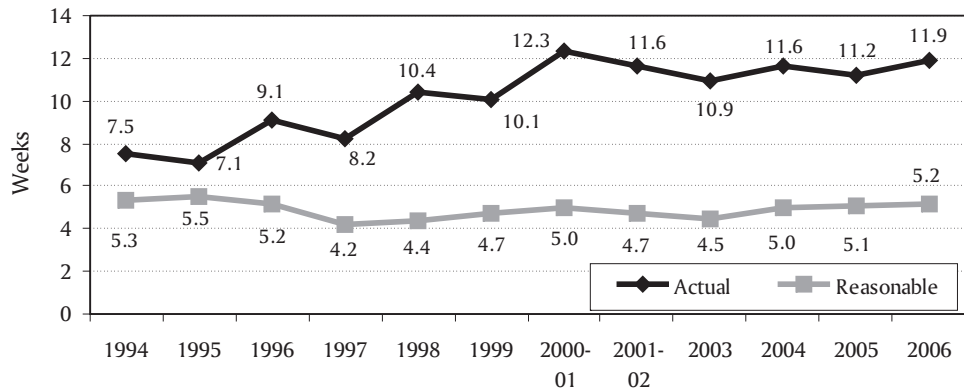
Source: The Fraser Institute's national waiting list survey, 2006; and Ramsay and Walker, 1997.

Graph 8: Median Reasonable Wait between Appointment with Specialist and Treatment, by Specialty, 1994 and 2006



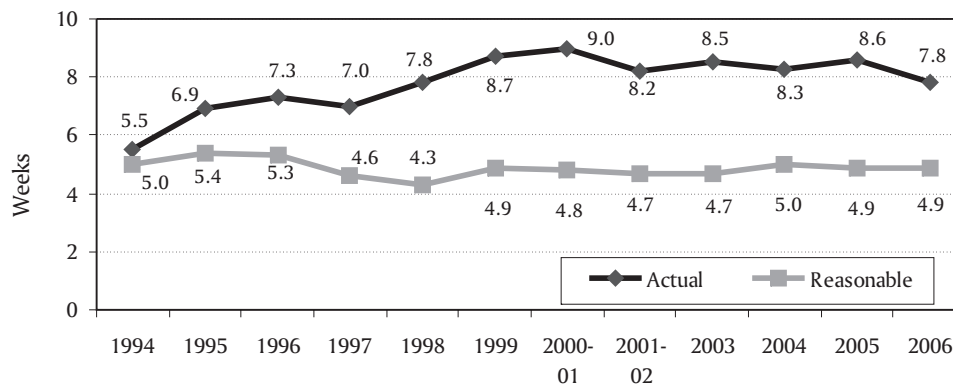
Source: The Fraser Institute's national waiting list survey, 2006; Ramsay and Walker, 1997; and Naylor *et al.*, 1991.

Graph 9: British Columbia—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2006



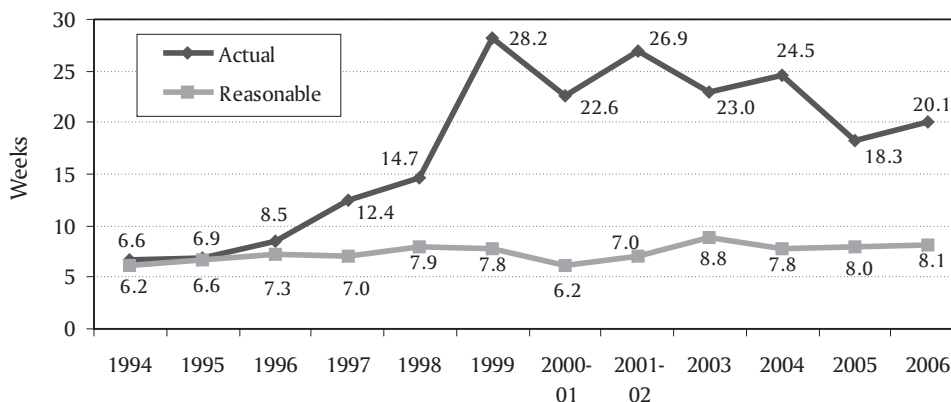
Source: The Fraser Institute's national waiting list surveys, 1995-2006.

Graph 10: Alberta—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2006



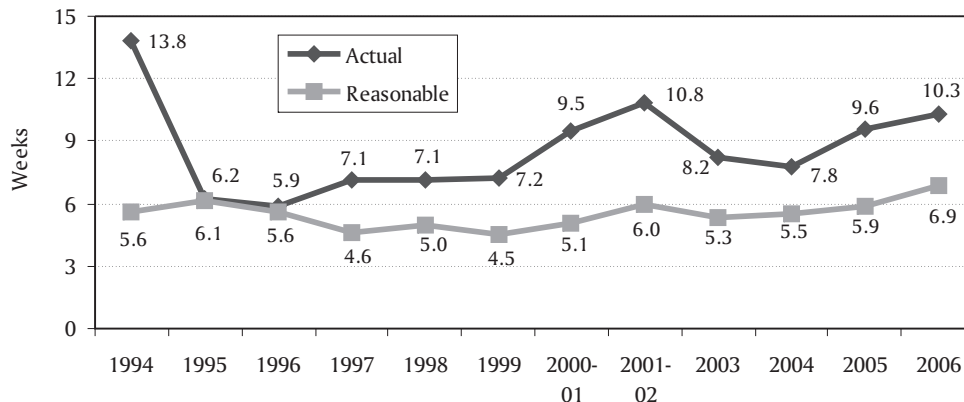
Source: The Fraser Institute's national waiting list surveys, 1995-2006.

Graph 11: Saskatchewan—Actual Versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2006



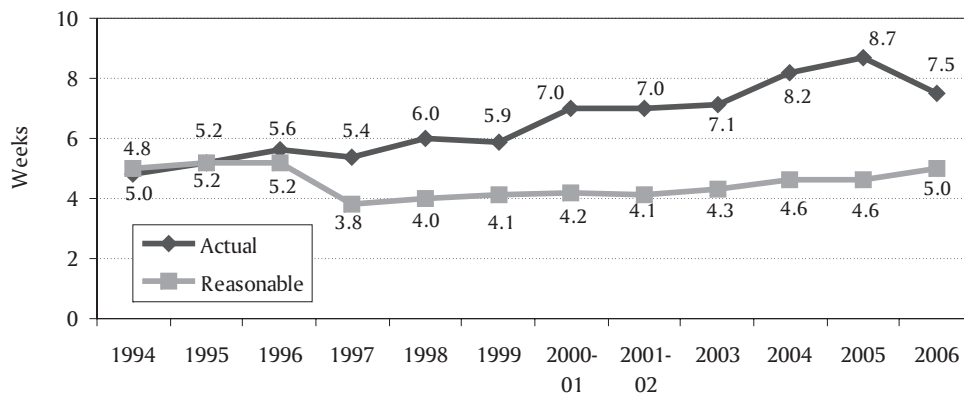
Source: The Fraser Institute's national waiting list surveys, 1995-2006.

Graph 12: Manitoba—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2006



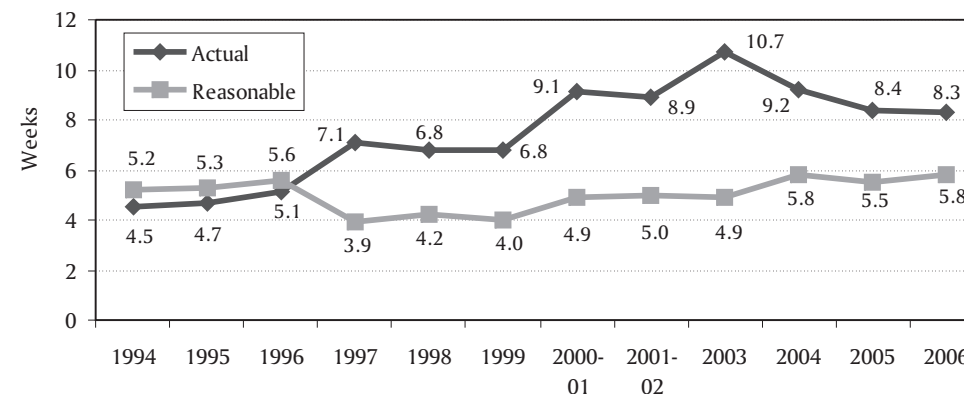
Source: The Fraser Institute's national waiting list surveys, 1995-2006.

Graph 13: Ontario—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2006



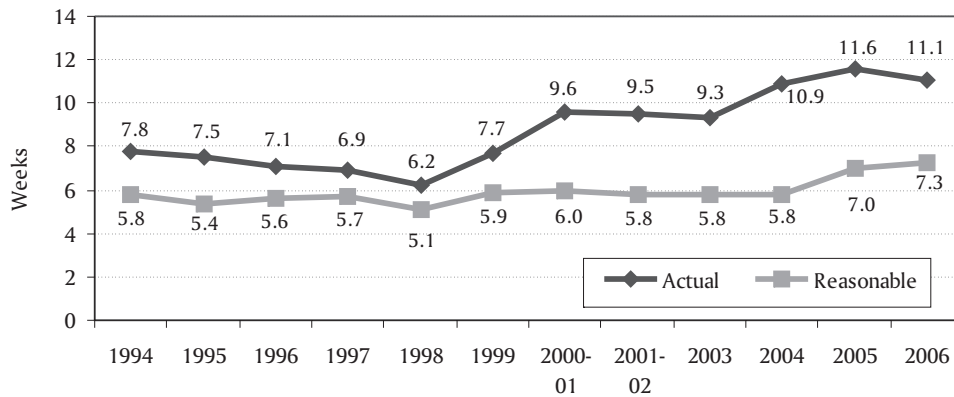
Source: The Fraser Institute's national waiting list surveys, 1995-2006.

Graph 14: Quebec—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2006



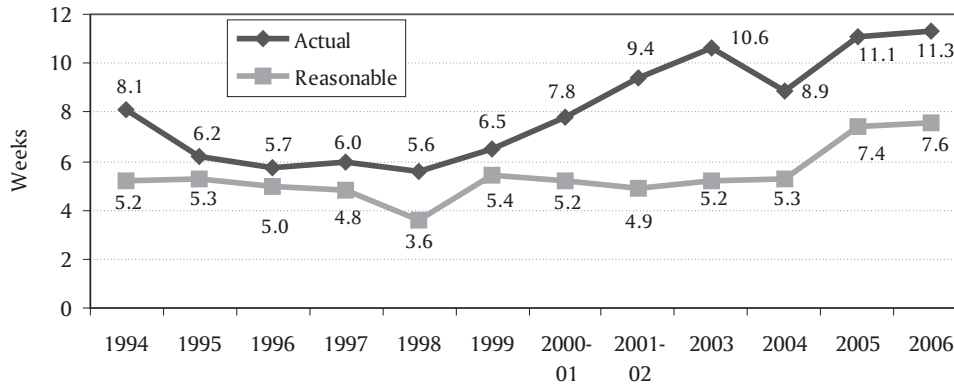
Source: The Fraser Institute's national waiting list surveys, 1995-2006.

Graph 15: New Brunswick—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2006



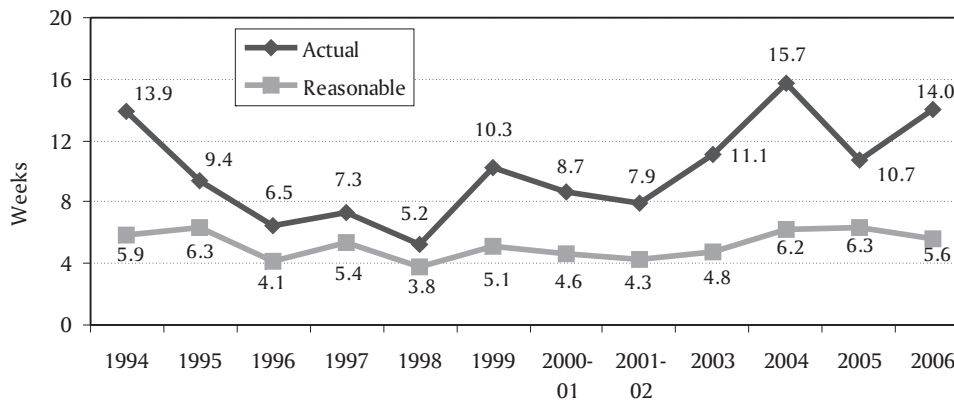
Source: The Fraser Institute's national waiting list surveys, 1995-2006.

Graph 16: Nova Scotia—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2006



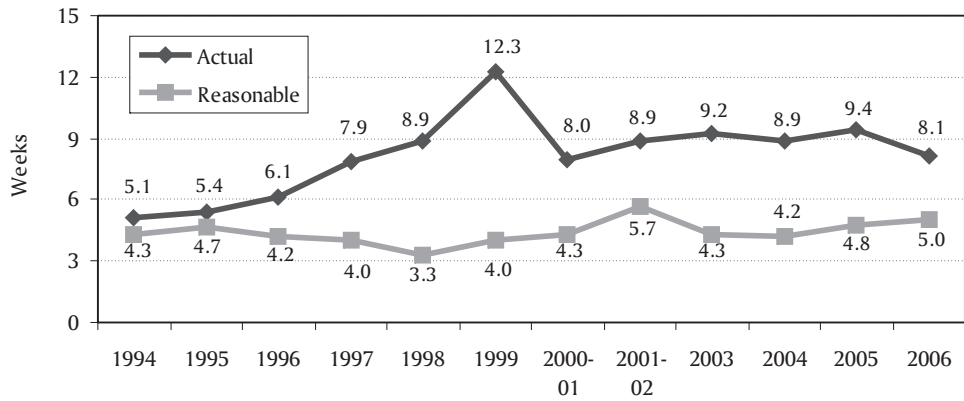
Source: The Fraser Institute's national waiting list surveys, 1995-2006.

Graph 17: Prince Edward Island—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2006



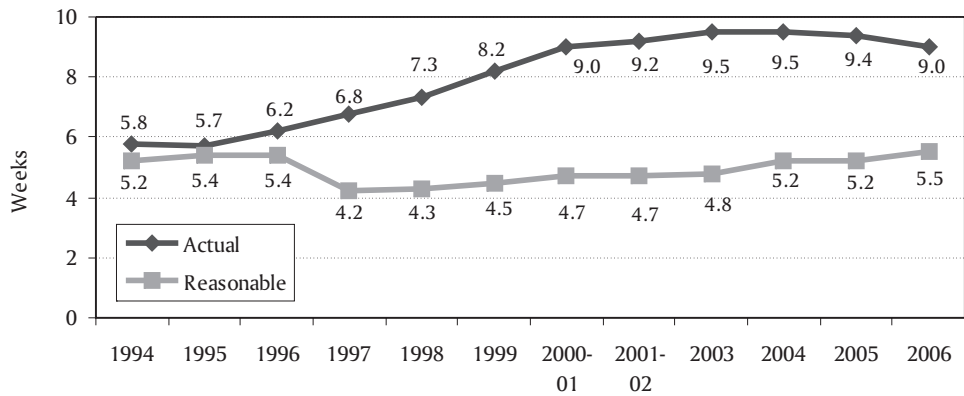
Source: The Fraser Institute's national waiting list surveys, 1995-2006.

Graph 18: Newfoundland—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2006



Source: The Fraser Institute's national waiting list surveys, 1995-2006.

Graph 19: Canada—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2006



Source: The Fraser Institute's national waiting list surveys, 1995-2006.

Selected Data Tables

Tables 1a–1c: Summary of Responses

Table 2: Median Total Expected Waiting Time from Referral by GP to Treatment, by Province and Specialty

Table 3: Median Patient Wait to See a Specialist after Referral from a GP, by Province and Specialty

Table 4: Median Patient Wait for Treatment after Appointment with Specialist, by Province and Specialty (Summary)

Tables 5a–5l: Median Patient Wait for Treatment after Appointment with Specialist, by Specialty

Table 6: Comparison of Median Weeks Waited to Receive Treatment after Appointment with Specialist, by Selected Specialties, 2005 and 2006

Table 7: Frequency Distribution of Survey Waiting Times (Specialist to Treatment) by Province

Table 8: Median Reasonable Wait to Receive Treatment after Appointment with Specialist, by Province and Specialty (Summary)

Tables 9a–9l: Median Reasonable Wait for Treatment after Appointment with Specialist (in Weeks), by Specialty

Table 10: Comparison between the Median Expected Waiting Time and the Median Reasonable Number of Weeks to Wait for Treatment after Appointment with Specialist, by Selected Specialties

Table 11: Average Percentage of Patients Receiving Treatment Outside of Canada, by Province and Specialty

Table 12: Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist, by Province and Specialty (Summary)

Tables 13a–13l: Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist, by Specialty

Table 14: Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist—Procedures per 100,000 Population (Summary)

Table 15: Comparison of Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist, by Selected Specialties, 2005 and 2006

Table 16a: Acute Inpatient Procedures, 2004-05

Table 16b: Same Day Procedures, 2004-05

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Table 1a: Summary of Responses, 2006—Response Rates (Percentages)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	41%	36%	33%	30%	34%	17%	31%	33%	50%	50%	31%
Gynaecology	32%	28%	30%	30%	28%	19%	30%	32%	33%	37%	26%
Ophthalmology	30%	32%	38%	42%	35%	27%	48%	28%	50%	38%	32%
Otolaryngology	30%	32%	43%	44%	34%	18%	64%	40%	100%	33%	30%
General Surgery	27%	27%	39%	31%	28%	19%	27%	48%	60%	26%	26%
Neurosurgery	47%	35%	43%	100%	29%	18%	38%	30%	—	100%	33%
Orthopaedic Surgery	31%	34%	45%	31%	33%	22%	63%	37%	33%	33%	31%
Cardiovascular Surgery	40%	55%	50%	20%	40%	17%	45%	70%	0%	20%	36%
Urology	34%	39%	20%	35%	34%	22%	35%	50%	0%	50%	32%
Internal Medicine	27%	28%	38%	23%	20%	19%	21%	35%	44%	30%	23%
Radiation Oncology	0%	22%	67%	0%	22%	25%	40%	0%	0%	20%	19%
Medical Oncology	22%	20%	—	0%	20%	19%	50%	50%	100%	67%	21%
Total	29%	30%	38%	31%	28%	20%	38%	38%	42%	35%	28%

Table 1b: Summary of Responses, 2006—Number of Responses

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	22	16	4	3	58	18	4	4	1	2	132
Gynaecology	51	38	11	14	173	73	9	17	2	7	395
Ophthalmology	46	27	6	11	126	72	11	11	2	5	317
Otolaryngology	21	12	3	7	70	34	9	8	1	3	168
General Surgery	42	34	15	16	156	86	9	21	3	6	388
Neurosurgery	14	8	3	7	21	10	3	3	—	3	72
Orthopaedic Surgery	46	35	13	11	133	63	19	11	1	5	337
Cardiovascular Surgery	21	17	7	2	53	18	5	14	0	1	138
Urology	22	15	2	6	75	32	7	8	0	3	170
Internal Medicine	64	55	20	19	200	74	9	25	4	7	477
Radiation Oncology	0	7	2	0	31	16	2	0	0	1	59
Medical Oncology	11	7	—	0	24	23	1	4	1	2	73
Total	360	271	86	96	1,120	519	88	126	15	45	2,726

Table 1c: Summary of Responses, 2006—Number of Questionnaires Mailed Out

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	54	45	12	10	171	106	13	12	2	4	429
Gynaecology	161	134	37	46	625	384	30	53	6	19	1,495
Ophthalmology	153	85	16	26	361	268	23	40	4	13	989
Otolaryngology	71	37	7	16	203	188	14	20	1	9	566
General Surgery	155	128	38	51	551	443	33	44	5	23	1,471
Neurosurgery	30	23	7	7	72	55	8	10	—	3	215
Orthopaedic Surgery	147	103	29	35	401	289	30	30	3	15	1,082
Cardiovascular Surgery	52	31	14	10	133	105	11	20	1	5	382
Urology	65	38	10	17	219	143	20	16	3	6	537
Internal Medicine	241	199	52	81	982	380	42	72	9	23	2,081
Radiation Oncology	49	32	3	7	142	63	5	8	1	5	315
Medical Oncology	50	35	—	5	120	119	2	8	1	3	343
Total	1,228	890	225	311	3,980	2,543	231	333	36	128	9,905

Table 2: Median Total Expected Waiting Time from Referral by GP to Treatment, by Specialty, 2006 (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	48.5	33.9	60.7	77.4	24.2	27.3	70.0	83.3	54.3	53.0	35.4
Gynaecology	11.5	16.3	15.9	14.3	14.1	14.2	20.2	12.4	28.5	18.7	14.3
Ophthalmology	19.3	20.4	47.4	18.4	22.9	30.0	46.8	32.4	31.0	41.8	27.2
Otolaryngology	20.0	21.0	51.0	12.5	14.4	13.4	19.0	24.0	41.3	13.0	17.2
General Surgery	10.8	8.8	18.2	11.4	9.2	9.7	12.6	13.0	4.6	13.3	10.1
Neurosurgery	28.9	22.8	21.4	17.8	33.7	36.5	61.5	17.8	—	13.3	31.7
Orthopaedic Surgery	56.6	38.6	64.6	44.5	31.5	32.7	63.0	70.8	59.5	36.8	40.3
Cardiovascular Surgery (Elective)	11.5	7.5	7.8	9.4	7.0	6.0	11.2	18.5	—	17.5	8.0
Urology	12.4	10.3	17.5	10.4	10.0	11.4	26.7	13.2	—	19.0	11.5
Internal Medicine	11.7	14.0	10.9	9.5	10.9	11.2	21.0	8.6	28.7	20.0	11.5
Radiation Oncology	—	7.1	7.7	—	4.4 ¹	4.7	3.6	—	—	8.0	5.0
Medical Oncology	3.9	4.9	—	—	5.1 ²	3.8	4.5	11.3	4.0	8.9	4.9
Weighted Median	19.3	16.3	28.5	18.0	14.9	18.5	31.9	22.2	25.8	20.5	17.8

Note: Totals may not equal the sum of subtotals due to rounding.

