Critical Issues Bulletin 2007

WAITING YOUR TURN 17th EDITION

Hospital Waiting Lists In Canada

By Nadeem Esmail and Michael A. Walker
with Margaret Bank

THE FRASER INSTITUTE

Contents

About the Authors

Nadeem Esmail is the Director of Health System Performance Studies and Manager of the Alberta Policy Research Centre at The Fraser Institute. He completed his B.A. (Honours) in Economics at the University of Calgary, and received an MA in Economics from the University of British Columbia. His recent publications and co-publications for The Fraser Institute include the series *Waiting Your Turn: Hospital Waiting Lists in Canada,* the *How Good is Canadian Health Care?* series and *The Alberta Health Care Advantage: An Accessible, High Quality, and Sustainable System*. His articles have appeared in newspapers across Canada and he has been a guest on numerous radio and TV programs across the country.

Michael Walker is a Senior Fellow of The Fraser Institute and President of the Institute's Foundation. He served as Executive Director of The Fraser Institute from its establishment in 1974 until 2005. He received his BA (summa) from St. Francis Xavier University and his Ph.D. in Econometrics at the University of Western Ontario. He writes regularly for daily newspapers and financial periodicals. His articles have appeared in technical journals in Canada, the United States, and Europe, including *The American Economic Review*, the *Canadian Journal of Economics*, *Canadian Public Policy, Health Affairs*, and the *Canadian Tax Journal*. He has written or edited 50 books on economic matters.

Margaret Bank served as an intern in The Fraser Institute's Health System Performance Studies department in 2007.

Acknowledgments

This edition of *Waiting Your Turn: Hospital Waiting Lists in Canada* draws extensively on previous editions. We are pleased to acknowledge the important contributions of Steven Globerman, Lorna Hoye, Joanna Miyake, Cynthia Ramsay, Greg Wilson, and Martin Zelder in the completion of earlier versions of the survey and in building the base of knowledge that is incorporated into this publication.

Preface

This *Critical Issues Bulletin* is the Institute's seventeenth 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 seventeenth annual waiting list survey found that Canada-wide waiting times for surgical and other therapeutic treatments increased slightly in 2007. Total waiting time between referral from a general practitioner and treatment, averaged across all 12 specialties and 10 provinces surveyed, increased from 17.8 weeks in 2006 to 18.3 weeks in 2007. This small nationwide deterioration in access reflects waiting-time increases in 6 provinces, while concealing decreases in waiting time in British Columbia, Saskatchewan, New Brunswick, and Prince Edward Island.

Among the provinces, Ontario achieved the shortest total wait in 2007, 15.0 weeks, with British Columbia (19.0 weeks), and Quebec (19.4 weeks) next shortest. Saskatchewan exhibited the longest total wait, 27.2 weeks; the next longest waits were found in New Brunswick (25.2 weeks) and Nova Scotia (24.8 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 2006 and 2007 is primarily the result of an increase in the first wait—the wait between visiting a general practitioner and attending a consultation with a specialist. The waiting time between referral by a GP and consultation with a specialist rose from 8.8 weeks in 2006 to 9.2 weeks in 2007. The shortest waits for specialist consultations were in Ontario (7.6 weeks), Manitoba (8.2 weeks), and British Columbia (8.8 weeks). The longest waits for specialist consultations occurred in New Brunswick (14.7 weeks), Newfoundland (13.5 weeks), and Prince Edward Island (12.7 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—increased marginally from 9.0 weeks in 2006 to 9.1 weeks in 2007, but remained below the historical highs experienced in the earlier part of this decade. Increases in waiting times in Alberta, Manitoba, Quebec, Nova Scotia, and Newfoundland were offset by decreases in the five other provinces. The shortest specialist-to-treatment waits were found in Ontario (7.3 weeks), Alberta (8.9 weeks), and Quebec (9.4 weeks), while the longest such waits existed in Saskatchewan (16.5 weeks), Nova Scotia (13.6 weeks), and Manitoba (12.0 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 (4.2 weeks), radiation oncology (5.7 weeks), and elective cardiovascular surgery (8.4 weeks). Conversely, patients waited longest between a GP visit and orthopaedic surgery (38.1 weeks), plastic surgery (34.8 weeks), and neurosurgery (27.2 weeks). There were large increases between 2006 and 2007 in the waits for internal medicine (+4.9 weeks), gynaecology (+2.1 weeks), urology (+1.9 weeks), and otolaryngology (+1.8 weeks), while the wait times for radiation oncology (+0.7 weeks) and elective cardiovascular surgery (+0.4 weeks) increased slightly. These increases were offset by improvements for patients receiving treatment in neurosurgery (-4.5 weeks), ophthalmology (-2.5 weeks), orthopaedic surgery (-2.2 weeks), medical oncology (-0.7 weeks), plastic surgery (-0.6 weeks), and general surgery (-0.5 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 (1.8 weeks), medical oncology (2.4 weeks), and cardiovascular surgery (3.8 weeks), while the longest waits are for neurosurgery (18.1 weeks), orthopaedic surgery (16.7 weeks), and plastic surgery (15.8 weeks). For specialist-to-treatment waiting, patients wait the shortest intervals for urgent cardiovascular surgery (0.9 weeks), medical oncology (1.9 weeks), and radiation oncology (3.9 weeks), and wait longest for orthopaedic surgery (21.4 weeks), plastic surgery (19.0 weeks), and otolaryngology (11.7 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 76 percent of the comparisons. Averaged across all specialties, New Brunswick and Ontario came closest to meeting the standard of "reasonable," in that their actual specialist-to-treatment waits only exceeded the corresponding "reasonable" values by 30 and 42 percent, respectively, smaller gaps than in the other provinces. The two provinces achieved their performance by very different means: the "reasonable" wait time in New Brunswick was among the longest in Canada at 8.1 weeks, while the "reasonable" wait time in Ontario was among Canada's shortest at 5.1 weeks. Physicians in Prince Edward Island, Newfoundland, British Columbia, and Alberta also held relatively more stringent standards as to what is "reasonable."

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 2007. 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 4.8 weeks. British Columbia, Alberta, Ontario, New Brunswick, and Nova Scotia had the shortest wait for computed tomography (4.0 weeks), while the longest wait occurred in Manitoba (8.0 weeks). The median wait for an MRI across Canada was 10.1 weeks. Patients in Ontario experienced the shortest wait for an MRI (7.8 weeks), while Newfoundland residents waited longest (20.0 weeks). Finally, the median wait for ultrasound was 3.9 weeks across Canada. Alberta and Ontario displayed the shortest wait for ultrasound (2.0 weeks), while Prince Edward Island and Manitoba exhibited the longest ultrasound waiting time, 10.0 weeks.

Numbers of procedures for which people are waiting

The numbers of procedures for which people are waiting were also calculated. For the 2007 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 2007. Throughout Canada, the total number of procedures for which people are waiting in 2007 is 827,429, an increase of 7.4 percent from the estimated 770,641 procedures in 2006. The number of procedures for which people waited rose in Alberta, Manitoba, Ontario, Quebec, Nova Scotia, and Newfoundland. Assuming that each person was waiting for only one procedure, 2.54 percent of Canadians were waiting for treatment in 2007, which varied from a low of 2.02 percent in Ontario to a high of 5.01 percent in Saskatchewan. However, as noted in previous years, government of Saskatchewan data suggest that many patients in that province are admitted for multi-

ple 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 reached a new high in 2007 (continuing to hover near the 18-week mark)—and its level is high, both historically and internationally. Compared to 1993, waiting time in 2007 is 97 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 seventeenth 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. The provinces have also committed to various wait time guarantees for services in one of several "priority areas" (Esmail, 2007). 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, 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,* evalu-

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.

ated 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 seventeenth 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 (Sanmartin *et al.*, 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" (Sanmartin *et al.*, 2002). Over 20 percent of the 1.4 million also indicated that their waiting time was unacceptable (Sanmartin *et al.*, 2002). 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 (Sanmartin *et al.*, 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 (Sanmartin *et al.*, 2004). The most recent data from Statistics Canada, from 2005, show that an estimated 523,600 Canadians had difficulties getting to see a specialist, 200,000 had difficulties getting non-emergency surgeries, and 294,800 had difficulties getting selected diagnostic tests (Statistics Canada, 2006; calculations by authors). Between 11 and 17.7 percent of those who accessed these specialized services (2.8 million, 1.6 million, and 2.2 million Canadians respectively) indicated they were affected by the wait. Of the affected individuals, 49.2 to 70.8 percent experienced "worry, anxiety, stress," and 37.7 to 51.3 percent reported experiencing pain. Finally, between 15.8 and 28.6 percent of individuals who accessed specialized services considered the wait time unacceptable (Statistics Canada, 2006).

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, Globerman (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 Globerman 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 Globerman's procedure-specific measures (which averaged 41 percent), Esmail (2006) estimated the cost of waiting per patient to be slightly more than $880 in 2006 if only hours during the normal working week were considered "lost," and as much as $2,678 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 battlefield 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 or elsewhere. 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 an estimated 1.2 percent of patients received treatment in another country during 2006/07.

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. Specialists 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 9 and April 13, 2007.

The survey was sent to all specialists in a category. 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 26 percent overall, 2 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 2006 and 2007. Table 7 provides frequency distribution data indicating the proportion of survey waiting times (specialist to treatment) 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

2 F or 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.

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.

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 2006 and 2007.

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 2005-2006. 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.

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. 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 July 6, 2007, we sent preliminary data across Canada to provincial ministries of health, and to provincial cancer and cardiac agencies. As of September 28, 2007, we received replies from provincial health ministries in British Columbia, Alberta, Saskatchewan, Mani-

toba, and Quebec, as well as Cancer Care Ontario and 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 2005-06. 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. The Prince Edward Island Ministry of Health publishes periodic reports on wait times in the priority areas identified in the First Ministers' *10-Year Plan to Strengthen Health Care.*

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 from the specialist's decision to treat the patient 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.

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 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 1: Comparison of Waiting Times in Alberta, Specialist to Treatment, 2007

Specialty/Procedure	AB Health Median Wait Time[1]	Fraser Institute Median Wait[2]
Plastic Surgery	6.0	14.2
Gynaecology	7.1	7.1
Tubal Ligation	8.3	8.0
Hysterectomy	7.3	8.0
Ophthalmology	11.1	11.7
Cataract Surgery	13.0	13.0
Operations on Eyelids	8.9	8.0
Otolaryngology	8.3	10.3
Tonsillectomy	11.6	12.0
General Surgery	5.0	5.7
Cholecystectomy	5.3	5.0
Mastectomy	2.1	2.0
Varicose veins	7.2	20.0
Neurosurgery	4.1	6.5
Orthopaedic Surgery	9.6	17.0
Hip Replacement Surgery	12.4	20.0
Knee Replacement Surgery	17.5	20.0
Cardiac/Thoracic/ Vascular Surgery	4.0/2.1/3.0	1.3(U)/ 13.2(E)
Coronary Artery Bypass Surgery	2.1	1.7(U)/17.5(E)
Heart Valve Surgery	9.3	1.4(U)/18.0(E)
Pacemaker Operations	0.7	1.0(U)/8.5(E)
Urology	4.9	4.5
Hernia Repair (Hernia/Hydrocele)	6.7	6.0 (General Surgery)/ 8.0 (Urology)
MRI Scans	11.3	10.0
CT Scans	1.3	4.0

U = urgent; E = elective
[1]Time within which 50% of patients were served in the 90 days preceding March 31, 2007.
[2]Prospective median wait, national hospital waiting list survey, 2007.
Sources: Alberta Ministry of Health and Wellness Wait List web site; and The Fraser Institute's hospital waiting list survey.

Chart 2: Number of Patients Waiting for Care, Alberta, 2007

Specialty/Procedure	Patients Waiting[1]	Fraser Institute Estimate
Plastic Surgery	3,273	1,378
Gynaecology	5,091	2,987
Tubal Ligation	927	464
Hysterectomy	1,983	628
Ophthalmology	8,829	7,520
Cataract Surgery	6,066	5,233
Operations on Eyelids	612	196
Otolaryngology	4,503	2,403
Tonsillectomy	1,487	886
General Surgery	6,436	5,607
Cholecystectomy	902	648
Mastectomy	261	195
Varicose veins	295	476
Neurosurgery	537	518
Orthopaedic Surgery	12,288	7,816
Hip Replacement Surgery/Knee Replacement Surgery	4,559	5,029
Cardiac/Thoracic/Vascular Surgery	1,162	156
Coronary Artery Bypass Surgery	202	68
Heart Valve Surgery	130	29
Pacemaker Operations	18	53
Urology	2,441	3,050
Hernia Repair (Hernia/Hydrocele)	2,378	1,239

[1]Count as at March 31, 2007.
Sources: Alberta Ministry of Health and Wellness Wait List web site; and The Fraser Institute's hospital waiting list survey.

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, Otolaryngology, Neurosurgery, Orthopaedic Surgery, Varicose Vein Surgery, and CT scanning services are the Institute's measures notably longer than those published by the Alberta Waitlist Registry.

A comparison with the number of patients waiting published on the Ministry's website suggests that The Fraser Institute's estimates of the number of procedures for which patients are waiting are not overstated (chart 2). It appears that in most cases The Fraser Institute's estimates of procedures for which patients are waiting underestimates the actual experience in Alberta. The only cases where the Institute's estimates are significantly greater than those published by the Alberta Ministry of Health and Wellness are in Joint Replacement, Varicose Veins, Pacemaker Operations, and Urology.

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 because it will not include any delays between the decision to treat the patient and the formal booking/recording for that patient. In addition, because some 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.

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

Specialty/Procedure	Patients Waiting[1]	Fraser Institute Estimate	Patients Served in Previous 90 days (proximate period)[2]	Procedures per week
Plastic Surgery	4,394	5,038	2,667	205.2
Gynaecology	5,342	3,131	5,300	407.7
Ophthalmology	14,784	11,723	11,628	894.5
Cataract Surgery	13,317	9,596	9,933	764.1
Cornea Transplant	403	281	141	10.8
Otolaryngology	5,413	3,287	3,206	246.6
General Surgery	13,428	7,149	12,140	933.8
Cholecystectomy	1,565	910	1,418	109.1
Neurosurgery	1,854	1,176	1,239	95.3
Carotid Endarterectomy	132	33	114	8.8
Orthopaedic Surgery	18,003	14,249	8,814	678.0
Hip Replacement	2,217	8,579	1,070	82.3
Knee Replacement	4,442		1,604	123.4
Cardiac Surgery	332	329	418	32.2
Vascular Surgery	1,162		1,119	86.1
Urology	5,839	8,118	6,320	486.2
Radiation Oncology	277	—	2,570	197.7

[1]Count as at May 31, 2007.
[2]Patients served in 3 months prior to May 31 except for Radiation Oncology (Feb. 28), and Cardiac Surgery and Cornea Transplant (April 30).
Sources: British Columbia Ministry of Health Services Wait List web site; and The Fraser Institute's hospital waiting list survey.

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 3.6 weeks for plastic surgery for the three months ending May 31. The web site also shows 4,394 patients waiting for surgery at that time (charts 3 and 4). In order for the waiting time for the next patient placed on the waiting list to be 3.6 weeks, the province would have to provide 1,221 procedures per week, nearly six times the number of surgeries delivered weekly during the 90 days preceding May 31 (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 3.6-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 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 May 31, 2007. 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 patients waiting and number of procedures actually provided weekly, and The Fraser Institute's median waiting time measurements.

For the three months ending May 31, 2007, the government's reported median wait averaged 34 percent of the "expected" wait, ranging from 11 percent (for neurosurgery) to 97 percent (for cardiac surgery). The Institute median wait data, meanwhile, averages 67 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

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

Specialty/ Procedure	BC Health Median Wait[1]	Implied 2007 Expected Wait[2]	Fraser Institute Median Wait[3]
Plastic Surgery	3.6	21.4	31.6
Gynaecology	3.9	13.1	6.0
Ophthalmology	6.3	16.5	10.9
Cataract Surgery	7.1	17.4	12.0
Cornea Transplant	8.8	37.2	36.0
Otolaryngology	5.9	21.9	11.2
General Surgery	3.6	14.4	6.1
Cholecystectomy	4.3	14.3	6.0
Neurosurgery	2.1	19.5	12.6
Carotid Endarterectomy	2.0	15.1	3.0[4]
Orthopaedic Surgery	7.0	26.6	20.7
Hip Replacement Surgery	11.1	26.9	25.0
Knee Replacement Surgery	19.1	36.0	25.0
Cardiac Surgery	10.0	10.3	6.1
Vascular Surgery	2.0	13.5	6.1
Urology	3.6	12.0	9.4
Radiation Oncology	0.9	1.4	—

[1]Median waits for 3 months ending May 31, 2007.
[2]Number of weeks to exhaust the list of patients waiting.
[3]Prospective median elective wait, national hospital waiting list survey, 2007.
[4]The Fraser Institute measures wait times for carotid endarterectomy in two surgical areas: Neurosurgery and Cardiovascular Surgery. The wait time for Neurosurgery in BC is reported here. Wait times in Cardiovascular surgery were 2.0 weeks for urgent treatment and 7.0 weeks for elective treatment.
Sources: British Columbia Ministry of Health Services Wait List web site; and The Fraser Institute's hospital waiting list survey.

highly problematic—for example, some patients had 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 on average 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

Chart 5: Comparison between Saskatchewan Surgical Care Network Wait List Measures and *Waiting Your Turn 2007*

Specialty/ Procedure	SSCN Median Wait[1]	SSCN Elective Wait[2]	Fraser Institute Median
Plastic Surgery	14.4	36.4	41.4
Gynaecology	5.0	20.7	15.6
Ophthalmology	11.3	25.9	14.2
Otolaryngology	5.4	38.8	58.0
General Surgery	3.7	17.4	6.3
Neurosurgery	4.6	27.0	5.2
Orthopaedic Surgery	20.4	36.6	46.7
Cardiovascular Surgery	1.3	16.6	2.0 (Urgent)
Cardiovascular Surgery	1.3	16.6	7.6 (Elective)
Urology	3.4	17.9	9.7
All Procedures/ Specialties	6.9	27.2	16.5

[1]SSCN non-emergent median wait times are retrospectively measured for procedures performed between October 2006 and March 2007.

[2]Saskatchewan Surgical Care Network data is available as a proportion of patients who received their surgery within certain time frames. SSCN measures non-emergent surgeries, which includes both urgent and elective treatments. 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*. More specifically, the SSCN elective wait presented here is a weighted average measure based on the mid-point of each time frame other than the shortest time frame. For example, 41% of patients in Saskatchewan waited less than 3 weeks for Orthopaedic Surgery, 5% waited 4 to 6 weeks, 11% waited 7 weeks to 3 months, 28% waited 4 to 12 months, 9% waited 13 to 18 months, and 5% waited more than 18 months. Removing the percentage of patients treated in the 0-3 week time frame, and taking the midpoints of the remaining time frames to be 5, 10, 34.7, 67.2, and 82 weeks respectively, gives an average elective waiting time of 36.6 weeks.

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*.

Chart 6: Comparison between the Number of Patients Waiting According to Saskatchewan Surgical Care Network Wait List and Procedures for which Patients are Waiting Estimate from *Waiting Your Turn 2007*

Specialty	SSCN Count[1]	FI Estimate
Plastic Surgery	1,316	1,670
Gynaecology	2,395	2,060
Ophthalmology	5,385	4,376
Otolaryngology	3,573	6,590
General Surgery	2,812	2,529
Neurosurgery	549	140
Orthopaedic Surgery	6,126	8,114
Cardiovascular Surgery	231	95
Urology	1,003	2,260
Overall Count	26,240	49,370

[1]SSCN Patients waiting count at March 31, 2007.
Sources: Saskatchewan Surgical Care Network wait list website and The Fraser Institute's national waiting list survey.

It is, however, possible to construct a measure from SSCN data that is more comparable with that measured by The Fraser Institute. In addition to the non-emergent median wait time measures published on the web site, SSCN also provides data on the proportion of patients (non-emergent) treated in several time frames: 0-3 weeks, 4-6 weeks, 7 weeks-3 months, 4-12 months, 13-18 months, and more than 18 months. By eliminating the proportion of patients treated in the shortest time frame (0-3 weeks), and by taking the mid-points of the remaining time frames to be 5, 10, 34.7, 67.2, and 82 weeks respectively, it is possible to construct a weighted average "elective" wait time measure for Saskatchewan that should be more comparable with the elective wait times measured by The Fraser Institute. The calculated SSCN elective wait time measure is shown in chart 5. This comparison suggests that The Fraser Institute's measures neither necessarily overstate nor necessarily understate the actual patient experience in Saskatchewan. Notably, only in the cases of plastic surgery, otolaryngology, and orthopaedic surgery are the Institute's estimates longer than the SSCN elective wait time measure.

With respect to the estimates of procedures for which patients are waiting, only in the cases of plastic surgery, otolaryngology, 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 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 16.9 weeks for orthopaedic surgery, 2.8 weeks for elective cardiovascular surgery, and 7.7 weeks for ophthalmology procedures in 2007.

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 2007, the wait for radiotherapy was approximately 24.5 days for cancer of the larynx, and 28 days for cancer of the cervix, and lung cancer (see tables 3 and 5k). However, the 2007 estimate that the median wait for prostate cancer treatment was approximately 45.5 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 2007, the wait to see an orthopaedic specialist was 12.0 weeks (see table 3) and the wait to receive hip or knee surgery was 20.0 weeks (see table 5g).

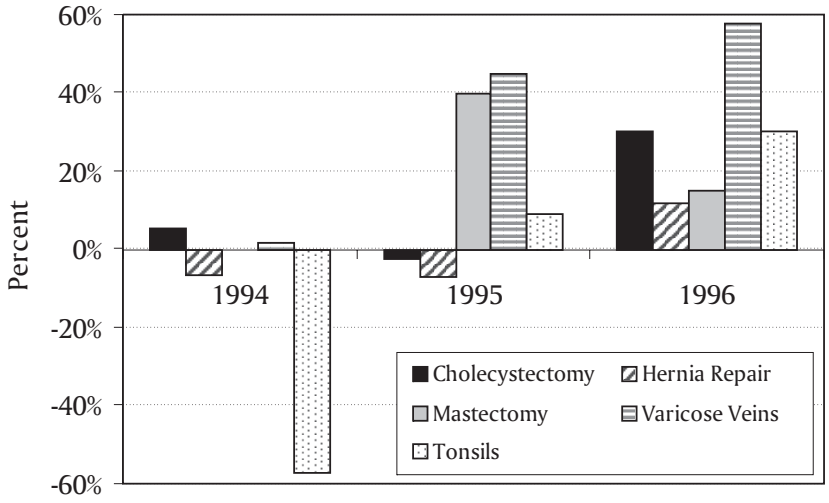
Examination of waiting times for particular cardiovascular treatments in 1990 by Collins-Nakai *et al.* (1992) focused on three important procedures. They estimated median Canadian waiting times of 11 weeks for angioplasty and 5.5 months for cardiac bypass surgery. In comparison, 2007 median waiting times for "angiography/angioplasty" ranged from 3.0 weeks in Ontario to 13.0 weeks in Newfoundland (see table 5j), and for elective cardiac bypass ranged from 2.5 weeks in Ontario to 17.5 weeks in Alberta (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 2007 data indicated that the provincial waiting time for elective bypass surgery (between specialist consultation and treatment) ranged from 2.5 weeks in Ontario to 17.5 weeks in Alberta (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 2007 Ontario survey data reveal waiting times for emergent, urgent, and elective bypass surgery of 0.7, 4.2, and 17.5 days respectively (see table 5h).

Thirteen 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 Institute estimates of waiting times for those proce-

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.

dures. 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.

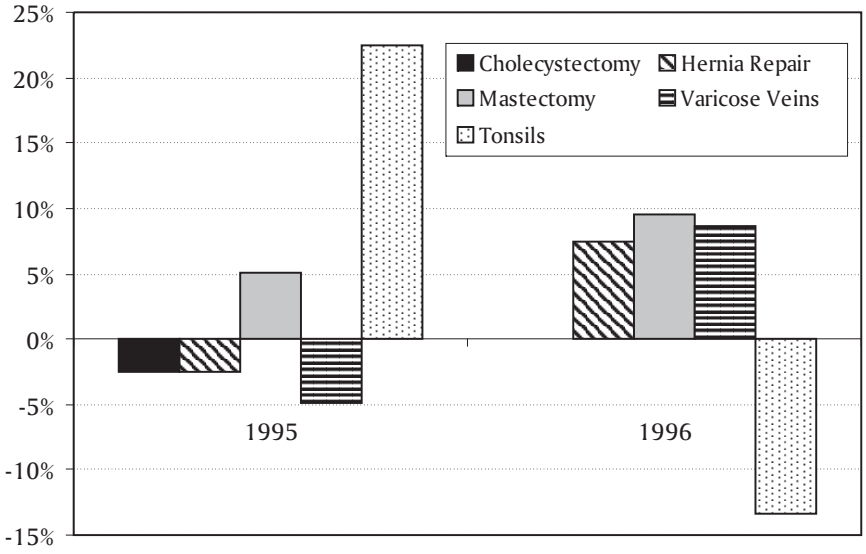
As chart 8 shows, the data from DeCoster *et al.* (1998) for two adjacent measurement periods—1995 and 1996—reveal very wide swings in the *ex post* waiting time experienced by patients. Tonsillectomy wait times increased by 22 percent in 1995 only to fall 13 percent the following year, a total swing 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, Elective Bypass Surgery, Hysterectomy, Radical Prosta-

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



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

tectomy, 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 more [3] 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).