¹Cancer Care Ontario web site reports that median waiting times (referral to treatment) ranged from 2.3 to 11.0 weeks for breast cancer (11 facilities reporting), from 2.0 to 15.1 weeks for genitourinary cancer (11 facilities), from 2.9 to 11.5 weeks for gynaecologic cancer (10 facilities), from 4.1 to 8.9 weeks for head and neck cancer (10 facilities), and from 1.1 to 4.3 weeks for lung cancer (11 facilities) for January to March 2006.

²Cancer Care Ontario web site reports that median waiting times (referral to treatment) ranged from 3.9 to 7.0 weeks for breast cancer (10 facilities reporting), from 1.0 to 7.3 weeks for gynaecologic cancer (8 facilities), from 2.0 to 6.4 weeks for head and neck cancer (8 facilities), and from 3.1 to 7.0 weeks for lung cancer (10 facilities) for January to March 2006.

Table 3: Median Patient Wait to See a Specialist after Referral from a GP, by Specialty, 2006 (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	17.5	16.0	16.0	21.0	12.0	11.0	45.0	48.0 ²	6.5	27.5	15.3
Gynaecology	4.5	9.0	6.0	7.5	8.0	8.0	11.0	6.0 ²	22.5	12.5	7.7
Ophthalmology	8.5	12.0	16.0	8.0	12.0	18.0	40.0	20.0	19.0	35.0	15.4
Otolaryngology	5.0	12.0	4.0	4.0	6.0	6.0	8.0	15.0	16.0	4.0	6.6
General Surgery	4.8	4.0	6.0	5.0	4.0	4.0	8.0	6.5	1.5	8.0	4.4
Neurosurgery	16.0	15.0	12.0	10.0	25.0	24.0	30.5	6.0	—	7.0	21.0
Orthopaedic Surgery	20.0	20.0	9.0	18.0	14.0	12.0	37.0	21.3	16.0	24.0	16.2
Cardiovascular Surgery	3.0	3.0	3.0	3.5	3.5	2.5	2.0	2.3	—	6.0	3.0
Urology	4.0	7.0	7.5	7.0	6.0	6.5	16.0	7.0	—	11.0	6.4
Internal Medicine	4.0	4.0	6.0	4.0	4.0	6.0	10.0	5.0	14.0	8.0	4.8
Radiation Oncology	—	3.0 ¹	3.0	—	1.5	1.0	1.5	— ²	—	3.0	1.5
Medical Oncology	2.0	2.0 ¹	—	—	3.0	2.0	2.5	6.5 ²	2.0	5.5	2.8
Weighted Median	7.4	8.5	8.4	7.7	7.4	10.2	20.8	10.9	11.8	12.4	8.8

¹Alberta Health and Wellness web site reports wait times of 2 and 5 weeks for a radiation oncologist for breast cancer, of 2 and 5 weeks for a radiation oncologist for prostate cancer, and of less than 1 and 2 weeks for a medical oncologist for breast cancer at the province's tertiary cancer centres at October 31, 2005.

²Nova Scotia Department of Health web site reports an average wait time of 11 days (1.6 weeks) in one health region for a gynaecological cancer specialist, average wait times of 16 and 33 days (2.3 and 4.7 weeks) in two health regions for a medical oncologist, and average wait times of 12 and 13 days (1.7 and 1.9 weeks) in two health regions for a radiation oncologist in March 2006. The web site also reports that, for consultation with a plastic surgeon, 21 percent of patients waited less than 3 days, 43 percent waited less than 21 days, 58 percent waited less than 42 days, 74 percent waited less than 90 days, 84 percent waited less than 180 days, and 94 percent waited less than 360 days for consults received between January and March 2006.

Table 4: Median Patient Wait for Treatment after Appointment with Specialist, by Specialty 2006 (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	Can
Plastic Surgery	31.0	17.9	44.7	56.4	12.2	16.3	25.0	35.3	47.8	25.5	20.1
Gynaecology	7.0	7.3	9.9	6.8	6.1	6.2	9.2	6.4	6.0	6.2	6.6
Ophthalmology	10.8	8.4	31.4	10.4	10.9	12.0	6.8	12.4	12.0	6.8	11.8
Otolaryngology	15.0	9.0	47.0	8.5	8.4	7.4	11.0	9.0	25.3	9.0	10.6
General Surgery	6.1	4.8	12.2	6.4	5.2	5.7	4.6	6.5	3.1	5.3	5.7
Neurosurgery	12.9	7.8	9.4	7.8	8.7	12.5	31.0	11.8	—	6.3	10.7
Orthopaedic Surgery	36.6	18.6	55.6	26.5	17.5	20.7	26.0	49.6	43.5	12.8	24.2
Cardiovascular Surgery (Urgent)	0.9	1.1	0.7	0.9	0.7	0.5	0.9	1.0	—	1.0	0.7
Cardiovascular Surgery (Elective)	8.5	4.5	4.8	5.9	3.5	3.5	9.2	16.2	—	11.5	5.0
Urology	8.4	3.3	10.0	3.4	4.0	4.9	10.7	6.2	—	8.0	5.1
Internal Medicine	7.7	10.0	4.9	5.5	6.9	5.2	11.0	3.6	14.7	12.0	6.7
Radiation Oncology	—	4.1	4.7	—	2.9	3.7	2.1	—	—	5.0	3.4
Medical Oncology	1.9	2.9	—	—	2.1	1.8	2.0	4.8	2.0	3.4	2.1
Weighted Median	11.9	7.8	20.1 ¹	10.3	7.5	8.3	11.1	11.3	14.0	8.1	9.0

¹Saskatchewan Surgical Care Network web site reports that 44 percent of patients in Saskatchewan waited less than 3 weeks, 12 percent waiting between 4 and 6 weeks, 15 percent waiting between 7 weeks and 3 months, 22 percent waited between 4 and 12 months, 4 percent waited between 13 and 18 months, and 4 percent waited more than 18 months for non-emergent surgeries between October 2005 and March 2006. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

Table 5a: Plastic Surgery (2006)—Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Mammoplasty	52.0	24.0	56.0	60.0	16.0	26.0	29.0	80.0	91.0	25.0
Neurolysis	12.0	9.5	16.0	52.0	10.0	12.0	11.0	6.0	—	16.8
Blepharoplasty	20.0	15.0	45.0	57.0	7.0	10.0	26.0	18.0	24.0	46.0
Rhinoplasty	20.0	18.0	52.0	52.0	8.0	12.0	27.0	12.0	—	78.0
Scar Revision	22.0	15.5	42.0	60.0	12.0	13.0	27.0	34.0	18.0	36.0
Hand Surgery	15.5	16.0	24.0	52.0	12.0	12.0	16.0	15.0	24.0	17.0
Craniofacial Procedures	15.0	16.0	13.3	30.0	5.0	8.0	4.0	18.0	—	20.0
Skin Cancer and other Tumors	6.0	3.3	3.0	16.0	5.0	4.0	8.0	5.0	16.0	7.3
Weighted Median	31.0 ¹	17.9 ²	44.7 ³	56.4	12.2	16.3	25.0	35.3	47.8	25.5

Note: Weighted median does not include craniofacial procedures or skin cancer and other tumors.

¹BC Ministry of Health web site reports a 4.0 week median wait time for plastic surgery for the three months ending April 30, 2006. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

²Alberta Health and Wellness web site reports a 6.9 week median wait for plastic surgery for patients served in the 90 days ending March 31, 2006. For an extensive explanation, please refer to "Verification of current data with governments—Alberta."

³Saskatchewan Surgical Care Network web site reports that 37 percent of patients in Saskatchewan waited less than 3 weeks, 6 percent waiting between 4 and 6 weeks, 11 percent waiting between 7 weeks and 3 months, 27 percent waited between 4 and 12 months, 9 percent waited between 13 and 18 months, and 9 percent waited more than 18 months for non-emergent plastic and reconstructive surgery between October 2005 and March 2006. For an extensive explanation and wait times for individual procedures, please refer to "Verification of current data with governments—Saskatchewan."

Table 5b: Gynaecology (2006)—Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Dilation & Curettage	5.0	6.0	3.0	4.0	4.0	4.0	6.0	4.0	3.8	3.8
Tubal Ligation	7.0	8.0	12.0	8.0	6.0	7.0	12.0	5.5 ⁴	7.3	8.0
Hysterectomy (Vaginal/Abdominal)	10.0	8.0	14.0	8.0	8.0	8.0	9.0	10.0	7.8	6.0
Vaginal Repair	10.0	9.0	24.0	10.0	8.0	8.0	12.0	10.0	7.8	12.0
Tuboplasty	14.0	12.0	35.0	16.0	8.0	10.0	8.0	11.0	—	4.0
Laparoscopic Procedures	6.0	8.0	8.0	8.0	7.0	7.0	6.0	6.0 ⁴	5.3	6.0
Hysteroscopic Procedures	6.0	8.0	8.0	6.0	6.0	6.0	6.0	4.5	4.8	6.0
Weighted Median	7.0 ¹	7.3 ²	9.9 ³	6.8	6.1	6.2	9.2	6.4	6.0	6.2

¹BC Ministry of Health web site reports a 4.0 week median wait time for gynaecology for the three months ending April 30, 2006. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

²Alberta Health and Wellness web site reports a 7.9 week median wait for gynaecological surgery for patients served in the 90 days ending March 31, 2006. For an extensive explanation, please refer to "Verification of current data with governments—Alberta."

³Saskatchewan Surgical Care Network web site reports that 48 percent of patients in Saskatchewan waited less than 3 weeks, 16 percent waiting between 4 and 6 weeks, 15 percent waiting between 7 weeks and 3 months, 17 percent waited between 4 and 12 months, 2 percent waited between 13 and 18 months, and 2 percent waited more than 18 months for non-emergent obstetrics and gynaecology between October 2005 and March 2006.

For an extensive explanation and wait times for individual procedures, please refer to "Verification of current data with governments—Saskatchewan."

⁴Nova Scotia Department of Health web site reports that 33 percent of patients received laparoscopy within 30 days, 69 percent received it within 60 days, 86 percent received it within 90 days, and 97 percent received it within 180 days; and that 34 percent of patients received tubal ligation within 30 days, 61 percent received it within 60 days, 73 percent received it within 90 days, 90 percent received it within 180 days, and 97 percent received it within 270 days for scheduled services provided between January and March 2006.

Table 5c: Ophthalmology (2006)—Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cataract Removal	12.0 ¹	10.0 ²	38.0	11.0 ⁴	12.0 ⁵	12.0	7.0	16.0 ⁶	12.0	7.5 ⁷
Cornea Transplant	24.0 ¹	52.0	78.0	6.0	32.0	52.0	52.0	0.3	—	15.5
Cornea—Pterygium	12.0	6.0	18.0	5.0	12.0	12.0	8.0	3.5	12.0	5.0
Iris, Ciliary Body, Sclera, Anterior Chamber	8.0	6.0	8.0	5.0	8.0	8.0	4.0	10.0	—	2.5
Retina, Choroid, Vitreous	4.0	4.0	6.0	—	7.5	8.0	8.0	1.5	—	5.3
Lacrimal Duct	16.0	6.5	12.0	6.0	10.0	12.0	12.0	16.0	—	4.0
Strabismus	14.0	10.0	12.0	—	15.5	20.0	14.0	16.0	12.0	5.0
Operations on Eyelids	8.0	6.0	24.0	5.0	6.0	14.5	7.0	12.0	12.0	5.0
Glaucoma	7.0	4.0	2.0	5.0	10.0	6.0	6.0	6.0	12.0	3.0
Weighted Median	10.8 ¹	8.4 ²	31.4 ³	10.4	10.9	12.0	6.8	12.4	12.0	6.8

Note: Weighted median does not include treatment for glaucoma.

¹BC Ministry of Health web site reports median wait times of 6.7 weeks for eye surgery (ophthalmology), 7.6 weeks for cataract surgery, and 14.3 weeks for corneal transplant for the three months ending April 30, 2006. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

²Alberta Health and Wellness web site reports median waits of 9.9 weeks for eye surgery and 11.3 weeks for cataract surgery for patients served in the 90 days ending March 31, 2006. For an extensive explanation, please refer to "Verification of current data with governments—Alberta."

³Saskatchewan Surgical Care Network web site reports that 16 percent of patients in Saskatchewan waited less than 3 weeks, 9 percent waiting between 4 and 6 weeks, 26 percent waiting between 7 weeks and 3 months, 43 percent waited between 4 and 12 months, 5 percent waited between 13 and 18 months, and 1 percent waited more than 18 months for non-emergent ophthalmology between October 2005 and March 2006. For an extensive explanation and wait times for individual procedures, please refer to "Verification of current data with governments—Saskatchewan."

⁴Manitoba Health web site reports average wait times of between 9 and 23 weeks for cataract surgery in three regional health authorities for April 2006.

⁵Ontario Ministry of Health and Long-Term Care web site reports a 78 day (11.1 week) median wait time for cataract surgeries completed in February/March 2006.

⁶Nova Scotia Department of Health web site reports that 28 percent of patients received cataract surgery within 30 days, 46 percent received it within 60 days, 60 percent received it within 90 days, 84 percent received it within 180 days, 94 percent received it within 270 days, and 98 percent received it within 360 days for scheduled services provided between January and March 2006.

⁷Newfoundland Ministry of Health website reports that between 25 and 100 percent of all cataract cases (depending on the region) were completed within 112 days for the quarter ending March 31, 2006.

Table 5d: Otolaryngology (2006)—Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Myringotomy	7.0	4.5	6.0	4.8	7.0	5.0	8.0	4.0 ⁴	16.0	3.8
Tympanoplasty	17.0	9.0	70.0	9.0	10.0	11.0	15.0	10.0	32.0	14.0
Thyroid, Parathyroid, and Other Endocrine Glands	8.0	6.0	5.0	7.5	8.0	6.0	6.0	8.0	16.0	10.0
Tonsillectomy and/or Adenoidectomy	20.0	12.0	80.0	13.0	9.0	12.0	12.0	13.0	32.0	12.0
Rhinoplasty and/or Septal Surgery	16.0	12.0	80.0	11.0	9.5	12.0	20.0	12.0	32.0	12.0
Operations on Nasal Sinuses	18.0	12.0	80.0	11.0	9.5	12.0	15.0	14.0	32.0	14.0
Weighted Median	15.0 ¹	9.0 ²	47.0 ³	8.5	8.4	7.4	11.0	9.0	25.3	9.0

¹BC Ministry of Health web site reports a 5.3 week median wait time for ear, nose, and throat surgery for the three months ending April 30, 2006. For an extensive explanation, please refer to “Verification of current data with governments—British Columbia.”

²Alberta Health and Wellness web site reports a 9.3 week median wait for ear, nose, and throat surgery for patients served in the 90 days ending March 31, 2006. For an extensive explanation, please refer to “Verification of current data with governments—Alberta.”

³Saskatchewan Surgical Care Network web site reports that 39 percent of patients in Saskatchewan waited less than 3 weeks, 19 percent waiting between 4 and 6 weeks, 14 percent waiting between 7 weeks and 3 months, 10 percent waited between 4 and 12 months, 5 percent waited between 13 and 18 months, and 14 percent waited more than 18 months for non-emergent otolaryngology between October 2005 and March 2006. For an extensive explanation and wait times for individual procedures, please refer to “Verification of current data with governments—Saskatchewan.”

⁴Nova Scotia Department of Health web site reports that 57 percent of patients received myringotomy tubes within 30 days, 83 percent received them within 60 days, 93 percent received them within 90 days, and 98 percent received them within 180 days for scheduled services provided between January and March 2006.

Table 5e: General Surgery (2006)—Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Hernia/Hydrocele	8.0	6.0	24.0	7.0	6.0	7.0	6.5	8.0 ⁴	4.0	3.5
Cholecystectomy	8.0 ¹	5.0 ²	25.0	7.0	4.0	6.0	4.5	11.0	4.0	3.5
Colonoscopy	8.0	6.0	8.0	8.5	8.0	6.5	7.0	7.0	2.5	9.0
Intestinal Operations	4.0	4.0	4.0	5.0	3.5	4.0	4.0	4.0	3.0	3.0
Haemorrhoidectomy	8.0	6.5	25.0	7.5	6.0	8.0	6.0	12.0	4.0	4.5
Breast Biopsy	2.0	2.0	3.0	2.0	2.3	2.0	2.8	3.0 ⁴	2.0	2.0
Mastectomy	2.0	1.8	3.0	3.0	2.5	2.5	2.3	2.0 ⁴	2.0	1.8
Bronchus and Lung	—	3.0	—	4.0	3.0	2.0	—	—	—	3.0
Aneurysm Surgery	14.0	—	—	1.0	1.5	6.0	—	—	—	0.0
Varicose Veins	9.5	5.5	22.0	7.5	6.0	12.0	6.0	11.3	4.0	3.5
Weighted Median	6.1 ¹	4.8 ²	12.2 ³	6.4	5.2	5.7	4.6	6.5	3.1	5.3

¹BC Ministry of Health web site reports median wait times of 3.0 weeks for general surgery and 4.1 weeks for gall bladder surgery (cholecystectomy) for the three months ending April 30, 2006. For an extensive explanation, please refer to “Verification of current data with governments—British Columbia.”