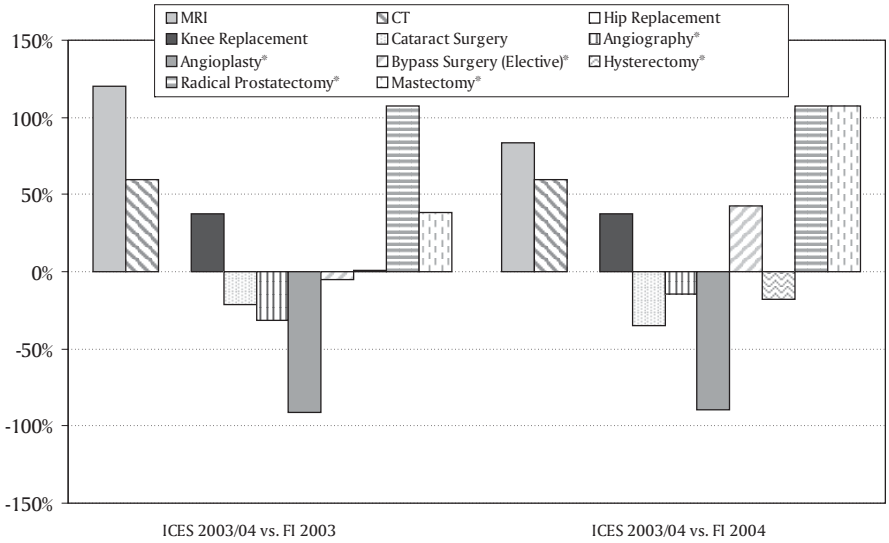
Liu and Trope (1999) assessed the length of wait for selected ophthalmological surgeries in Ontario in late 1997. The Institute's survey also tracks three of these procedures—cataract extraction, corneal transplant, and pterygium excision. In all three cases, the Institute figures (see Ramsay and Walker,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

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.

weeks), and 5.75 months (24.9 weeks) for each 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.

Revah and Bell (2007), in a telephone survey of wait times for MRI scans, reported a median provincial wait time of five weeks in Nova Scotia and 26 weeks in Saskatchewan for an MRI test of the knee between January and August 2005. By comparison, *Waiting Your Turn* found the median waiting time for an MRI in 2005 to be 9.0 weeks in Nova Scotia and 24.0 weeks in Saskatchewan.

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, 75 independent waiting time estimates exist for comparison with recent Institute figures. In 50 of 75 cases, the Institute figures lie below the comparison values. In only 22 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 2006-07, an average of 2.5 percent of cardiac patients inquired about receiving treatment in another province, while 2.2 percent of patients asked about treatment in another country. From these inquiries, 1.0 percent of all patients received treatment in another province and 0.9 percent received treatment in another country (Fraser Institute, national hospital waiting list survey, 2007).

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 2007 was 3.0 weeks (Nova Scotia) (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 2007 was 13.2 weeks (Alberta) (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 0.8 weeks for surgery (instead of 6 weeks), and that patients requiring elective cardiovascular surgery should only wait 5.0 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. This year's median wait times for Nova Scotia and Newfoundland fell outside this range (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 median waits for urgent bypass surgery were 2 weeks or longer in British Columbia, Saskatchewan, and Nova Scotia, while wait times for elective bypass surgery in British Columbia, Alberta, Saskatchewan, New Brunswick, Nova Scotia and Newfoundland were 6 weeks or longer in 2007 (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). The waiting times for urgent operations on the valves and septa of the heart in Saskatchewan and Nova Scotia were 2 weeks or longer in 2007, while wait times in British Columbia, Alberta, Saskatchewan, New Brunswick, Nova Scotia, and Newfoundland were 6 weeks or longer (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 in 2007 for urgent operations was 2.0 weeks (Saskatchewan), while the waiting time reported for 2007 in Alberta fell 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 2007 was 0.8 weeks (British Columbia). The provinces have also agreed that level two patients should be treated within 6 weeks. The longest median wait reported for urgent surgery in 2007 was 3.0 weeks (Nova Scotia). 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 2007 was 17.5 weeks (Alberta).

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.

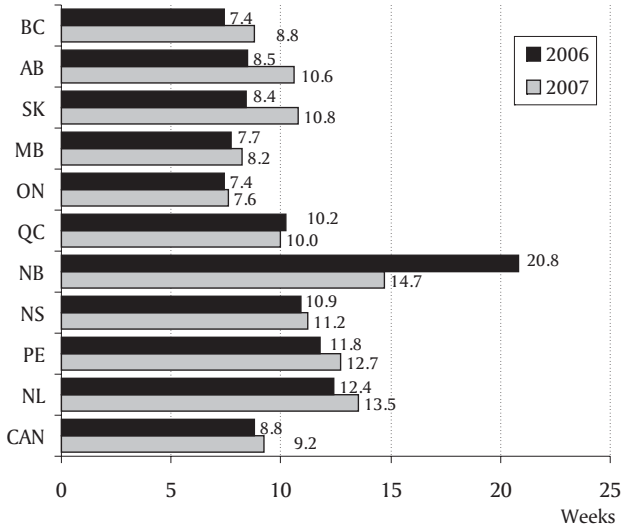
Survey results: estimated waiting in Canada

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 2007 provide details, by province, of total waiting and of each segment.

Waiting time between general practitioner referral and specialist appointment

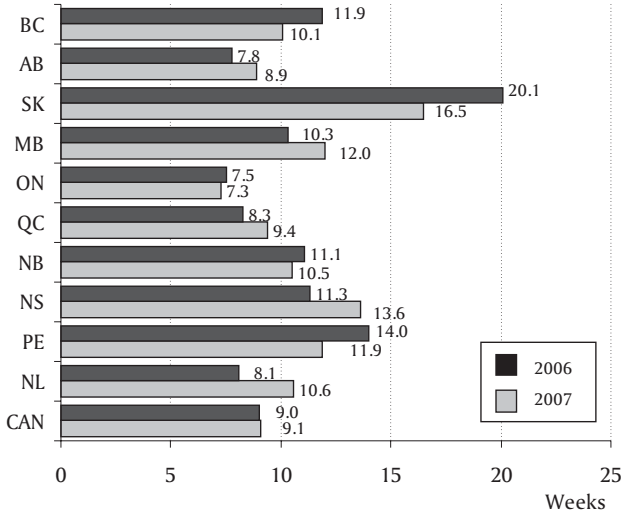
Table 3 indicates the median number of weeks that patients wait for initial appointments with specialists after referral from their general practitioners or from other specialists. For Canada as a whole, the waiting time to see a specialist, 9.2 weeks in 2007, is 149 percent longer than in 1993, when it was 3.7 weeks (see graphs 1 and 2). The weighted medians, depicted in chart 10 and graph 1, reveal that Ontario has the shortest waits in the country for appointments with specialists (7.6 weeks), while New Brunswick has the longest (14.7 weeks). The waiting time to see a specialist has increased in 8 provinces since 2006, and has fallen in Quebec and New Brunswick. 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 Ontario, Quebec, Prince Edward Island, and Newfoundland; to see a gynaecologist in Alberta, Saskatchewan, New Brunswick, or Prince Edward Island; to see an ophthalmologist in all provinces except British Columbia, Manitoba, and Nova Scotia; to see an otolaryngologist in Alberta or Nova Scotia; to see a neurosurgeon in all provinces

Chart 10: Waiting By Province in 2006 and 2007: Weeks Waited from Referral by GP to Appointment with Specialist



Source: The Fraser Institute's national waiting list survey, 2007.

Chart 11: Waiting by Province in 2006 and 2007: Weeks Waited from Appointment with Specialist to Treatment



Source: The Fraser Institute's national waiting list survey, 2007.

except Nova Scotia; to see an orthopaedic surgeon in all provinces; to see a cardiovascular surgeon in Nova Scotia; to see a urologist in Prince Edward Island or Newfoundland; and to see an internal medicine specialist in New Brunswick.

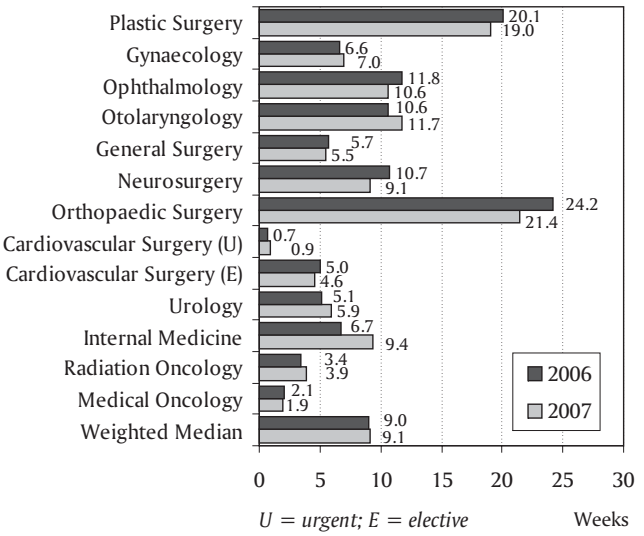
Waiting time between specialist consultation and treatment

Tables 5a through 5l contain data on the time waited between specialist consultation and treatment for 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 charts 11 and 12 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 rose marginally in 2007 to 9.1 weeks, up 0.1 weeks from the 2006 level (9.0 weeks) but still remaining below the historical highs experienced in the earlier part of this decade. This portion of waiting is 63 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 2007 weighted medians indicates that the longest median wait for surgery after visiting a specialist occurs in Saskatchewan (16.5 weeks) and the shortest is in Ontario (7.3 weeks). Chart 11 illustrates the median waits for treatment by province. Among the specialties, the longest Canada-wide waits are for orthopaedic surgery (21.4weeks), plastic surgery (19.0 weeks), and otolaryngology (11.7 weeks), while the shortest waits exist for urgent cardiovascular surgery (0.9 weeks), medical oncology (1.9 weeks), and radiation oncology (3.9 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. Newfoundland performs the highest proportion of surgeries within 13 weeks (82.3 percent), and within 8 weeks (64.6 percent). Waits of 26 weeks or more are least frequent in Ontario (7.1 percent), and most frequent in Saskatchewan (26.7 percent).

Table 6 compares the 2006 and 2007 waiting times for treatment. This year's study indicates an overall

Chart 12: Waiting by Province in 2006 and 2007—Weeks Waited from Appointment with Specialist to Treatment, by Specialty



Source: The Fraser Institute's national waiting list survey, 2007.

increase in the waiting time between consultation with a specialist and treatment in 5 provinces, with decreases in British Columbia (15%), Saskatchewan (18%), Ontario (2%), New Brunswick (5%), and Prince Edward Island (15%) (table 6 and chart 11). At the same time, between 2006 and 2007, the median wait increased by 14 percent in Alberta, 16 percent in Manitoba, 12 percent in Quebec, 20 percent in Nova Scotia, and 32 percent in Newfoundland.

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 13 present these total wait times for each province in 2007. For Canada as a whole, total waiting time rose slightly, from its previous value of 17.8 weeks in 2006 to 18.3 weeks in 2007—reaching a new high and continuing to hover near the 18 week mark as it has since 2003. Among the provinces, total waiting time fell in 4 (British Columbia, Saskatchewan, New Brunswick, and Prince Edward Island) between 2006 and 2007, but rose in the other 6. The shortest total waiting times in 2007 were recorded in Ontario (15.0 weeks), British Columbia (19.0 weeks), and Quebec (19.4 weeks). The longest total waits were in Saskatchewan (27.2 weeks), New Brunswick (25.2 weeks), and Nova Scotia (24.8 weeks).

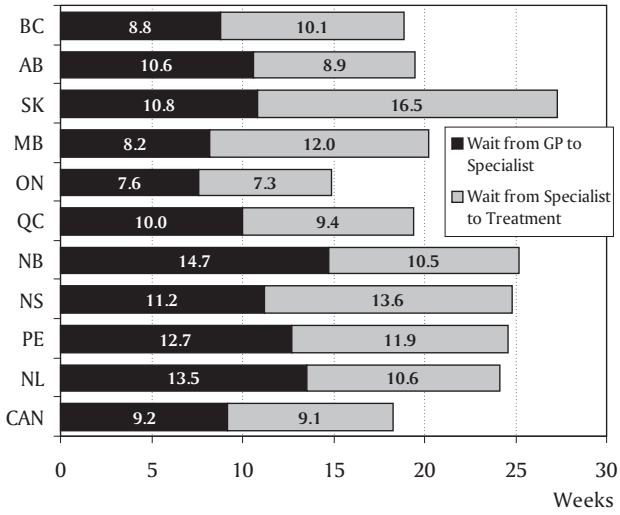
For Canada as a whole, the longest waits for treatment are in orthopaedic surgery, plastic surgery, and neurosurgery. The median waits for these specialties (table 2 and chart 14) are longer than 6 months: 38.1 weeks for orthopaedic surgery, 34.8 weeks for plastic surgery, and 27.2 weeks for neurosurgery. The shortest wait in Canada is for cancer patients being treated with chemotherapy. These patients wait approximately 4.2 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-six 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 orthopaedic surgery in Ontario is 16.9 weeks. A clinically reasonable length of time to wait, according to specialists in Ontario, is 10.9 weeks. In Alberta, the actual time to wait for an ophthalmological procedure is 11.7 weeks, whereas a wait of 9.2 weeks is considered to be clinically reasonable. Table 10 summarizes the differences between the median reasonable and median actual wait for specialties.

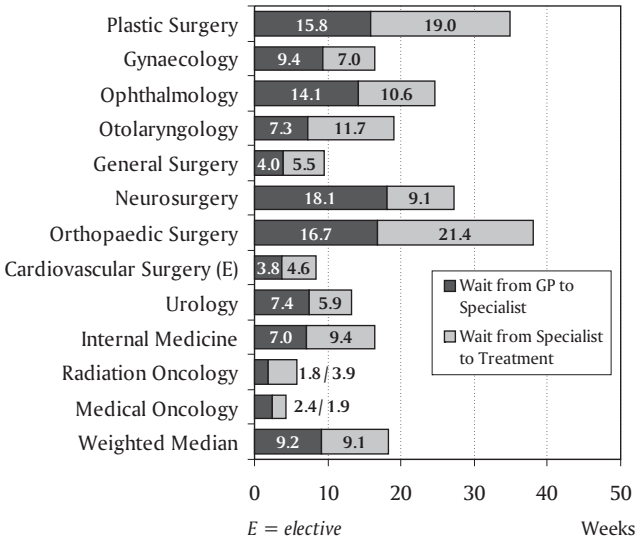
Chart 15 compares the actual median number of weeks patients are waiting for treatment in Canada after having seen a specialist with the reasonable median number of weeks specialists feel patients should be

Chart 13: Median Wait by Province in 2007: 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, 2007.

Chart 14: Median Wait by Specialty in 2007: 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, 2007.

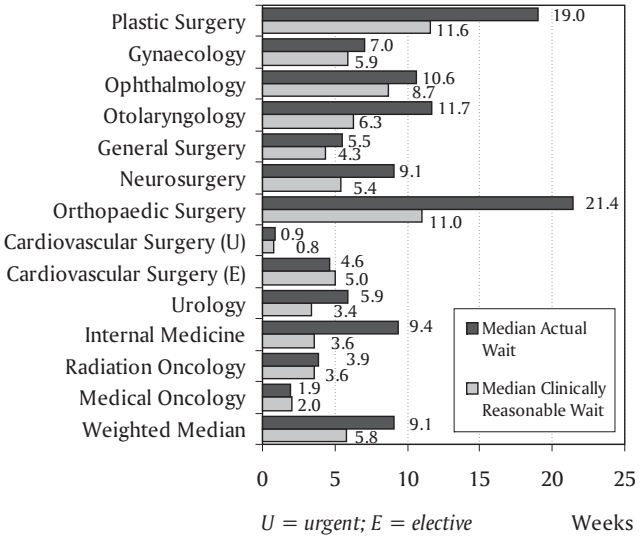
waiting. The largest difference between these two values is in orthopaedic surgery, where the actual waiting time is more than 10 weeks longer than what is considered to be reasonable by specialists.

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 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.

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 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 8,862 gynaecology procedures for which people are waiting, while there are only 2,987 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: 88 procedures per 100,000 people there, versus 70 procedures per 100,000 people in Ontario (see table 14). Tables 12 and 14 provide summaries of esti-

Chart 15: Median Actual Wait Versus Median Clinically Reasonable Wait by Specialty for Canada: Weeks Waited from Appointment with Specialist to Treatment in 2007



Source: The Fraser Institute's national waiting list survey, 2007.

mated numbers of procedures for which people are waiting.

Table 15 compares the numbers of procedures for which people were waiting in 2006 with those in 2007.

In four provinces, the estimated number of procedures for which people are waiting decreased between 2006 and 2007. Conversely, the estimated number of procedures for which people are waiting in Canada rose from 770,641 in 2006 to 827,429, a 7.4 percent increase. As a percentage of the population, 2.54 percent of Canadians were waiting for treatment in 2007, varying from a low of 2.02 percent in Ontario to a high of 5.01 percent in Saskatchewan.

Pan-Canadian benchmarks

Canada's provincial, territorial, and federal governments agreed to a set of common benchmarks for medically necessary treatment on December 12, 2005. Chart 16 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,[4] 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 evaluate 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

4 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: Pan-Canadian Benchmark Wait Times and Waiting Your Turn 2007

Procedure (Pan-Canadian Benchmark/ Waiting Your Turn)	Pan-Canadian Benchmark Wait Time	National Median Wait Time[1] (Range of Provincial Median Wait Times) in weeks	National Median Reasonable Wait Time[1] (Range of Provincial Reasonable Median Wait Times) in weeks
Radiation Therapy/Radiation Oncology	within 4 weeks of patients being ready to treat	3.9 (1.3-6.1)	3.6 (1.7-6.7)
Hip Replacements	within 26 weeks	25.4 (15.5-80.0)	12.4 (10.0-20.0)
Knee Replacements	within 26 weeks	25.4 (15.5-80.0)	12.4 (10.0-20.0)
Cataract Surgery	within 16 weeks for patients who are at high risk	11.2 (7.0-24.0)	9.3 (8.0-12.5)
Cardiac Bypass Surgery	Level 1 within 2 weeks/ Level 2 within 6 weeks/ Level 3 within 26 weeks	Emergent: 0.1 (0.0-0.8)/ Urgent: 0.9 (0.5-3.0)/ Elective: 5.1 (2.5-17.5)	Emergent: 0.1 (0.0-0.8)/ Urgent: 0.9 (0.4-2.3) /Elective: 5.4 (3.8-12.0)

[1]These 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.

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 2006, the fraction of total Canadian health spending attributable to governments was 70.4 percent (OECD, 2007). A substantial body of economic research demonstrates that governments are almost always less effective providers of goods and services than private firms. Borcherding *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 work with scarce resources. Chart 17 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 second in health spending amongst the universal-access, public-health-care-system countries in the

Chart 17: Canadian Doctors, Medical Technology, and Health Spending Relative to the Universal Access Countries of the OECD[1], Age-Adjusted[2], 2003

Comparison	Canadian Value	OECD Average	Canadian Rank	Number of Countries
Doctors per 1,000 Population	2.3	3.0	24	28
CT Scanners per Million Population	11.7	18.9	17	23
MRI Scanners per Million Population	5.1	7.9	13	24
Lithotriptors per Million Population	0.6	2.8	18 (tie)	20
Mammographs per Million Population	21.4	20.1	7	17
National Health Expenditure as a Percent of GDP	11.0	8.8	2	27

[1]That is, not including the United States or Mexico.
[2]All 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, 2006).
Source: Esmail and Walker, 2006.

OECD in 2003 after accounting for the age of the Canadian population (Esmail and Walker, 2006), 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 18 displays the median number of weeks patients must wait for access to a CT, MRI, or ultrasound scanner. The median wait for MRI scans was shorter in 2007 than in 2006, while the national median wait times for CT scans and ultrasound increased. The median wait for a CT scan across Canada was 4.8 weeks. The shortest wait for computed tomography was in British Columbia, Alberta, Ontario, New Brunswick, and Nova Scotia (4.0 weeks), while the longest wait occurred in Manitoba (8.0 weeks). The median wait for an MRI across Canada was 10.1 weeks. Patients in Ontario waited the least amount of time for an MRI (7.8 weeks), while Newfoundland residents waited longest (20.0 weeks). Finally, the median wait for ultrasound was 3.9 weeks across Canada. Alberta and Ontario displayed the shortest wait (2.0 weeks) while Manitobans and Prince Edward Islanders, at 10.0 weeks, waited the longest for ultrasound.

Conclusion

The 2007 *Waiting Your Turn* survey indicates that waiting times for medical treatment in Canada have increased slightly from 2006, 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 8.4 percent of patients are on waiting lists because they requested a delay or postponement of their treatment. The responses range from a low of 5.7 percent of internal medicine patients requesting a delay of treatment, to a high of 12.8 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 averages 52.9 percent, ranging from 37.5 percent of gynaecology patients to 71.8 percent of radiation oncology patients (Fraser Institute, national hospital waiting list survey, 2007).

Chart 18: Waiting for Technology: Weeks Waited to Receive Selected Diagnostic Tests in 2005, 2006, and 2007

Province	CT-Scan			MRI			Ultrasound		
	2007	2006	2005	2007	2006	2005	2007	2006	2005
British Columbia	4.0	5.0	5.0	12.0	12.0	12.0	3.5	3.0	3.0
Alberta	4.0[1]	4.0	5.5	10.0[2]	9.0	10.0	2.0	2.5	2.0
Saskatchewan	5.5	5.0	8.0	12.0	12.0	24.0	4.0	3.5	2.3
Manitoba	8.0[3]	6.0	6.0	8.0[4]	10.0	10.0	10.0[5]	8.0	6.0
Ontario	4.0[6]	4.0	6.0	7.8[7]	8.0	11.5	2.0	2.0	2.0
Quebec	6.0	4.0	5.0	12.0	12.0	12.0	6.0	6.0	5.0
New Brunswick	4.0	5.0	4.0	8.0	9.0	10.0	4.0	4.5	4.0
Nova Scotia	4.0[8]	4.0	4.0	10.0[9]	8.0	9.0	5.0[10]	6.0	4.0
P.E.I.	6.5[11]	9.0	4.0	12.0[12]	13.0	5.0	10.0	8.0	5.0
Newfoundland	5.8	5.0	5.5	20.0	28.0	36.0	6.0	4.8	9.0
Canada	4.8	4.3	5.5	10.1	10.3	12.3	3.9	3.8	3.4

[1]Alberta Health and Wellness web site reports a 1.3 week median wait time for CT scans for the 90 days ending March 31, 2007. 9,112 patients were waiting for CT scans at March 31.
[2]Alberta Health and Wellness web site reports an 11.3 week median wait time for MRI scans for the 90 days ending March 31, 2007. 23,781 patients were waiting for MRI scans at March 31.
[3]Manitoba Health web site reports a 9 week average estimated maximum wait time for CT/CAT scans for July 2007.
[4]Manitoba Health web site reports a 6 week average estimated maximum wait time for MRI scans for July 2007.
[5]Manitoba Health web site reports a 12 week average estimated maximum wait time for ultrasound exams for July 2007.
[6]Ontario Ministry of Health and Long Term Care web site reports that 90% of patients received a CT scan within 62 days (8.9 weeks) in April-May 2007.
[7]Ontario Ministry of Health and Long Term Care web site reports that 90% of patients received an MRI scan within 110 days (15.7 weeks) in April-May 2007.
[8]Nova Scotia Department of Health web site reports wait times ranging from 0 to 86 days (0 to 12.3 weeks) for CT scans in August 2007.
[9]Nova Scotia Department of Health web site reports wait times ranging from 18 to 140 days (2.6 to 20.0 weeks) for MRI scans in August 2007.
[10]Nova Scotia Department of Health web site reports wait times ranging from 7 to 112 days (1.0 to 16.0 weeks) for ultrasounds in August 2007.
[11]PEI Ministry of Health web site reports median wait times of less than 1 week for urgent CT scans and 8 weeks for routine CT scans in 2006.
[12]PEI Ministry of Health web site reports median wait times of less than 48 hours for urgent MRI scans and 12 weeks for routine MRI scans in 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.