²Alberta Health and Wellness web site reports a median waits of 5.0 weeks for general surgery and 5.1 weeks for gall bladder surgery for patients served in the 90 days ending March 31, 2006. For an extensive explanation, please refer to “Verification of current data with governments—Alberta.”

³Saskatchewan Surgical Care Network web site reports that 61 percent of patients in Saskatchewan waited less than 3 weeks, 15 percent waiting between 4 and 6 weeks, 10 percent waiting between 7 weeks and 3 months, 11 percent waited between 4 and 12 months, 2 percent waited between 13 and 18 months, and 2 percent waited more than 18 months for non-emergent general surgery between October 2005 and March 2006. For an extensive explanation and wait times for individual procedures, please refer to “Verification of current data with governments—Saskatchewan.”

⁴Nova Scotia Department of Health web site reports that 30 percent of patients received groin hernia repair within 30 days, 61 percent received it within 60 days, 76 percent received it within 90 days, 93 percent received it within 180 days, 96 percent received it within 270 days, and 96 percent received it within 360 days; and that, for breast biopsy and mastectomy respectively, 62 and 82 percent of patients were served within 30 days, 92 and 95 percent were served within 60 days, 96 and 97 percent were served within 90 days, and 98 and 99 percent were served within 180 days for scheduled services provided between January and March 2006.

Table 5f: Neurosurgery (2006)—Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Peripheral Nerve	9.5	6.0	4.0	4.1	12.0	8.0	12.0	8.0	—	6.0
Disc Surgery/ Laminectomy	20.0	12.5	10.0	4.2	10.0	24.0	54.0	16.0	—	7.0
Elective Cranial Bone Flap	10.0	6.5	10.0	10.2	7.0	4.0	16.0	12.0	—	6.0
Aneurysm Surgery	7.0	12.0	12.0	4.8	5.0	4.0	18.0	12.0	—	1.5
Carotid endarterectomy	4.0	1.5	3.0	2.2	4.0	4.0	12.0	3.0	—	—
Weighted Median	12.9 ¹	7.8 ²	9.4 ³	7.8	8.7	12.5	31.0	11.8	—	6.3

¹BC Ministry of Health web site reports a 3.6 week median wait time for neurosurgery for the three months ending April 30, 2006. For an extensive explanation, please refer to “Verification of current data with governments—British Columbia.”

²Alberta Health and Wellness web site reports a 5.7 week median wait for neurosurgery for patients served in the 90 days ending March 31, 2006. For an extensive explanation, please refer to “Verification of current data with governments—Alberta.”

³Saskatchewan Surgical Care Network web site reports that 57 percent of patients in Saskatchewan waited less than 3 weeks, 11 percent waiting between 4 and 6 weeks, 10 percent waiting between 7 weeks and 3 months, 16 percent waited between 4 and 12 months, 2 percent waited between 13 and 18 months, and 4 percent waited more than 18 months for non-emergent neurosurgery between October 2005 and March 2006. For an extensive explanation and wait times for individual procedures, please refer to “Verification of current data with governments—Saskatchewan.”

Table 5g: Orthopaedic Surgery (2006)—Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Meniscectomy/Arthroscopy	20.0	12.0	35.0	13.0	12.0	12.0	12.0	52.0	24.0	12.0
Removal of Pins	18.0	10.0	52.0	12.0	12.0	22.0	16.0	38.0	7.0	12.0
Arthroplasty (Hip, Knee, Ankle, Shoulder)	52.0 ¹	24.0 ²	67.0	39.0 ⁴	20.0 ⁵	24.0	36.0	52.0 ⁶	52.0	18.0 ⁷
Arthroplasty (Interphalangeal, Metatarsophalangeal)	24.0	20.0	51.0	12.0	16.0	18.0	16.0	108.0	—	6.0
Hallux Valgus/Hammer Toe	24.0	12.0	52.0	12.0	16.0	20.0	16.0	58.0	30.0	10.5
Digit Neuroma	22.0	13.5	30.0	12.0	16.0	16.0	12.0	35.0	—	6.0
Rotator Cuff Repair	20.5	12.0	40.0	13.0	15.5	16.0	13.0	36.5	52.0	9.0
Ostectomy (All Types)	24.0	14.0	45.0	12.0	16.0	24.0	12.0	52.0	—	10.5
Routine Spinal Instability	46.0	15.0	67.0	20.0	18.0	20.0	58.0	—	—	8.0
Weighted Median	36.6 ¹	18.6 ²	55.6 ³	26.5	17.5	20.7	26.0	49.6	43.5	12.8

¹BC Ministry of Health web site reports median wait times of 8.3 weeks for orthopaedic surgery, 20.0 weeks for hip replacement, and 24.7 weeks for knee replacement for the three months ending April 30, 2006. For an extensive explanation, please refer to “Verification of current data with governments—British Columbia.”

²Alberta Health and Wellness web site reports median waits of 11.3 weeks for orthopaedic surgery, 16.3 weeks for hip replacement, and 22.9 weeks for knee replacement for patients served in the 90 days ending March 31, 2006. For an extensive explanation, please refer to “Verification of current data with governments—Alberta.”

³Saskatchewan Surgical Care Network web site reports that 42 percent of patients in Saskatchewan waited less than 3 weeks, 5 percent waiting between 4 and 6 weeks, 11 percent waiting between 7 weeks and 3 months, 28 percent waited between 4 and 12 months, 7 percent waited between 13 and 18 months, and 7 percent waited more than 18 months for non-emergent orthopaedic surgery between October 2005 and March 2006. For an extensive explanation and wait times for individual procedures, please refer to “Verification of current data with governments—Saskatchewan.”

⁴Manitoba Health web site reports median wait times of between 29 and 54 weeks for total hip replacement in three regional health authorities, between 40 and 46 weeks for knee replacement in two regional health authorities, and 19 weeks for hip replacement revision and 10 weeks for knee replacement revision in one regional health authority for April 2006.

⁵Ontario Ministry of Health and Long-Term Care web site reports median wait times of 97 days (13.9 weeks) for hip replacements and 123 days (17.6 weeks) for knee replacements completed in February/March 2006.

⁶Nova Scotia Department of Health web site reports for hip replacements, knee replacements, hip revisions, and knee revisions respectively, that 5, 2, 20, and 14 percent of patients were served within 30 days; 14, 7, 27, and 23 percent were served within 60 days; 25, 16, 33, and 23 percent were served within 90 days; 56, 42, 53, and 59 percent were served within 180 days; 73, 57, 73, and 73 percent were served within 270 days; 82, 67, 83, and 77 percent were served within 360 days; 93, 84, 90, and 91 percent were served within 540 days; and 98, 92, 97, and 95 percent were served within 720 days for scheduled services provided between January and March 2006.

⁷Newfoundland Ministry of Health website reports that between 90 and 100 percent of all hip replacement cases (depending on the region) and between 50 and 100 percent of all knee replacement cases (depending on the region) were completed within 182 days for the quarter ending March 31, 2006.

Table 5h: Cardiovascular Surgery (2006)—Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)

		BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Emergent	Coronary Artery Bypass	0.0	0.0	0.1	—	0.1 ^{5,6}	0.0	0.3	0.0	—	0.5 ⁹
	Valves & Septa of the Heart	0.0	0.3	0.1	—	0.1	0.0	0.3	0.0	—	0.5
	Aneurysm Surgery	0.0	0.0	0.2	0.3	0.1	0.0	0.0	0.0	—	0.5
	Carotid Endarterectomy	0.1	0.0	0.4	0.1	0.4	0.0	0.0	0.0	—	0.5
	Pacemaker Operations	0.1	0.2	0.1	—	0.1	0.0	0.0	0.0	—	—
	Weighted Median	0.0	0.1	0.1	0.1 ⁴	0.1	0.0 ⁷	0.1	0.0 ⁸	—	0.5
Urgent	Coronary Artery Bypass	0.8	1.0 ²	0.6	—	0.5 ^{5,6}	0.4	0.8	1.0	—	1.0 ⁹
	Valves & Septa of the Heart	1.0	1.5	0.6	—	0.5	0.4	0.8	1.0	—	1.0
	Aneurysm Surgery	1.0	1.5	2.0	1.5	1.5	0.3	1.0	1.0	—	1.0
	Carotid Endarterectomy	0.5	1.0	2.0	0.8	1.5	0.5	2.0	1.3	—	1.0
	Pacemaker Operations	1.0	1.0	0.6	—	1.0	0.5	1.0	1.0	—	—
	Weighted Median	0.9 ¹	1.1 ²	0.7 ³	0.9 ⁴	0.7	0.5 ⁷	0.9	1.0 ⁸	—	1.0
Elective	Coronary Artery Bypass	6.0	3.8 ²	4.5	—	3.0 ^{5,6}	4.0	14.5	24.0	—	12.0 ⁹
	Valves & Septa of the Heart	7.0	7.0	4.5	—	3.0	4.0	14.5	24.0	—	12.0
	Aneurysm Surgery	7.0	12.0	22.0	5.5	4.5	4.5	6.5	24.0	—	4.0
	Carotid Endarterectomy	10.0	5.0	5.0	6.0	6.0	4.0	4.0	4.0	—	4.0
	Pacemaker Operations	10.0	4.0	5.0	—	4.0	2.5	4.0	8.0	—	—
	Weighted Median	8.5 ¹	4.5 ²	4.8 ³	5.9 ⁴	3.5	3.5 ⁷	9.2	16.2 ⁸	—	11.5

¹BC Ministry of Health web site reports median wait times of 8.7 weeks for cardiac surgery and 2.3 weeks for vascular surgery for the three months ending April 30, 2006. For an extensive explanation, please refer to “Verification of current data with governments—British Columbia.”

²Alberta Health and Wellness web site reports median waits of 3.7 weeks for cardiac surgery, 2.3 weeks for thoracic surgery, 3.1 weeks for vascular surgery, and 3.0 weeks for coronary artery bypass surgery for patients served in the 90 days ending March 31, 2006. For an extensive explanation, please refer to “Verification of current data with governments—Alberta.”

³Saskatchewan Surgical Care Network web site reports that 82 percent of patients in Saskatchewan waited less than 3 weeks, 8 percent waiting between 4 and 6 weeks, 5 percent waiting between 7 weeks and 3 months, and 4 percent waited between 4 and 12 months for non-emergent cardiovascular surgery between October 2005 and March 2006. For an extensive explanation and wait times for individual procedures, please refer to “Verification of current data with governments—Saskatchewan.”

⁴Manitoba Health web site reports a median waiting time of 6 days (0.86 weeks) for emergent and urgent cardiac surgery, 22 days (3.1 weeks) for semi-urgent cardiac surgery, 79 days (11.3 weeks) for elective cardiac surgery, and 43 days (6.1 weeks) for all levels of cardiac surgery combined for April 2006.

⁵Cardiac Care Network of Ontario web site reports a median wait of 2 days for emergency and urgent bypass surgery, of 5 days for semi-urgent bypass surgery, and of 14 days for elective bypass surgery for cases completed between January and March 2006.

⁶Ontario Ministry of Health and Long-Term Care web site reports a 13 day (1.9 week) median wait time for bypass surgeries completed in February/March 2006.

⁷Quebec Ministry of Health and Social Services web site reports for cardiac surgery, that 100 percent of priority 1 patients were treated within 24 hours, between 75 and 100 percent of priority 2 patients were treated within 72 hours, between 84 and 100 percent of priority 3 patients were treated within 2 weeks, between 0 and 100 percent of priority 4 patients were treated within 6 weeks, and between 33 and 100 percent of priority 5 patients were treated within 3 months (depending on the treating facility) in April 2006.

⁸Nova Scotia Department of Health web site reports average wait times of 4 days (0.6 weeks) for priority one patients, 28 days (4 weeks) for priority 2 patients, 78 days (11.1 weeks) for priority 3 patients, and 196 days (28 weeks) for priority four patients for cardiovascular surgery in March 2006.

⁹Newfoundland Ministry of Health website reports that 98.6 percent of all CABG cases were completed within 182 days for the quarter ending March 31, 2006.

Table 5i: Urology (2006)—Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Non-radical Prostatectomy	12.0	7.0	52.0	4.5	6.0	8.0	9.0	8.0	—	60.0
Radical Prostatectomy	6.0	6.0	6.0	4.0	7.0	6.0	5.0	6.0	—	8.0
Transurethral Resection—Bladder	4.0	4.0	3.5	3.0	4.0	3.5	4.0	3.5	—	4.0
Radical Cystectomy	5.0	5.0	6.0	4.5	6.0	4.0	3.5	4.0	—	4.0
Cystoscopy	8.0	2.5	4.5	3.0	3.5	4.5	12.0	6.0	—	6.0
Hernia/Hydrocele	14.0	8.0	52.0	7.0	7.0	12.0	16.0	10.0 ⁴	—	6.0
Bladder Fulguration	6.0	3.0	3.0	3.0	4.0	4.0	5.5	5.0	—	5.0
Ureteral Reimplantation for Reflux	12.0	6.0	21.0	4.0	8.0	8.0	8.0	10.0	—	—
Weighted Median	8.4 ¹	3.3 ²	10.0 ³	3.4	4.0	4.9	10.7	6.2	—	8.0

¹BC Ministry of Health web site reports a 4.0 week median wait time for urology for the three months ending April 30, 2006. For an extensive explanation, please refer to “Verification of current data with governments—British Columbia.”

²Alberta Health and Wellness web site reports a 4.3 week median wait for urological surgery for patients served in the 90 days ending March 31, 2006. For an extensive explanation, please refer to “Verification of current data with governments—Alberta.”

³Saskatchewan Surgical Care Network web site reports that 45 percent of patients in Saskatchewan waited less than 3 weeks, 18 percent waiting between 4 and 6 weeks, 17 percent waiting between 7 weeks and 3 months, 13 percent waited between 4 and 12 months, 2 percent waited between 13 and 18 months, and 5 percent waited more than 18 months for non-emergent urology between October 2005 and March 2006. For an extensive explanation and wait times for individual procedures, please refer to “Verification of current data with governments—Saskatchewan.”

⁴Nova Scotia Department of Health web site reports that 30 percent of patients received groin hernia repair within 30 days, 61 percent received it within 60 days, 76 percent received it within 90 days, 93 percent received it within 180 days, 96 percent received it within 270 days, and 96 percent received it within 360 days for scheduled services provided between January and March 2006.

Table 5j: Internal Medicine (2006)—Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Colonoscopy	8.0	11.5	4.0	6.0	8.0	6.0	6.5	4.0	16.0	12.8
Angiography /Angioplasty	8.0	6.0	7.0	4.0	3.5 ^{1,2}	4.0	14.3	3.3	8.0	8.3
Bronchoscopy	3.0	4.0	1.3	1.5	4.0	2.5	5.3	1.8	9.3	—
Gastroscopy	5.0	11.0	4.0	8.0	5.0	4.0	5.0	3.0	6.5	13.8
Weighted Median	7.7	10.0	4.9	5.5	6.9	5.2	11.0	3.6	14.7	12.0

¹Cardiac Care Network of Ontario web site reports a median wait of 4 days (0.6 weeks) for all angioplasties not done at the same time as catheterization for cases completed between January and March 2006.

²Ontario Ministry of Health and Long-Term Care web site reports median wait times of 13 days (1.9 weeks) for angiographies and 4 days (0.6 weeks) for angioplasties completed in February/March 2006.

Table 5k: Radiation Oncology (2006)—Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cancer of the Larynx	—	2.5	2.5	—	2.0	2.0	2.0	—	—	5.0
Cancer of the Cervix	—	2.0	3.0	—	2.0	3.0	2.0	—	—	5.0
Lung Cancer	—	3.0	4.0	— ³	2.0	3.0	1.5	—	—	—
Prostate Cancer	—	6.0 ²	5.0	— ³	4.0	5.0	2.5	—	—	—
Breast Cancer	—	3.0 ²	5.3	— ³	2.8	4.0	2.5	—	—	—
Early Side Effects from Treatment	—	1.0	0.5	—	1.0	0.3	1.0	—	—	—
Late Side Effects from Treatment	—	1.5	2.5	—	1.0	1.0	1.0	—	—	—
Weighted Median	— ¹	4.1	4.7	— ³	2.9	3.7 ⁴	2.1	— ⁵	—	5.0 ⁶

Note: Weighted median does not include early or late side effects from treatment.

¹BC Ministry of Health web site reports a 0.7 week median wait time for radiotherapy for the three months ending April 30, 2006. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

²Alberta Health and Wellness web site reports wait times of less than 2 and 3.5 weeks for radiation therapy for breast cancer and of less than 2 and 3.5 weeks for radiation therapy for prostate cancer at the province's tertiary cancer centres at October 31, 2005.

³Manitoba Health web site reports median wait times of 1 week for lung cancer, 3 weeks for prostate cancer, 3 weeks for breast cancer, and 1 week for all body sites combined for April 2006.

⁴Quebec Ministry of Health and Social Services web site reports that between 75 and 100 percent of patients (depending on the region) began radiation oncology treatment within 4 weeks at or around March 31, 2006.

⁵Nova Scotia Department of Health web site reports average wait times of 2 calendar days for priority one patients (1 cancer centre), 4 and 9 calendar days for priority 2 patients (2 centres), 9 and 24 calendar days for priority 3 patients (2 centres), and 21 and 31 calendar days for priority four patients for radiation therapy in March 2006.

⁶Newfoundland Ministry of Health website reports that 100 percent of all curative radiotherapy treatments for new cases of breast, colorectal, lung, prostate, and other cancers have commenced treatment within 30 days for the quarter ending March 31, 2006.

Table 5l: Medical Oncology (2006)—Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cancer of the Larynx	2.0	1.5	—	—	2.5	2.0	2.0	3.5	—	2.0
Cancer of the Cervix	2.0	1.8	—	—	2.0	2.0	2.0	2.0	—	—
Lung Cancer	2.0	2.0	—	—	2.3	2.0	2.0	2.5	2.0	1.8
Breast Cancer	1.8	3.8 ¹	—	—	2.0	1.5	2.0	8.0	2.0	4.8
Side Effects from Treatment	0.5	0.5	—	—	0.3	0.0	0.5	0.9	0.1	0.5
Weighted Median	1.9	2.9	—	—	2.1	1.8	2.0	4.8	2.0	3.4

Note: Weighted median does not include side effects from treatment.

¹Alberta Health and Wellness web site reports a 1 week wait time for chemotherapy for breast cancer at the province's tertiary cancer centres at October 31, 2005.

Table 6: Comparison of Median Weeks Waited to Receive Treatment after Appointment with Specialist, by Selected Specialties, 2005 and 2006

	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	2006	2005	% chg	2006	2005	% chg	2006	2005	% chg	2006	2005	% chg	2006	2005	% chg
Plastic Surgery	31.0	24.2	28%	17.9	21.0	-15%	44.7	48.1	-7%	56.4	30.4	86%	12.2	16.1	-24%
Gynaecology	7.0	8.0	-13%	7.3	6.9	4%	9.9	15.1	-34%	6.8	7.2	-6%	6.1	6.0	1%
Ophthalmology	10.8	10.8	0%	8.4	8.4	-1%	31.4	27.6	14%	10.4	10.7	-3%	10.9	16.1	-32%
Otolaryngology	15.0	10.7	40%	9.0	8.3	8%	47.0	45.1	4%	8.5	8.9	-4%	8.4	7.6	11%
General Surgery	6.1	7.6	-20%	4.8	5.4	-11%	12.2	9.7	25%	6.4	3.7	72%	5.2	5.7	-8%
Neurosurgery	12.9	9.1	41%	7.8	5.8	34%	9.4	8.5	11%	7.8	4.2	86%	8.7	8.2	5%
Orthopaedic Surgery	36.6	33.9	8%	18.6	26.7	-30%	55.6	37.1	50%	26.5	33.0	-20%	17.5	21.9	-20%
Cardiovascular Surgery (Urgent)	0.9	1.5	-37%	1.1	1.6	-33%	0.7	1.5	-55%	0.9	1.5	-42%	0.7	1.0	-27%
Cardiovascular Surgery (Elective)	8.5	8.8	-3%	4.5	5.9	-24%	4.8	3.6	32%	5.9	4.0	50%	3.5	3.5	0%
Urology	8.4	7.2	18%	3.3	3.4	-3%	10.0	13.2	-24%	3.4	2.6	31%	4.0	3.6	11%
Internal Medicine	7.7	6.6	16%	10.0	8.6	16%	4.9	7.6	-35%	5.5	4.1	34%	6.9	6.1	13%
Radiation Oncology	—	—	—	4.1	6.5	-38%	4.7	6.3	-25%	—	3.7	—	2.9	3.0	-2%
Medical Oncology	1.9	1.0	87%	2.9	3.5	-17%	—	—	—	—	—	—	2.1	3.0	-29%
Weighted Median	11.9	11.2	6%	7.8	8.6	-10%	20.1	18.3	10%	10.3	9.6	8%	7.5	8.7	-14%

Note: Percentage changes are calculated from exact weighted medians. The exact weighted medians have been rounded to one decimal place for inclusion in the table.

Table 6: Comparison of Median Weeks Waited to Receive Treatment after Appointment with Specialist, by Selected Specialties, 2005 and 2006

	Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland		
	2006	2005	% chg	2006	2005	% chg	2006	2005	% chg	2006	2005	% chg	2006	2005	% chg
Plastic Surgery	16.3	14.2	15%	25.0	28.0	-10%	35.3	61.3	-42%	47.8	25.8	85%	25.5	18.1	41%
Gynaecology	6.2	6.3	-2%	9.2	13.4	-32%	6.4	8.5	-25%	6.0	4.5	34%	6.2	4.1	54%
Ophthalmology	12.0	11.8	2%	6.8	11.2	-39%	12.4	10.1	23%	12.0	27.0	-56%	6.8	9.7	-30%
Otolaryngology	7.4	5.6	33%	11.0	13.0	-16%	9.0	7.8	14%	25.3	—	—	9.0	4.7	91%
General Surgery	5.7	5.9	-4%	4.6	5.3	-13%	6.5	8.0	-18%	3.1	4.3	-29%	5.3	14.4	-63%
Neurosurgery	12.5	6.9	83%	31.0	17.8	74%	11.8	10.4	14%	—	—	—	6.3	5.1	24%
Orthopaedic Surgery	20.7	20.3	2%	26.0	22.0	18%	49.6	35.2	41%	43.5	26.5	64%	12.8	11.7	10%
Cardiovascular Surgery (Urgent)	0.5	0.8	-40%	0.9	1.3	-31%	1.0	2.0	-50%	—	6.0	—	1.0	1.0	-3%
Cardiovascular Surgery (Elective)	3.5	3.8	-9%	9.2	7.2	29%	16.2	4.2	282%	—	12.0	—	11.5	51.5	-78%
Urology	4.9	6.1	-20%	10.7	7.3	48%	6.2	7.4	-17%	—	—	—	8.0	8.3	-4%
Internal Medicine	5.2	6.1	-15%	11.0	14.0	-21%	3.6	4.2	-15%	14.7	5.8	155%	12.0	3.9	210%
Radiation Oncology	3.7	4.5	-16%	2.1	3.1	-31%	—	3.0	—	—	6.1	—	5.0	3.0	67%
Medical Oncology	1.8	1.8	0%	2.0	2.5	-19%	4.8	3.3	47%	2.0	2.0	0%	3.4	4.5	-25%
Weighted Median	8.3	8.4	-1%	11.1	11.6	-4%	11.3	11.1	2%	14.0	10.7	31%	8.1	9.4	-14%

Note: Percentage changes are calculated from exact weighted medians. The exact weighted medians have been rounded to one decimal place for inclusion in the table.

Table 7: Frequency Distribution of Waiting Times (Specialist to Treatment) by Province, 2006—Proportion of Survey Waiting Times that Fall Within Given Ranges

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
0 - 3.99 Weeks	20.5%	26.0%	26.3%	22.4%	26.9%	27.6%	20.2%	34.9%	36.2%	32.6%
4 - 7.99 Weeks	25.5%	27.0%	19.3%	30.3%	30.3%	25.8%	21.7%	18.8%	13.0%	32.1%
8 - 12.99 Weeks	21.3%	24.0%	11.9%	28.6%	23.6%	22.5%	23.7%	17.9%	24.6%	14.5%
13 - 25.99 Weeks	18.5%	13.9%	9.6%	9.1%	11.5%	12.9%	20.0%	16.4%	14.5%	11.3%
26 - 51.99 Weeks	7.6%	5.1%	14.5%	4.7%	5.0%	6.1%	5.3%	5.3%	7.2%	7.7%
1 year plus	6.5%	4.0%	18.4%	4.9%	2.6%	5.1%	9.2%	6.7%	4.3%	1.8%

Note: Columns do not necessarily sum to 100 due to rounding.

Table 8: Median Reasonable Patient Wait for Treatment after Appointment with Specialist 2006 (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	Can
Plastic Surgery	10.7	10.4	15.8	12.7	8.2	9.0	13.4	32.9	—	12.3	10.1
Gynaecology	5.4	5.4	9.4	6.8	5.3	5.6	10.7	6.1	5.3	4.0	5.7
Ophthalmology	7.1	6.2	11.4	9.7	8.5	8.8	6.9	12.5	12.0	9.9	8.6
Otolaryngology	6.3	5.3	13.5	7.9	5.4	5.5	5.5	9.3	12.6	3.0	6.0
General Surgery	4.0	4.4	7.0	4.1	3.7	3.9	5.3	4.6	2.7	3.9	4.0
Neurosurgery	4.6	4.4	6.3	8.0	3.4	4.5	8.7	9.9	—	7.8	4.5
Orthopaedic Surgery	9.5	7.8	11.5	14.8	10.3	10.7	11.6	16.8	—	10.5	10.5
Cardiovascular Surgery (Urgent)	1.0	1.8	1.5	—	1.0	0.3	0.8	1.0	—	1.0	0.9
Cardiovascular Surgery (Elective)	7.4	5.7	6.8	—	3.8	3.3	11.0	10.1	—	5.9	4.8
Urology	3.1	3.0	5.6	4.7	2.7	4.0	7.4	5.4	—	4.2	3.5
Internal Medicine	2.7	3.5	4.0	3.9	2.9	3.5	2.1	3.6	3.4	3.5	3.2
Radiation Oncology	—	2.8	6.3	—	2.8	4.6	10.1	—	—	4.0	4.2
Medical Oncology	1.4	2.3	—	—	2.0	2.0	2.0	2.9	3.0	3.1	2.0
Weighted Median	5.2	4.9	8.1	6.9	5.0	5.8	7.3	7.6	5.6	5.0	5.5

Table 9a: Plastic Surgery (2006)—Median Reasonable Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Mammoplasty	12.0	15.5	15.0	12.0	12.0	12.0	16.0	52.0	—	12.0
Neurolysis	6.0	5.0	4.0	8.0	6.0	6.0	4.0	2.5	—	12.0
Blepharoplasty	8.0	8.0	18.0	13.0	5.0	8.0	9.0	50.0	—	12.0
Rhinoplasty	16.0	12.0	24.0	14.0	5.5	8.0	9.0	—	—	16.0
Scar Revision	8.0	8.0	18.0	16.0	8.0	12.0	20.0	52.0	—	12.0
Hand Surgery	8.0	6.0	6.0	10.0	6.0	7.0	9.0	7.3	—	12.0
Craniofacial Procedures	11.0	8.5	5.8	8.0	5.0	8.0	4.0	—	—	2.0
Skin Cancer and other Tumors	3.0	2.5	3.0	6.0	4.0	3.0	3.5	2.5	—	1.0
Weighted Median	10.7	10.4	15.8	12.7	8.2	9.0	13.4	32.9	—	12.3

Note: Weighted median does not include craniofacial procedures or skin cancer and other tumours.

Table 9b: Gynaecology (2006)—Median Reasonable Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Dilation & Curettage	2.5	4.0	5.0	4.0	4.0	4.0	5.0	3.5	4.0	2.5
Tubal Ligation	6.0	6.0	12.0	10.0	6.0	8.0	12.0	7.0	6.0	4.0
Hysterectomy (Vaginal/Abdominal)	8.0	7.0	12.0	8.0	6.0	6.5	12.0	8.0	6.0	5.0
Vaginal Repair	8.0	8.0	12.0	8.0	7.0	8.0	11.0	10.0	6.0	6.0
Tuboplasty	8.0	8.0	13.0	12.0	7.0	8.0	12.0	10.0	5.0	6.0
Laparoscopic Procedures	4.0	6.0	10.0	5.0	6.0	6.0	12.0	7.0	5.0	4.0
Hysteroscopic Procedures	4.0	5.5	7.0	4.5	5.0	5.0	10.0	4.3	5.0	4.0
Weighted Median	5.4	5.4	9.4	6.8	5.3	5.6	10.7	6.1	5.3	4.0

Table 9c: Ophthalmology (2006)—Median Reasonable Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cataract Removal	8.0	7.0	12.0	10.0	9.5	9.0	7.0	13.0	12.0	11.0
Cornea Transplant	12.0	8.0	12.0	9.0	12.0	12.0	8.0	—	—	14.5
Cornea—Pterygium	8.0	6.0	12.0	6.0	10.0	8.0	8.0	10.0	12.0	5.0
Iris, Ciliary Body, Sclera, Anterior Chamber	6.0	6.0	6.0	5.0	8.0	6.0	6.0	10.0	—	7.0
Retina, Choroid, Vitreous	3.0	4.0	4.0	—	4.0	3.5	4.0	—	—	2.5
Lacrimal Duct	7.3	6.5	16.0	16.0	10.0	9.0	10.0	12.0	—	10.0
Strabismus	7.0	8.0	16.0	—	10.0	7.0	8.0	12.0	12.0	8.0
Operations on Eyelids	6.0	8.0	26.0	5.5	8.0	8.0	8.0	10.0	12.0	12.0
Glaucoma	6.0	4.0	2.0	4.0	4.0	4.0	4.0	2.5	12.0	4.0
Weighted Median	7.1	6.2	11.4	9.7	8.5	8.8	6.9	12.5	12.0	9.9

Note: Weighted median does not include treatment for glaucoma.

Table 9d: Otolaryngology (2006)—Median Reasonable Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Myringotomy	4.0	4.0	6.0	4.0	4.0	4.0	4.0	6.0	8.0	3.0
Tympanoplasty	8.5	5.5	20.0	8.0	8.0	9.0	6.5	8.0	16.0	3.0
Thyroid, Parathyroid, and Other Endocrine Glands	5.5	5.0	5.0	14.0	4.0	6.0	4.0	8.0	8.0	—
Tonsillectomy and/or Adenoidectomy	6.0	6.0	20.0	12.0	6.0	8.0	6.5	12.0	16.0	3.0
Rhinoplasty and/or Septal Surgery	8.0	8.0	20.0	12.0	8.0	12.0	8.0	16.0	16.0	3.0
Operations on Nasal Sinuses	8.0	6.0	18.0	8.0	6.0	5.0	6.5	12.0	16.0	3.0
Weighted Median	6.3	5.3	13.5	7.9	5.4	5.5	5.5	9.3	12.6	3.0

Table 9e: General Surgery (2006)—Median Reasonable Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Hernia/Hydrocele	6.0	6.0	12.0	5.5	5.0	6.0	9.0	7.0	4.0	4.0
Cholecystectomy	4.0	4.0	11.0	6.0	4.0	4.0	5.0	6.0	4.0	4.0
Colonoscopy	4.0	4.0	4.0	4.0	4.0	4.0	6.0	4.0	2.8	4.0
Intestinal Operations	3.0	3.8	4.5	3.3	3.0	3.0	4.0	3.5	2.0	4.0
Haemorrhoidectomy	7.0	12.0	16.0	4.0	6.0	6.0	6.0	6.0	4.0	4.0
Breast Biopsy	2.0	2.0	3.0	2.0	2.0	2.0	3.0	4.0	2.0	3.0
Mastectomy	2.0	2.0	3.0	2.0	2.0	2.0	2.0	3.0	1.0	3.0
Bronchus and Lung	—	5.0	—	4.0	2.0	2.0	4.0	2.5	—	4.0
Aneurysm Surgery	6.0	10.0	—	7.0	2.0	4.0	28.0	4.0	—	4.0
Varicose Veins	12.0	8.0	15.0	8.0	7.0	9.5	12.0	7.0	4.0	4.5
Weighted Median	4.0	4.4	7.0	4.1	3.7	3.9	5.3	4.6	2.7	3.9

Table 9f: Neurosurgery (2006)—Median Reasonable Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Peripheral Nerve	6.0	4.0	6.0	—	4.0	8.0	10.0	8.0	—	10.0
Disc Surgery/ Laminectomy	5.5	6.0	4.0	—	4.0	4.0	10.0	4.0	—	8.0
Elective Cranial Bone Flap	4.0	4.0	8.0	8.0	3.0	4.0	8.0	12.0	—	6.0
Aneurysm Surgery	4.0	6.0	12.0	—	4.0	4.0	6.0	12.0	—	6.0
Carotid Endarterectomy	2.5	1.5	1.5	—	1.5	2.0	3.0	2.0	—	—
Weighted Median	4.6	4.4	6.3	8.0	3.4	4.5	8.7	9.9	—	7.8

Table 9g: Orthopaedic Surgery (2006)—Median Reasonable Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Meniscectomy/Arthroscopy	6.0	4.0	6.0	8.0	6.0	6.0	6.0	9.0	—	5.0
Removal of Pins	6.0	6.0	12.0	8.0	8.0	12.0	16.0	12.0	—	11.0
Arthroplasty (Hip, Knee, Ankle, Shoulder)	12.0	9.0	12.0	20.0	12.0	12.0	12.0	22.0	—	12.0
Arthroplasty (Interphalangeal, Metatarsophalangeal)	8.0	11.0	12.0	12.0	10.0	12.0	12.0	24.0	—	12.0
Hallux Valgus/Hammer Toe	8.0	10.0	12.0	11.0	10.0	12.0	12.0	18.0	—	12.0
Digit Neuroma	8.0	9.0	16.0	10.0	9.0	8.5	14.0	12.0	—	12.0
Rotator Cuff Repair	6.0	6.0	8.0	8.0	6.0	8.0	10.0	12.0	—	11.0
Ostectomy (All Types)	8.0	6.0	12.0	10.0	11.0	12.0	12.0	14.0	—	11.0
Routine Spinal Instability	12.0	9.0	12.0	10.0	10.0	12.0	14.0	24.0	—	12.0
Weighted Median	9.5	7.8	11.5	14.8	10.3	10.7	11.6	16.8	—	10.5

Table 9h: Cardiovascular Surgery (2006)—Median Reasonable Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	
Emergent	Coronary Artery Bypass	0.1	0.0	0.0	—	0.0	0.0	0.3	0.0	—	0.5
	Valves & Septa of the Heart	0.1	0.0	0.0	—	0.0	0.0	0.3	0.0	—	0.5
	Aneurysm Surgery	0.0	0.0	0.3	—	0.0	0.0	0.3	0.0	—	0.5
	Carotid Endarterectomy	0.1	0.0	1.3	—	0.0	0.0	—	0.0	—	0.5
	Pacemaker Operations	0.1	0.1	0.0	—	0.0	0.0	—	0.0	—	—
	Weighted Median	0.1	0.1	0.1	—	0.0	0.0	0.3	0.0	—	0.5
Urgent	Coronary Artery Bypass	1.0	2.5	1.5	—	1.0	0.3	0.8	1.0	—	1.0
	Valves & Septa of the Heart	1.0	1.5	1.5	—	1.0	0.3	0.8	1.0	—	1.0
	Aneurysm Surgery	0.8	1.5	2.0	—	1.0	0.3	0.8	1.0	—	1.0
	Carotid Endarterectomy	0.5	0.9	1.5	—	1.0	0.5	—	2.0	—	1.0
	Pacemaker Operations	1.0	1.5	1.5	—	1.0	0.3	—	1.0	—	—
	Weighted Median	1.0	1.8	1.5	—	1.0	0.3	0.8	1.0	—	1.0
Elective	Coronary Artery Bypass	5.0	5.0	6.5	—	3.5	4.0	11.0	12.0	—	6.0
	Valves & Septa of the Heart	10.0	10.0	8.5	—	4.0	4.0	11.0	12.0	—	6.0
	Aneurysm Surgery	4.0	8.0	6.0	—	4.0	4.0	11.0	12.0	—	4.0
	Carotid Endarterectomy	4.5	10.0	6.5	—	4.0	4.0	—	—	—	4.0
	Pacemaker Operations	8.0	4.0	6.5	—	4.0	2.0	—	8.0	—	—
	Weighted Median	7.4	5.7	6.8	—	3.8	3.3	11.0	10.1	—	5.9

Table 9i: Urology (2006)—Median Reasonable Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Non-radical Prostatectomy	6.0	4.0	30.0	10.0	4.0	5.0	6.0	5.0	—	8.0
Radical Prostatectomy	2.5	6.0	2.0	9.0	4.0	4.0	5.0	4.3	—	6.0
Transurethral Resection—Bladder	2.0	4.0	3.0	3.0	3.0	2.0	5.0	2.0	—	4.0
Radical Cystectomy	2.0	3.5	2.5	9.0	4.0	3.0	4.0	3.0	—	2.0
Cystoscopy	2.0	2.3	2.5	3.8	2.0	4.0	7.0	5.5	—	4.0
Hernia/Hydrocele	8.0	9.0	26.0	12.0	6.0	8.0	14.0	9.5	—	6.0
Bladder Fulguration	2.5	3.3	2.0	3.0	4.0	2.0	4.0	4.0	—	3.5
Ureteral Reimplantation for Reflux	6.0	6.0	20.0	12.0	6.0	4.0	6.0	6.5	—	—
Weighted Median	3.1	3.0	5.6	4.7	2.7	4.0	7.4	5.4	—	4.2

Table 9j: Internal Medicine (2006)—Median Reasonable Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Colonoscopy	3.0	4.0	4.0	4.0	3.3	4.0	2.5	4.0	3.5	3.5
Angiography/ Angioplasty	2.1	2.0	4.0	4.0	2.0	3.0	2.0	3.0	3.5	3.0
Bronchoscopy	2.0	2.0	2.0	2.5	2.0	2.0	2.0	2.0	2.3	4.0
Gastroscopy	2.8	3.5	4.0	3.0	2.5	3.0	2.0	3.0	3.0	3.5
Weighted Median	2.7	3.5	4.0	3.9	2.9	3.5	2.1	3.6	3.4	3.5

Table 9k: Radiation Oncology (2006)—Median Reasonable Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cancer of the Larynx	—	2.0	2.0	—	2.0	2.0	4.0	—	—	4.0
Cancer of the Cervix	—	2.0	2.0	—	2.0	2.3	4.0	—	—	4.0
Lung Cancer	—	2.0	4.0	—	2.0	3.0	4.0	—	—	—
Prostate Cancer	—	3.0	4.0	—	4.0	7.5	14.0	—	—	—
Breast Cancer	—	3.5	12.0	—	2.5	5.0	14.0	—	—	—
Early Side Effects from Treatment	—	1.5	0.0	—	1.0	0.5	—	—	—	—
Late Side Effects from Treatment	—	2.0	1.0	—	1.8	1.0	—	—	—	—
Weighted Median	—	2.8	6.3	—	2.8	4.6	10.1	—	—	4.0

Note: Weighted median does not include early or late side effects from treatment.