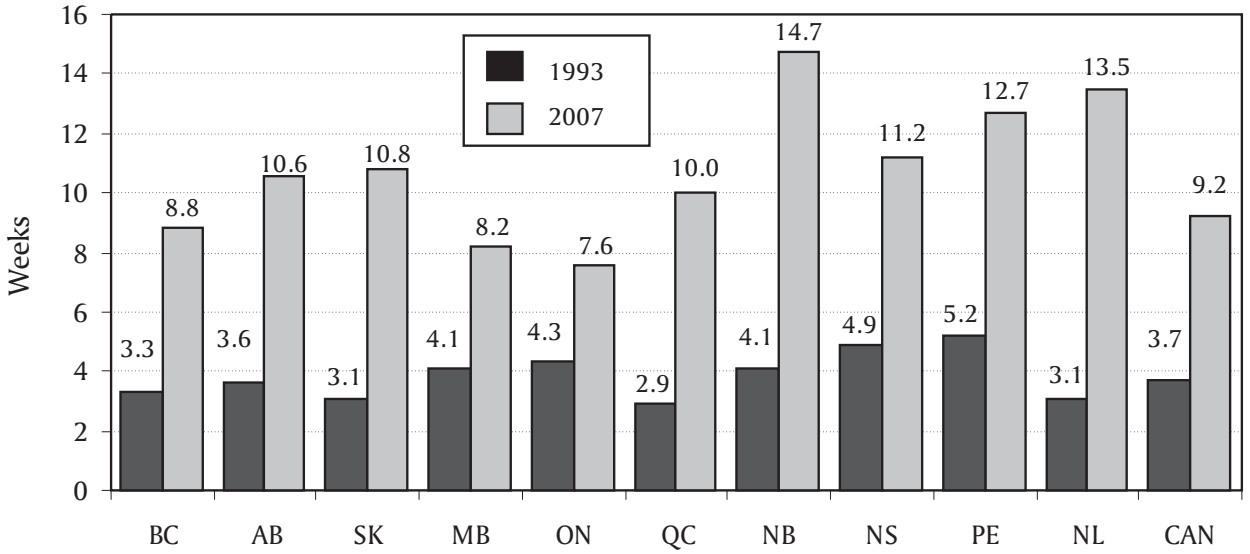
Selected Graphs

Graphs 1–6: Median Actual Waiting Times, 1993 and 2007

Graphs 7–8: Median Reasonable Waiting Times, 1994 and 2007

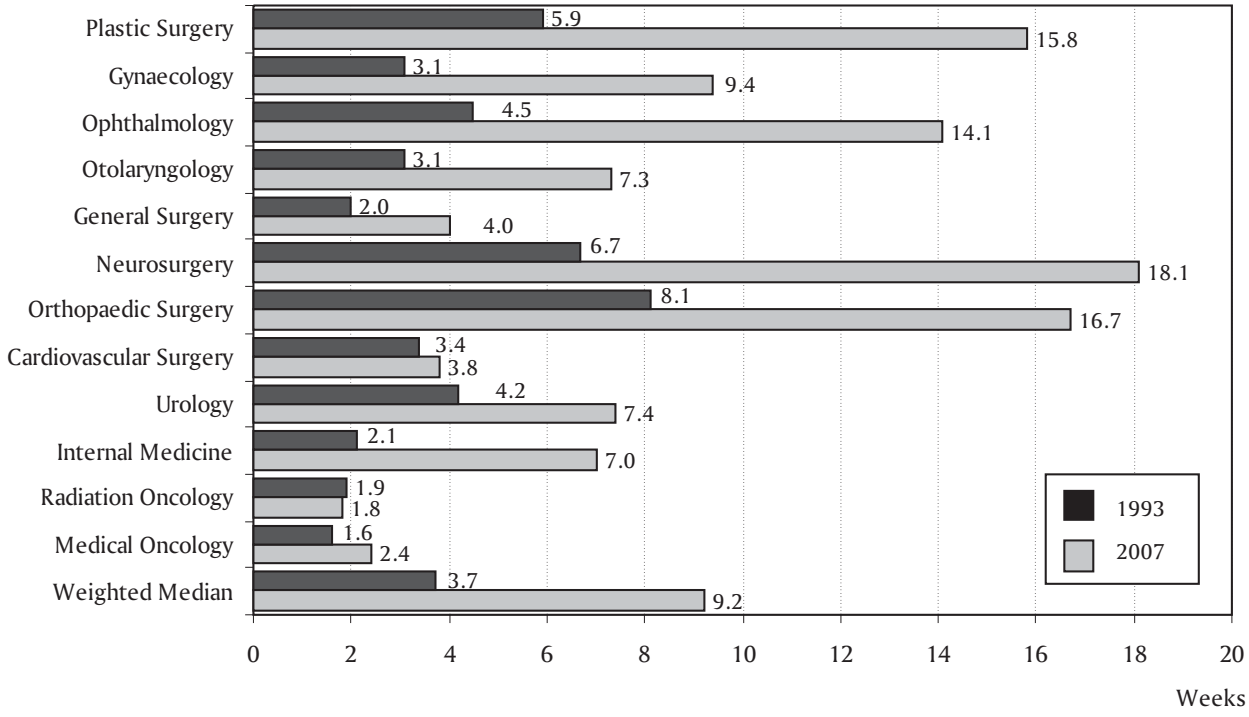
Graphs 9–19: Actual versus Reasonable Waiting Times, 1994 through 2007, by Province

Graph 1: Median Wait Between Referral by GP and Appointment with Specialist, by Province, 1993 and 2007



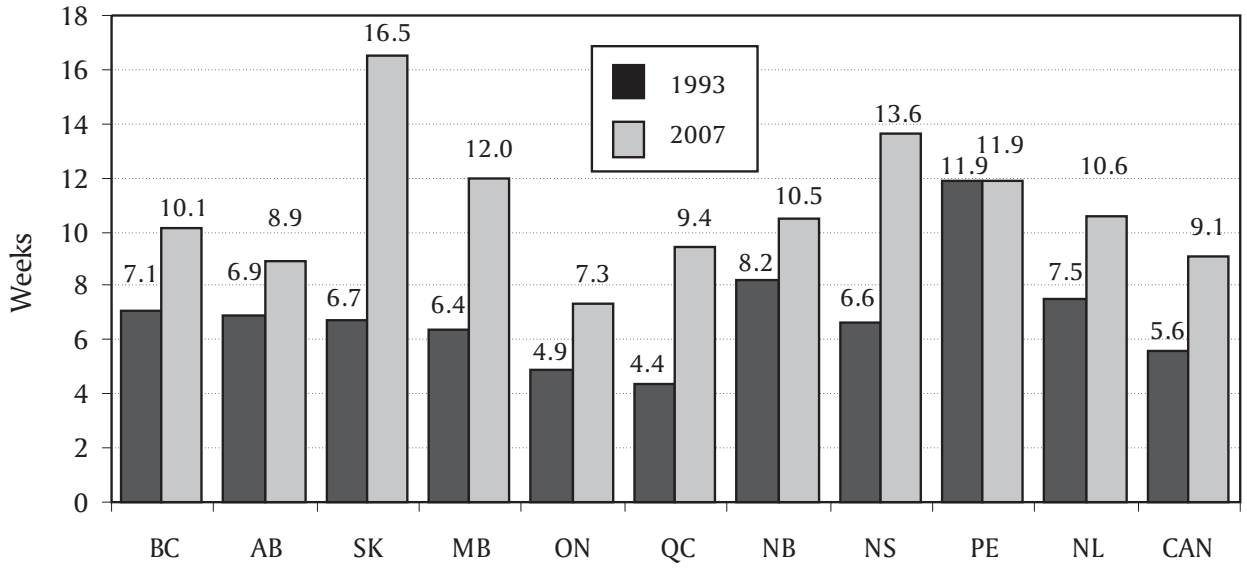
Source: The Fraser Institute's national waiting list survey, 2007; and Ramsay and Walker, 1997.

Graph 2: Median Wait between Referral by GP and Appointment with Specialist, by Specialty, 1993 and 2007



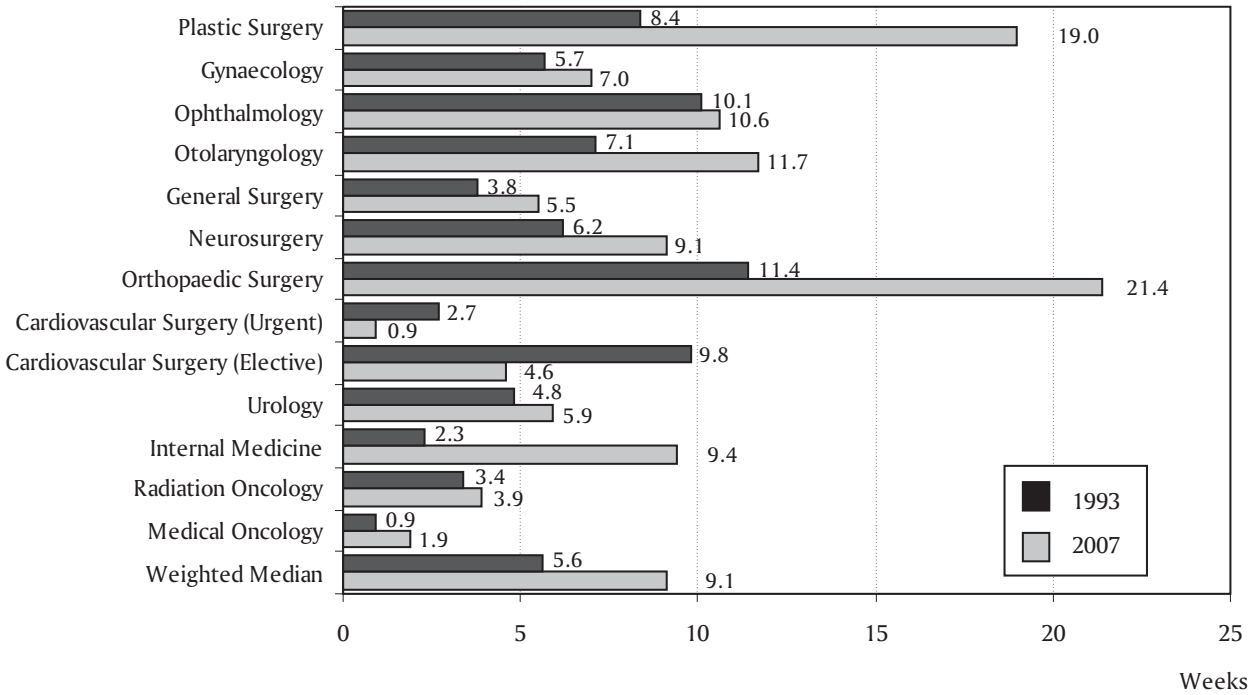
Source: The Fraser Institute's national waiting list survey, 2007; and Ramsay and Walker, 1997.

Graph 3: Median Wait between Appointment with Specialist and Treatment, by Province, 1993 and 2007



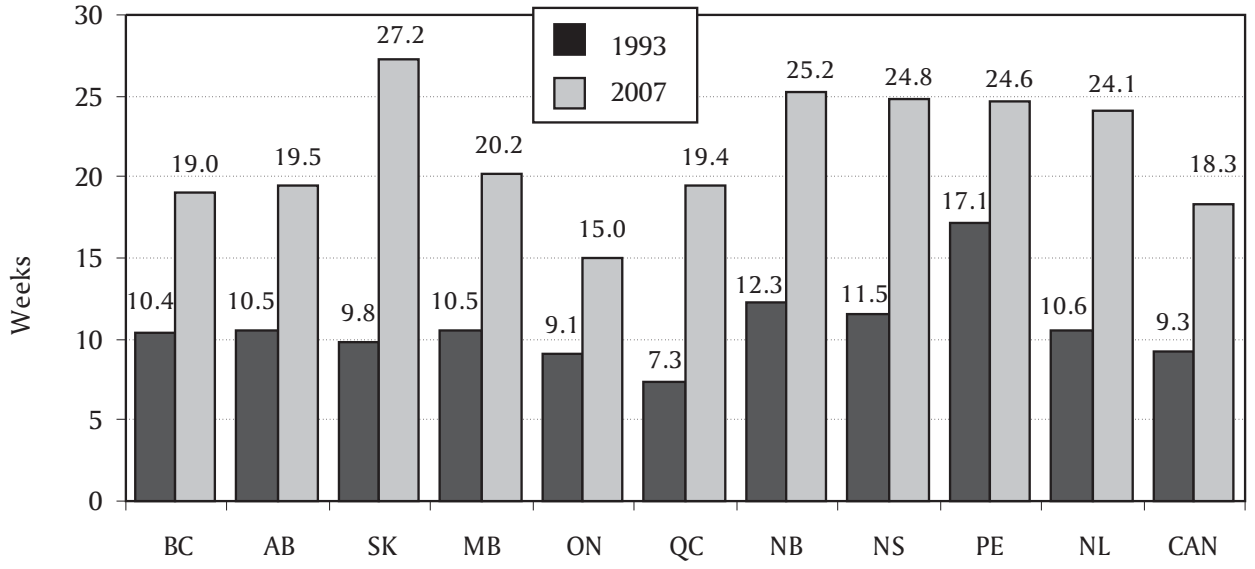
Source: The Fraser Institute's national waiting list survey, 2007; and Ramsay and Walker, 1997.

Graph 4: Median Wait between Appointment with Specialist and Treatment, by Specialty, 1993 and 2007



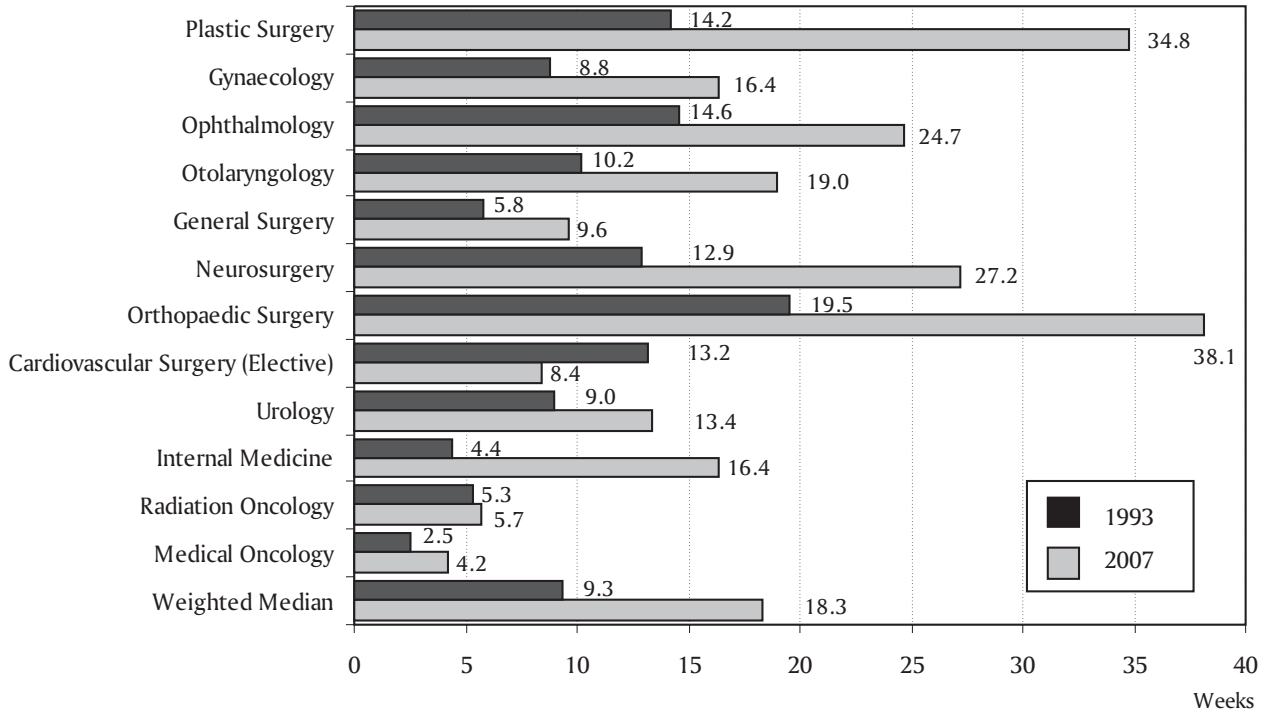
Source: The Fraser Institute's national waiting list survey, 2007; and Ramsay and Walker, 1997.

Graph 5: Median Wait between Referral by GP and Treatment, by Province, 1993 and 2007



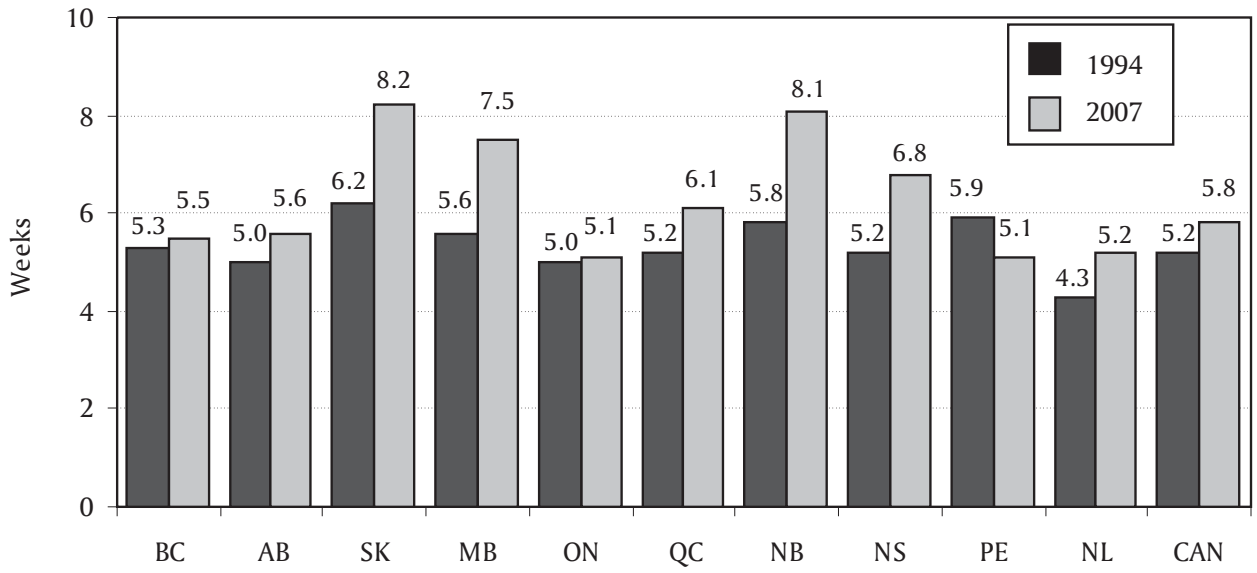
Note: Totals may not equal the sum of the subtotals due to rounding.
Source: The Fraser Institute's national waiting list survey, 2007; and Ramsay and Walker, 1997.

Graph 6: Median Wait between Referral by GP and Treatment, by Specialty, 1993 and 2007



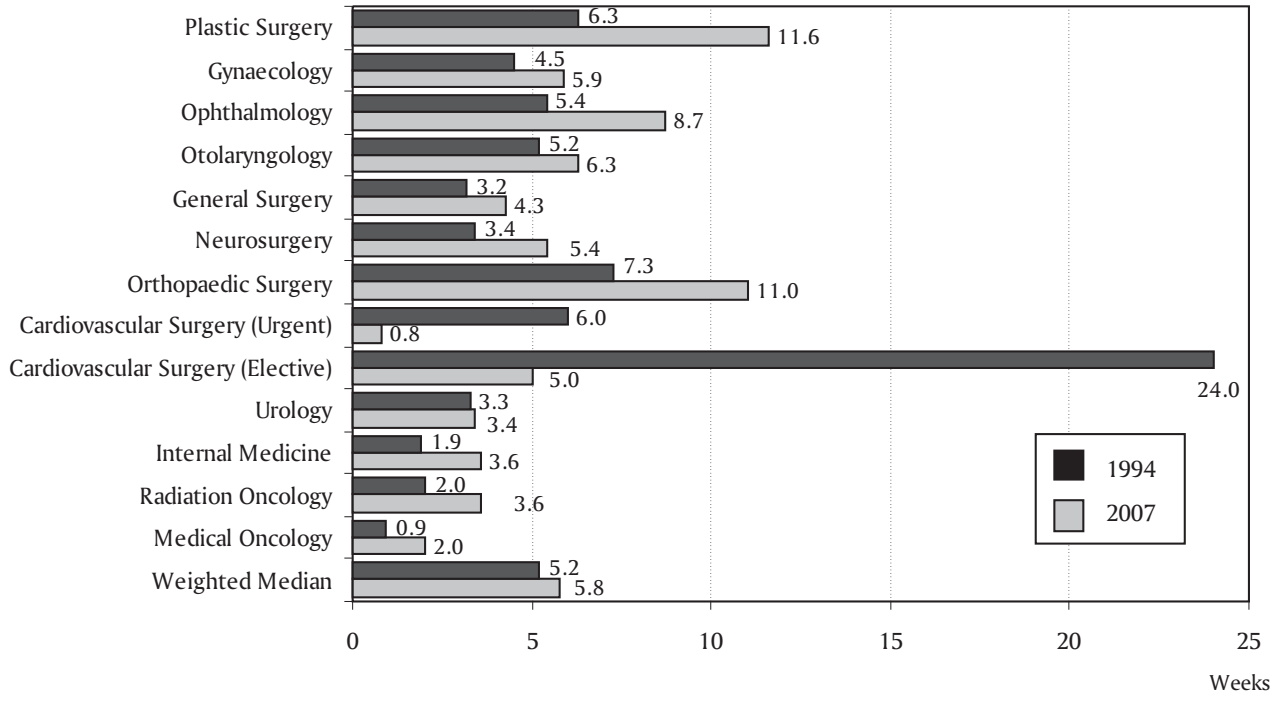
Note: Totals may not equal the sum of the subtotals due to rounding.
Source: The Fraser Institute's national waiting list survey, 2007; and Ramsay and Walker, 1997.

Graph 7: Median Reasonable Wait between Appointment with Specialist and Treatment, by Province, 1994 and 2007



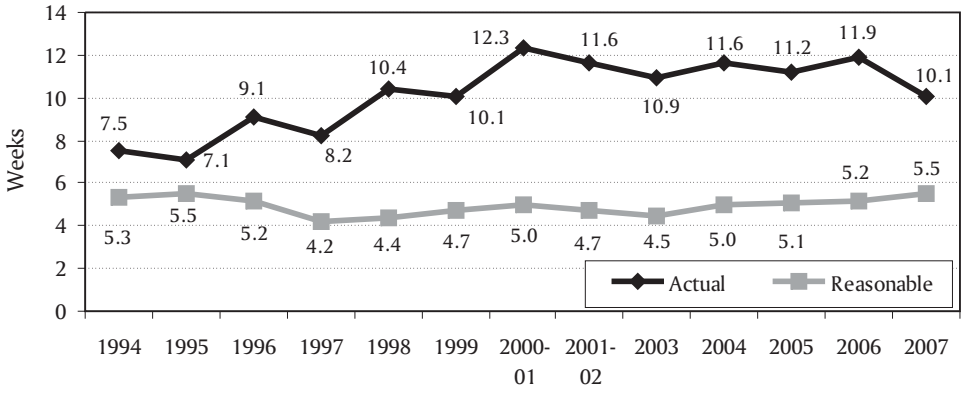
Source: The Fraser Institute's national waiting list survey, 2007; and Ramsay and Walker, 1997.

Graph 8: Median Reasonable Wait between Appointment with Specialist and Treatment, by Specialty, 1994 and 2007



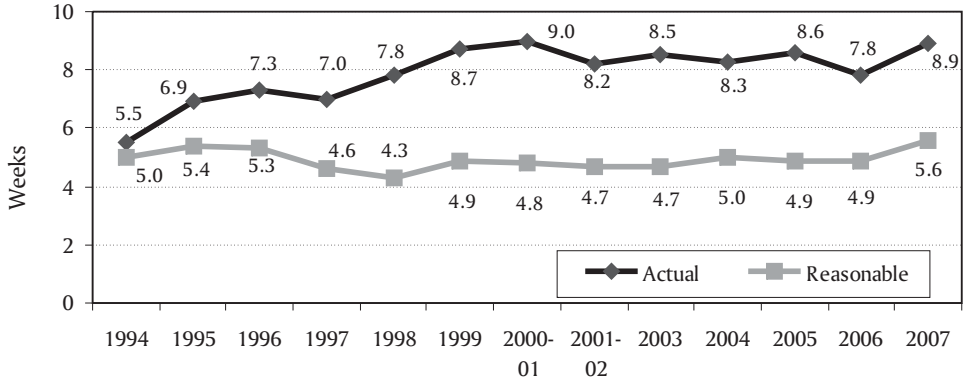
Source: The Fraser Institute's national waiting list survey, 2007; Ramsay and Walker, 1997; and Naylor *et al*., 1991.

Graph 9: British Columbia—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2007



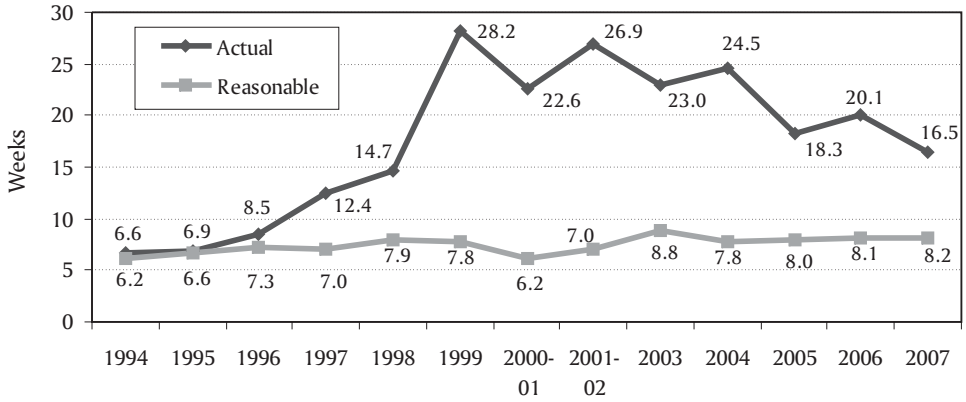
Source: The Fraser Institute's national waiting list surveys, 1995-2007.