Table 9l: Medical Oncology (2006)—Median Reasonable Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cancer of the Larynx	1.3	2.0	—	—	2.0	2.0	2.0	2.0	—	2.0
Cancer of the Cervix	1.3	2.0	—	—	2.0	2.0	2.0	2.0	—	—
Lung Cancer	1.5	2.0	—	—	2.0	2.0	2.0	2.0	3.0	2.0
Breast Cancer	1.3	2.5	—	—	2.0	2.0	2.0	4.0	3.0	4.0
Side Effects from Treatment	0.4	0.1	—	—	0.1	0.0	0.5	0.1	0.1	0.8
Weighted Median	1.4	2.3	—	—	2.0	2.0	2.0	2.9	3.0	3.1

Note: Weighted median does not include side effects from treatment.

Table 10: Comparison between the Median Actual Weeks Waited and the Median Reasonable Number of Weeks to Wait for Treatment after Appointment with Specialist, by Selected Specialties, 2006

	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	A	R	D	A	R	D	A	R	D	A	R	D	A	R	D
Plastic Surgery	31.0	10.7	190%	17.9	10.4	72%	44.7	15.8	183%	56.4	12.7	343%	12.2	8.2	48%
Gynaecology	7.0	5.4	29%	7.3	5.4	34%	9.9	9.4	6%	6.8	6.8	0%	6.1	5.3	14%
Ophthalmology	10.8	7.1	51%	8.4	6.2	35%	31.4	11.4	176%	10.4	9.7	7%	10.9	8.5	29%
Otolaryngology	15.0	6.3	137%	9.0	5.3	68%	47.0	13.5	247%	8.5	7.9	8%	8.4	5.4	57%
General Surgery	6.1	4.0	53%	4.8	4.4	8%	12.2	7.0	74%	6.4	4.1	57%	5.2	3.7	39%
Neurosurgery	12.9	4.6	182%	7.8	4.4	76%	9.4	6.3	49%	7.8	8.0	-2%	8.7	3.4	152%
Orthopaedic Surgery	36.6	9.5	286%	18.6	7.8	139%	55.6	11.5	383%	26.5	14.8	79%	17.5	10.3	70%
Cardiovascular Surgery (Urgent)	0.9	1.0	-6%	1.1	1.8	-40%	0.7	1.5	-54%	0.9	—	—	0.7	1.0	-25%
Cardiovascular Surgery (Elective)	8.5	7.4	15%	4.5	5.7	-20%	4.8	6.8	-30%	5.9	—	—	3.5	3.8	-8%
Urology	8.4	3.1	175%	3.3	3.0	8%	10.0	5.6	80%	3.4	4.7	-28%	4.0	2.7	49%
Internal Medicine	7.7	2.7	190%	10.0	3.5	188%	4.9	4.0	25%	5.5	3.9	42%	6.9	2.9	134%
Radiation Oncology	—	—	—	4.1	2.8	43%	4.7	6.3	-25%	—	—	—	2.9	2.8	3%
Medical Oncology	1.9	1.4	37%	2.9	2.3	27%	—	—	—	—	—	—	2.1	2.0	6%
Weighted Median	11.9	5.2	128%	7.8	4.9	59%	20.1	8.1	149%	10.3	6.9	49%	7.5	5.0	50%

Note: Percentage changes are calculated from exact weighted medians. The exact weighted medians have been rounded to one decimal place for inclusion in the table.

A = Median Actual Wait; R = Median Clinically Reasonable Wait; D = Percentage Difference

Table 10: Comparison between the Median Actual Weeks Waited and the Median Reasonable Number of Weeks to Wait for Treatment after Appointment with Specialist, by Selected Specialties, 2006

	Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland		
	A	R	D	A	R	D	A	R	D	A	R	D	A	R	D
Plastic Surgery	16.3	9.0	81%	25.0	13.4	87%	35.3	32.9	8%	47.8	—	—	25.5	12.3	107%
Gynaecology	6.2	5.6	11%	9.2	10.7	-14%	6.4	6.1	4%	6.0	5.3	14%	6.2	4.0	57%
Ophthalmology	12.0	8.8	37%	6.8	6.9	-1%	12.4	12.5	-1%	12.0	12.0	0%	6.8	9.9	-31%
Otolaryngology	7.4	5.5	35%	11.0	5.5	100%	9.0	9.3	-3%	25.3	12.6	100%	9.0	3.0	201%
General Surgery	5.7	3.9	47%	4.6	5.3	-12%	6.5	4.6	41%	3.1	2.7	11%	5.3	3.9	37%
Neurosurgery	12.5	4.5	180%	31.0	8.7	256%	11.8	9.9	19%	—	—	—	6.3	7.8	-19%
Orthopaedic Surgery	20.7	10.7	94%	26.0	11.6	124%	49.6	16.8	195%	43.5	—	—	12.8	10.5	22%
Cardiovascular Surgery (Urgent)	0.5	0.3	43%	0.9	0.8	23%	1.0	1.0	-2%	—	—	—	1.0	1.0	0%
Cardiovascular Surgery (Elective)	3.5	3.3	6%	9.2	11.0	-16%	16.2	10.1	60%	—	—	—	11.5	5.9	96%
Urology	4.9	4.0	23%	10.7	7.4	46%	6.2	5.4	14%	—	—	—	8.0	4.2	89%
Internal Medicine	5.2	3.5	45%	11.0	2.1	422%	3.6	3.6	1%	14.7	3.4	330%	12.0	3.5	247%
Radiation Oncology	3.7	4.6	-19%	2.1	10.1	-79%	—	—	—	—	—	—	5.0	4.0	25%
Medical Oncology	1.8	2.0	-11%	2.0	2.0	0%	4.8	2.9	70%	2.0	3.0	-33%	3.4	3.1	10%
Weighted Median	8.3	5.8	43%	11.1	7.3	51%	11.3	7.6	48%	14.0	5.6	149%	8.1	5.0	60%

Note: Percentage changes are calculated from exact weighted medians. The exact weighted medians have been rounded to one decimal place for inclusion in the table.

A = Median Actual Wait; R = Median Clinically Reasonable Wait; D = Percentage Difference

Table 11: Average Percentage of Patients Receiving Treatment Outside of Canada, 2006

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	0.4%	0.1%	0.5%	0.7%	0.5%	1.2%	0.0%	0.0%	0.0%	0.0%	0.5%
Gynaecology	1.3%	1.4%	0.5%	0.7%	1.2%	0.5%	1.0%	0.3%	0.0%	2.8%	1.0%
Ophthalmology	0.7%	2.3%	0.2%	0.3%	1.0%	0.4%	0.2%	0.3%	0.0%	0.5%	0.8%
Otolaryngology	1.9%	0.9%	0.2%	0.2%	0.8%	0.6%	0.2%	0.6%	1.0%	0.0%	0.8%
General Surgery	0.6%	0.7%	0.8%	1.0%	0.7%	0.2%	0.1%	1.2%	0.5%	0.0%	0.6%
Neurosurgery	0.8%	0.9%	0.3%	0.0%	1.1%	0.2%	0.0%	0.0%	—	0.0%	0.6%
Orthopaedic Surgery	1.5%	1.8%	0.3%	1.5%	1.1%	0.4%	0.6%	0.4%	3.0%	0.8%	1.1%
Cardiovascular Surgery	0.7%	1.6%	0.2%	0.0%	0.7%	0.4%	0.0%	0.0%	—	0.0%	0.6%
Urology	1.5%	1.8%	1.0%	0.3%	1.1%	0.8%	1.7%	0.0%	—	0.3%	1.1%
Internal Medicine	1.4%	1.2%	0.1%	1.9%	1.7%	0.7%	1.4%	0.4%	0.7%	0.0%	1.3%
Radiation Oncology	—	0.4%	0.0%	—	1.1%	0.4%	2.5%	—	—	10.0%	1.0%
Medical Oncology	1.8%	1.4%	—	—	3.2%	0.3%	5.0%	3.8%	1.0%	5.5%	2.1%
All Specialties	1.1%	1.3%	0.4%	0.9%	1.1%	0.5%	0.7%	0.5%	0.7%	1.2%	1.0%

Table 12: Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist, by Specialty, 2006.

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Plastic Surgery	4,622	1,784	1,738	2,591	5,857	3,826	716	935	89	433
Gynaecology	3,526	3,053	1,334	891	9,168	4,788	841	920	120	498
Ophthalmology	10,776	4,963	9,248	2,577	33,606	62,599	1,331	3,509	247	529
Otolaryngology	4,106	1,952	4,482	701	9,424	4,234	1,082	782	342	591
General Surgery	7,113	4,927	4,849	2,454	21,988	18,078	783	2,347	157	1,252
Neurosurgery	1,236	612	254	160	2,631	2,664	586	246	—	120
Orthopaedic Surgery	24,001	7,995	9,349	4,289	32,096	16,489	3,508	6,986	806	800
Cardiovascular Surgery	189	125	30	1	389	200	28	52	—	15
Urology	6,978	2,149	2,429	702	13,499	10,697	1,668	1,954	—	1,078
Internal Medicine	5,823	5,915	1,295	1,264	19,969	10,604	702	800	452	1,459
Radiation Oncology	—	40	26	—	109	148	14	—	—	3
Medical Oncology	76	62	—	—	619	361	42	65	4	116
Residual	43,400	25,018	22,984	11,261	99,851	63,468	7,790	13,852	1,360	5,923
Total	111,846	58,593	58,018 ¹	26,890	249,207	198,157 ²	19,089	32,448	3,576	12,816
Proportion of Population	2.63%	1.80%	5.84%	2.28%	1.99%	2.61%	2.54%	3.46%	2.59%	2.48%

Canada: Total number of procedures for which patients are waiting in 2006: 770,641

Percentage of Population: 2.39%

Note: Totals may not match sums of numbers for individual procedures due to rounding.

All data regarding oncology refer only to procedures done in hospitals. Most cancer patients are treated in cancer agencies. Therefore, the oncology data must be regarded as incomplete.

¹Saskatchewan Surgical Care Network web site reports 27,140 patients on wait lists for non-emergent surgery at March 31, 2006. For an extensive explanation and wait times for individual procedures, please refer to "Verification of current data with governments—Saskatchewan."

²Quebec Ministry of Health and Social Services reports 21,156 patients waiting for elective inpatient surgery (10,592 more than 3 months and 7,513 more than 6 months), 63,148 waiting for elective day surgery (33,218 more than 3 months and 22,772 more than 6 months), and 104,904 patients waiting for all surgeries combined (51,227 more than 3 months and 33,789 more than 6 months) at June 24, 2006.

Table 13a: Plastic Surgery (2006)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Mammoplasty	2,924	951	706	908	2,778	1,855	444	562	63	91
Neurolysis	175	204	48	182	1,131	726	26	20	—	131
Blepharoplasty	109	76	72	86	191	107	19	10	1	19
Rhinoplasty	517	165	554	564	454	315	83	35	—	94
Scar Revision	570	139	217	542	492	348	74	214	7	58
Hand Surgery	326	249	141	308	811	475	71	95	18	38
Total	4,622 ¹	1,784 ²	1,738 ³	2,591	5,857	3,826	716	935	89	433

Note: Totals may not match sums of individual procedures due to rounding.

¹BC Ministry of health web site reports 3,868 patients waiting for plastic surgery at April 30, 2006.

²Alberta Health and Wellness website reports 3,419 patients waiting for plastic surgery at March 31, 2006.

³Saskatchewan Surgical Care Network web site reports 1,893 patients on wait lists for non-emergent plastic and reconstructive surgery at March 31, 2006. For an extensive explanation and wait times for individual procedures, please refer to “Verification of current data with governments—Saskatchewan.”

Table 13b: Gynaecology (2006)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Dilation & Curettage	708	1,018	91	125	1,654	966	83	125	18	85
Tubal Ligation	668	476	406	267	1,950	345	332	163	28	116
Hysterectomy (Vaginal/Abdominal)	1,134	634	423	240	2,684	1,617	268	353	45	110
Vaginal Repair	177	148	131	48	530	390	72	81	6	85
Tuboplasty	45	25	13	5	44	39	2	6	—	1
Laparoscopic Procedures	253	262	73	63	883	558	25	61	9	22
Hysteroscopic Procedures	541	489	197	144	1,422	874	59	130	14	79
Total	3,526 ¹	3,053 ²	1,334 ³	891	9,168	4,788	841	920	120	498

Note: Totals may not match sums of individual procedures due to rounding.

¹BC Ministry of health web site reports 4,464 patients waiting for gynaecology at April 30, 2006.

²Alberta Health and Wellness website reports 5,151 patients waiting for gynaecological surgery at March 31, 2006.

³Saskatchewan Surgical Care Network web site reports 2,408 patients on wait lists for non-emergent obstetrics and gynaecology at March 31, 2006. For an extensive explanation and wait times for individual procedures, please refer to “Verification of current data with governments—Saskatchewan.”

Table 13c: Ophthalmology (2006)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cataract Removal	8,716 ¹	3,601 ²	8,475	2,444	25,226	57,377 ⁴	1,082	2,890	236	420
Cornea Transplant	244 ¹	281	51	4	546	555	0	1	—	5
Cornea—Pterygium	90	40	43	12	310	251	6	6	2	7
Iris, Ciliary Body, Sclera, Anterior Chamber	173	166	66	35	1,658	876	94	220	—	4
Retina, Choroid, Vitreous	605	623	245	—	3,706	1,091	36	81	—	48
Lacrimal Duct	318	60	57	23	489	632	32	68	—	7
Strabismus	314	57	42	—	967	894	27	154	3	6
Operations on Eyelids	316	136	271	59	704	923	53	89	6	34
Total	10,776¹	4,963²	9,248³	2,577	33,606	62,599	1,331	3,509	247	529

Note: Totals may not match sums of individual procedures due to rounding.

The procedure data reported generally includes only those procedures performed in public facilities. A large number of ophthalmological surgeries are performed in private facilities. The distribution of surgeries between public and private facilities varies significantly between provinces. There are also differences between provinces regarding payment or reimbursement for ophthalmological surgery at a private facility.

¹BC Ministry of health web site reports 12,843 patients waiting for eye surgery (ophthalmology), 11,531 waiting for cataract surgery, and 636 waiting for corneal transplant at April 30, 2006.

²Alberta Health and Wellness website reports 13,161 patients waiting for eye surgery and 10,541 waiting for cataract surgery at March 31, 2006.

³Saskatchewan Surgical Care Network web site reports 5,119 patients on wait lists for non-emergent ophthalmology at March 31, 2006. For an extensive explanation and wait times for individual procedures, please refer to "Verification of current data with governments—Saskatchewan."

⁴Quebec Ministry of Health and Social Services reports 16,151 patients waiting for elective cataract surgery (5,295 more than 3 months and 2,227 more than 6 months) at June 24, 2006

Table 13d: Otolaryngology (2006)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Myringotomy	399	293	208	160	2,401	1,550	286	132	78	96
Tympanoplasty	266	44	425	57	403	345	94	79	14	52
Thyroid, Parathyroid, and Other Endocrine Glands	232	160	34	39	1,017	406	39	58	13	42
Tonsillectomy and/or Adenoidectomy	1,705	844	2,229	216	3,337	495	431	320	142	241
Rhinoplasty and/or Septal Surgery	544	77	497	76	640	478	66	59	10	33
Operations on Nasal Sinuses	960	534	1,088	153	1,626	960	166	134	86	128
Total	4,106¹	1,952²	4,482³	701	9,424	4,234	1,082	782	342	591

Note: Totals may not match sums of individual procedures due to rounding.

¹BC Ministry of Health web site reports 5,096 patients waiting for ear, nose, and throat surgery at April 30, 2006.

²Alberta Health and Wellness website reports 4,488 patients waiting for ear, nose, and throat surgery at March 31, 2006.

³Saskatchewan Surgical Care Network web site reports 3,562 patients on wait lists for non-emergent otolaryngology at March 31, 2006. For an extensive explanation and wait times for individual procedures, please refer to "Verification of current data with governments—Saskatchewan."

Table 13e: General Surgery (2006)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Hernia/Hydrocele	1,537	864	1,459	358	3,584	1,764	236	461	28	91
Cholecystectomy	1,180 ¹	636 ²	1,232	268	1,935	1,886	170	573	29	105
Colonoscopy	2,265	1,533	894	928	9,409	10,116	75	616	37	807
Intestinal Operations	1,426	1,256	407	526	4,738	2,679	204	381	42	172
Haemorrhoidectomy	183	274	575	167	909	631	22	135	4	28
Breast Biopsy	20	26	27	18	74	59	2	68	2	7
Mastectomy	270	166	105	104	793	495	58	56	11	32
Bronchus and Lung	—	43	—	32	186	82	—	—	—	6
Aneurysm Surgery	42	—	—	1	14	32	—	—	—	—
Varicose Veins	190	129	149	52	347	334	16	57	4	3
Total	7,113¹	4,927²	4,849³	2,454	21,988	18,078	783	2,347	157	1,252

Note: Totals may not match sums of individual procedures due to rounding.

¹BC Ministry of Health web site reports 11,804 patients waiting for general surgery and 1,342 waiting for gall bladder surgery at April 30, 2006.

²Alberta Health and Wellness website reports 6,498 patients waiting for general surgery and 922 waiting for gall bladder surgery at March 31, 2006.

³Saskatchewan Surgical Care Network web site reports 3,202 patients on wait lists for non-emergent general surgery at March 31, 2006. For an extensive explanation and wait times for individual procedures, please refer to "Verification of current data with governments—Saskatchewan."

Table 13f: Neurosurgery (2006)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Peripheral Nerve	77	61	7	9	572	234	17	22	—	35
Disc Surgery/ Laminectomy	642	248	92	18	999	2,035	416	52	—	38
Elective Cranial Bone Flap	490	294	151	129	1,019	356	138	167	—	47
Aneurysm Surgery	4	4	1	1	6	4	2	2	—	0
Carotid endarterectomy	24	4	3	2	36	34	12	2	—	—
Total	1,236¹	612²	254³	160	2,631	2,664	586	246	—	120

Note: Totals may not match sums of individual procedures due to rounding.

¹BC Ministry of Health web site reports 1,431 patients waiting for neurosurgery at April 30, 2006.

²Alberta Health and Wellness website reports 420 patients waiting for neurosurgery at March 31, 2006.

³Saskatchewan Surgical Care Network web site reports 450 patients on wait lists for non-emergent neurosurgery at March 31, 2006. For an extensive explanation and wait times for individual procedures, please refer to "Verification of current data with governments—Saskatchewan."

Table 13g: Orthopaedic Surgery (2006)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Meniscectomy/Arthroscopy	1,690	580	649	221	1,731	927	212	1,103	76	134
Removal of Pins	1,193	381	720	174	1,886	1,497	161	428	10	71
Arthroplasty (Hip, Knee, Ankle, Shoulder)	16,384 ¹	5,369 ²	5,951	3,299	19,816	8,716 ⁴	2,349	3,146	672	424
Arthroplasty (Interphalangeal, Metatarsophalangeal)	483	221	219	41	689	355	53	501	—	13
Hallux Valgus/Hammer Toe	185	18	145	36	524	142	55	137	5	13
Digit Neuroma	1,258	456	426	180	2,536	1,638	122	553	—	51
Rotator Cuff Repair	685	347	289	101	1,697	1,004	99	445	42	32
Ostectomy (All Types)	1,242	422	582	150	2,184	1,729	142	673	—	47
Routine Spinal Instability	883	202	369	87	1,032	481	315	—	—	16
Total	24,001¹	7,995²	9,349³	4,289	32,096	16,489	3,508	6,986	806	800

Note: Totals may not match sums of individual procedures due to rounding.

¹BC Ministry of Health web site reports 18,175 patients waiting for orthopaedic surgery, 2,412 waiting for hip replacement, and 5,098 waiting for knee replacement at April 30, 2006.

²Alberta Health and Wellness website reports 12,864 patients waiting for orthopaedic surgery, 1,793 waiting for hip replacement, and 3,411 waiting for knee replacement at March 31, 2006.

³Saskatchewan Surgical Care Network web site reports 7,610 patients on wait lists for non-emergent orthopaedic surgery at March 31, 2006. For an extensive explanation and wait times for individual procedures, please refer to "Verification of current data with governments—Saskatchewan."

⁴Quebec Ministry of Health and Social Services reports 1,554 patients waiting for hip replacement (675 more than 3 months and 369 more than 6 months), and 2,895 patients waiting for knee replacement (1,447 more than 3 months and 908 more than 6 months) at June 24, 2006.

Table 13h: Cardiovascular Surgery (2006)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Coronary Artery Bypass	38	40	11	—	91	84	8	17	—	12
Valves & Septa of the Heart	35	31	4	—	49	26	3	9	—	2
Aneurysm Surgery	1	1	0	0	3	1	0	0	—	0
Carotid Endarterectomy	5	4	4	1	25	10	3	2	—	1
Pacemaker Operations	110	48	11	—	221	80	14	23	—	—
Total	189¹	125²	30³	1	389	200	28	52	—	15

Note: Totals may not match sums of individual procedures due to rounding.

¹BC Ministry of Health web site reports 404 patients waiting for cardiac surgery and 1,055 waiting for vascular surgery at April 30, 2006.

²Alberta Health and Wellness web site reports 500 patients waiting for cardiac surgery, 164 waiting for thoracic surgery, and 401 waiting for vascular surgery at March 31, 2006.

³Saskatchewan Surgical Care Network web site reports 158 patients on wait lists for non-emergent cardiovascular surgery at March 31, 2006. For an extensive explanation and wait times for individual procedures, please refer to "Verification of current data with governments—Saskatchewan."

Table 13i: Urology (2006)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Non-radical Prostatectomy	1,027	222	665	33	1,055	673	108	130	—	323
Radical Prostatectomy	87	57	25	15	386	147	16	30	—	15
Transurethral Resection—Bladder	282	125	46	23	733	332	54	46	—	25
Radical Cystectomy	13	8	4	3	51	16	2	4	—	2
Cystoscopy	3,929	1,182	741	464	8,178	7,928	1,041	1,377	—	622
Hernia/Hydrocele	1,128	342	832	105	1,662	977	351	209	—	41
Bladder Fulguration	496	208	88	52	1,400	602	93	153	—	50
Ureteral Reimplantation for Reflux	16	6	27	6	36	21	1	3	—	—
Total	6,978¹	2,149²	2,429³	702	13,499	10,697	1,668	1,954	—	1,078

Note: Totals may not match sums of individual procedures due to rounding.

¹BC Ministry of Health web site reports 5,219 patients waiting for urology at April 30, 2006.

²Alberta Health and Wellness website reports 2,178 patients waiting for urological surgery at March 31, 2006.

³Saskatchewan Surgical Care Network web site reports 1,209 patients on wait lists for non-emergent urology at March 31, 2006. For an extensive explanation and wait times for individual procedures, please refer to "Verification of current data with governments—Saskatchewan."

Table 13j: Internal Medicine (2006)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Colonoscopy	3,521	4,735	612	907	16,769	8,302	88	576	421	1,143
Angiography /Angioplasty	2,067	721	608	222	1,755	1,124	557	143	8	185
Bronchoscopy	71	109	7	11	554	659	19	27	5	—
Gastroscopy	164	349	68	124	890	520	38	55	19	131
Total	5,823	5,915	1,295	1,264	19,969	10,604	702	800	452	1,459

Note: Totals may not match sums of individual procedures due to rounding.

Table 13k: Radiation Oncology (2006)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Radiotherapy	— ¹	40	26	—	109	148	14	—	—	3

All data regarding oncology refer only to procedures done in hospitals. Most cancer patients are treated in cancer agencies. Therefore, the oncology data must be regarded as incomplete.

¹BC Ministry of health web site reports 256 patients waiting for radiotherapy at April 30, 2006.

Table 13l: Medical Oncology (2006)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Chemotherapy	76	62	—	—	619	361	42	65	4	116

All data regarding oncology refer only to procedures done in hospitals. Most cancer patients are treated in cancer agencies. Therefore, the oncology data must be regarded as incomplete.

Table 14: Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist (2006)—Procedures per 100,000 Population

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Plastic Surgery	109	55	175	220	47	50	95	100	64	84
Gynaecology	83	94	134	76	73	63	112	98	87	97
Ophthalmology	253	152	930	219	268	824	177	374	179	103
Otolaryngology	97	60	451	60	75	56	144	83	248	115
General Surgery	167	151	488	208	175	238	104	250	114	243
Neurosurgery	29	19	26	14	21	35	78	26	—	23
Orthopaedic Surgery	564	245	941	364	256	217	466	745	584	155
Cardiovascular Surgery	4	4	3	0	3	3	4	6	—	3
Urology	164	66	244	60	108	141	222	208	—	209
Internal Medicine	137	182	130	107	159	140	93	85	327	283
Radiation Oncology	—	1	3	—	1	2	2	—	—	1
Medical Oncology	2	2	—	—	5	5	6	7	3	22

All data regarding oncology refer only to procedures done in hospitals. Most cancer patients are treated in cancer agencies. Therefore, the oncology data must be regarded as incomplete.

Table 15: Comparison of Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist, by Selected Specialties, 2005 and 2006

	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	2006	2005	% chg	2006	2005	% chg	2006	2005	% chg	2006	2005	% chg	2006	2005	% chg
Plastic Surgery	4,622	3,737	24%	1,784	2,019	-12%	1,738	2,039	-15%	2,591	1,648	57%	5,857	7,178	-18%
Gynaecology	3,526	4,328	-19%	3,053	3,120	-2%	1,334	2,146	-38%	891	2,054	-57%	9,168	9,077	1%
Ophthalmology	10,776	10,810	0%	4,963	4,740	5%	9,248	8,123	14%	2,577	1,379	87%	33,606	46,661	-28%
Otolaryngology	4,106	2,914	41%	1,952	1,819	7%	4,482	4,025	11%	701	1,067	-34%	9,424	8,228	15%
General Surgery	7,113	8,507	-16%	4,927	5,141	-4%	4,849	3,689	31%	2,454	1,424	72%	21,988	23,629	-7%
Neurosurgery	1,236	848	46%	612	448	37%	254	218	17%	160	113	41%	2,631	2,374	11%
Orthopaedic Surgery	24,001	21,194	13%	7,995	11,317	-29%	9,349	6,237	50%	4,289	6,750	-36%	32,096	38,552	-17%
Cardiovascular Surgery	189	294	-36%	125	182	-31%	30	64	-53%	1	76	-98%	389	510	-24%
Urology	6,978	6,038	16%	2,149	2,108	2%	2,429	3,466	-30%	702	376	87%	13,499	11,279	20%
Internal Medicine	5,823	4,710	24%	5,915	4,946	20%	1,295	1,972	-34%	1,264	873	45%	19,969	15,332	30%
Radiation Oncology	—	—	—	40	56	-30%	26	34	-24%	—	15	—	109	76	43%
Medical Oncology	76	42	82%	62	159	-61%	—	—	—	—	—	—	619	812	-24%
Residual	43,400	40,561	7%	25,018	26,893	-7%	22,984	20,919	10%	11,261	12,256	-8%	99,851	109,326	-9%
Total	111,846	103,983	8%	58,593	62,948	-7%	58,018	52,931	10%	26,890	28,031	-4%	249,207	273,035	-9%

Note: Percentage changes are calculated from exact weighted medians, which have been rounded for inclusion in the table.

All data regarding oncology refer only to procedures done in hospitals. Most cancer patients are treated in cancer agencies. Therefore, the oncology data must be regarded as incomplete.

Please see the Methodology section for important changes in methodology between 2005 and 2006 for Manitoba, Alberta, and Quebec.

continued ...

Table 15: Comparison of Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist, by Selected Specialties, 2005 and 2006

	Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland		
	2006	2005	% chg	2006	2005	% chg	2006	2005	% chg	2006	2005	% chg	2006	2005	% chg
Plastic Surgery	3,826	3,312	16%	716	866	-17%	935	1,945	-52%	89	107	-17%	433	376	15%
Gynaecology	4,788	5,123	-7%	841	1,475	-43%	920	1,158	-21%	120	87	38%	498	398	25%
Ophthalmology	62,599	57,140	10%	1,331	2,151	-38%	3,509	2,841	23%	247	443	-44%	529	821	-35%
Otolaryngology	4,234	3,154	34%	1,082	1,393	-22%	782	687	14%	342	—	—	591	336	76%
General Surgery	18,078	17,636	3%	783	1,039	-25%	2,347	2,831	-17%	157	231	-32%	1,252	3,343	-63%
Neurosurgery	2,664	1,448	84%	586	334	75%	246	212	16%	—	—	—	120	94	27%
Orthopaedic Surgery	16,489	16,039	3%	3,508	3,109	13%	6,986	5,278	32%	806	512	57%	800	779	3%
Cardiovascular Surgery	200	329	-39%	28	42	-35%	52	46	12%	—	13	—	15	16	-7%
Urology	10,697	12,624	-15%	1,668	1,025	63%	1,954	2,302	-15%	—	—	—	1,078	1,190	-9%
Internal Medicine	10,604	12,019	-12%	702	949	-26%	800	917	-13%	452	176	156%	1,459	579	152%
Radiation Oncology	148	181	-18%	14	22	-38%	—	21	—	—	2	—	3	2	39%
Medical Oncology	361	365	-1%	42	55	-23%	65	42	55%	4	4	12%	116	150	-23%
Residual	63,468	62,320	2%	7,790	8,493	-8%	13,852	14,023	-1%	1,360	1,014	34%	5,923	6,390	-7%
Total	198,157	191,690	3%	19,089	20,954	-9%	32,448	32,303	0%	3,576	2,587	38%	12,816	14,475	-11%

Note: Percentage changes are calculated from exact weighted medians, which have been rounded for inclusion in the table.

All data regarding oncology refer only to procedures done in hospitals. Most cancer patients are treated in cancer agencies. Therefore, the oncology data must be regarded as incomplete.

Please see the Methodology section for important changes in methodology between 2005 and 2006 for Manitoba, Alberta, and Quebec.

Table 16a: Acute Inpatient Procedures, 2004-05 (Part I)

Procedure	BC	AB	SK	MB	ON	NB	NS	PE	NL
Arthroplasty (Hip, Knee, Ankle, Shoulder)	11,077	8,062	3,077	2,856	33,087	2,103	2,602	398	1,020
Arthroplasty (Interphalangeal/Metatarsophalangeal)	408	421	113	66	857	71	73	2	55
Hallux Valgus/Hammer Toe	116	100	29	42	386	36	16	0	14
Meniscectomy/Arthroscopy	257	306	111	32	569	75	43	7	52
Ostectomy	1,876	1,834	474	453	4,586	334	426	6	166
Removal of Pins	989	1,113	213	247	2,793	128	217	25	110
Rotator Cuff Repair	632	587	139	166	1,675	79	176	12	68
Routine Spinal Instability	998	975	286	226	2,982	282	284	0	103
Bladder Fulguration	1,294	1,005	981	355	5,013	502	565	56	217
Cystoscopy	2,407	1,434	882	352	9,367	629	1,542	67	793
Non-radical Prostatectomy	3,596	1,584	655	376	8,096	587	811	157	271
Radical Cystectomy	133	88	32	40	444	26	53	3	20
Radical Prostatectomy	750	679	219	200	2,866	170	258	40	99
Transurethral Resection—Bladder	1,098	1,062	459	164	4,494	371	196	43	240
Ureteral Reimplantation for Reflux	69	69	19	34	193	7	14	4	4
Cataract Removal	105	377	85	43	382	17	83	18	15
Cornea Transplant	40	60	34	33	41	0	20	4	16
Cornea—Pterygium	3	3	2	3	8	0	6	1	0
Iris, Ciliary Body, Sclera, Anterior Chamber	95	269	111	46	366	10	100	6	6
Lacrimal Duct Surgery	66	88	59	16	65	7	12	2	42
Operations on Eyelids	184	159	50	72	493	35	56	0	20
Retina, Choroid, Vitreous	885	4,802	602	1,153	3,396	7	341	3	70
Strabismus Surgery	14	21	61	2	97	1	10	0	4
Myringotomy	266	303	142	88	786	249	122	28	138
Operations on Nasal Sinuses	665	887	59	77	1,016	190	145	46	166
Thyroid, Parathyroid, and Other Endocrine Glands	1,448	1,525	344	261	6,115	333	360	40	215
Tonsillectomy and/or Adenoidectomy	1,416	1,562	1,104	518	2,502	1,179	468	160	729
Tympanoplasty	104	124	8	20	427	81	153	9	34
Radiotherapy	600	452	284	65	1,853	235	410	37	35
Chemotherapy	1,976	842	686	528	11,533	1,092	673	99	674
Breast Biopsy	91	59	36	27	266	18	22	9	19
Bronchus and Lung	880	679	251	414	3,132	236	411	13	104

Source: Canadian Institute for Health Information, "All Procedures Performed, by Province and CCI code, 2004-05," and Fiscal 2004/05 CCI to CCP Conversion Tables.

Note: Information is not available in this format for Quebec

Table 16a: Acute Inpatient Procedures, 2004-05 (Part II)

Procedure	BC	AB	SK	MB	ON	NB	NS	PE	NL
Cholecystectomy	3,959	4,089	1,868	1,296	7,588	1,226	1,431	325	992
Haemorrhoidectomy	93	96	91	55	233	20	17	4	22
Intestinal Operations	7,510	5,512	1,980	2,153	21,207	1,570	2,243	289	1,216
Mastectomy	2,554	2,330	723	700	5,009	468	644	118	361
Varicose Veins	70	202	89	95	113	21	30	11	27
Disk Surgery/Laminectomy	1,615	992	462	208	4,823	328	162	3	279
Elective Cranial Bone Flap	2,532	2,456	777	648	7,485	449	721	1	405
Blepharoplasty	6	4	6	1	44	0	6	0	0
Mammoplasty	1,019	1,125	354	485	3,115	557	134	34	152
Scar Revision	985	1,211	208	409	1,395	110	175	6	69
Coronary Artery Bypass	2,619	1,812	919	895	9,471	539	886	0	612
Pacemaker Operations	4,473	1,673	599	489	8,638	646	694	85	742
Valves & Septa of the Heart	1,746	1,514	368	279	4,891	241	484	0	120
Angiography/Angioplasty	6,863	4,349	2,772	1,146	22,783	1,447	1,992	19	790
Bronchoscopy	616	1,437	223	320	4,333	110	478	7	210
Gastroscopy	551	797	273	190	2,982	291	324	30	165
Dilation and Curettage	515	410	101	139	1,067	75	47	29	70
Hysterectomy	5,892	4,866	1,557	1,545	17,360	1,543	1,814	299	947
Hysteroscopic Procedures	199	196	55	18	405	32	41	10	43
Laparoscopic Procedures	730	441	149	86	1,415	86	169	19	77
Tubal Ligation	1,637	1,566	739	713	4,755	433	472	82	240
Tuboplasty	69	68	10	7	105	8	7	1	8
Vaginal Repair	522	633	169	136	2,377	235	312	21	325
Rhinoplasty and/or Septal Surgery	544	437	32	80	636	99	48	15	116
Hernia/Hydrocele	4,849	4,457	2,083	1,529	19,391	1,174	1,640	264	806
Carotid Endarterectomy	842	323	139	127	1,324	122	104	37	69
Hand Surgery/Digit Neuroma	383	382	103	146	864	49	67	4	54
Neurolysis/Peripheral Nerve	398	476	94	148	3,226	86	65	14	62
Colonoscopy	3,004	3,004	1,275	1,049	10,920	747	758	112	759
Aneurysm Surgery	240	217	41	98	675	29	77	0	15
Residual	90,208	85,243	24,948	23,411	274,603	40,432	25,226	2,091	14,426
Total	181,781	163,849	54,814	47,576	553,119	62,263	51,936	5,225	29,698

Source: Canadian Institute for Health Information, "All Procedures Performed, by Province and CCI code, 2004-05," and Fiscal 2004/05 CCI to CCP Conversion Tables.