Graph 10: Alberta—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2007



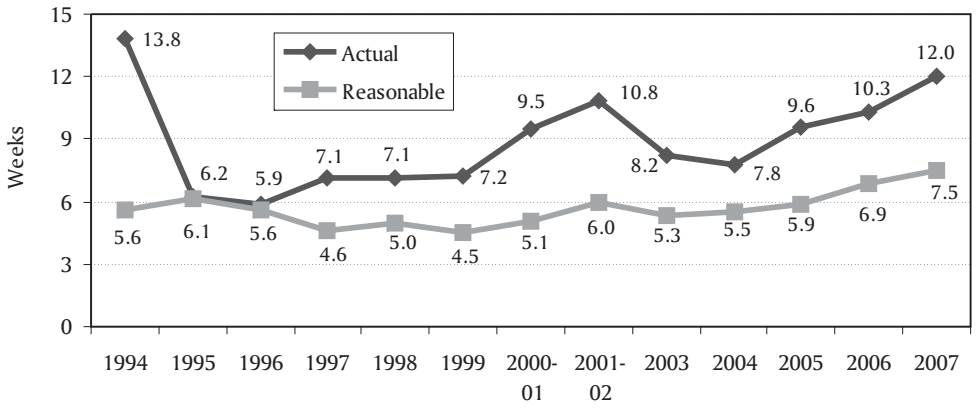
Source: The Fraser Institute's national waiting list surveys, 1995-2007.

Graph 11: Saskatchewan—Actual Versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2007



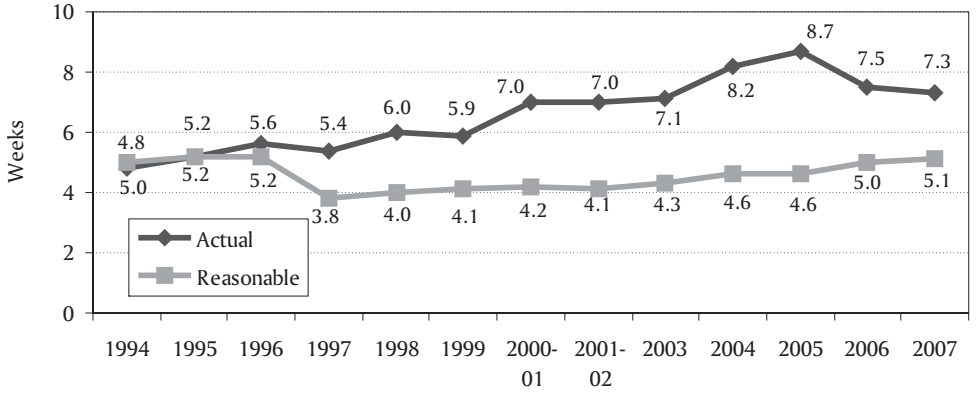
Source: The Fraser Institute's national waiting list surveys, 1995-2007.

Graph 12: Manitoba—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2007



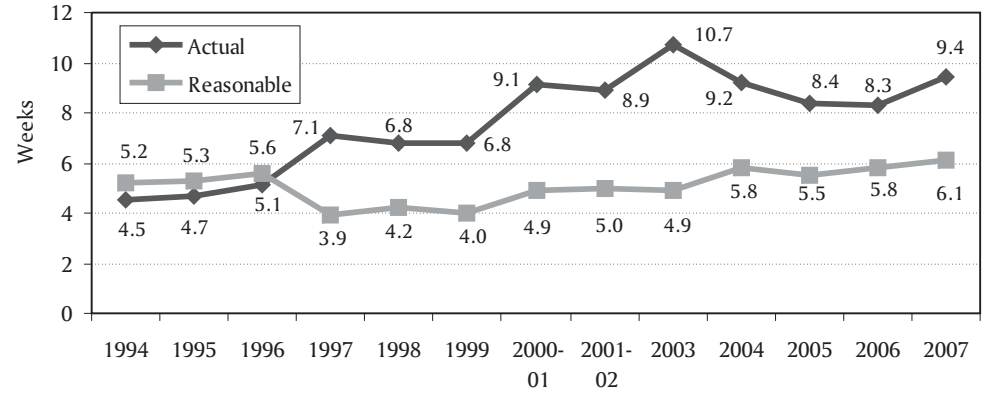
Source: The Fraser Institute's national waiting list surveys, 1995-2007.

Graph 13: Ontario—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2007



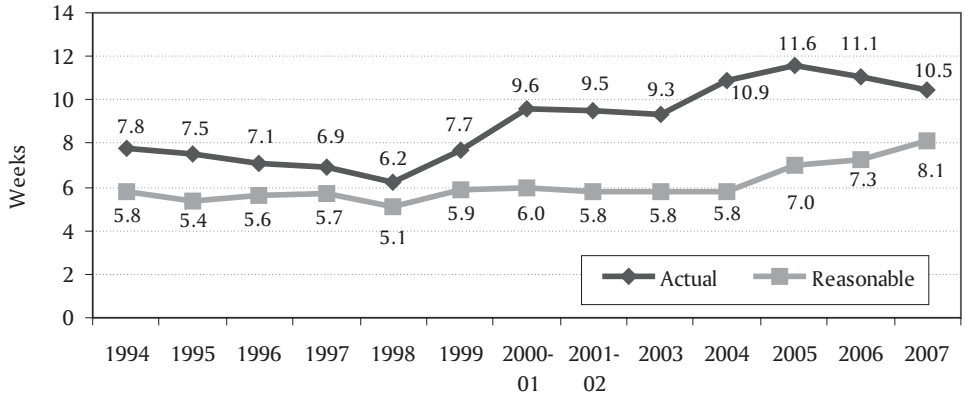
Source: The Fraser Institute's national waiting list surveys, 1995-2007.

Graph 14: Quebec—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2007



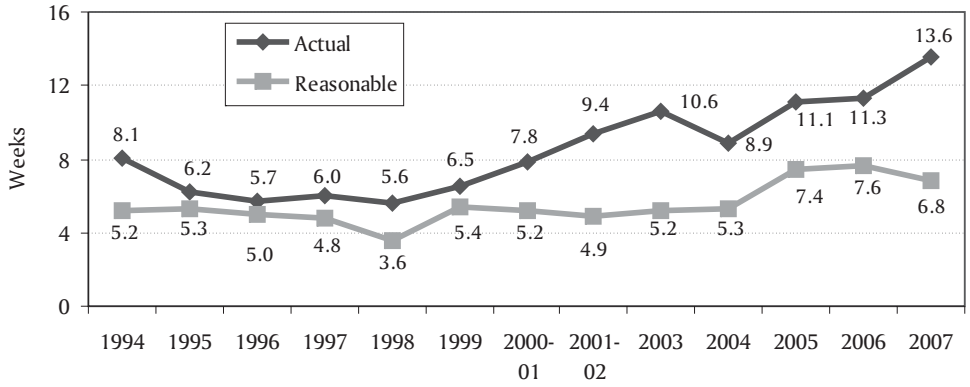
Source: The Fraser Institute's national waiting list surveys, 1995-2007.

Graph 15: New Brunswick—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2007



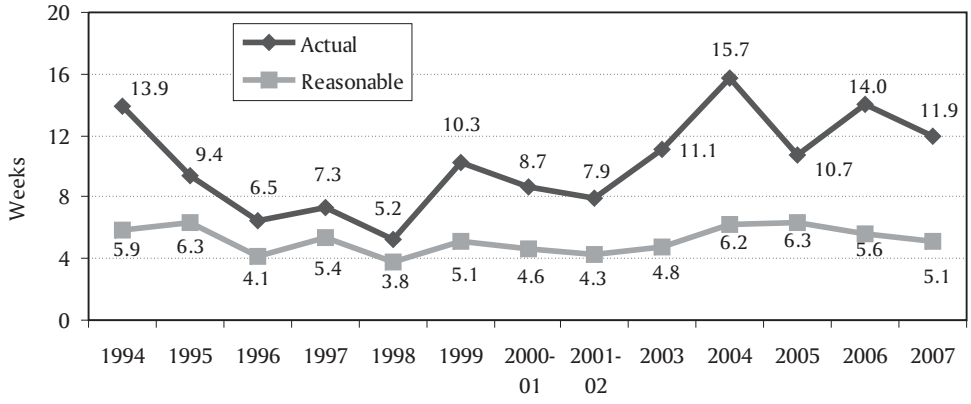
Source: The Fraser Institute's national waiting list surveys, 1995-2007.

Graph 16: Nova Scotia—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2007



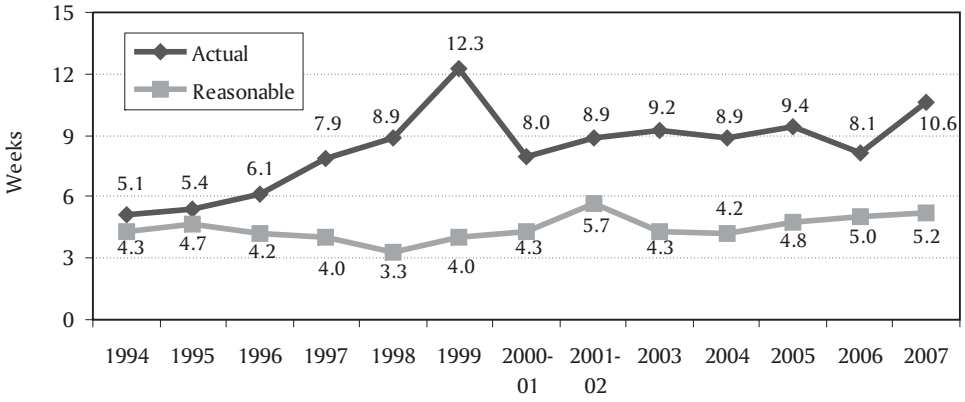
Source: The Fraser Institute's national waiting list surveys, 1995-2007.

Graph 17: Prince Edward Island—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2007



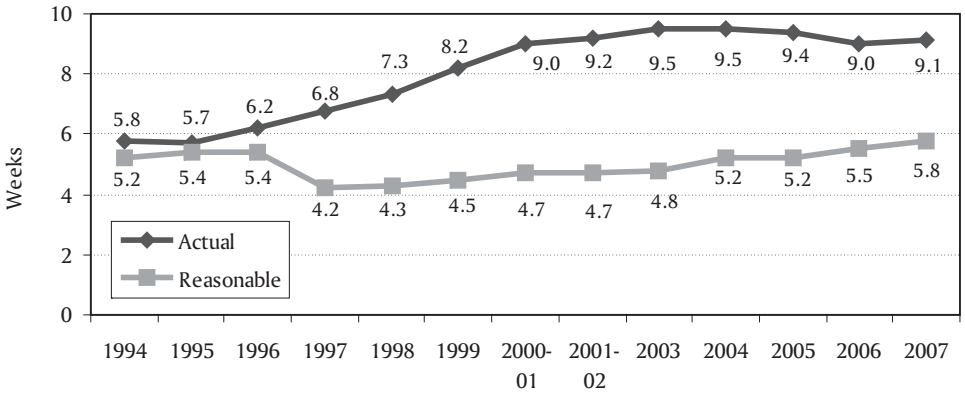
Source: The Fraser Institute's national waiting list surveys, 1995-2007.

Graph 18: Newfoundland—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2007



Source: The Fraser Institute's national waiting list surveys, 1995-2007.

Graph 19: Canada—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2007



Source: The Fraser Institute's national waiting list surveys, 1995-2007.

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, 2006 and 2007

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, 2006 and 2007

Table 16a: Acute Inpatient Procedures, 2005-06

Table 16b: Same Day Procedures, 2005-06

Table 1a: Summary of Responses, 2007—Response Rates (Percentages)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	33%	53%	56%	33%	32%	19%	31%	25%	50%	33%	32%
Gynaecology	26%	26%	57%	30%	28%	20%	24%	47%	50%	23%	27%
Ophthalmology	28%	32%	39%	34%	32%	25%	48%	39%	75%	46%	31%
Otolaryngology	31%	33%	33%	40%	37%	25%	36%	25%	100%	10%	31%
General Surgery	27%	28%	26%	25%	28%	18%	42%	25%	50%	23%	25%
Neurosurgery	53%	38%	43%	83%	29%	20%	38%	64%	—	0%	34%
Orthopaedic Surgery	27%	31%	39%	35%	32%	21%	37%	32%	33%	31%	28%
Cardiovascular Surgery	32%	30%	38%	0%	25%	14%	33%	17%	0%	40%	23%
Urology	31%	36%	64%	38%	33%	21%	43%	50%	33%	17%	31%
Internal Medicine	28%	26%	31%	25%	24%	15%	25%	33%	30%	28%	23%
Radiation Oncology	0%	27%	50%	11%	19%	22%	83%	11%	100%	33%	19%
Medical Oncology	14%	20%	—	20%	19%	21%	50%	44%	100%	33%	20%
Total	28%	29%	38%	28%	27%	19%	35%	34%	47%	27%	26%

Table 1b: Summary of Responses, 2007—Number of Responses

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	20	20	5	3	53	18	4	3	1	1	128
Gynaecology	45	35	20	14	168	78	7	24	3	5	399
Ophthalmology	41	28	7	10	116	66	11	15	3	6	303
Otolaryngology	22	13	2	6	77	48	5	5	1	1	180
General Surgery	46	41	12	14	161	88	14	14	3	6	399
Neurosurgery	16	9	3	5	21	12	3	7	—	0	76
Orthopaedic Surgery	42	35	11	13	127	61	11	9	1	4	314
Cardiovascular Surgery	15	10	5	0	32	14	3	3	0	2	84
Urology	20	16	7	5	68	31	9	8	1	1	166
Internal Medicine	144	120	32	35	463	153	19	44	3	17	1,030
Radiation Oncology	0	10	1	1	27	13	5	1	1	1	60
Medical Oncology	7	8	—	1	23	21	1	4	1	1	67
Total	418	345	105	107	1,336	603	92	137	18	45	3,206

Table 1c: Summary of Responses, 2007—Number of Questionnaires Mailed Out

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	60	38	9	9	164	93	13	12	2	3	403
Gynaecology	170	133	35	47	605	381	29	51	6	22	1,479
Ophthalmology	147	88	18	29	363	267	23	38	4	13	990
Otolaryngology	71	40	6	15	206	194	14	20	1	10	577
General Surgery	168	149	46	56	574	478	33	55	6	26	1,591
Neurosurgery	30	24	7	6	73	60	8	11	—	3	222
Orthopaedic Surgery	153	113	28	37	402	297	30	28	3	13	1,104
Cardiovascular Surgery	47	33	13	9	129	99	9	18	1	5	363
Urology	65	44	11	13	209	147	21	16	3	6	535
Internal Medicine	509	464	104	142	1,962	1052	76	132	10	60	4,511
Radiation Oncology	49	37	2	9	144	58	6	9	1	3	318
Medical Oncology	49	40	—	5	119	101	2	9	1	3	329
Total	1,518	1,203	279	377	4,950	3,227	264	399	38	167	12,422

Table 2: Median Total Expected Waiting Time from Referral by GP to Treatment, by Specialty, 2007 (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	49.6	30.2	87.4	66.0	21.6	31.5	57.6	73.2	11.7	26.7	34.8
Gynaecology	12.0	19.1	27.6	15.8	14.0	17.5	44.8	16.4	17.1	15.0	16.4
Ophthalmology	20.9	23.7	30.2	16.4	19.7	27.8	30.7	26.5	51.3	46.1	24.7
Otolaryngology	14.7	23.3	67.7	27.7	15.9	11.9	22.0	35.1	17.8	15.3	19.0
General Surgery	10.1	9.7	9.3	12.5	9.0	9.0	10.8	15.3	5.5	8.2	9.6
Neurosurgery	28.6	22.5	21.2	20.2	28.5	23.3	91.6	13.3	—	—	27.2
Orthopaedic Surgery	42.7	43.0	70.7	52.5	28.9	37.1	29.5	80.2	64.9	38.4	38.1
Cardiovascular Surgery (Elective)	10.1	17.2	10.1	—	5.8	7.2	11.4	18.1	—	16.8	8.4
Urology	17.4	14.5	19.7	10.7	11.0	12.0	17.0	20.7	—	30.0	13.4
Internal Medicine	15.5	18.6	11.7	13.2	14.7	18.1	20.0	11.2	13.4	35.6	16.4
Radiation Oncology	—	7.6	12.0	4.2	5.5[1]	5.0	3.8	5.4	1.8	3.6	5.7
Medical Oncology	2.9	5.9	—	5.2	4.5[2]	3.5	4.3	11.3	2.0	4.5	4.2
Weighted Median	19.0	19.5	27.2	20.2	15.0	19.4	25.2	24.8	24.6	24.1	18.3

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

[1]Cancer Care Ontario web site reports a median wait time from referral to start of treatment of 4.1 weeks in fall 2006.

[3]Cancer Care Ontario web site reports that median waiting times (referral to treatment) ranged from 3.1 to 6.3 weeks for breast cancer (11 facilities reporting), from 0.0 to 16.6 weeks for gynaecologic cancer (9 facilities), from 2.4 to 6.3 weeks for head and neck cancer (7 facilities), and from 2.1 to 4.8 weeks for lung cancer (11 facilities) for April to June 2007.

Table 3: Median Patient Wait to See a Specialist after Referral from a GP, by Specialty, 2007 (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	18.0	16.0	46.0	32.0	11.0	10.5	30.5	47.5[3]	2.0	7.0	15.8
Gynaecology	6.0	12.0	12.0	8.0	8.0	10.0	32.0	8.0	12.0	10.5	9.4
Ophthalmology	10.0	12.0	16.0	8.0	12.0	16.0	24.0	10.0	28.0	37.0	14.1
Otolaryngology	3.5	13.0	9.8	6.0	7.0	4.3	10.0	25.0	5.0	6.0	7.3
General Surgery	4.0	4.0	3.0	4.0	4.0	3.5	6.0	10.0	2.0	3.3	4.0
Neurosurgery	16.0	16.0	16.0	13.0	20.0	16.0	52.0	5.0	—	—	18.1
Orthopaedic Surgery	22.0	26.0	24.0	17.0	12.0	16.0	12.0	20.0	20.0	26.0	16.7
Cardiovascular Surgery	4.0	4.0	2.5	—	3.0	4.0	3.5	12.0	—	9.0	3.8
Urology	8.0	10.0	10.0	7.5	6.5	6.0	6.0	10.0	32.0	24.0	7.4
Internal Medicine	7.0	8.0	5.0	6.0	6.0	8.0	13.5	5.0	10.0	10.0	7.0
Radiation Oncology	—	1.5[1]	6.0	2.0	2.0[2]	1.0	2.0	1.5[4]	0.5	1.0	1.8
Medical Oncology	2.0	3.3[1]	—	3.0	2.5	2.0	2.0	6.0[4]	1.0	2.0	2.4
Weighted Median	8.8	10.6	10.8	8.2	7.6	10.0	14.7	11.2	12.7	13.5	9.2

[1]Alberta Health and Wellness web site reports median wait times of 3 and 6 weeks for a radiation oncologist for breast cancer, of 3 and 4 weeks for a radiation oncologist for prostate cancer, and of 2 and 3 weeks for a medical oncologist for breast cancer at the province's tertiary cancer centres at June 30, 2007.

[2]Cancer Care Ontario reports that 57.9 percent of all patients were seen within 14 days (2 weeks) in May 2007.

[3]Nova Scotia Department of Health web site reports that 19% of patients waited less than 3 days (0.4 weeks), 38% waited less than 21 days (3 weeks), 50% waited less than 42 days (6 weeks), 66% waited less than 90 days (12.9 weeks), 80% waited less than 180 days (25.7 weeks), and 91% waited less than 360 days (51.4 weeks) for consultation with a plastic surgeon between January 1 and March 31, 2007.

[4]Nova Scotia Department of Health web site reports average wait times of 9 days (1.3 weeks) and 19 days (2.7 weeks) for a radiation cancer specialist, and of 19 days and 28 days (4.0 weeks) for a medical cancer specialist at the province's two cancer centres in July 2007.

Table 4: Median Patient Wait for Treatment after Appointment with Specialist, by Specialty 2007 (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	31.6	14.2	41.4	34.0	10.6	21.0	27.1	25.7	9.7	19.7	19.0
Gynaecology	6.0	7.1	15.6	7.8	6.0	7.5	12.8	8.4	5.1	4.5	7.0
Ophthalmology	10.9	11.7	14.2	8.4	7.7	11.8	6.7	16.5	23.3	9.1	10.6
Otolaryngology	11.2	10.3	58.0	21.7	8.9	7.7	12.0	10.1	12.8	9.3	11.7
General Surgery	6.1	5.7	6.3	8.5	5.0	5.5	4.8	5.3	3.5	5.0	5.5
Neurosurgery	12.6	6.5	5.2	7.2	8.5	7.3	39.6	8.3	—	—	9.1
Orthopaedic Surgery	20.7	17.0	46.7	35.5	16.9	21.1	17.5	60.2	44.9	12.4	21.4
Cardiovascular Surgery (Urgent)	1.6	1.3	2.0	—	0.6	0.5	1.5	3.0	—	1.0	0.9
Cardiovascular Surgery (Elective)	6.1	13.2	7.6	—	2.8	3.2	7.9	6.1	—	7.8	4.6
Urology	9.4	4.5	9.7	3.2	4.5	6.0	11.0	10.7	—	6.0	5.9
Internal Medicine	8.5	10.6	6.7	7.2	8.7	10.1	6.5	6.2	3.4	25.6	9.4
Radiation Oncology	—	6.1	6.0	2.2	3.5	4.0	1.8	3.9	1.3	2.6	3.9
Medical Oncology	0.9	2.7	—	2.2	2.0	1.5	2.3	5.3	1.0	2.5	1.9
Weighted Median	10.1	8.9	16.5[1]	12.0	7.3	9.4	10.5	13.6	11.9	10.6	9.1

[1]Saskatchewan Surgical Care Network web site reports a 6.9 week median wait time for non-emergent surgeries between October 2006 and March 2007. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

Table 5a: Plastic Surgery (2007)—Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Mammoplasty	52.0	19.0	52.0	52.0	13.0	28.0	32.0	29.0	12.0	20.0
Neurolysis	12.0	6.0	12.0	12.0	7.5	20.0	9.0	6.0	—	4.0
Blepharoplasty	24.0	14.0	32.5	45.0	10.0	8.0	22.0	32.5	12.0	5.0
Rhinoplasty	19.5	10.0	45.5	12.0	12.0	8.0	32.0	30.0	—	52.0
Scar Revision	21.0	14.0	39.0	52.0	10.0	27.0	26.0	45.0	—	52.0
Hand Surgery	18.5	14.0	26.0	12.0	9.0	16.0	18.0	8.0	6.0	4.0
Craniofacial Procedures	12.0	12.0	37.0	8.0	8.0	10.0	4.0	8.0	—	—
Skin Cancers and other Tumors	4.5	3.0	6.0	12.0	4.5	4.0	6.5	6.0	8.0	2.5
Weighted Median	31.6[1]	14.2[2]	41.4[3]	34.0	10.6	21.0	27.1	25.7	9.7	19.7

Note: Weighted median does not include craniofacial procedures or skin cancers and other tumors.
[1]BC Ministry of Health web site reports a 3.6 week median wait time for plastic surgery for the three months ending May 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."
[2]Alberta Health and Wellness web site reports a 6.0 week median wait time for plastic surgery for patients served in the 90 days ending March 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—Alberta."
[3]Saskatchewan Surgical Care Network web site reports a 14.4 week median wait time for non-emergent plastic surgeries between October 2006 and March 2007. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

Table 5b: Gynaecology (2007)—Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Dilation & Curettage	4.0	6.0	12.0	7.0	4.0	4.0	4.0	5.5	3.0	4.0
Tubal Ligation	6.5	8.0[2]	12.0	8.0	6.0	8.0	16.0	8.0[4]	6.0	5.0
Hysterectomy (Vaginal/Abdominal)	8.0	8.0[2]	24.0	8.0	8.0	10.0	12.0	11.5[4]	8.0	4.0
Vaginal Repair	8.0	9.0	24.0	8.0	8.0	12.0	13.0	11.0	8.0	6.0
Tuboplasty	5.0	9.0	8.5	8.0	8.0	11.5	18.0	13.0	—	10.0
Laparoscopic Procedures	6.0	8.0	16.0	8.0	6.0	8.0	12.0	8.0	4.0	6.0
Hysteroscopic Procedures	6.0	7.3	12.0	8.0	6.0	8.0	16.0	8.0	3.0	4.0
Weighted Median	6.0[1]	7.1[2]	15.6[3]	7.8	6.0	7.5	12.8	8.4	5.1	4.5

[1]BC Ministry of Health web site reports a 3.9 week median wait time for gynaecology for the three months ending May 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."
[2]Alberta Health and Wellness web site reports median wait times of 7.1 weeks for gynecological surgery, 8.3 weeks for tubal ligation, and 7.3 weeks for hysterectomy for patients served in the 90 days ending March 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—Alberta."
[3]Saskatchewan Surgical Care Network web site reports a 5.0 week median wait time for non-emergent obstetric and gynaecology surgeries between October 2006 and March 2007. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."
[4]Nova Scotia Department of Health web site reports that 19% of patients waited less than 15 days (2.1 weeks), 41% waited less than 30 days (4.3 weeks), 66% waited less than 60 days (8.6 weeks), 79% waited less than 90 days (12.9 weeks), and 92% waited less than 180 days (25.7 weeks) for tubal ligation; and that 12% of patients waited less than 15 days (2.1 weeks), 28% waited less than 30 days (4.3 weeks), 50% waited less than 60 days (8.6 weeks), 74% waited less than 90 days (12.9 weeks), and 93% waited less than 180 days (25.7 weeks) for hysterectomy between January 1 and March 31, 2007.

Table 5c: Ophthalmology (2007)—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]	13.0[2]	16.0	8.0[4]	8.0[5]	12.0	7.0	22.0[6]	24.0[7]	10.0[9]
Cornea Transplant	36.0[1]	52.0	78.0	26.0	28.0	52.0	6.0	20.0	14.0	8.5
Cornea—Pterygium	8.0	12.0	24.0	10.0	8.0	8.0	6.0	10.0	19.0	7.0
Iris, Ciliary Body, Sclera, Anterior Chamber	8.0	8.0	9.0	—	9.0	12.0	4.0	4.0	14.0	—
Retina, Choroid, Vitreous	6.0	8.5	2.0	—	4.0	4.0	4.0	4.0	14.0	6.0
Lacrimal Duct	8.0	8.0	16.0	32.0	10.0	12.0	9.0	4.0	14.0	5.0
Strabismus	12.0	10.0	16.0	—	16.0	16.0	9.0	16.0	38.0	6.0
Operations on Eyelids	6.0	8.0[2]	12.0	5.0	8.0	8.0	5.0	4.0	16.0	7.5
Glaucoma	4.0	6.5	5.5	3.0	8.0	8.0	6.0	5.0	14.0	3.5
Weighted Median	10.9[1]	11.7[2]	14.2[3]	8.4	7.7	11.8	6.7	16.5	23.3	9.1

Note: Weighted median does not include treatment for glaucoma.
[1]BC Ministry of Health web site reports median wait times of 6.3 weeks for eye surgery (ophthalmology), 7.1 weeks for cataract surgery, and 8.8 weeks for corneal transplant for the three months ending May 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."
[2]Alberta Health and Wellness web site reports median wait times of 11.1 weeks for eye surgery (ophthalmology), 13.0 weeks for cataract surgery, and 8.9 weeks for interventions on the eyelid for patients served in the 90 days ending March 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—Alberta."
[3]Saskatchewan Surgical Care Network web site reports a 11.3 week median wait time for non-emergent ophthalmology surgeries between October 2006 and March 2007. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."
[4]Manitoba Health web site reports median wait times of between 2 and 11 weeks for cataract surgery in 4 regional health authorities for July 2007.
[5]Ontario Ministry of Health and Long Term Care web site reports that 90% of patients received cataract surgery within 153 days (21.9 weeks) in April-May 2007.
[6]Nova Scotia Department of Health web site reports that 36% of patients waited less than 30 days (4.3 weeks), 50% waited less than 60 days (8.6 weeks), 61% waited less than 90 days (12.9 weeks), 87% waited less than 180 days (25.7 weeks), and 92% waited less than 360 days (51.4 weeks) for cataract surgery between January 1 and March 31, 2007.
[7]PEI Ministry of Health web site reports a median wait time of 11 weeks for cataract surgery in 2006.
[9]Newfoundland and Labrador Department of Health and Community Services web site reports that between 19.2% and 100% of cataract surgeries (depending on the region) were completed within 112 days (16 weeks) between October and December 2006.

Table 5d: Otolaryngology (2007)—Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Myringotomy	7.0	5.5	6.0	18.0	7.0	6.0	12.0	7.0[4]	10.0	6.0
Tympanoplasty	12.0	11.0	102.0	20.0	12.0	10.0	16.0	12.0	13.0	12.0
Thyroid, Parathyroid, and Other Endocrine Glands	10.0	14.0	5.5	0.0	8.0	8.0	5.0	12.0	10.0	—
Tonsillectomy and/or Adenoidectomy	12.0	12.0[2]	102.0	38.0	10.0	9.0	12.0	12.0	15.0	12.0
Rhinoplasty and/or Septal Surgery	16.0	11.5	102.0	20.0	10.0	12.0	20.0	12.0	16.0	—
Operations on Nasal Sinuses	12.0	12.0	102.0	20.0	10.0	10.0	12.0	12.0	16.0	12.0
Weighted Median	11.2[1]	10.3[2]	58.0[3]	21.7	8.9	7.7	12.0	10.1	12.8	9.3

[1]BC Ministry of Health web site reports a 5.9 week median wait time for ear, nose, and throat surgery (otolaryngology) for the three months ending May 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."
[2]Alberta Health and Wellness web site reports median wait times of 8.3 weeks for ear, nose, and throat surgery (otolaryngology) and 11.6 weeks for tonsillectomy for patients served in the 90 days ending March 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—Alberta."
[3]Saskatchewan Surgical Care Network web site reports a 5.4 week median wait time for non-emergent otolaryngology surgeries between October 2006 and March 2007. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."
[4]Nova Scotia Department of Health web site reports that 27% of patients waited less than 15 days (2.1 weeks), 55% waited less than 30 days (4.3 weeks), 86% waited less than 60 days (8.6 weeks), and 96% waited less than 90 days (12.9 weeks) for myringotomy tubes between January 1 and March 31, 2007.

Table 5e: General Surgery (2007)—Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Hernia/Hydrocele	7.0	6.0[2]	12.0	8.0	5.0	8.0	6.0	4.5[4]	4.0	4.5
Cholecystectomy	6.0[1]	5.0[2]	8.0	8.0	5.0	6.0	6.0	6.0[4]	4.0	4.0
Colonoscopy	12.0	9.0	6.0	16.0	8.0	6.0	5.0	10.0	4.0	10.0
Intestinal Operations	4.0	4.0	3.0	4.0	4.0	4.0	4.0	3.0	2.5	1.5
Haemorrhoidectomy	8.0	6.0	10.5	12.0	6.0	12.0	12.0	9.0	4.0	5.0
Breast Biopsy	2.8	2.0	2.0	4.0	2.5	2.0	2.0	3.8[4]	2.5	2.0
Mastectomy	2.5	2.0[2]	2.0	4.0	2.5	3.0	2.0	2.0[4]	2.5	1.5
Bronchus and Lung	4.0	3.5	3.5	12.0	3.3	2.0	2.5	5.0	—	2.5
Aneurysm Surgery	8.0	49.0	6.0	0.1	1.1	5.0	0.0	—	—	—
Varicose Veins	6.0	20.0[2]	12.0	5.0	8.0	12.0	6.0	5.0[4]	7.0	28.5
Weighted Median	6.1[1]	5.7[2]	6.3[3]	8.5	5.0	5.5	4.8	5.3	3.5	5.0

[1]BC Ministry of Health web site reports median wait times of 3.6 weeks for general surgery and 4.3 weeks for gall bladder surgery (cholecystectomy) for the three months ending May 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."
[2]Alberta Health and Wellness web site reports median wait times of 5.0 weeks for general surgery, 6.7 weeks for hernia repair, 5.3 weeks for gall bladder removal (cholecystectomy), 2.1 weeks for mastectomy, and 7.2 weeks for varicose veins for patients served in the 90 days ending March 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—Alberta."
[3]Saskatchewan Surgical Care Network web site reports a 3.7 week median wait time for non-emergent general surgeries between October 2006 and March 2007. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."
[4]Nova Scotia Department of Health web site reports that 15% of patients waited less than 15 days (2.1 weeks), 34% waited less than 30 days (4.3 weeks), 66% waited less than 60 days (8.6 weeks), 79% waited less than 90 days (12.9 weeks), and 92% waited less than 180 days (25.7 weeks) for groin hernia repair; that 24% of patients waited less than 15 days (2.1 weeks), 48% waited less than 30 days (4.3 weeks), 76% waited less than 60 days (8.6 weeks), 87% waited less than 90 days (12.9 weeks), and 97% waited less than 180 days (25.7 weeks) for cholecystectomy; that 36% of patients waited less than 15 days (2.1 weeks), 66% waited less than 30 days (4.3 weeks), 88% waited less than 60 days (8.6 weeks), and 95% waited less than 90 days (12.9 weeks) for breast biopsy; that 10% of patients waited less than 7 days (1.0 weeks), 42% of patients waited less than 15 days (2.1 weeks), 80% waited less than 30 days (4.3 weeks), and 93% waited less than 60 days (8.6 weeks) for mastectomy; and that 11% waited less than 30 days (4.3 weeks), 20% waited less than 60 days (8.6 weeks), 31% waited less than 90 days (12.9 weeks), 96% waited less than 180 days (25.7 weeks), 96% waited less than 270 days (38.6 weeks), and 99% waited less than 360 days (51.4 weeks) for varicose veins between January 1 and March 31, 2007.

Table 5f: Neurosurgery (2007)—Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Peripheral Nerve	10.0	8.0	3.5	6.5	12.0	8.0	18.0	8.0	—	—
Disc Surgery/ Laminectomy	24.0	12.0	8.0	7.1	14.0	11.0	75.0	10.0	—	—
Elective Cranial Bone Flap	6.5	4.0	4.0	7.9	4.0	4.0	20.0	8.0	—	—
Aneurysm Surgery	7.0	4.0	4.0	4.1	4.0	4.0	18.0	16.0	—	—
Carotid endarterectomy	3.0[1]	2.0	0.5	1.4	3.0	3.3	10.5	3.3	—	—
Weighted Median	12.6[1]	6.5[2]	5.2[3]	7.2	8.5	7.3	39.6	8.3	—	—

[1]BC Ministry of Health web site reports median wait times of 2.1 weeks for neurosurgery and 2.0 weeks for endarterectomy of the head/neck for the three months ending May 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."
[2]Alberta Health and Wellness web site reports a 4.1 week median wait time for neurosurgery for patients served in the 90 days ending March 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—Alberta."
[3]Saskatchewan Surgical Care Network web site reports a 4.6 week median wait time for non-emergent neurosurgeries between October 2006 and March 2007. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

Table 5g: Orthopaedic Surgery (2007)—Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Meniscectomy/Arthroscopy	12.0	12.0	48.0	24.5	12.0	12.8	8.0	52.0	35.0	7.0
Removal of Pins	12.0	12.0	36.0	16.0	12.0	24.0	12.0	12.0	5.0	12.0
Arthroplasty (Hip, Knee, Ankle, Shoulder)	25.0[1]	20.0[2]	48.0	48.5[4]	20.0[5]	24.0	24.0	80.0[6]	50.0[7]	15.5[8]
Arthroplasty (Interphalangeal, Metatarsophalangeal)	18.0	16.0	48.0	11.0	15.0	16.0	12.0	76.0	—	10.0
Hallux Valgus/Hammer Toe	18.0	17.5	48.0	11.0	14.5	16.5	12.0	76.0	42.0	12.0
Digit Neuroma	18.0	12.0	48.0	6.0	12.0	16.0	8.0	48.0	—	—
Rotator Cuff Repair	21.0	14.0	36.0	33.0	12.0	16.0	14.0	36.0	44.0	12.0
Ostectomy (All Types)	20.0	12.0	59.0	16.0	12.0	24.0	11.0	48.0	—	16.0
Routine Spinal Instability	25.0	26.0	36.0	20.0	19.0	20.0	28.0	—	—	5.0
Weighted Median	20.7[1]	17.0[2]	46.7[3]	35.5	16.9	21.1	17.5	60.2	44.9	12.4

[1]BC Ministry of Health web site reports median wait times of 7.0 weeks for orthopaedic surgery, and 11.1 weeks and 19.1 weeks for hip and knee replacement for the three months ending May 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."
[2]Alberta Health and Wellness web site reports median wait times of 9.6 weeks for orthopaedic surgery, and 12.4 weeks and 17.5 weeks for hip and knee replacement surgery for patients served in the 90 days ending March 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—Alberta."
[3]Saskatchewan Surgical Care Network web site reports a 20.4 week median wait time for non-emergent orthopaedic surgeries between October 2006 and March 2007. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."
[4]Manitoba Health web site reports a median wait time of 23 weeks for all hip and knee surgeries for July 2007. Manitoba Health web site also reports median wait times of between 23 and 29 weeks for total hip replacement in two regional health authorities, between 21 and 26 weeks for knee replacement in three regional health authorities, 2 weeks for hip replacement revision in one health authority, and between 7 and 28 weeks for knee replacement revision in two health authorities for July 2007.
[5]Ontario Ministry of Health and Long Term Care web site reports that 90% of patients received hip replacement within 235 days (33.6 weeks) and received knee replacement within 330 days (47.1 weeks) in April-May 2007.
[6]Nova Scotia Department of Health web site reports that 11% of patients waited less than 60 days (8.6 weeks), 46% waited less than 180 days (25.7 weeks), 62% waited less than 270 days (38.6 weeks), 70% waited less than 360 days (51.4 weeks), and 86% waited less than 540 days (77.1 weeks) for hip replacements; that 26% of patients waited less than 60 days (8.6 weeks), 63% waited less than 180 days (25.7 weeks), 74% waited less than 270 days (38.6 weeks), 85% waited less than 360 days (51.4 weeks), and 93% waited less than 540 days (77.1 weeks) for hip revisions; that 4% of patients waited less than 60 days (8.6 weeks), 29% waited less than 180 days (25.7 weeks), 53% waited less than 270 days (38.6 weeks), 68% waited less than 360 days (51.4 weeks), and 86% waited less than 540 days (77.1 weeks) for knee replacement; and that 5% of patients waited less than 60 days (8.6 weeks), 62% waited less than 180 days (25.7 weeks), 81% waited less than 270 days (38.6 weeks), 90% waited less than 360 days (51.4 weeks), and 95% waited less than 540 days (77.1 weeks) for knee revisions between January 1 and March 31, 2007.
[7]PEI Ministry of Health web site reports median wait times of 11 weeks for hip replacement and 19 weeks for knee replacement in 2006.
[8]Newfoundland and Labrador Department of Health and Community Services web site reports that between 77.6% and 100% of hip replacements and between 86.1% and 100% of knee replacements (depending on the region) were completed within 182 days (26 weeks) between October and December 2006.

Table 5h: Cardiovascular Surgery (2007)—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	0.8	0.1	0.0	—[4]	0.1[5]	0.0	0.0	—	—	0.5[10]
	Valves & Septa of the Heart	0.3	0.3	0.0	—	0.1	0.0	0.0	—	—	0.5
	Aneurysm Surgery	0.5	0.1	0.0	—	0.0	0.0	0.3	0.0	—	0.3
	Carotid Endarterectomy	0.8	0.5	0.0	—	0.0	0.0	1.5	0.0	—	0.3
	Pacemaker Operations	0.1	0.2	0.1	—	0.1	0.0	0.4	—	—	—
	Weighted Median	0.3	0.2	0.1	—[4]	0.1[6]	0.0[8]	0.2	0.0[9]	—	0.5
Urgent	Coronary Artery Bypass	2.0	1.7[2]	2.0	—[4]	0.6[5,7]	0.5	1.0	3.0	—	1.0[10]
	Valves & Septa of the Heart	1.5	1.4[2]	2.0	—	0.8[7]	0.5	1.0	3.0	—	1.0
	Aneurysm Surgery	2.0	1.5	1.5	—	1.0	0.3	2.5	3.0	—	1.0
	Carotid Endarterectomy	2.0[1]	1.5	2.5	—	1.5	0.1	4.0	3.0	—	1.3
	Pacemaker Operations	1.5	1.0[2]	2.0	—	0.5	0.5	1.9	—	—	—
	Weighted Median	1.6[1]	1.3[2]	2.0[3]	—[4]	0.6[6,7]	0.5[8]	1.5	3.0[9]	—	1.0
Elective	Coronary Artery Bypass	8.0	17.5[2]	10.0	—[4]	2.5[5,7]	3.3	12.0	6.0	—	8.0[10]
	Valves & Septa of the Heart	8.0	18.0[2]	10.0	—	3.0[7]	4.5	12.0	6.0	—	8.0
	Aneurysm Surgery	6.0	12.0	14.5	—	6.0	5.0	11.0	12.0	—	3.8
	Carotid Endarterectomy	7.0[1]	6.0	12.0	—	6.0	4.0	14.0	6.0	—	4.8
	Pacemaker Operations	4.5	8.5[2]	4.5	—	2.8	2.5	3.6	—	—	—
	Weighted Median	6.1[1]	13.2[2]	7.6[3]	—[4]	2.8[6,7]	3.2[8]	7.9	6.1[9]	—	7.8

[1]BC Ministry of Health web site reports median wait times of 10.0 weeks for cardiac surgery, 2.0 weeks for vascular surgery, and 2.0 weeks for endarterectomy of the head/neck for the three months ending May 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

[2]Alberta Health and Wellness web site reports median wait times of 4.0 weeks for cardiac surgery, 2.1 weeks for thoracic surgery, 3.0 weeks for vascular surgery, 2.1 weeks for coronary artery bypass surgery, 9.3 weeks for heart valve surgery, and 0.7 weeks for implantation of pacemaker and other devices for patients served in the 90 days ending March 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—Alberta."

[3]Saskatchewan Surgical Care Network web site reports a 1.3 week median wait time for non-emergent cardiovascular surgeries between October 2006 and March 2007. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

[4]Manitoba Health web site reports a median wait time of 14 days (2 weeks) for all cardiac surgery combined and for all coronary artery bypass surgery combined, and of 0 days for emergent and urgent coronary artery bypass surgery, of 9 days (1.3 weeks) for semi-urgent coronary artery bypass surgery, and of 33 days (4.7 weeks) for elective coronary artery bypass surgery for July 2007.

[5]Ontario Ministry of Health and Long Term Care web site reports that 90% of patients received bypass surgery within 54 days (7.7 weeks) in April-May 2007.

[6]Cardiac Care Network of Ontario web site reports median wait times of 3 days (0.4 weeks) for emergency and urgent cardiac surgery, of 6 days (0.9 weeks) for semi-urgent cardiac surgery, and of 15 days (2.1 weeks) for elective cardiac surgery for February-April 2007.

[7]Cardiac Care Network of Ontario reports median wait times of 0.4 weeks for urgent cardiac surgeries, of 2.3 weeks for elective cardiac surgeries, of 0.4 weeks for urgent bypass surgeries, of 2.3 weeks for elective bypass surgeries, of 0.1 weeks for urgent valve surgeries, and of 2.3 weeks for elective valve surgeries in 2007.

[8]Quebec Ministry of Health and Social Services web site reports for cardiac surgery, that 100% of priority 1 patients were treated within 24 hours, between 33 and 100% of priority 2 patients were treated within 72 hours, between 18 and 100% of priority 3 patients were treated within 2 weeks, between 0 and 100% of priority 4 patients were treated within 6 weeks, between 33 and 100% of priority 5 patients were treated within 3 months (13 weeks), and between 39 and 94% of all patients were treated within the recommended time frame (depending on the treating facility) between July 22 and August 18, 2007.

[9]Nova Scotia Department of Health web site reports average wait times of 5 days (0.7 weeks) for priority 1 patients, 38 days (5.4 weeks) for priority 2 patients, 84 days (12 weeks) for priority 3 patients, and 150 days (21.4 weeks) for priority 4 patients for cardiovascular surgery in July 2007.

[10]Newfoundland and Labrador Department of Health and Community Services web site reports that 92% of coronary artery bypass surgery cases were completed within 182 days between October and December 2006.

Table 5i: Urology (2007) —Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Non-radical Prostatectomy	16.0	6.0	52.0	5.0	6.0	7.5	7.0	8.0	—	24.0
Radical Prostatectomy	7.0	10.0	6.0	4.5	6.5	4.0	4.0	8.0	—	10.0
Transurethral Resection—Bladder	6.0	4.0	4.0	2.8	5.0	4.0	4.0	4.0	—	4.0
Radical Cystectomy	4.0	4.5	7.0	4.5	6.0	4.0	4.0	4.0	—	4.0
Cystoscopy	8.0	4.0	4.0	3.0	4.0	6.0	14.0	12.0	—	5.0
Hernia/Hydrocele	16.0	8.0[2]	52.0	4.0	8.0	12.0	14.0	12.0	—	—
Bladder Fulguration	8.0	4.0	4.0	3.0	4.3	4.0	4.0	6.0	—	6.0
Ureteral Reimplantation for Reflux	16.0	8.0	—	—	8.0	3.5	10.0	10.0	—	—
Weighted Median	9.4[1]	4.5[2]	9.7[3]	3.2	4.5	6.0	11.0	10.7	—	6.0

[1]BC Ministry of Health web site reports a 3.6 week median wait time for urology for the three months ending May 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."
[2]Alberta Health and Wellness web site reports median wait times of 4.9 weeks for urological surgery and 6.7 weeks for hernia repair for patients served in the 90 days ending March 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—Alberta."
[3]Saskatchewan Surgical Care Network web site reports a 3.4 week median wait time for non-emergent urology surgeries between October 2006 and March 2007. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

Table 5j: Internal Medicine (2007)—Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Colonoscopy	8.0	12.0	6.0	8.0	10.0	12.0	8.0	7.0	3.5	30.0
Angiography /Angioplasty	10.0	6.0	9.0	4.0	3.0[1,2,3]	4.0	6.0	4.0[4]	7.0	13.0
Bronchoscopy	3.0	3.3	2.0	6.5	3.0	2.0	1.0	2.0	2.5	1.5
Gastroscopy	8.0	9.0	6.0	7.5	8.0	8.0	9.0	6.5	2.0	20.0
Weighted Median	8.5	10.6	6.7	7.2	8.7	10.1	6.5	6.2	3.4	25.6

[1]Ontario Ministry of Health and Long Term Care web site reports that 90% of patients received angiography within 22 days (3.1 weeks) and received angioplasty within 15 days (2.1 weeks) in April-May 2007.
[2]Cardiac Care Network of Ontario web site reports median wait times of 1 day (0.1 weeks) for emergency and urgent cardiac catheterization, of 7 days (1 week) for semi-urgent cardiac catheterization, and of 9 days (1.3 weeks) for elective cardiac catheterization, and a median wait time of 3 days (0.4 weeks) for angioplasties done on a different day than cardiac catheterization for February-April 2007.
[3]Cardiac Care Network of Ontario reports a median wait time of 0.4 weeks for angiography/angioplasty in 2007.
[4]Nova Scotia Department of Health web site reports average wait times of 10 days (1.4 weeks) for priority one patients, 21 days (3.0 weeks) for priority two patients, and 21 days (3.0 weeks) for priority 3 patients for cardiac catheterization in July 2007; and reports average wait times of 7 days (1.0 weeks) for priority 1 patients, 13 days (1.9 weeks) for priority 2 patients, and 17 days (2.4 weeks) for priority 3 patients for percutaneous coronary intervention (stents and balloons) in August 2007.

Table 5k: Radiation Oncology (2007)—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	—	3.0	—	2.0	1.5[4]	3.0	2.5	2.5	1.0	2.0
Cancer of The Cervix	—	2.3	—	0.3	2.0[4]	3.0	2.0	2.5	1.0	1.0
Lung Cancer	—	2.0	—	1.1[3]	2.0[4]	3.0	1.5	3.0	1.0	2.0
Prostate Cancer	—	12.0[2]	6.0	3.5[3]	4.5[4]	6.0	2.0	4.5	1.5	4.0
Breast Cancer	—	3.5[2]	—	2.2[3]	4.0[4]	4.0	2.0	4.5	1.5	2.0
Early Side Effects from Treatment	—	0.8	0.7	0.5	0.8	0.1	1.0	1.0	0.0	0.5
Late Side Effects from Treatment	—	4.3	5.0	0.5	1.5	1.0	1.0	1.5	1.0	1.0
Weighted Median	—[1]	6.1	6.0	2.2[3]	3.5[4]	4.0[5]	1.8	3.9[6]	1.3[7]	2.6[8]

Note: Weighted median does not include early or late side effects from treatment.
[1]BC Ministry of Health web site reports a 0.9 week median wait time for radiotherapy for the three months ending May 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."
[2]Alberta Health and Wellness web site reports median wait times of 4 weeks for radiation therapy for breast cancer and prostate cancer at the Tom Baker Cancer Centre at June 30, 2007 and of 5 weeks for radiation therapy for breast cancer and prostate cancer at the Cross Cancer Institute for the month ending June 30, 2007.
[3]Manitoba Health web site reports median wait times of 1 week for lung cancer, 3 weeks for prostate cancer, 1 week for breast cancer, and 0 weeks for all body sites combined for July 2007.
[4]Cancer Care Ontario reports that 41.4 percent of all patients, 25.6 percent of head and neck cancer patients, 40.7 percent of gynaecological cancer patients, 58.9% of lung cancer patients, 27.7% of prostate cancer patients, and 40.7% of breast cancer patients were seen within the target wait times of 1, 7, or 14 days (for priorities 1, 2, and 3) from being ready to treat to start of treatment in May 2007.
[5]Quebec Ministry of Health and Social Services web site reports that between 73 and 100 percent of patients began treatment within 4 weeks in health regions across Quebec at March 31, 2007.
[6]Nova Scotia Department of Health web site reports average wait times of 1 and 0 days (0.1 and 0 weeks) for priority 1 patients, 4 and 9 days (0.6 and 1.3 weeks) for priority 2 patients, 14 and 21 days (2.0 and 3.0 weeks) for priority 3 patients, and 26 and 38 days (3.7 and 5.4 weeks) for priority 4 patients for radiation therapy at the province's two cancer centres in August 2007.
[7]PEI Ministry of Health web site reports a median wait time of 11 days (1.6 weeks) for curative radiation therapy in 2006.
[8]Newfoundland and Labrador Department of Health and Community Services web site reports that 88% of patients waiting for curative radiotherapy began treatment within 30 days between October and December 2006.