Note: Information is not available in this format for Quebec

Table 16b: Same Day Procedures, 2004-05 (Part I)

Procedure	BC	SK	MB	ON	NB	NS	PE	NL
Arthroplasty (Hip, Knee, Ankle, Shoulder)	5,307	1,542	1,709	18,434	1,290	544	274	206
Arthroplasty (Interphalangeal/Metatarsophalangeal)	638	110	107	1,383	100	168	14	55
Hallux Valgus/Hammer Toe	284	116	105	1,318	143	107	9	49
Meniscectomy/Arthroscopy	4,136	853	1,053	6,934	845	1,060	158	528
Ostectomy	816	198	281	2,512	281	247	12	69
Removal of Pins	2,456	507	536	5,379	396	369	51	196
Rotator Cuff Repair	1,105	237	310	4,019	317	458	30	117
Routine Spinal Instability	0	0	0	0	0	0	0	0
Bladder Fulguration	3,006	542	825	13,190	381	1,022	38	308
Cystoscopy	23,132	7,683	2,403	112,128	3,884	10,396	520	4,595
Non-radical Prostatectomy	855	10	295	1,043	38	37	0	9
Transurethral Resection—Bladder	2,563	230	437	5,030	336	491	28	86
Ureteral Reimplantation for Reflux	1	49	12	39	2	4	0	0
Cataract Removal	37,663	11,512	7,534	108,929	8,019	9,311	1,003	2,894
Cornea Transplant	489	0	28	847	0	164	0	0
Cornea—Pterygium	388	121	41	1,335	42	76	7	69
Iris, Ciliary Body, Sclera, Anterior Chamber	1,027	319	167	10,410	1,210	1,042	42	69
Lacrimal Duct Surgery	968	186	193	2,478	132	208	3	48
Operations on Eyelids	1,868	537	154	5,605	358	331	28	334
Retina, Choroid, Vitreous	6,984	1,520	898	22,301	229	2,459	36	407
Strabismus Surgery	1,152	119	304	3,147	100	492	14	56
Myringotomy	2,700	1,664	1,201	17,049	1,611	1,593	226	1,197
Operations on Nasal Sinuses	2,107	648	681	7,883	387	351	93	308
Thyroid, Parathyroid, and Other Endocrine Glands	61	11	54	495	4	19	1	1
Tonsillectomy and/or Adenoidectomy	3,018	345	1,152	16,777	688	813	70	316
Tympanoplasty	709	308	176	1,669	244	259	13	158
Radiotherapy	235	1	0	89	105	0	0	0
Chemotherapy	113	372	53	3,631	9	27	6	1,101
Breast Biopsy	434	428	145	1,439	29	1,164	30	166
Bronchus and Lung	41	6	13	86	1	11	0	0
Cholecystectomy	3,712	694	1,455	17,566	744	1,280	56	566
Haemorrhoidectomy	1,098	1,105	386	7,643	168	569	46	302

Source: Canadian Institute for Health Information, "All Procedures Performed, by Province and CCI code, 2004-05," and Fiscal 2004/05 CCI to CCP Conversion Tables.

Note: Information is not available in this format for Alberta or Quebec.

Table 16b: Same Day Procedures, 2004-05 (Part II)

Procedure	BC	SK	MB	ON	NB	NS	PE	NL
Intestinal Operations	11,023	3,315	2,922	49,188	1,082	2,706	443	1,765
Mastectomy	4,466	1,105	754	11,485	868	800	172	591
Varicose Veins	971	264	148	2,897	117	234	43	21
Disk Surgery/Laminectomy	53	15	9	372	73	6	0	0
Elective Cranial Bone Flap	16	10	17	81	1	3	0	1
Blepharoplasty	278	77	23	1,372	37	22	2	22
Mammoplasty	1,905	302	300	5,913	240	231	2	38
Scar Revision	363	61	73	738	32	152	13	15
Pacemaker Operations	1,272	298	387	2,871	63	520	10	175
Valves & Septa of the Heart	64	3	5	185	0	4	0	0
Angiography/Angioplasty	6,570	1,742	1,865	3,289	585	288	33	378
Bronchoscopy	618	78	246	2,875	75	313	20	322
Gastroscopy	1,153	613	650	6,276	101	630	118	329
Dilation and Curettage	6,845	1,483	1,761	20,434	640	1,584	223	1,111
Hysterectomy	5	15	1	87	8	24	0	3
Hysteroscopic Procedures	4,492	1,226	1,303	11,920	475	1,466	143	644
Laparoscopic Procedures	1,461	325	514	5,148	133	359	75	117
Tubal Ligation	3,326	1,022	1,082	12,144	1,006	1,071	118	512
Tuboplasty	99	9	13	184	7	22	6	8
Vaginal Repair	398	114	104	1,065	75	107	17	43
Rhinoplasty and/or Septal Surgery	2,570	845	569	5,823	231	361	35	88
Hernia/Hydrocele	9,332	1,911	2,605	24,011	1,853	2,444	319	904
Carotid Endarterectomy	0	0	0	2	1	0	0	0
Hand Surgery/Digit Neuroma	3,682	941	1,172	10,892	709	1,084	95	503
Neurolysis/Peripheral Nerve	784	151	148	5,133	113	255	64	650
Colonoscopy	34,602	12,484	12,101	159,239	515	11,298	2,014	8,566
Aneurysm Surgery	0	0	0	0	0	0	0	0
Residual	96,989	33,380	29,456	409,275	17,740	39,287	2,967	24,072
Total	302,403	93,762	80,936	1,153,687	48,873	100,343	9,740	55,088

Source: Canadian Institute for Health Information, "All Procedures Performed, by Province and CCI code, 2004-05," and Fiscal 2004/05 CCI to CCP Conversion Tables.

Note: Information is not available in this format for Alberta or Quebec.

Appendix 1: Psychiatry Waiting List Survey (4th Edition)

With each passing week, it becomes more obvious that the deterioration in Canada's public health care program is not confined to just the five priority areas now being focused on by governments across the country, or to the twelve medical specialties examined in the main text of *Waiting Your Turn*. In particular, there has been an increasing amount of anecdotal evidence presented in the media about the long waiting times that psychiatry patients experience. Further, many patients and media representatives have come to The Fraser Institute in search of more complete information on waiting times for these services. Such data is typically not available from local or regional governments for this specialty, and where it is available, it is not comparable across jurisdictions. We responded to this absence in 2003 by adding psychiatry to the annual measurement of waiting lists reported in *Waiting Your Turn*, thus creating the first national, comprehensive, and comparable measurement of waiting times for mental health services available in Canada.

Information on the performance of the health care system is rare in Canada, and patients with mental health concerns desire the same access to information that is available for those with physical ailments in both *Waiting Your Turn* and through some provinces' health ministries.

Methodology

The psychiatry waiting list survey was conducted between January 10 and April 11, 2006. Surveys were

sent out to all of the specialists in the psychiatry category of the Canadian Medical Association's membership rolls who have allowed their names to be provided by Cornerstone List Fulfillment. Unlike in previous editions, a 100 percent sample, rather than the previous 50 percent, was used for large cities in Ontario in 2006. As is the practice with the traditional 12 specialties surveyed in *Waiting Your Turn*, psychiatrists in Quebec and New Brunswick who indicate that their language of preference is French were sent French-language surveys. The response rate to the psychiatry survey was 17 percent overall in 2006, an increase of 1 percent from 2005, and ranged from 33 percent in Prince Edward Island to 12 percent in Quebec (table A1).

The treatments identified in the following tables represent a cross-section of common treatments carried out by psychiatrists. The list of treatments was developed in consultation with the Canadian Psychiatric Association, who also assisted in making adjustments to the standard survey form to reflect differences between psychiatric practices and practices in the other specialties presented in this document.

The major findings from the psychiatry survey can be found in tables A2 through A7. Table A2 reports the median time a patient waits to see a specialist after referral from a general practitioner. Waiting times are presented for both urgent and elective referrals. Table A3 summarizes the second stage of waiting, that between the decision by a specialist that treatment is required and the treatment being received. Table A4

Table A1: Summary of Responses

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	Can
Mailed	542	289	44	129	1,744	989	33	119	6	35	3,930
Number of Responses	92	62	12	23	320	122	7	30	2	10	680
Response Rates	17%	21%	27%	18%	18%	12%	21%	25%	33%	29%	17%

Table A2: Psychiatry (2006)—Median Patient Wait to See a Specialist after Referral from a GP

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	Can
Urgent	2.0	2.0	2.0	2.0	2.0	1.5	1.5	1.5	1.0	2.0	1.9
Elective	10.0	8.0	11.5	8.0	8.0	6.0	7.0	6.0	5.0	10.0	7.7

provides the percentage change in median waits to receive treatment after the first appointment with a specialist between the years 2005 and 2006.

Unlike other specialties in *Waiting Your Turn* in which the waiting times are weighted by the total number of such procedures that have been done by all physicians, the overall median for psychiatry is presented as an unweighted measure (see the section on *Methodology* in the main document text for a clear description of The Fraser Institute's weighting procedures). All of the median measures that make up the final specialty median are given equal weight. This alteration to the standard methodology results from a lack of data counting the number of patients treated by psychiatrists, separated by treatment. We hope, in the coming years, to develop a weighting system for psychiatric treatments to allow a weighted average for this specialty to be calculated. In the current estimates, national medians are developed through a weighting system that bases the weight of each provincial median on the number of specialists contacted in that province.

Table A5 summarizes clinically "reasonable" waiting times for psychiatric treatments. The times presented here are the medians of physicians' estimates of clinically reasonable lengths of time to wait for treatment after an appointment with a specialist. The methodology for calculating an overall median is described above. Table A6 compares the actual and clinically reasonable wait times after an appointment with a specialist.

Finally, table A7 provides waiting times for diagnostic technologies used by psychiatrists. Though two of

these technologies (CT and magnetic resonance imaging (MRI)) are also used by specialists in the other 12 specialties, the wait times for psychiatrists' access to these services has been presented separately in order to allow for any fundamental differences that may exist in the wait times between physical and mental health services⁶

Survey results: estimated waiting in Canada

The total waiting time for psychiatric treatment is composed of two segments: waiting after being referred by a general practitioner before consultation with a psychiatrist, and subsequently, waiting to receive treatment after the first consultation with a psychiatrist. The 2006 psychiatry survey provides details of waiting for each segment.

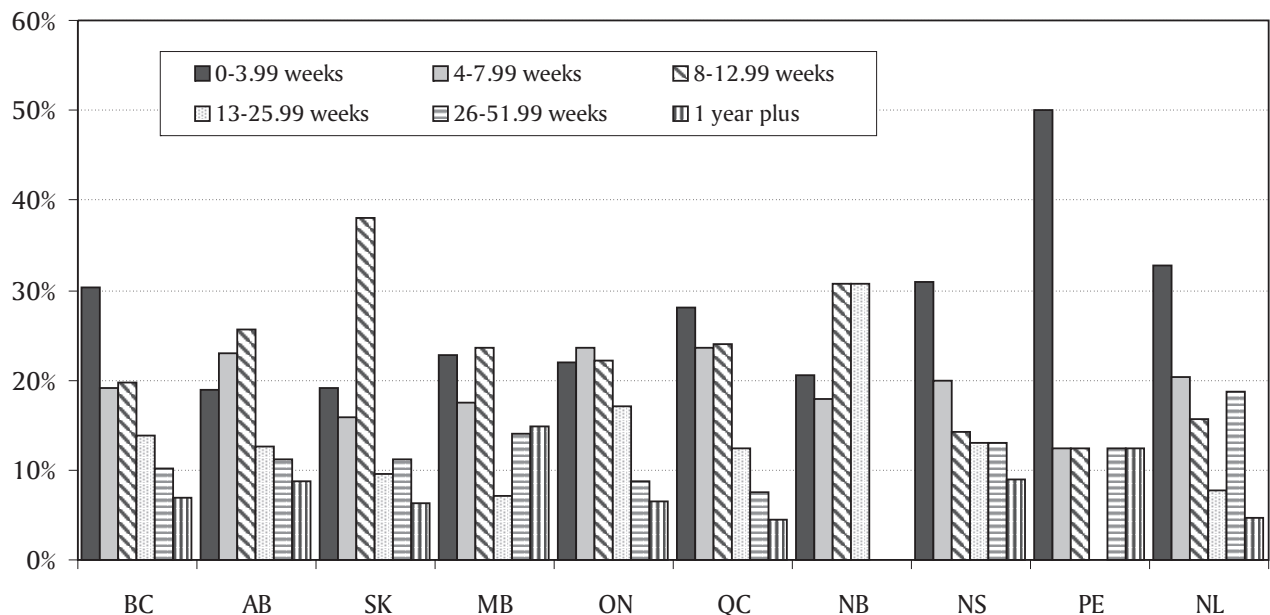
Table A2 indicates the number of weeks that patients wait for initial appointments with psychiatrists after referral from their general practitioners or from other specialists. The waiting time to see a psychiatrist on an urgent basis was 1.9 weeks in Canada, ranging from 1.0 week in Prince Edward Island to 2.0 weeks in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, and Newfoundland. The waiting time for referrals on an elective basis for Canada as a whole was 7.7 weeks. The longest waiting times for elective referrals was in Saskatchewan (11.5 weeks), followed by British Columbia and Newfoundland (10.0 weeks), and Alberta, Manitoba, and Ontario (8.0 weeks). The shortest wait for an elective referral was in Prince Edward Island (5.0 weeks), followed by Quebec and Nova Scotia (6.0 weeks), and New Brunswick (7.0 weeks).

6 For comparison, the overall Canadian median waiting time for CT scans was 4.3 weeks in the traditional 12 specialties and 4.5 weeks in the psychiatry survey, with a mean absolute difference (the average of absolute differences between the two measures in each province) of 0.7 weeks for 10 provinces. The overall Canadian median waiting time for MRIs in the psychiatry survey was 11.7 weeks, compared to 10.3 weeks for the other 12 specialties. The mean absolute difference in this case, again for 10 provinces, was 5.2 weeks.

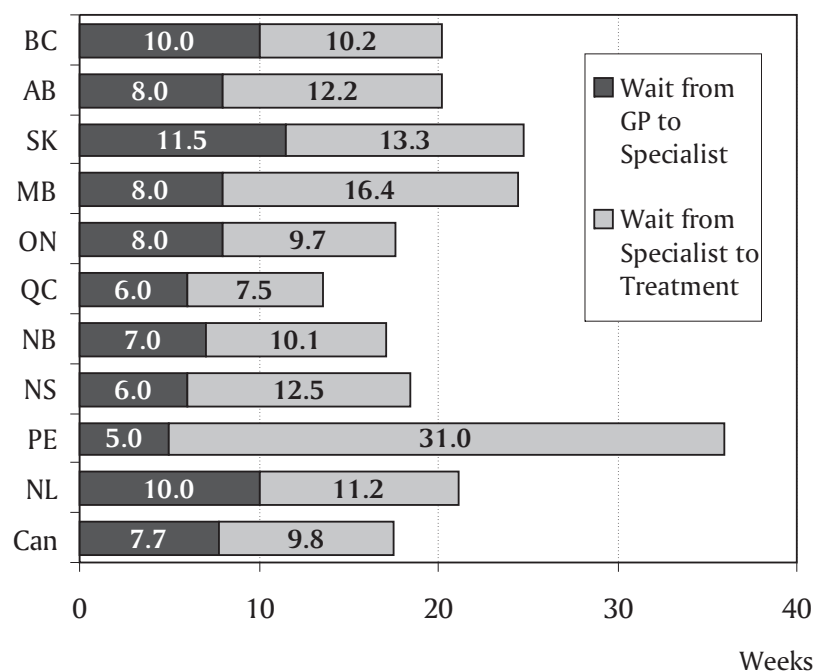
Table A3: Psychiatry (2006)—Median Patient Wait for Treatment after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	Can
Initiate a course of brief psychotherapy	4.0	6.0	12.0	6.5	8.0	6.0	11.5	3.5	8.0	3.8	6.6
Initiate a course of long-term psychotherapy	10.0	10.0	12.0	14.0	12.0	8.0	16.0	4.8	150.0	6.0	10.6
Initiate a course of pharmacotherapy	3.0	4.0	5.0	4.0	4.0	2.0	4.0	3.0	6.0	4.0	3.3
Initiate a course of couple/marital therapy	7.0	12.0	12.0	12.0	8.0	8.0	10.0	6.0	—	7.5	8.3
Initiate cognitive behaviour therapy	6.0	8.0	8.5	9.0	8.0	8.0	11.5	5.0	—	6.5	7.7
Access a day program	8.0	7.5	12.0	9.0	6.0	4.0	8.0	19.0	0.0	8.0	6.5
Access an eating disorders program	20.0	12.0	8.0	10.0	15.0	12.0	9.5	16.0	—	26.0	14.6
Access a housing program	26.0	25.0	10.0	27.0	17.3	8.0	17.0	24.0	1.5	12.0	17.1
Access an evening program	6.0	8.5	12.0	10.0	10.0	9.0	3.0	3.0	—	—	8.8
Access a sleep disorders program	18.5	36.0	52.0	53.0	6.0	12.0	10.5	45.0	50.0	26.0	15.0
Access assertive community treatment or similar program	4.0	5.5	3.0	26.0	12.0	6.0	10.5	8.0	1.8	12.0	9.1
Unweighted Median	10.2	12.2	13.3	16.4	9.7	7.5	10.1	12.5	31.0	11.2	9.8

Graph A1: Frequency Distribution of Survey Waiting Times (Specialist to Treatment) by Province, 2006



Graph A2: Weeks Waited from Referral by GP to Treatment, by Province, 2006



Edward Island (31.0 weeks), Manitoba (16.4 weeks), and Saskatchewan (13.3 weeks), while the shortest waits were found in Quebec (7.5 weeks), Ontario (9.7 weeks), and New Brunswick (10.1 weeks). Among the treatments, patients waited longest to enter a housing program (17.1 weeks) or a sleep disorders program (15.0 weeks), while the wait times were shortest for pharmacotherapy (3.3 weeks), and admission to a day program (6.5 weeks).

Graph A1 presents a frequency distribution of the survey responses by province and by region. In all provinces the wait for the majority of treatments is less than 13 weeks. Quebec performs the highest proportion of treatments within 13 weeks (75.7 percent) while Prince Edward Island performs the highest proportion of treatments within 8 weeks (62.5%). Waits of 26 weeks or more are least frequent in New Brunswick (0.0%) and most frequent in Manitoba (28.9%).

Table A3 summarizes the waiting time for certain psychiatric treatments after an appointment with a specialist. The longest waiting times for this second segment of the total waiting time were found in Prince

Edward Island (31.0 weeks), Manitoba (16.4 weeks), and Saskatchewan (13.3 weeks), while the shortest waits were found in Quebec (7.5 weeks), Ontario (9.7 weeks), and New Brunswick (10.1 weeks). Among the treatments, patients waited longest to enter a housing program (17.1 weeks) or a sleep disorders program (15.0 weeks), while the wait times were shortest for pharmacotherapy (3.3 weeks), and admission to a day program (6.5 weeks).

Table A4i: Comparison of Median Weeks Waited to Receive Treatment after Appointment with Specialist, by Province, 2005 and 2006

	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	2006	2005	% chg	2006	2005	% chg	2006	2005	% chg	2006	2005	% chg	2006	2005	% chg
Psychiatry	10.2	9.4	8%	12.2	13.3	-8%	13.3	12.3	8%	16.4	16.0	3%	9.7	10.8	-11%

Note: Percentage changes are calculated from exact weighted medians. The exact weighted medians have been rounded to one decimal place for inclusion in the table.

Table A4ii: Comparison of Median Weeks Waited to Receive Treatment after Appointment with Specialist, by Province, 2005 and 2006

	Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland		
	2006	2005	% chg	2006	2005	% chg	2006	2005	% chg	2006	2005	% chg	2006	2005	% chg
Psychiatry	7.5	7.5	0%	10.1	17.5	-42%	12.5	13.0	-4%	31.0	—	—	11.2	15.6	-28%

Note: Percentage changes are calculated from exact weighted medians. The exact weighted medians have been rounded to one decimal place for inclusion in the table.