Table 5l: Medical Oncology (2007)—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	1.0	3.5	—	1.0	2.0	1.5	2.5	2.5	1.0	2.0
Cancer of the Cervix	0.8	—	—	—	2.0	1.0	2.5	—	1.0	2.0
Lung Cancer	0.8	2.3	—	2.0	2.0	1.5	2.5	4.0	1.0	2.0
Breast Cancer	1.0	3.0[2]	—	2.5	2.0	1.5	2.0	7.0	1.0	3.0
Side Effects from Treatment	0.1	0.0	—	0.2	0.2	0.0	0.5	0.3	0.2	0.5
Weighted Median	0.9	2.7	—	2.2	2.0	1.5	2.3	5.3	1.0	2.5

Note: Weighted median does not include side effects from treatment.
[2]Alberta Health and Wellness web site reports a 1 week median wait time for chemotherapy for breast cancer at the province's tertiary cancer centres at June 30, 2007.

Table 6: Comparison of Median Weeks Waited to Receive Treatment after Appointment with Specialist, by Selected Specialties, 2006 and 2007

	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	2007	2006	% chg	2007	2006	% chg	2007	2006	% chg	2007	2006	% chg	2007	2006	% chg
Plastic Surgery	31.6	31.0	2%	14.2	17.9	-21%	41.4	44.7	-7%	34.0	56.4	-40%	10.6	12.2	-13%
Gynaecology	6.0	7.0	-14%	7.1	7.3	-2%	15.6	9.9	56%	7.8	6.8	15%	6.0	6.1	-1%
Ophthalmology	10.9	10.8	1%	11.7	8.4	40%	14.2	31.4	-55%	8.4	10.4	-20%	7.7	10.9	-29%
Otolaryngology	11.2	15.0	-25%	10.3	9.0	15%	58.0	47.0	23%	21.7	8.5	156%	8.9	8.4	6%
General Surgery	6.1	6.1	1%	5.7	4.8	18%	6.3	12.2	-48%	8.5	6.4	34%	5.0	5.2	-3%
Neurosurgery	12.6	12.9	-3%	6.5	7.8	-17%	5.2	9.4	-45%	7.2	7.8	-9%	8.5	8.7	-3%
Orthopaedic Surgery	20.7	36.6	-44%	17.0	18.6	-9%	46.7	55.6	-16%	35.5	26.5	34%	16.9	17.5	-4%
Cardiovascular Surgery (Urgent)	1.6	0.9	80%	1.3	1.1	21%	2.0	0.7	193%	—	0.9	—	0.6	0.7	-17%
Cardiovascular Surgery (Elective)	6.1	8.5	-29%	13.2	4.5	191%	7.6	4.8	59%	—	5.9	—	2.8	3.5	-20%
Urology	9.4	8.4	12%	4.5	3.3	37%	9.7	10.0	-4%	3.2	3.4	-6%	4.5	4.0	12%
Internal Medicine	8.5	7.7	10%	10.6	10.0	6%	6.7	4.9	36%	7.2	5.5	31%	8.7	6.9	27%
Radiation Oncology	—	—	—	6.1	4.1	51%	6.0	4.7	27%	2.2	—	—	3.5	2.9	20%
Medical Oncology	0.9	1.9	-53%	2.7	2.9	-7%	—	—	—	2.2	—	—	2.0	2.1	-6%
Weighted Median	10.1	11.9	-15%	8.9	7.8	14%	16.5	20.1	-18%	12.0	10.3	16%	7.3	7.5	-2%

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, 2006 and 2007

	Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland		
	2007	2006	% chg	2007	2006	% chg	2007	2006	% chg	2007	2006	% chg	2007	2006	% chg
Plastic Surgery	21.0	16.3	29%	27.1	25.0	8%	25.7	35.3	-27%	9.7	47.8	-80%	19.7	25.5	-23%
Gynaecology	7.5	6.2	21%	12.8	9.2	39%	8.4	6.4	32%	5.1	6.0	-14%	4.5	6.2	-28%
Ophthalmology	11.8	12.0	-1%	6.7	6.8	-1%	16.5	12.4	33%	23.3	12.0	94%	9.1	6.8	35%
Otolaryngology	7.7	7.4	3%	12.0	11.0	10%	10.1	9.0	13%	12.8	25.3	-50%	9.3	9.0	3%
General Surgery	5.5	5.7	-3%	4.8	4.6	4%	5.3	6.5	-18%	3.5	3.1	13%	5.0	5.3	-7%
Neurosurgery	7.3	12.5	-42%	39.6	31.0	28%	8.3	11.8	-30%	—	—	—	—	6.3	—
Orthopaedic Surgery	21.1	20.7	2%	17.5	26.0	-33%	60.2	49.6	21%	44.9	43.5	3%	12.4	12.8	-3%
Cardiovascular Surgery (Urgent)	0.5	0.5	3%	1.5	0.9	68%	3.0	1.0	198%	—	—	—	1.0	1.0	1%
Cardiovascular Surgery (Elective)	3.2	3.5	-8%	7.9	9.2	-14%	6.1	16.2	-63%	—	—	—	7.8	11.5	-32%
Urology	6.0	4.9	24%	11.0	10.7	2%	10.7	6.2	74%	—	—	—	6.0	8.0	-25%
Internal Medicine	10.1	5.2	97%	6.5	11.0	-41%	6.2	3.6	70%	3.4	14.7	-77%	25.6	12.0	114%
Radiation Oncology	4.0	3.7	6%	1.8	2.1	-14%	3.9	—	—	1.3	—	—	2.6	5.0	-47%
Medical Oncology	1.5	1.8	-16%	2.3	2.0	14%	5.3	4.8	9%	1.0	2.0	-50%	2.5	3.4	-26%
Weighted Median	9.4	8.3	12%	10.5	11.1	-5%	13.6	11.3	20%	11.9	14.0	-15%	10.6	8.1	32%

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, 2007—Proportion of Survey Waiting Times that Fall Within Given Ranges

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
0 - 3.99 Weeks	19.3%	21.4%	20.8%	17.1%	25.9%	23.2%	26.7%	16.9%	40.3%	33.1%
4 - 7.99 Weeks	26.2%	28.8%	25.7%	27.5%	30.6%	25.2%	23.6%	30.9%	19.5%	31.4%
8 - 12.99 Weeks	26.3%	22.8%	13.7%	28.3%	24.4%	25.2%	24.8%	28.8%	13.0%	17.7%
13 - 25.99 Weeks	16.2%	17.8%	13.1%	15.3%	11.9%	13.8%	15.3%	12.1%	19.5%	10.3%
26 - 51.99 Weeks	7.3%	6.0%	13.3%	3.6%	4.9%	6.0%	5.9%	6.0%	5.2%	2.9%
1 year plus	4.7%	3.2%	13.5%	8.1%	2.2%	6.8%	3.7%	5.3%	2.6%	4.6%

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

Table 8: Median Reasonable Patient Wait for Treatment after Appointment with Specialist 2007 (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	10.4	15.8	12.4	20.5	10.3	10.0	15.2	24.1	—	—	11.6
Gynaecology	5.9	5.1	10.3	6.6	5.3	6.2	10.6	6.1	4.2	4.8	5.9
Ophthalmology	8.1	9.2	9.0	6.5	7.4	9.3	11.4	10.8	12.0	11.4	8.7
Otolaryngology	7.1	4.3	17.5	6.2	5.4	5.6	7.6	10.6	4.5	3.1	6.3
General Surgery	3.9	4.3	7.0	5.9	3.8	4.6	5.4	4.3	4.6	3.2	4.3
Neurosurgery	4.1	4.3	5.6	15.6	5.5	5.0	10.6	5.8	—	—	5.4
Orthopaedic Surgery	10.2	9.0	13.9	16.7	10.9	11.0	11.2	12.5	—	9.1	11.0
Cardiovascular Surgery (Urgent)	1.2	1.5	1.7	—	0.7	0.3	1.5	1.4	—	1.0	0.8
Cardiovascular Surgery (Elective)	6.7	6.0	7.1	—	4.5	3.7	14.0	9.0	—	5.9	5.0
Urology	2.8	4.4	—	7.8	3.1	3.2	4.6	4.1	—	3.4	3.4
Internal Medicine	3.0	3.6	2.4	3.0	3.6	3.6	3.1	3.7	3.0	6.5	3.6
Radiation Oncology	—	3.1	5.0	2.0	3.2	3.6	3.2	6.7	1.7	3.7	3.6
Medical Oncology	2.0	2.4	—	—	1.6	2.0	4.0	3.2	3.0	3.0	2.0
Weighted Median	5.5	5.6	8.2	7.5	5.1	6.1	8.1	6.8	5.1	5.2	5.8

Table 9a: Plastic Surgery (2007)—Median Reasonable Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Mammoplasty	12.0	24.0	12.0	26.0	12.0	12.0	14.5	25.0	—	—
Neurolysis	6.0	6.0	12.0	11.0	8.0	6.0	5.5	16.0	—	—
Blepharoplasty	10.0	12.0	19.0	20.0	10.5	12.0	24.8	20.0	—	—
Rhinoplasty	10.0	12.0	12.0	20.0	12.0	12.0	24.8	15.5	—	—
Scar Revision	12.0	12.0	12.0	—	12.0	12.0	22.0	45.0	—	—
Hand Surgery	8.0	11.0	12.0	11.0	6.5	8.0	9.0	8.0	—	—
Craniofacial Procedures	7.0	6.3	29.0	—	12.0	10.0	13.0	8.0	—	—
Skin Cancers and other Tumors	2.0	3.8	4.0	10.0	3.0	3.0	4.0	8.0	—	—
Weighted Median	10.4	15.8	12.4	20.5	10.3	10.0	15.2	24.1	—	—

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

Table 9b: Gynaecology (2007)—Median Reasonable Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Dilation & Curettage	3.0	4.0	6.0	5.0	4.0	4.0	4.0	4.0	2.0	3.5
Tubal Ligation	7.0	6.0	12.0	8.0	6.0	8.0	12.0	6.0	6.0	6.0
Hysterectomy (Vaginal/Abdominal)	8.0	6.0	12.0	7.0	6.0	8.0	12.0	8.0	6.0	5.0
Vaginal Repair	8.0	6.5	12.0	7.0	6.0	8.0	11.5	8.0	6.0	5.5
Tuboplasty	6.0	5.5	12.0	7.5	6.0	8.0	12.5	10.0	—	7.0
Laparoscopic Procedures	5.0	6.0	12.0	7.0	6.0	6.0	10.5	5.0	4.0	5.0
Hysteroscopic Procedures	5.0	5.0	10.0	6.0	5.0	6.0	10.0	6.0	2.0	5.0
Weighted Median	5.9	5.1	10.3	6.6	5.3	6.2	10.6	6.1	4.2	4.8

Table 9c: Ophthalmology (2007)—Median Reasonable Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cataract Removal	9.0	11.0	10.0	8.0	8.0	9.5	12.0	12.5	12.0	12.0
Cornea Transplant	16.0	12.0	12.0	9.5	9.0	12.0	15.0	12.0	—	7.0
Cornea—Pterygium	8.0	8.0	8.0	4.0	8.0	11.0	12.0	10.0	12.0	11.5
Iris, Ciliary Body, Sclera, Anterior Chamber	6.0	8.0	4.5	—	7.0	6.0	8.0	10.0	—	—
Retina, Choroid, Vitreous	4.0	5.0	4.0	0.0	4.0	1.8	5.0	5.0	—	7.0
Lacrimal Duct	8.0	8.0	8.0	5.5	8.0	12.0	10.0	20.0	—	10.0
Strabismus	8.0	11.0	8.0	5.0	10.0	10.0	8.0	10.0	12.0	8.5
Operations on Eyelids	6.0	8.0	8.0	4.5	8.0	12.0	8.0	7.0	12.0	12.0
Glaucoma	4.0	6.0	3.0	2.0	4.0	7.0	4.0	3.0	12.0	5.5
Weighted Median	8.1	9.2	9.0	6.5	7.4	9.3	11.4	10.8	12.0	11.4

Note: Weighted median does not include treatment for glaucoma.

Table 9d: Otolaryngology (2007)—Median Reasonable Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Myringotomy	5.0	4.0	5.0	4.5	4.0	4.0	6.0	6.0	4.0	2.0
Tympanoplasty	10.0	5.0	28.0	6.0	8.0	8.0	12.0	16.0	5.0	4.0
Thyroid, Parathyroid, and Other Endocrine Glands	8.0	4.0	5.5	—	4.0	6.0	4.5	10.5	4.0	—
Tonsillectomy and/or Adenoidectomy	8.0	4.5	28.0	8.5	6.0	8.0	8.0	14.0	5.0	4.0
Rhinoplasty and/or Septal Surgery	9.0	5.0	28.0	6.0	8.0	8.0	12.0	16.0	5.0	—
Operations on Nasal Sinuses	6.0	4.5	28.0	8.0	6.0	8.0	10.0	10.5	5.0	4.0
Weighted Median	7.1	4.3	17.5	6.2	5.4	5.6	7.6	10.6	4.5	3.1

Table 9e: General Surgery (2007)—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	5.8	12.0	8.0	5.0	8.0	8.0	6.0	15.0	4.0
Cholecystectomy	4.0	5.0	10.0	6.3	4.0	5.0	6.0	6.0	4.3	4.0
Colonoscopy	4.0	4.0	6.0	5.0	4.0	4.0	4.0	4.0	2.0	4.0
Intestinal Operations	3.0	3.3	3.5	4.0	3.0	4.0	4.0	3.0	2.0	2.0
Haemorrhoidectomy	5.3	6.0	12.0	12.0	6.0	8.0	12.0	6.0	17.0	4.0
Breast Biopsy	2.0	3.0	2.0	3.8	2.0	2.5	3.0	3.0	2.0	2.0
Mastectomy	2.0	3.0	2.0	4.0	2.0	3.0	2.0	3.0	2.0	2.0
Bronchus and Lung	6.0	2.5	3.5	16.0	3.0	4.0	2.8	5.0	—	2.5
Aneurysm Surgery	6.0	6.0	6.0	—	8.0	4.0	—	5.0	—	—
Varicose Veins	12.0	11.0	22.0	10.0	11.0	12.0	16.0	12.0	10.0	—
Weighted Median	3.9	4.3	7.0	5.9	3.8	4.6	5.4	4.3	4.6	3.2

Table 9f: Neurosurgery (2007)—Median Reasonable Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Peripheral Nerve	5.0	4.0	3.8	—	10.0	8.0	11.0	6.0	—	—
Disc Surgery/ Laminectomy	4.0	8.0	7.8	9.0	6.0	5.0	16.0	5.5	—	—
Elective Cranial Bone Flap	4.0	3.0	4.8	18.0	4.0	4.0	7.0	6.0	—	—
Aneurysm Surgery	5.0	2.0	5.8	—	4.0	4.0	7.0	6.0	—	—
Carotid Endarterectomy	4.0	2.0	2.0	—	2.5	4.0	4.0	2.0	—	—
Weighted Median	4.1	4.3	5.6	15.6	5.5	5.0	10.6	5.8	—	—

Table 9g: Orthopaedic Surgery (2007)—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	4.5	9.0	12.0	6.0	6.0	6.0	12.0	—	5.0
Removal of Pins	8.0	5.0	12.0	12.0	8.0	12.0	12.0	12.0	—	8.0
Arthroplasty (Hip, Knee, Ankle, Shoulder)	12.0	12.0	12.0	20.0	12.0	12.0	12.0	14.0	—	10.0
Arthroplasty (Interphalangeal, Metatarsophalangeal)	12.0	7.0	12.0	12.0	12.0	12.0	12.0	6.0	—	10.0
Hallux Valgus/Hammer Toe	8.0	7.0	24.0	12.0	12.0	12.0	12.0	12.0	—	23.0
Digit Neuroma	8.0	5.0	24.0	12.0	12.0	11.0	9.0	6.0	—	—
Rotator Cuff Repair	6.0	5.0	15.0	12.0	8.0	8.0	12.0	12.0	—	10.0
Ostectomy (All Types)	12.0	5.5	24.0	12.0	10.0	12.0	11.0	12.0	—	11.0
Routine Spinal Instability	10.0	8.0	12.0	13.0	11.0	9.0	20.0	26.0	—	—
Weighted Median	10.2	9.0	13.9	16.7	10.9	11.0	11.2	12.5	—	9.1

Table 9h: Cardiovascular Surgery (2007)—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	0.3	0.8	0.0	—	0.1	0.0	0.0	—	—	0.5
	Valves & Septa of the Heart	0.5	0.5	0.0	—	0.1	0.0	0.0	—	—	0.5
	Aneurysm Surgery	0.3	0.1	0.0	—	0.0	0.0	0.5	0.0	—	0.3
	Carotid Endarterectomy	0.5	0.3	0.0	—	0.0	0.0	0.5	0.0	—	0.3
	Pacemaker Operations	0.5	0.1	0.1	—	0.0	0.0	0.5	—	—	—
	Weighted Median	0.5	0.4	0.0	—	0.0	0.0	0.3	0.0	—	0.5
Urgent	Coronary Artery Bypass	1.0	2.3	2.0	—	0.9	0.4	1.0	—	—	1.0
	Valves & Septa of the Heart	1.0	2.0	2.0	—	1.0	0.4	1.0	—	—	1.0
	Aneurysm Surgery	1.3	1.0	2.0	—	0.9	0.1	2.0	4.0	—	0.5
	Carotid Endarterectomy	2.0	1.5	2.0	—	1.0	0.0	2.0	0.5	—	0.5
	Pacemaker Operations	1.3	0.8	1.3	—	0.5	0.2	2.0	—	—	—
	Weighted Median	1.2	1.5	1.7	—	0.7	0.3	1.5	1.4	—	1.0
Elective	Coronary Artery Bypass	7.5	3.8	8.0	—	5.0	5.0	12.0	—	—	6.0
	Valves & Septa of the Heart	8.0	13.9	8.0	—	5.0	5.0	12.0	—	—	6.0
	Aneurysm Surgery	6.0	8.0	8.0	—	6.0	4.0	12.0	12.0	—	3.8
	Carotid Endarterectomy	5.0	7.0	8.0	—	3.5	3.0	12.0	8.0	—	4.0
	Pacemaker Operations	6.0	4.5	6.0	—	4.0	2.0	16.0	—	—	—
	Weighted Median	6.7	6.0	7.1	—	4.5	3.7	14.0	9.0	—	5.9

Table 9i: Urology (2007)—Median Reasonable Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Non-radical Prostatectomy	4.0	6.0	—	9.5	4.0	4.0	6.0	4.0	—	6.0
Radical Prostatectomy	3.0	6.5	—	8.5	4.0	4.0	6.0	4.0	—	8.0
Transurethral Resection—Bladder	2.0	4.0	—	5.0	3.0	2.0	3.0	2.3	—	4.0
Radical Cystectomy	2.0	4.0	—	5.0	4.0	3.0	3.0	3.0	—	2.5
Cystoscopy	2.0	4.0	—	8.0	2.5	3.0	4.0	4.0	—	3.0
Hernia/Hydrocele	6.0	8.5	—	10.0	7.0	8.0	9.0	7.5	—	—
Bladder Fulguration	4.0	4.0	—	5.0	4.0	3.0	2.5	4.0	—	4.0
Ureteral Reimplantation for Reflux	5.0	11.0	—	9.0	8.0	4.0	8.0	6.5	—	—
Weighted Median	2.8	4.4	—	7.8	3.1	3.2	4.6	4.1	—	3.4

Table 9j: Internal Medicine (2007)—Median Reasonable Wait for Treatment after Appointment with Specialist (in Weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Colonoscopy	3.3	4.0	2.5	3.5	4.0	4.0	3.5	4.0	3.0	8.0
Angiography/Angioplasty	2.5	2.0	2.3	1.5	2.0	2.0	3.0	3.0	7.0	2.5
Bronchoscopy	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	1.0
Gastroscopy	3.0	3.0	2.8	2.5	3.5	4.0	3.0	4.0	—	2.0
Weighted Median	3.0	3.6	2.4	3.0	3.6	3.6	3.1	3.7	3.0	6.5

Table 9k: Radiation Oncology (2007)—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	—	1.0	—	2.0	2.0	2.0	2.0	2.0	1.0	2.0
Cancer of the Cervix	—	1.5	—	2.0	2.0	3.0	2.0	2.0	1.0	2.0
Lung Cancer	—	1.5	—	2.0	2.0	2.3	2.0	—	1.0	2.0
Prostate Cancer	—	3.8	5.0	2.0	4.0	6.0	4.0	7.0	2.0	6.0
Breast Cancer	—	4.0	—	2.0	3.5	4.0	4.0	7.0	2.0	3.0
Early Side Effects from Treatment	—	1.3	0.4	2.0	1.0	0.1	1.0	1.0	0.0	1.0
Late Side Effects from Treatment	—	3.5	2.0	2.0	2.0	1.0	1.0	3.0	1.0	2.0
Weighted Median	—	3.1	5.0	2.0	3.2	3.6	3.2	6.7	1.7	3.7

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

Table 9l: Medical Oncology (2007)—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	2.8	—	—	—	1.0	2.0	4.0	2.5	3.0	2.0
Cancer of the Cervix	2.8	—	—	—	1.0	2.0	4.0	—	3.0	2.0
Lung Cancer	1.9	2.3	—	—	1.5	2.0	4.0	1.8	3.0	2.0
Breast Cancer	2.0	2.5	—	—	1.8	2.0	4.0	5.0	3.0	4.0
Side Effects from Treatment	0.5	0.0	—	—	0.4	0.1	0.5	0.1	0.2	—
Weighted Median	2.0	2.4	—	—	1.6	2.0	4.0	3.2	3.0	3.0

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, 2007

	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	A	R	D	A	R	D	A	R	D	A	R	D	A	R	D
Plastic Surgery	31.6	10.4	202%	14.2	15.8	-10%	41.4	12.4	235%	34.0	20.5	66%	10.6	10.3	4%
Gynaecology	6.0	5.9	3%	7.1	5.1	41%	15.6	10.3	51%	7.8	6.6	18%	6.0	5.3	13%
Ophthalmology	10.9	8.1	35%	11.7	9.2	27%	14.2	9.0	58%	8.4	6.5	29%	7.7	7.4	5%
Otolaryngology	11.2	7.1	57%	10.3	4.3	139%	58.0	17.5	231%	21.7	6.2	252%	8.9	5.4	67%
General Surgery	6.1	3.9	55%	5.7	4.3	33%	6.3	7.0	-10%	8.5	5.9	43%	5.0	3.8	34%
Neurosurgery	12.6	4.1	207%	6.5	4.3	49%	5.2	5.6	-7%	7.2	15.6	-54%	8.5	5.5	52%
Orthopaedic Surgery	20.7	10.2	103%	17.0	9.0	90%	46.7	13.9	237%	35.5	16.7	112%	16.9	10.9	55%
Cardiovascular Surgery (Urgent)	1.6	1.2	40%	1.3	1.5	-13%	2.0	1.7	21%	—	—	—	0.6	0.7	-16%
Cardiovascular Surgery (Elective)	6.1	6.7	-9%	13.2	6.0	119%	7.6	7.1	7%	—	—	—	2.8	4.5	-37%
Urology	9.4	2.8	237%	4.5	4.4	0%	9.7	—	—	3.2	7.8	-59%	4.5	3.1	45%
Internal Medicine	8.5	3.0	185%	10.6	3.6	197%	6.7	2.4	176%	7.2	3.0	137%	8.7	3.6	140%
Radiation Oncology	—	—	—	6.1	3.1	97%	6.0	5.0	20%	2.2	2.0	9%	3.5	3.2	10%
Medical Oncology	0.9	2.0	-56%	2.7	2.4	12%	—	—	—	2.2	—	—	2.0	1.6	25%
Weighted Median	10.1	5.5	85%	8.9	5.6	58%	16.5	8.2	101%	12.0	7.5	60%	7.3	5.1	42%

A = Median Actual Wait; R = Median Clinically Reasonable Wait; D = Percentage Difference
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 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, 2007

	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	21.0	10.0	110%	27.1	15.2	78%	25.7	24.1	7%	9.7	—	—	19.7	—	—
Gynaecology	7.5	6.2	22%	12.8	10.6	20%	8.4	6.1	39%	5.1	4.2	24%	4.5	4.8	-7%
Ophthalmology	11.8	9.3	27%	6.7	11.4	-41%	16.5	10.8	53%	23.3	12.0	94%	9.1	11.4	-20%
Otolaryngology	7.7	5.6	37%	12.0	7.6	57%	10.1	10.6	-4%	12.8	4.5	182%	9.3	3.1	200%
General Surgery	5.5	4.6	20%	4.8	5.4	-11%	5.3	4.3	23%	3.5	4.6	-25%	5.0	3.2	55%
Neurosurgery	7.3	5.0	46%	39.6	10.6	275%	8.3	5.8	43%	—	—	—	—	—	—
Orthopaedic Surgery	21.1	11.0	92%	17.5	11.2	57%	60.2	12.5	380%	44.9	—	—	12.4	9.1	36%
Cardiovascular Surgery (Urgent)	0.5	0.3	44%	1.5	1.5	1%	3.0	1.4	116%	—	—	—	1.0	1.0	5%
Cardiovascular Surgery (Elective)	3.2	3.7	-16%	7.9	14.0	-43%	6.1	9.0	-33%	—	—	—	7.8	5.9	33%
Urology	6.0	3.2	89%	11.0	4.6	137%	10.7	4.1	161%	—	—	—	6.0	3.4	79%
Internal Medicine	10.1	3.6	180%	6.5	3.1	112%	6.2	3.7	66%	3.4	3.0	13%	25.6	6.5	292%
Radiation Oncology	4.0	3.6	9%	1.8	3.2	-43%	3.9	6.7	-42%	1.3	1.7	-20%	2.6	3.7	-28%
Medical Oncology	1.5	2.0	-26%	2.3	4.0	-43%	5.3	3.2	66%	1.0	3.0	-67%	2.5	3.0	-17%
Weighted Median	9.4	6.1	52%	10.5	8.1	30%	13.6	6.8	99%	11.9	5.1	134%	10.6	5.2	103%

A = Median Actual Wait; R = Median Clinically Reasonable Wait; D = Percentage Difference
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 11: Average Percentage of Patients Receiving Treatment Outside of Canada, 2007

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	0.3%	0.1%	0.0%	0.0%	0.8%	0.3%	0.0%	1.0%	—	0.0%	0.5%
Gynaecology	1.6%	0.7%	0.0%	0.3%	1.7%	0.4%	0.3%	0.2%	—	3.8%	1.1%
Ophthalmology	0.5%	1.1%	0.3%	0.2%	0.9%	0.5%	0.1%	0.3%	0.0%	0.2%	0.7%
Otolaryngology	0.6%	1.1%	0.3%	0.2%	1.0%	0.4%	1.1%	0.0%	—	0.0%	0.7%
General Surgery	0.6%	0.6%	1.2%	1.8%	1.0%	0.1%	1.3%	0.5%	0.0%	0.0%	0.7%
Neurosurgery	1.4%	1.0%	0.0%	0.0%	2.1%	0.1%	3.5%	0.5%	—	—	1.1%
Orthopaedic Surgery	1.2%	4.3%	0.2%	1.7%	1.3%	0.2%	0.6%	0.7%	0.0%	0.0%	1.2%
Cardiovascular Surgery	1.1%	0.7%	1.0%	—	0.9%	0.7%	1.5%	1.3%	—	0.0%	0.9%
Urology	1.3%	1.0%	—	0.7%	1.0%	0.9%	0.6%	0.8%	—	0.0%	0.9%
Internal Medicine	2.1%	1.6%	0.3%	2.1%	1.9%	0.6%	0.2%	0.4%	0.5%	0.5%	1.5%
Radiation Oncology	—	0.0%	5.0%	1.0%	4.6%	0.0%	1.6%	3.0%	0.0%	0.0%	2.8%
Medical Oncology	4.8%	1.5%	—	—	5.7%	0.2%	0.5%	2.3%	1.0%	0.0%	2.8%
All Specialties	1.4%	1.4%	0.5%	1.1%	1.6%	0.4%	0.7%	0.5%	0.2%	0.7%	1.2%

Table 12: Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist, by Specialty, 2007

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Plastic Surgery	5,038	1,378	1,670	1,540	5,145	4,809	918	692	15	328
Gynaecology	3,131	2,987	2,060	967	8,862	5,804	1,166	1,210	107	401
Ophthalmology	11,723	7,520	4,376	2,166	26,453	68,589	1,316	4,776	400	805
Otolaryngology	3,287	2,403	6,590	2,160	10,361	4,658	1,302	943	186	554
General Surgery	7,149	5,607	2,529	3,227	20,540	14,994	808	1,968	187	1,121
Neurosurgery	1,176	518	140	144	2,587	1,585	775	172	—	—
Orthopaedic Surgery	14,249	7,816	8,114	6,412	33,161	17,812	2,515	8,437	886	751
Cardiovascular Surgery	329	156	95	—	342	211	50	79	—	15
Urology	8,118	3,050	2,260	653	15,507	13,682	1,956	3,579	—	832
Internal Medicine	8,265	7,862	2,095	1,986	30,860	29,916	460	1,599	95	4,962
Radiation Oncology	—	68	34	1	143	161	15	28	1	1
Medical Oncology	35	50	—	42	580	314	45	60	2	92
Residual	39,418	29,080	19,409	13,359	102,366	74,559	7,545	17,063	1,169	8,604
Total	101,920	68,494	49,370[1]	32,656	256,908	237,095[2]	18,869	40,606	3,046	18,465
Proportion of Population	2.36%	2.03%	5.01%	2.77%	2.02%	3.10%	2.52%	4.35%	2.19%	3.62%

Canada: Total number of procedures for which patients are waiting in 2007: 827,429

Percentage of Population: 2.54%

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.
[1]Saskatchewan Surgical Care Network web site reports 26,240 patients on wait lists for non-emergent surgery at March 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."
[2]Quebec Ministry of Health and Social Services web site reports 57,687 patients waiting for ambulatory surgery (18,085 for more than 6 months) and 20,458 patients waiting for inpatient surgery (6,709 for more than 6 months) at March 3, 2007.

Table 13a: Plastic Surgery (2007)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Mammoplasty	3,198	786	694	793	2,310	2,087	559	185	10	90
Neurolysis	182	116	35	41	816	1,086	29	20	—	21
Blepharoplasty	134	74	68	93	325	92	11	9	1	2
Rhinoplasty	534	85	522	143	670	198	127	102	—	44
Scar Revision	566	135	233	413	435	781	112	326	—	161
Hand Surgery	425	181	118	57	589	566	81	50	4	11
Total	5,038[1]	1,378[2]	1,670[3]	1,540	5,145	4,809	918	692	15	328

Note: Totals may not match sums of individual procedures due to rounding.
[1]BC Ministry of Health web site reports 4,394 patients waiting for plastic surgery at May 31, 2007.
[2]Alberta Health and Wellness web site reports 3,273 patients waiting for plastic surgery at March 31, 2007.
[3]Saskatchewan Surgical Care Network web site reports 1,316 patients on wait lists for non-emergent plastic and reconstructive surgery at March 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

Table 13b: Gynaecology (2007)—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	594	1,022	357	207	1,639	970	48	175	16	102
Tubal Ligation	624	464[2]	399	252	1,867	384	457	225	26	81
Hysterectomy (Vaginal/Abdominal)	922	628[2]	741	231	2,642	2,001	357	381	43	75
Vaginal Repair	150	155	139	40	552	612	78	82	5	53
Tuboplasty	19	19	3	2	41	44	5	9	—	1
Laparoscopic Procedures	236	239	131	46	680	581	45	86	8	25
Hysteroscopic Procedures	587	461	290	188	1,441	1,212	176	252	10	64
Total	3,131[1]	2,987[2]	2,060[3]	967	8,862	5,804	1,166	1,210	107	401

Note: Totals may not match sums of individual procedures due to rounding.
[1]BC Ministry of Health web site reports 5,342 patients waiting for gynaecology at May 31, 2007.
[2]Alberta Health and Wellness web site reports 5,091 patients waiting for gynecological surgery, 927 waiting for tubal ligation, and 1,983 waiting for hysterectomy at March 31, 2007.
[3]Saskatchewan Surgical Care Network web site reports 2,395 patients on wait lists for non-emergent obstetrics and gynaecology surgery at March 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

Table 13c: Ophthalmology (2007)—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	9,596[1]	5,233[2]	3,877	1,932	19,161	64,148[4]	1,168	4,240	366	657
Cornea Transplant	281[1]	275	54	28	520	543	0	62	3	2
Cornea—Pterygium	71	87	55	23	228	184	5	18	2	9
Iris, Ciliary Body, Sclera, Anterior Chamber	148	217	64	—	1,953	1,289	51	92	5	—
Retina, Choroid, Vitreous	968	1,383	73	—	2,100	570	12	220	6	55
Lacrimal Duct	146	74	74	132	530	637	28	8	2	7
Strabismus	282	54	52	—	969	687	14	115	10	6
Operations on Eyelids	232	196[2]	126	50	992	532	39	21	8	67
Total	11,723[1]	7,520[2]	4,376[3]	2,166	26,453	68,589	1,316	4,776	400	805

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.
[1]BC Ministry of Health web site reports 14,784 patients waiting for eye surgery (ophthalmology), 13,317 waiting for cataract surgery, and 403 waiting for corneal transplant at May 31, 2007.
[2]Alberta Health and Wellness web site reports 8,829 patients waiting for eye surgery (ophthalmology), 6,066 waiting for cataract surgery, and 612 waiting for interventions on the eyelid at March 31, 2007.
[3]Saskatchewan Surgical Care Network web site reports 5,385 patients on wait lists for non-emergent ophthalmology surgery at March 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."
[4]Quebec Ministry of Health and Social Services web site reports 15,786 patients waiting for cataract surgery (5,938 for more than 3 months and 2,136 for more than 6 months) at March 3, 2007.

Table 13d: Otolaryngology (2007)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Myringotomy	432	378	268	786	2,390	1,960	465	247	63	158
Tympanoplasty	175	52	585	117	483	306	94	104	5	41
Thyroid, Parathyroid, and Other Endocrine Glands	299	408	40	0	1,113	592	41	95	5	—
Tonsillectomy and/or Adenoidectomy	1,095	886[2]	3,535	802	3,819	390	450	293	74	221
Rhinoplasty and/or Septal Surgery	519	87	781	174	701	523	85	68	5	—
Operations on Nasal Sinuses	766	592	1,381	281	1,855	887	166	136	34	133
Total	3,287[1]	2,403[2]	6,590[3]	2,160	10,361	4,658	1,302	943	186	554

Note: Totals may not match sums of individual procedures due to rounding.
[1]BC Ministry of Health web site reports 5,413 patients waiting for ear, nose, and throat surgery (otolaryngology) at May 31, 2007.
[2]Alberta Health and Wellness web site reports 4,503 patients waiting for ear, nose, and throat surgery (otolaryngology) and 1,487 waiting for tonsillectomy at March 31, 2007.
[3]Saskatchewan Surgical Care Network web site reports 3,573 patients on wait lists for non-emergent otolaryngology surgery at March 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

Table 13e: General Surgery (2007)—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	1,411	887[2]	765	438	3,142	2,091	231	259	30	138
Cholecystectomy	910[1]	648[2]	413	323	2,414	1,922	254	316	31	133
Colonoscopy	2,460	1,572	549	1,427	6,491	5,967	40	765	61	634
Intestinal Operations	1,596	1,387	339	454	6,032	2,958	150	314	38	98
Haemorrhoidectomy	179	250	257	287	872	934	45	96	5	35
Breast Biopsy	21	25	17	34	74	56	2	101	1	6
Mastectomy	354	195[2]	69	127	827	612	55	56	14	29
Bronchus and Lung	74	54	19	99	216	87	13	41	—	6
Aneurysm Surgery	26	114	3	0	10	26	0	—	—	—
Varicose Veins	119	476[2]	99	39	462	340	17	21	7	43
Total	7,149[1]	5,607[2]	2,529[3]	3,227	20,540	14,994	808	1,968	187	1,121

Note: Totals may not match sums of individual procedures due to rounding.
[1]BC Ministry of Health web site reports 13,428 patients waiting for general surgery and 1,565 waiting for gall bladder surgery at May 31, 2007.
[2]Alberta Health and Wellness web site reports 6,436 patients waiting for general surgery, 2,378 waiting for hernia repair, 902 waiting for gall bladder removal (cholecystectomy), 261 waiting for mastectomy, and 295 waiting for varicose vein surgery at March 31, 2007.
[3]Saskatchewan Surgical Care Network web site reports 2,812 patients on wait lists for non-emergent general surgery at March 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

Table 13f: Neurosurgery (2007)—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	76	93	8	16	581	267	36	25	—	—
Disc Surgery/Laminectomy	767	237	73	31	1,378	930	544	37	—	—
Elective Cranial Bone Flap	313	181	59	95	596	356	181	105	—	—
Aneurysm Surgery	4	1	0	1	5	4	2	3	—	—
Carotid endarterectomy	16[1]	5	0	2	27	28	12	2	—	—
Total	1,176[1]	518[2]	140[3]	144	2,587	1,585	775	172	—	—

Note: Totals may not match sums of individual procedures due to rounding.
[1]BC Ministry of Health web site reports 1,854 patients waiting for neurosurgery and 132 waiting for carotid endarterectomy at May 31, 2007.
[2]Alberta Health and Wellness web site reports 537 patients waiting for neurosurgery at March 31, 2007.
[3]Saskatchewan Surgical Care Network web site reports 549 patients on wait lists for non-emergent neurosurgery at March 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

Table 13g: Orthopaedic Surgery (2007)—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	927	533	744	352	1,571	904	168	879	103	89
Removal of Pins	847	472	534	231	1,884	1,687	150	149	5	77
Arthroplasty (Hip, Knee, Ankle, Shoulder)	8,579[1]	5,029[2]	4,535	5,114	22,591	9,797[4]	1,641	5,149	722	393
Arthroplasty (Interphalangeal, Metatarsophalangeal)	424	189	221	48	660	338	43	311	—	24
Hallux Valgus/Hammer Toe	162	28	102	26	524	124	34	197	8	19
Digit Neuroma	1,053	439	678	91	1,925	1,717	83	698	—	—
Rotator Cuff Repair	690	416	300	260	1,352	1,032	86	477	47	60
Ostectomy (All Types)	1,088	363	758	188	1,626	1,735	136	575	—	77
Routine Spinal Instability	479	347	244	102	1,028	477	174	—	—	12
Total	14,249[1]	7,816[2]	8,114[3]	6,412	33,161	17,812	2,515	8,437	886	751

Note: Totals may not match sums of individual procedures due to rounding.
[1]BC Ministry of Health web site reports 18,003 patients waiting for orthopaedic surgery, 2,217 waiting for hip replacement, and 4,442 waiting for knee replacement at May 31, 2007.
[2]Alberta Health and Wellness web site reports 12,288 patients waiting for orthopaedic surgery, 1,592 waiting for hip replacement surgery, and 2,967 waiting for knee replacement surgery at March 31, 2007.
[3]Saskatchewan Surgical Care Network web site reports 6,126 patients on wait lists for non-emergent orthopaedic surgery at March 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."
[4]Quebec Ministry of Health and Social Services web site reports 1,634 patients waiting for hip arthroplasty (797 for more than 3 months and 331 for more than 6 months) and 2,868 patients waiting for knee arthroplasty (1,615 for more than 3 months and 776 for more than 6 months) at March 3, 2007.

Table 13h: Cardiovascular Surgery (2007)—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	99	68[2]	35	—	113	96	11	48	—	11
Valves & Septa of the Heart	51	29[2]	13	—	78	31	4	27	—	2
Aneurysm Surgery	2	1	0	—	2	1	0	1	—	0
Carotid Endarterectomy	17[1]	6	4	—	24	2	5	3	—	1
Pacemaker Operations	160	53[2]	42	—	125	81	29	—	—	—
Total	329[1]	156[2]	95[3]	—	342[4,5]	211[6]	50	79	—	15

Note: Totals may not match sums of individual procedures due to rounding.
[1]BC Ministry of Health web site reports 332 patients waiting for cardiac surgery, 1,162 waiting for vascular surgery, and 132 waiting for carotid endarterectomy at May 31, 2007.
[2]Alberta Health and Wellness web site reports 508 patients waiting for cardiac surgery, 187 waiting for thoracic surgery, 467 waiting for vascular surgery, 202 waiting for coronary artery bypass surgery, 130 waiting for heart valve surgery, and 18 waiting for implantation of pacemaker and other devices at March 31, 2007.
[3]Saskatchewan Surgical Care Network web site reports 231 patients on wait lists for non-emergent cardiovascular surgery at March 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."
[4]Cardiac Care Network of Ontario web site reports an average of 637 patients waiting for cardiac surgery at the end of each month during February-April 2007.
[5]Cardiac Care Network of Ontario reports 634 patients waiting for cardiac surgery at March 31, 2007.
[6]Quebec Ministry of Health and Social Services web site reports 603 patients waiting for cardiac surgery at March 3, 2007.

Table 13i: Urology (2007)—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	1,501	199	631	38	1,061	661	107	148	—	157
Radical Prostatectomy	110	112	27	19	429	115	15	45	—	23
Transurethral Resection—Bladder	442	131	54	27	943	398	62	55	—	30
Radical Cystectomy	13	8	3	4	55	18	2	4	—	2
Cystoscopy	4,113	1,944	650	459	9,558	10,868	1,327	2,910	—	556
Hernia/Hydrocele	1,248	352[2]	793	52	1,831	973	344	201	—	—
Bladder Fulguration	661	293	102	54	1,590	637	95	202	—	65
Ureteral Reimplantation for Reflux	32	10	—	—	41	12	4	13	—	—
Total	8,118[1]	3,050[2]	2,260[3]	653	15,507	13,682	1,956	3,579	—	832

Note: Totals may not match sums of individual procedures due to rounding.
[1]BC Ministry of Health web site reports 5,839 patients waiting for urology at May 31, 2007.
[2]Alberta Health and Wellness web site reports 2,441 patients waiting for urological surgery and 2,378 waiting for hernia repair at March 31, 2007.
[3]Saskatchewan Surgical Care Network web site reports 1,003 patients on wait lists for non-emergent urology surgery at March 31, 2007. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

Table 13j: Internal Medicine (2007)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Colonoscopy	4,969	6,784	1,241	1,626	27,734	27,295	146	1,285	89	4,386
Angiography /Angioplasty	2,971	727	746	204	1,408[1,2]	1,133	250	196	0	335
Bronchoscopy	75	91	13	51	431	543	4	27	1	16
Gastroscopy	250	259	95	105	1,287	944	60	90	4	225
Total	8,265	7,862	2,095	1,986	30,860	29,916	460	1,599	95	4,962

Note: Totals may not match sums of individual procedures due to rounding.
[1]Cardiac Care Network of Ontario web site reports an average of 1,088 patients waiting for cardiac catheterization and of 168 patients waiting for angioplasties done on a different day from catheterization at the end of each month during February-April 2007.
[2]Cardiac Care Network of Ontario reports 1,076 patients waiting for angiography, a 21% reduction from 2006; and 175 waiting for angioplasty, a 24% reduction from 2006, at March 31, 2007.

Table 13k: Radiation Oncology (2007)—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]	68	34	1	143	161	15	28	1	1

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.

[1]BC Ministry of Health web site reports 277 patients waiting for radiotherapy at May 31, 2007.

Table 13l: Medical Oncology (2007)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Chemotherapy	35	50	—	42	580	314	45	60	2	92

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 (2007)—Procedures per 100,000 Population

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Plastic Surgery	117	41	170	131	41	63	123	74	10	64
Gynaecology	73	88	209	82	70	76	156	130	77	79
Ophthalmology	272	223	444	184	209	896	176	511	288	158
Otolaryngology	76	71	669	183	82	61	174	101	134	109
General Surgery	166	166	257	274	162	196	108	211	134	220
Neurosurgery	27	15	14	12	20	21	103	18	—	—
Orthopaedic Surgery	331	232	824	544	261	233	336	903	637	147
Cardiovascular Surgery	8	5	10	—	3	3	7	9	—	3
Urology	188	90	229	55	122	179	261	383	—	163
Internal Medicine	192	233	213	169	243	391	61	171	68	973
Radiation Oncology	—	2	3	0	1	2	2	3	1	0
Medical Oncology	1	1	—	4	5	4	6	6	1	18

Note: 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, 2006 and 2007

	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	2007	2006	% chg	2007	2006	% chg	2007	2006	% chg	2007	2006	% chg	2007	2006	% chg
Plastic Surgery	5,038	4,622	9%	1,378	1,784	-23%	1,670	1,738	-4%	1,540	2,591	-41%	5,145	5,857	-12%
Gynaecology	3,131	3,526	-11%	2,987	3,053	-2%	2,060	1,334	54%	967	891	8%	8,862	9,168	-3%
Ophthalmology	11,723	10,776	9%	7,520	4,963	52%	4,376	9,248	-53%	2,166	2,577	-16%	26,453	33,606	-21%
Otolaryngology	3,287	4,106	-20%	2,403	1,952	23%	6,590	4,482	47%	2,160	701	208%	10,361	9,424	10%
General Surgery	7,149	7,113	1%	5,607	4,927	14%	2,529	4,849	-48%	3,227	2,454	32%	20,540	21,988	-7%
Neurosurgery	1,176	1,236	-5%	518	612	-15%	140	254	-45%	144	160	-10%	2,587	2,631	-2%
Orthopaedic Surgery	14,249	24,001	-41%	7,816	7,995	-2%	8,114	9,349	-13%	6,412	4,289	50%	33,161	32,096	3%
Cardiovascular Surgery	329	189	74%	156	125	25%	95	30	213%	—	1	—	342	389	-12%[1]
Urology	8,118	6,978	16%	3,050	2,149	42%	2,260	2,429	-7%	653	702	-7%	15,507	13,499	15%
Internal Medicine	8,265	5,823	42%	7,862	5,915	33%	2,095	1,295	62%	1,986	1,264	57%	30,860	19,969	55%
Radiation Oncology	—	—	—	68	40	71%	34	26	30%	1	—	—	143	109	31%
Medical Oncology	35	76	-54%	50	62	-19%	—	—	—	42	—	—	580	619	-6%
Residual	39,418	43,400	-9%	29,080	25,018	16%	19,409	22,984	-16%	13,359	11,261	19%	102,366	99,851	3%
Total	101,920	111,846	-9%	68,494	58,593	17%	49,370	58,018	-15%	32,656	26,890	21%	256,908	249,207	3%

Note: Percentage changes are calculated from exact estimated values, 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.
[1]Cardiac Care Network of Ontario reports a 6% reduction in the number of patients waiting for cardiac surgery between 2006 and 2007. They report 677 patients waiting at March 31, 2006 and 634 waiting at March 31, 2007.

continued ...

Table 15: Comparison of Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist, by Selected Specialties, 2006 and 2007

	Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland		
	2007	2006	% chg	2007	2006	% chg	2007	2006	% chg	2007	2006	% chg	2007	2006	% chg
Plastic Surgery	4,809	3,826	26%	918	716	28%	692	935	-26%	15	89	-84%	328	433	-24%
Gynaecology	5,804	4,788	21%	1,166	841	39%	1,210	920	32%	107	120	-10%	401	498	-20%
Ophthalmology	68,589	62,599	10%	1,316	1,331	-1%	4,776	3,509	36%	400	247	62%	805	529	52%
Otolaryngology	4,658	4,234	10%	1,302	1,082	20%	943	782	21%	186	342	-46%	554	591	-6%
General Surgery	14,994	18,078	-17%	808	783	3%	1,968	2,347	-16%	187	157	19%	1,121	1,252	-10%
Neurosurgery	1,585	2,664	-41%	775	586	32%	172	246	-30%	—	—	—	—	120	—
Orthopaedic Surgery	17,812	16,489	8%	2,515	3,508	-28%	8,437	6,986	21%	886	806	10%	751	800	-6%
Cardiovascular Surgery	211	200	6%	50	28	79%	79	52	53%	—	—	—	15	15	0%
Urology	13,682	10,697	28%	1,956	1,668	17%	3,579	1,954	83%	—	—	—	832	1,078	-23%
Internal Medicine	29,916	10,604	182%	460	702	-34%	1,599	800	100%	95	452	-79%	4,962	1,459	240%
Radiation Oncology	161	148	9%	15	14	6%	28	—	—	1	—	—	1	3	-68%
Medical Oncology	314	361	-13%	45	42	6%	60	65	-8%	2	4	-57%	92	116	-21%
Residual	74,559	63,468	17%	7,545	7,790	-3%	17,063	13,852	23%	1,169	1,360	-14%	8,604	5,923	45%
Total	237,095	198,157	20%	18,869	19,089	-1%	40,606	32,448	25%	3,046	3,576	-15%	18,465	12,816	44%

Note: Percentage changes are calculated from exact estimated values, 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.