Table A5: Psychiatry (2006)—Median Reasonable Patient Wait for Treatment after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	Can
Initiate a course of brief psychotherapy	3.0	4.0	4.0	4.0	4.0	4.0	3.5	4.0	4.0	4.0	3.9
Initiate a course of long-term psychotherapy	6.0	5.0	6.0	8.0	6.0	6.0	4.0	8.0	50.0	6.0	6.1
Initiate a course of pharmacotherapy	1.5	2.0	2.0	2.0	2.0	1.5	1.3	2.0	2.0	1.5	1.8
Initiate a course of couple/marital therapy	4.0	4.0	7.0	4.0	4.0	4.0	5.0	7.5	—	5.0	4.2
Initiate cognitive behaviour therapy	3.3	4.0	4.0	5.0	4.0	4.0	2.5	4.0	—	4.0	3.9
Access a day program	4.0	3.0	2.0	2.5	2.5	2.8	4.0	7.0	—	4.0	3.0
Access an eating disorders program	4.0	4.0	6.0	3.0	4.0	4.0	4.8	4.0	—	4.0	4.0
Access a housing program	4.0	4.0	4.0	5.0	4.0	3.5	5.5	4.0	—	4.0	3.9
Access an evening program	4.0	4.0	5.0	4.0	4.0	4.0	1.5	4.0	—	3.0	4.0
Access a sleep disorders program	6.0	6.0	4.0	6.0	4.0	6.0	4.0	6.0	10.0	4.0	5.1
Access assertive community treatment or similar program	2.0	2.5	3.0	4.0	4.0	3.3	2.8	4.0	2.0	4.0	3.4
Unweighted Median	3.8	3.9	4.3	4.3	3.9	3.9	3.5	5.0	13.6	4.0	3.9

decreases in Alberta (8%), Ontario (11%), New Brunswick (42%), Nova Scotia (4%), and Newfoundland (28%). At the same time, between 2005 and 2006, the median wait increased by 8 percent in British Columbia, 8 percent in Saskatchewan, and 3 percent in Manitoba.

While the data on these two segments of waiting time convey only partial impressions about the extent of health care rationing, a fuller picture is provided by information on the sum of these two segments, the total waiting time. This overall wait records the time between the referral by a general practitioner and the time that the required treatment is begun. For Canada as a whole, the total waiting time in 2006 for psychiatry fell from 18.1 weeks in 2005 to 17.5 weeks in 2006 (Graph A2). The shortest waiting times were recorded in Quebec (13.5 weeks), New Brunswick (17.1 weeks), and Ontario (17.7 weeks). The longest total waits were found in Prince Edward Island (36.0 weeks), Saskatchewan (24.8 weeks), and Manitoba (24.4 weeks).

Finally, physicians responding to the survey are asked to provide a clinically reasonable waiting time for the various treatments. Specialists generally indicated a period of time substantially shorter than the median number of weeks patients were actually waiting for treatment (see tables A5 and A6). Table A5 summarizes the reasonable waiting times for psychiatric treatments and is based on the same methodology used to create table A3. Table A6 summarizes the differences between the median reasonable and actual waiting times across Canada, and shows that in 92 percent of cases, the actual waiting time for treatment (in table A3) is greater than the clinically reasonable median waiting time (in table A5). For the psychiatry specialty, Quebec came closest to meeting the standard of “reasonable,” in that the actual overall median specialist-to-treatment wait only exceeded the corresponding “reasonable” value by 93 percent, a smaller gap than in the other provinces.

Table A6: Psychiatry (2006)—Difference Between Actual and Reasonable Patient Waits for Treatment after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	Can
Initiate a course of brief psychotherapy	33%	50%	200%	63%	100%	50%	229%	-13%	100%	-6%	72%
Initiate a course of long-term psychotherapy	67%	100%	100%	75%	100%	33%	300%	-41%	200%	0%	74%
Initiate a course of pharmacotherapy	100%	100%	150%	100%	100%	33%	220%	50%	200%	167%	86%
Initiate a course of couple/marital therapy	75%	200%	71%	200%	100%	100%	100%	-20%	—	50%	99%
Initiate cognitive behaviour therapy	85%	100%	113%	80%	100%	100%	360%	25%	—	63%	96%
Access a day program	100%	150%	500%	260%	140%	45%	100%	171%	—	100%	118%
Access an eating disorders program	400%	200%	33%	233%	275%	200%	100%	300%	—	550%	264%
Access a housing program	550%	525%	150%	440%	331%	129%	209%	500%	—	200%	335%
Access an evening program	50%	113%	140%	150%	150%	125%	100%	-25%	—	—	122%
Access a sleep disorders program	208%	500%	1200%	783%	50%	100%	163%	650%	400%	550%	196%
Access assertive community treatment or similar program	100%	120%	0%	550%	200%	85%	282%	100%	-13%	200%	168%
Weighted Median	169%	216%	212%	280%	150%	93%	188%	152%	128%	183%	149%

Finally, patients would also prefer earlier treatment, according to this year's survey data. On average, only 5.1 percent of patients are on waiting lists because they have requested a delay or postponement of their treatment. Conversely, the proportion of patients who would have begun their treatment within a few days if it were available is 76.4 percent (Fraser Institute, national hospital waiting list survey, 2006).

A note on technology

The wait to see a specialist and the wait to receive treatment are not the only waits that patients face. The psychiatry portion of the national waiting list survey also examines the wait that mental health patients experience for various diagnostic technologies across Canada. Table A7 displays the median number of weeks patients must wait for access to a CT or MRI scanner, or an electroencephalogram (EEG). Compared to 2005,

waiting times for all three types of diagnostic tests fell in 2006. The median wait for a CT scan across Canada was 4.5 weeks, ranging from a high of 9.1 weeks (Prince Edward Island), to a low of 4.0 weeks (British Columbia, Alberta, Manitoba, Quebec, and New Brunswick). The median wait for an MRI across Canada was 11.7 weeks. Patients in Newfoundland waited the longest (45.0 weeks), while patients in Saskatchewan waited the least amount of time (3.0 weeks). Finally, the median wait for an EEG across Canada was 3.7 weeks. Residents of New Brunswick faced the shortest waits for an EEG (1.8 weeks), while residents of Alberta, Manitoba, and Ontario waited longest (4.0 weeks).

Conclusion

The information documented here suggests that patients seeking mental health treatment are likely to be disappointed with their access to it. With wait-

Table A7: Waiting for Technology: Weeks Waited to Receive Selected Diagnostic Tests in 2004, 2005, and 2006

Province	CT-Scan			MRI			EEG		
	2006	2005	2004	2006	2005	2004	2006	2005	2004
British Columbia	4.0	4.5	4.3	13.0	8.0	13.5	3.0	3.0	3.0
Alberta	4.0 ¹	5.0	7.0	12.0 ²	16.0	14.0	4.0	4.0	4.0
Saskatchewan	5.5	5.0	6.0	3.0	37.0	38.0	2.0	3.5	4.0
Manitoba	4.0 ³	3.3	9.5	16.0 ⁴	10.0	14.0	4.0	4.0	5.0
Ontario	5.0 ⁵	6.0	6.0	10.0 ⁶	15.5	14.0	4.0	4.0	4.0
Quebec	4.0	6.0	6.0	12.0	13.5	16.0	3.5	4.0	4.0
New Brunswick	4.0	2.0	7.5	6.0	6.0	9.0	1.8	1.5	4.0
Nova Scotia	5.5 ⁷	3.0	2.5	18.0 ⁸	8.0	12.0	3.0	2.5	2.5
P.E.I.	9.1	—	1.0	11.8	—	—	—	—	1.0
Newfoundland	5.0	7.0	4.0	45.0	48.0	32.0	3.0	4.0	3.0
Canada	4.5	5.4	5.8	11.7	13.8	14.9	3.7	3.8	3.8

¹Alberta Health and Wellness web site reports a 2.0 week median wait time for CT scans for the 90 days preceding March 31, 2006. 11,026 patients were waiting for CT scans at March 31.

²Alberta Health and Wellness web site reports a 9.1 week median wait time for MRI scans for the 90 days preceding March 31, 2006. 23,496 patients were waiting for MRI scans at March 31.

³Manitoba Health web site reports a 12 week average estimated maximum wait time for CT scans for April 2006.

⁴Manitoba Health web site reports an 11 week average estimated maximum wait time for MRI scans for April 2006.

⁵Ontario Ministry of Health and Long-Term Care web site reports a 13 day (1.9 week) median wait time for CT scans completed in February/March 2006.

⁶Ontario Ministry of Health and Long-Term Care web site reports a 28 day (4 week) median wait time for MRI scans completed in February/March 2006.

⁷Nova Scotia Department of Health web site reports wait times ranging from 5 to 70 days (0.7 to 10 weeks) for CT scans in March 2006.

⁸Nova Scotia Department of Health web site reports wait times ranging from 42 to 122 days (6 to 17.4 weeks) for MRI scans in March 2006.

ing times exceeding 4 months from a general practitioner to treatment, and with wait times from a meeting with a specialist to treatment that are nearly 150 percent longer than specialists feel is appropriate, it

is clear that a great many patients in need of psychiatric attention are facing the effects of rationing in our health care system and experiencing a deterioration of their condition before they get the care they need.

Appendix 2: The Fraser Institute National Waiting List Survey

General Surgery

Please circle the province in which your office is located:

AB BC MB NB NL NS NT NU ON PE QC SK YT

- From today, how long (in weeks) would a new patient have to wait for a routine office consultation with you?
_____ week(s)
- Do you restrict the number of patients waiting to see you in any manner? (i.e. Do you accept referrals only at certain times of the year?)
 Yes No
- Over the past 12 months, what percentage of the surgical procedures you performed were done on a day surgery basis?
_____ %
- From today, how long (in weeks) would a new patient have to wait for the following types of elective surgery or diagnostic procedures? What would you consider to be a clinically reasonable waiting time for these types of surgery and procedures?

Surgery or Procedure	Number of Weeks to Wait	Reasonable Number of Weeks to Wait
Hernia repair (all types)/hydrocele		
Cholecystectomy		
Colonoscopy (diagnostic)		
Incision, excision, anastomosis of intestine and other operations on intestine		
Haemorrhoidectomy/other anal surgery		
Breast biopsy		
Mastectomy/segmental resection		
Operations on bronchus and lung		
Incidentally discovered and unruptured aneurysms		
Varicose vein surgery		

5. Has the length of your waiting lists changed since last year at this time?

- Increased Decreased Remained the Same

6. If the length of your waiting lists has changed, what are the major reasons for the change?
(Check all which may be applicable.)

- _____ Availability of O/R nurses
 _____ Availability of other technical staff
 _____ Availability of beds
 _____ Availability of O/R time
 _____ Change in patient load
 _____ Availability of ancillary investigations or consultations (i.e. MRI, CT scans)
 _____ Other

7. What percentage of your patients currently waiting for surgery are on a waiting list primarily because **they** requested a delay or postponement?

_____ %

8. What percentage of your patients currently waiting for surgery do you think would agree to having their surgery within the week if an opening arose in O/R?

_____ %

9. To the best of your knowledge, what percentage of your patients that are listed on hospital waiting lists might also be listed by other physicians for the same procedure?

_____ %

10. Do you use the following types of diagnostic tests? If so, how long (in weeks) would a new patient have to wait for these tests?

Do you use this diagnostic test?	Yes	No	Infrequently	Number of weeks patients wait
CT Scan				
MRI				
Ultrasound				

11. Approximately what percentage of your patients **inquired** in the past 12 months about the availability of medical services:

In another province? _____ % Outside of Canada? _____ %

12. Approximately what percentage of your patients **received** non-emergency medical treatment in the past 12 months:

In another province? _____ % Outside of Canada? _____ %

Thank you very much for your cooperation.

Appendix 3: Glossary of Terms

Aneurysm Surgery: a surgical procedure to correct a localized abnormal dilatation of a blood vessel, usually an artery, due to a congenital defect or a weakness in the wall of the vessel.

Angiography/Angioplasty: **angiography** is the diagnostic or therapeutic radiography of the heart and blood vessels using a radiopaque (impenetrable to x-rays or other forms of radiation) contrast medium (types include magnetic resonance imaging, interventional radiology, and computed tomography), and an **angioplasty** is the alteration of a blood vessel, either surgically or by dilating the vessel using a balloon inside the lumen (the space within an artery or vein).

Arthroplasty: plastic surgery to reshape or reconstruct a diseased joint (“interphalangeal” refers to a joint between two phalanges, i.e., fingers or toes).

Bladder Fulguration: destruction of bladder tissue by means of high-frequency electric sparks.

Blepharoplasty: plastic surgery on the eyelid.

Bronchoscopy: examination of the bronchi through a bronchoscope (an endoscope designed to pass through the trachea for visual inspection of the tracheobronchial tree).

Bronchus: the bronchus, or windpipe, is one of the two large branches of the trachea.

Carotid Endarterectomy: a surgical technique for removing intra-arterial obstructions of the lower cervical portion of the internal carotid artery (one of two arteries that comprise the principal blood supply to the head and neck).

Cataract Removal: removal of a cataract (i.e., opacity of the lens of the eye, its capsule, or both).

Cholecystectomy: excision of the gallbladder by abdominal incision or laparoscopy.

Colonoscopy: examination of the upper portion of the rectum with an elongated speculum or a colonoscope (an instrument for examining the colon).

Cornea—Pterygium: triangular thickening of the bulbar conjunctiva extending from the inner canthus (eye

slit) to the border of the cornea with the apex toward the pupil.

Cornea Transplant: transplant of the cornea (transparent anterior portion of the fibrous outer layer of the eyeball composing about one-sixth of its surface).

Craniofacial Procedures: procedures concerning the head and the face.

Cystectomy: removal of a cyst; excision of the cystic duct and the gallbladder, or just the cystic duct; excision of the urinary bladder or a part of it.

Cystoscopy: examination of the bladder with a cystoscope (an instrument for interior examination of the bladder and ureter).

Digit Neuroma: a neuroma (i.e., a tumour composed of nerve cells) affecting a digit (finger or toe).

Dilation and Curettage: a surgical procedure that expands the cervical canal of the uterus (dilation) so that the surface lining of the uterine wall can be scraped (curettage).

Disk Surgery/Laminectomy: a laminectomy is the excision of a vertebral posterior arch, usually to remove a lesion or herniated disc.

Gastroscope: examination of the stomach and abdominal cavity using a gastroscope (an endoscope for inspecting the stomach’s interior).

Glaucoma: a group of eye diseases characterized by increased intraocular pressure, resulting in atrophy of the optic nerve and possibly leading to blindness.

Hallux Valgus: displacement of the big toe toward the other toes.

Haemorrhoidectomy: the removal of haemorrhoids by one of several techniques including surgery, cryotherapy, infrared photocoagulation, laser surgery, or ligation by use of rubber bands applied to the base of the haemorrhoid.

Hernia/Hydrocele: a **hernia** is a protrusion or projection of an organ or part of an organ through the wall of the cavity that normally contains it, and a **hydrocele** is the accumulation of a serous fluid in a saclike cavity.

Hysterectomy: surgical removal of the uterus through the abdominal wall or vagina.

Hysteroscopic Procedures: procedures involving inspection of the uterus by the use of a special endoscope called a hysteroscope (an instrument for examining the uterine cavity).

Iris/Ciliary Body/Sclera/Anterior Chamber: **iris** (the coloured contractile membrane suspended between the lens and the cornea in the aqueous humour of the eye, separating the anterior and posterior chambers of the eyeball and perforated in the centre by the pupil); **ciliary muscle** (the smooth muscle forming a part of the ciliary body of the eye: contraction pulls the choroid forward, lessening tension on the fibres of the zonula (suspensory ligament) and allowing the lens, which is elastic, to become more spherical: accommodation for near vision is accomplished by this process); and, **sclera** (the outer layer of the eyeball made of fibrous connective tissue: at the front of the eye, it is visible as the white of the eye and ends at the cornea, which is transparent).

Lacrimal Duct: tear duct.

Laparoscopic Procedures: procedures involving abdominal exploration using a laparoscope (an endoscope designed to permit visual examination of the abdominal cavity).

Mammoplasty: plastic surgery of the breast.

Mastectomy: excision of the breast.

Meniscectomy/Arthroscopy: a **meniscectomy** is the removal of meniscus cartilage of the knee, and **arthroscopy** is the direct visualization of a joint by means of an arthroscope (an endoscope for examining the interior of a joint).

Myringotomy: incision of the tympanic membrane (of the ear).

Neurolysis: the stretching of a nerve to relieve pain; the loosening of adhesions surrounding a nerve; the disintegration or destruction of nerve tissue.

Ostectomy: surgical excision of a bone or a portion of one.

Peripheral Nervous System: the portion of the nervous system outside the central nervous system.

Prostatectomy: excision of part or all of the prostate gland (radical is the complete removal, while non-radical is a partial removal).

Retina/Choroid/Vitreous: **retina** (the innermost layer of the eye, which receives images transmitted through the lens and contains the receptors for vision, the rods and cones); **choroid** (the dark blue vascular layer of the eye between the sclera and the retina, extending from the ora serrata to the optic nerve: it consists of blood vessels united by connective tissue containing pigmented cells and contains five layers); and, **vitreous body** (a transparent jelly-like mass composed of collagen fibrils and a gel (vitreous humour): it fills the cavity of the eyeball, behind the lens and in front of the retina).

Rhinoplasty and/or Septal Surgery: **rhinoplasty** is plastic surgery of the nose, and **septal surgery** is a surgical procedure on the nasal septum, i.e., the wall dividing the two nasal cavities.

Strabismus: a disorder of the eye in which optic axes cannot be directed to the same object: the squinting eye always deviates to the same extent when the eyes are carried in different directions.

Thyroid and Other Endocrine Glands: the **thyroid** is an endocrine gland in the neck, anterior to and partially surrounded by the thyroid cartilage and upper rings of the trachea, and **endocrine glands** are ductless glands that produce an internal secretion discharged into the blood or lymph and circulated to all parts of the body (hormones, the active principles of the glands, affect tissues more or less remote from their place of origin).

Tonsillectomy and/or Adenoidectomy: a **tonsillectomy** is the surgical removal of the tonsils and an **adenoidectomy** is the excision of the adenoids.

Tubal ligation: surgery to tie the fallopian tubes (through which ova and spermatozoa travel).

Tuboplasty: plastic repair of a fallopian tube or tubes in an attempt to restore patency so that fertilization of the ovum may occur.

Tympanoplasty: any one of several surgical procedures designed either to cure a chronic inflammatory process in the middle ear or to restore function to the sound-transmitting mechanism of the middle ear.

Varicose vein: an enlarged, twisted superficial vein.

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Government and Government Agency Maintained Wait List Web Sites

- British Columbia Ministry of Health
www.healthservices.gov.bc.ca/cpa/mediasite/waittimes.html
 and <http://www.health.gov.bc.ca/waitlist/>
- Alberta Ministry of Health and Wellness
www.ahw.gov.ab.ca/waitlist/
- Saskatchewan Surgical Care Network
www.sasksurgery.ca
- Manitoba Ministry of Health
www.gov.mb.ca/health/waitlist/index.html
- Ontario Ministry of Health and Long-Term Care
www.health.gov.on.ca/transformation/wait_times/wait_mn.html
- Cardiac Care Network of Ontario
www.ccn.on.ca
- Cancer Care Ontario—Radiation Treatment
www.cancercare.on.ca/index_waittimesRadiation.asp
- Cancer Care Ontario—Systemic Therapy (Chemotherapy)
www.cancercare.on.ca/index_waittimessystemic.asp
- Quebec Ministry of Health and Social Services
msss.gouv.qc.ca/en/sujets/organisation/waiting_lists.html
- New Brunswick Surgical Care Network
www.gnb.ca/0217/NBSCN-RSCNB/index-e.asp
- Nova Scotia Department of Health
www.gov.ns.ca/health/waittimes/default.htm