Table 16a: Acute Inpatient Procedures, 2005-06 (Part I)

Procedure	BC	AB	SK	MB	ON	NB	NS	PE	NL
Arthroplasty (Hip, Knee, Ankle, Shoulder)	12,068	9,377	3,186	3,756	38,135	2,339	2,719	419	1,134
Arthroplasty (Interphalangeal/ Metatarsophalangeal)	478	440	98	84	867	91	93	4	55
Hallux Valgus/Hammer Toe	130	100	26	37	360	46	26	1	15
Meniscectomy/Arthroscopy	230	296	99	41	534	39	61	4	44
Ostectomy	1,838	1,851	498	442	4,356	319	413	5	181
Removal of Pins	1,057	1,097	244	224	2,741	179	241	10	116
Rotator Cuff Repair	643	697	185	162	1,798	101	175	15	85
Routine Spinal Instability	996	983	352	264	2,813	323	230	0	124
Bladder Fulguration	1,223	963	693	299	5,029	549	466	45	187
Cystoscopy	2,449	1,372	826	341	9,263	743	1,676	56	867
Non-radical Prostatectomy	3,917	1,748	620	384	8,108	773	924	150	336
Radical Cystectomy	165	99	22	42	479	30	50	3	27
Radical Prostatectomy	815	677	237	222	3,431	201	291	40	118
Transurethral Resection—Bladder	1,118	1,175	383	200	4,571	465	228	54	304
Ureteral Reimplantation for Reflux	72	51	17	31	201	10	20	4	12
Cataract Removal	94	447	85	45	279	36	47	9	20
Cornea Transplant	41	88	36	55	32	0	11	10	13
Cornea—Pterygium	3	5	2	5	4	0	3	0	0
Iris, Ciliary Body, Sclera, Anterior Chamber	61	273	112	79	221	10	93	3	7
Lacrimal Duct Surgery	54	84	37	12	67	23	7	0	20
Operations on Eyelids	136	219	64	41	418	32	33	3	25
Retina, Choroid, Vitreous	765	5,091	500	1,269	3,047	9	350	0	27
Strabismus Surgery	13	31	55	3	97	0	7	1	1
Myringotomy	270	349	138	83	781	294	138	21	135
Operations on Nasal Sinuses	660	796	44	70	1,074	192	180	15	161
Thyroid, Parathyroid, and Other Endocrine Glands	1,489	1,557	361	301	6,651	425	401	26	270
Tonsillectomy and/or Adenoidectomy	1,490	1,599	1,214	509	2,560	1,158	499	152	666
Tympanoplasty	95	138	3	9	409	69	148	7	19
Radiotherapy	472	498	292	25	2,051	237	375	34	21
Chemotherapy	1,934	700	656	456	11,211	990	576	80	684
Breast Biopsy	113	52	33	28	242	27	23	1	12
Bronchus and Lung	925	772	276	424	3,371	275	417	3	115

Source: Canadian Institute for Health Information, "All Procedures Performed, by Province and CCI code, 2005-06" and Fiscal 2004/05 CCI to CCP Conversion Tables.
Note: Information is not available in this format for Quebec.

Table 16a: Acute Inpatient Procedures, 2005-06 (Part II)

Procedure	BC	AB	SK	MB	ON	NB	NS	PE	NL
Cholecystectomy	3,939	3,979	1,908	1,323	7,254	1,317	1,375	268	1,014
Haemorrhoidectomy	85	94	75	48	189	34	13	6	18
Intestinal Operations	7,658	5,616	1,971	2,006	21,652	1,602	2,241	297	1,228
Mastectomy	2,666	2,349	732	605	4,931	466	699	96	359
Varicose Veins	52	155	96	67	120	28	38	6	31
Disk Surgery/Laminectomy	1,561	954	453	204	4,704	342	179	5	335
Elective Cranial Bone Flap	2,467	2,577	747	607	7,663	469	679	0	351
Blepharoplasty	5	14	3	3	48	0	3	0	0
Mammoplasty	1,005	1,170	369	468	3,103	560	158	38	181
Scar Revision	1,047	1,349	239	341	1,566	170	191	9	147
Coronary Artery Bypass	2,579	1,815	919	906	9,366	549	839	0	595
Pacemaker Operations	3,686	1,758	624	496	9,667	751	702	65	813
Valves & Septa of the Heart	1,740	1,512	339	313	5,398	227	468	0	124
Angiography/Angioplasty	7,366	3,766	2,781	1,126	21,381	1,509	2,229	2	915
Bronchoscopy	739	1,477	248	314	4,727	149	411	7	232
Gastroscopy	482	703	260	169	2,652	293	287	16	170
Dilation and Curettage	550	400	82	72	914	51	45	19	56
Hysterectomy	5,961	4,802	1,519	1,416	17,050	1,544	1,719	282	977
Hysteroscopic Procedures	210	203	56	24	343	30	23	5	53
Laparoscopic Procedures	716	444	171	45	1,418	83	182	18	49
Tubal Ligation	1,612	1,651	765	678	4,805	485	443	81	268
Tuboplasty	90	56	13	6	107	9	11	3	3
Vaginal Repair	585	659	192	149	2,483	240	305	17	409
Rhinoplasty and/or Septal Surgery	466	407	29	106	730	109	63	13	101
Hernia/Hydrocele	4,643	4,446	2,102	1,512	19,454	1,270	1,553	244	764
Carotid Endarterectomy	720	306	121	151	1,294	127	85	31	70
Hand Surgery/Digit Neuroma	405	392	84	150	889	63	69	2	82
Neurolysis/Peripheral Nerve	371	423	110	152	2,950	94	90	6	59
Colonoscopy	3,140	2,912	1,448	1,141	11,071	922	743	111	817
Aneurysm Surgery	242	195	34	93	633	35	84	0	11
Residual	93,333	88,154	25,660	23,225	280,968	43,439	24,955	2,017	14,897
Total	185,935	168,363	55,544	47,859	564,731	66,952	51,803	4,839	30,930

Source: Canadian Institute for Health Information, "All Procedures Performed, by Province and CCI code, 2005-06" and Fiscal 2004/05 CCI to CCP Conversion Tables.
Note: Information is not available in this format for Quebec.

Table 16b: Same Day Procedures, 2005-06 (Part I)

Procedure	BC	SK	MB	ON	NB	NS	PE	NL
Arthroplasty (Hip, Knee, Ankle, Shoulder)	5,776	1,727	1,438	20,602	1,217	628	332	184
Arthroplasty (Interphalangeal/ Metatarsophalangeal)	748	141	110	1,421	97	120	14	69
Hallux Valgus/Hammer Toe	339	84	93	1,519	100	109	9	67
Meniscectomy/Arthroscopy	3,788	707	830	6,273	1,052	818	149	616
Ostectomy	991	170	252	2,692	323	210	22	69
Removal of Pins	2,612	527	468	5,425	472	406	47	218
Rotator Cuff Repair	1,065	248	317	4,060	218	514	41	176
Routine Spinal Instability	0	0	0	0	0	0	0	0
Bladder Fulguration	3,074	637	850	14,419	681	1,287	44	378
Cystoscopy	24,286	7,619	2,305	114,986	4,186	10,936	526	4,916
Non-radical Prostatectomy	960	11	266	1,085	21	36	3	4
Transurethral Resection—Bladder	2,709	318	398	5,238	337	491	26	80
Ureteral Reimplantation for Reflux	31	38	8	68	12	48	0	21
Cataract Removal	41,488	12,516	7,797	124,268	8,642	9,974	783	3,398
Cornea Transplant	365	0	27	934	0	151	0	2
Cornea—Pterygium	456	117	47	1,478	41	88	5	70
Iris, Ciliary Body, Sclera, Anterior Chamber	901	260	180	11,064	648	1,109	14	55
Lacrimal Duct Surgery	894	202	214	2,688	140	102	8	55
Operations on Eyelids	1,874	484	156	6,028	370	239	22	442
Retina, Choroid, Vitreous	7,621	1,405	929	24,258	150	2,506	21	452
Strabismus Surgery	1,210	113	206	3,051	79	368	12	49
Myringotomy	2,937	2,188	1,219	16,972	1,723	1,696	308	1,236
Operations on Nasal Sinuses	2,660	660	657	8,571	527	410	94	417
Thyroid, Parathyroid, and Other Endocrine Glands	67	21	55	586	5	10	0	8
Tonsillectomy and/or Adenoidectomy	3,257	588	1,144	17,301	794	771	104	293
Tympanoplasty	664	295	180	1,682	235	303	14	157
Radiotherapy	278	0	0	76	183	0	0	0
Chemotherapy	145	524	65	3,871	28	14	10	1,210
Breast Biopsy	281	410	114	1,289	30	1,377	14	152
Bronchus and Lung	33	5	10	86	2	7	0	0
Cholecystectomy	3,950	774	1,551	17,851	881	1,361	130	709
Haemorrhoidectomy	1,078	1,197	361	7,371	163	539	58	342

Source: Canadian Institute for Health Information, "All Procedures Performed, by Province and CCI code, 2005-06" and Fiscal 2004/05 CCI to CCP Conversion Tables.
Note: Information is not available in this format for Alberta and Quebec.

Table 16b: Same Day Procedures, 2005-06 (Part II)

Procedure	BC	SK	MB	ON	NB	NS	PE	NL
Intestinal Operations	13,090	3,900	3,098	56,762	351	3,205	495	2,182
Mastectomy	4,687	1,049	790	12,264	958	754	203	641
Varicose Veins	980	334	133	2,886	121	177	46	48
Disk Surgery/Laminectomy	101	21	13	415	35	13	0	0
Elective Cranial Bone Flap	34	16	8	89	2	3	0	2
Blepharoplasty	285	105	36	1,644	25	11	4	21
Mammoplasty	2,193	325	344	6,137	349	173	6	53
Scar Revision	354	72	87	696	53	186	13	14
Pacemaker Operations	1,863	477	474	3,383	71	606	8	224
Valves & Septa of the Heart	45	0	1	5	0	0	0	0
Angiography/Angioplasty	8,083	1,530	2,031	3,016	658	324	0	425
Bronchoscopy	555	91	235	2,752	75	281	24	307
Gastroscopy	1,144	559	473	5,714	53	435	95	416
Dilation and Curettage	7,166	1,467	1,875	20,389	570	1,609	258	1,265
Hysterectomy	34	86	4	126	3	6	0	1
Hysteroscopic Procedures	4,876	1,199	1,272	12,145	543	1,614	169	783
Laparoscopic Procedures	1,330	256	486	4,472	114	378	81	166
Tubal Ligation	3,382	963	1,038	11,377	1,000	1,021	143	572
Tuboplasty	104	6	13	158	4	24	5	2
Vaginal Repair	388	110	82	1,107	71	81	13	50
Rhinoplasty and/or Septal Surgery	2,645	966	476	5,820	319	409	34	88
Hernia/Hydrocele	9,896	2,006	2,695	25,123	2,011	2,318	343	1,199
Carotid Endarterectomy	0	0	1	1	0	0	0	0
Hand Surgery/Digit Neuroma	3,831	886	1,057	10,853	708	1,012	74	650
Neurolysis/Peripheral Nerve	810	156	101	5,226	176	244	61	481
Colonoscopy	39,821	14,066	12,735	175,340	435	12,785	2,003	10,081
Aneurysm Surgery	0	0	0	0	0	0	0	0
Residual	106,017	34,767	29,903	433,662	17,103	39,949	3,106	27,013
Total	330,252	99,399	81,708	1,228,775	49,165	104,246	9,994	62,529

Source: Canadian Institute for Health Information, "All Procedures Performed, by Province and CCI code, 2005-06" and Fiscal 2004/05 CCI to CCP Conversion Tables.
Note: Information is not available in this format for Alberta and Quebec.

Appendix 1: Psychiatry Waiting List Survey (5th 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 9 and April 13, 2007. 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. 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 2007, unchanged from 2006, and ranged from 32 percent in New Brunswick to 14 percent in Manitoba and 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 provides the percentage change in median waits to receive treatment after the first appointment with a specialist between the years 2006 and 2007.

Table A1: Summary of Responses

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Mailed	524	286	48	132	1,616	975	34	103	7	37	3,762
Number of Responses	85	53	12	19	293	136	11	17	2	6	634
Response Rates	16%	19%	25%	14%	18%	14%	32%	17%	29%	16%	17%

Table A2: Psychiatry (2007)—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	3.0	2.0	2.0	2.0	2.0	1.0	1.0	3.0	2.0
Elective	10.0	11.0	13.0	7.0	7.0	7.0	11.0	8.0	8.0	19.0	8.0

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 services.[5]

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 2007 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 2.0 weeks in Canada, ranging from 1.0 week in Nova Scotia and Prince Edward Island to 3.0 weeks in Saskatchewan and Newfoundland. The waiting time for referrals on an elective basis for Canada as a whole was 8.0 weeks. The longest waiting times for elective referrals was in Newfoundland (19.0 weeks), followed by Saskatchewan (13.0 weeks), and New Brunswick and Alberta (11.0 weeks). The shortest wait for an elective referral was in Manitoba, Ontario, and Quebec (7.0 weeks), followed by Nova Scotia and Prince Edward Island (8.0 weeks), and British Columbia (10.0 weeks).

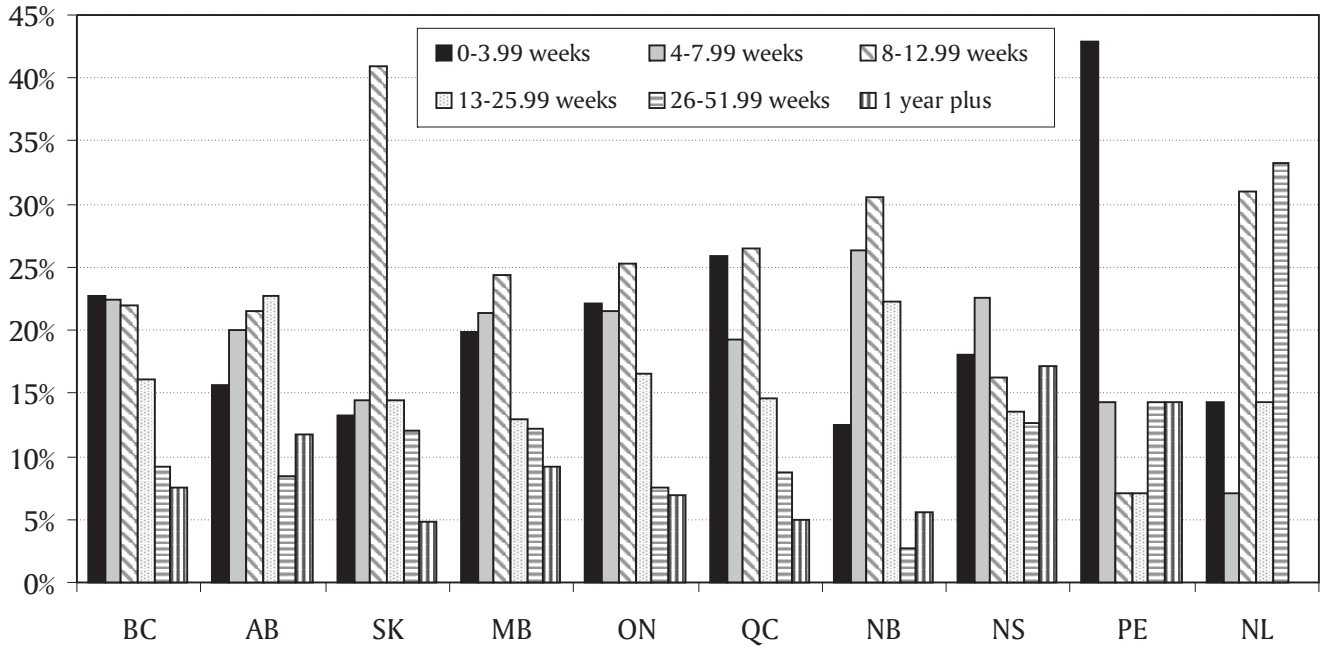
Table A3 summarizes the waiting time for certain psychiatric treatments after an appointment with a specialist. The longest waiting times for this second

5 For comparison, the overall Canadian median waiting time for CT scans was 4.8 weeks in the traditional 12 specialties and 5.0 weeks in the psychiatry survey, with a mean absolute difference (the average of absolute differences between the two measures in each province) of 1.5 weeks for 10 provinces. The overall Canadian median waiting time for MRIs in the psychiatry survey was 11.0 weeks, compared to 10.1 weeks for the other 12 specialties. The mean absolute difference in this case, again for 10 provinces, was 3.1 weeks.

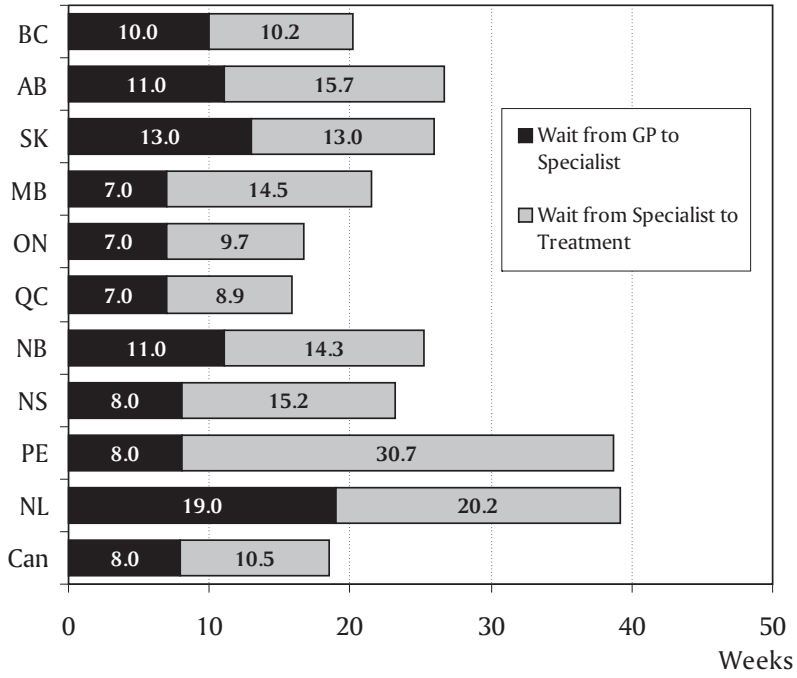
Table A3: Psychiatry (2007)—Median Patient Wait for Treatment after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Initiate a course of brief psychotherapy	6.0	12.0	14.0	6.0	8.0	8.0	7.0	7.0	11.5	21.0	8.1
Initiate a course of long-term psychotherapy	12.0	14.5	16.0	12.0	12.0	12.0	12.0	8.0	103.0	30.0	12.5
Initiate a course of pharmacotherapy	4.0	4.0	11.0	3.5	4.0	3.0	5.5	4.3	4.8	9.0	3.9
Initiate a course of couple/marital therapy	10.0	8.0	11.5	7.0	8.0	8.0	8.0	6.0	—	23.0	8.4
Initiate cognitive behaviour therapy	6.0	12.0	10.0	6.0	8.5	10.0	8.0	5.0	—	23.0	8.8
Access a day program	8.5	12.0	8.0	9.0	6.0	4.0	8.0	26.0	0.5	8.0	7.0
Access an eating disorders program	15.0	16.0	4.0	12.0	12.0	12.8	14.0	18.0	6.0	7.5	12.9
Access a housing program	21.0	26.0	4.0	24.0	20.0	12.0	52.0	15.0	75.5	25.0	18.8
Access an evening program	9.0	12.0	10.0	12.0	10.0	10.0	12.0	9.5	—	20.0	10.2
Access a sleep disorders program	16.5	52.0	50.0	52.0	6.0	12.0	24.0	56.0	43.0	36.0	16.6
Access assertive community treatment or similar program	4.0	4.0	4.0	16.0	12.0	6.0	6.5	12.0	1.3	20.0	8.8
Unweighted Median	10.2	15.7	13.0	14.5	9.7	8.9	14.3	15.2	30.7	20.2	10.5

Graph A1: Frequency Distribution of Survey Waiting Times (Specialist to Treatment) by Province, 2007



Graph A2: Weeks Waited from Referral by GP to Treatment, by Province, 2007



segment of the total waiting time were found in Prince Edward Island (30.7 weeks), Newfoundland (20.2 weeks), and Alberta (15.7 weeks), while the shortest waits were found in Quebec (8.9 weeks), Ontario (9.7 weeks), and British Columbia (10.2 weeks). Among the treatments, patients waited longest to enter a housing program (18.8 weeks) or a sleep disorders program (16.6 weeks), while the wait times were shortest for pharmacotherapy (3.9 weeks), and admission to a day program (7.0 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 (71.7 percent) while Prince Edward Island performs the highest proportion of treatments within 8 weeks (57.1%). Waits of 26 weeks or more are least frequent in New Brunswick (8.3%) and most frequent in Newfoundland (33.3%).

Table A4 compares the 2006 and 2007 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 Saskatchewan (3%), Manitoba (12%), and Prince Edward Island (1%). At the same time, between 2006 and 2007,

Table A4i: Comparison of Median Weeks Waited to Receive Treatment after Appointment with Specialist, by Province, 2006 and 2007

	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	2007	2006	% chg	2007	2006	% chg	2007	2006	% chg	2007	2006	% chg	2007	2006	% chg
Psychiatry	10.2	10.2	0%	15.7	12.2	28%	13.0	13.3	-3%	14.5	16.4	-12%	9.7	9.7	0%

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, 2006 and 2007

	Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland		
	2007	2006	% chg	2007	2006	% chg	2007	2006	% chg	2007	2006	% chg	2007	2006	% chg
Psychiatry	8.9	7.5	18%	14.3	10.1	41%	15.2	12.5	21%	30.7	31.0	-1%	20.2	11.2	81%

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 (2007)—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	3.5	4.0	4.0	4.0	4.0	4.0	4.0	4.5	1.8	4.0	3.9
Initiate a course of long-term psychotherapy	4.8	6.5	8.0	5.0	6.0	8.0	5.5	8.0	6.5	8.0	6.4
Initiate a course of pharmacotherapy	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	1.3	2.0	2.0
Initiate a course of couple/marital therapy	4.0	4.0	6.3	4.0	4.0	4.0	4.0	5.5	—	4.0	4.1
Initiate cognitive behaviour therapy	4.0	4.0	4.0	4.0	4.0	4.0	3.5	5.5	6.0	4.0	4.0
Access a day program	4.0	4.0	2.0	4.0	3.0	2.0	2.0	5.0	0.5	4.0	3.0
Access an eating disorders program	4.0	4.0	3.8	4.0	4.0	4.0	3.5	5.5	2.0	4.0	4.0
Access a housing program	4.0	4.0	4.0	5.0	4.0	4.0	2.0	9.0	6.5	3.0	4.1
Access an evening program	4.0	4.0	5.3	4.0	4.0	4.0	4.0	4.5	—	6.0	4.0
Access a sleep disorders program	4.0	8.0	10.0	6.0	4.0	4.0	4.0	12.0	6.0	8.0	4.7
Access assertive community treatment or similar program	2.0	2.0	2.0	4.5	4.0	2.0	2.0	4.0	1.3	3.0	3.0
Unweighted Median	3.7	4.2	4.7	4.2	3.9	3.8	3.3	6.0	3.5	4.5	4.0

the median wait increased by 28% in Alberta, 18% in Quebec, 41% in New Brunswick, 21% in Nova Scotia, and 81% in Newfoundland. Wait times in British Columbia and Ontario were unchanged.

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 2007 for psychiatry rose from 17.5 weeks in 2006 to 18.5 weeks in 2007 (Graph A2). The shortest waiting times were recorded in Quebec (15.9 weeks), Ontario (16.7 weeks), and British Columbia (20.2 weeks). The longest total waits were found in Newfoundland (39.2 weeks), Prince Edward Island (38.7 weeks), and Alberta (26.7 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 96 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 133 percent, a smaller gap than in the other provinces.

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

Table A6: Psychiatry (2007)—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	71%	200%	250%	50%	100%	100%	75%	56%	557%	425%	106%
Initiate a course of long-term psychotherapy	153%	123%	100%	140%	100%	50%	118%	0%	1485%	275%	94%
Initiate a course of pharmacotherapy	100%	100%	450%	75%	100%	50%	175%	113%	280%	350%	94%
Initiate a course of couple/marital therapy	150%	100%	84%	75%	100%	100%	100%	9%	—	475%	106%
Initiate cognitive behaviour therapy	50%	200%	150%	50%	113%	150%	129%	-9%	—	475%	117%
Access a day program	113%	200%	300%	125%	100%	100%	300%	420%	0%	100%	131%
Access an eating disorders program	275%	300%	7%	200%	200%	219%	300%	227%	200%	88%	221%
Access a housing program	425%	550%	0%	380%	400%	200%	2500%	67%	1,062%	733%	352%
Access an evening program	125%	200%	90%	200%	150%	150%	200%	111%	—	233%	152%
Access a sleep disorders program	313%	550%	400%	767%	50%	200%	500%	367%	617%	350%	252%
Access assertive community treatment or similar program	100%	100%	100%	256%	200%	200%	225%	200%	0%	567%	191%
Weighted Median	178%	271%	178%	243%	148%	133%	330%	155%	770%	345%	167%

would have begun their treatment within a few days if it were available is 76.7 percent (Fraser Institute, national hospital waiting list survey, 2007).

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 2006, the national waiting time for MRI scans fell in 2007, while the waiting time for CT scans rose and the wait time for EEG was unchanged. The median wait for a CT scan across Canada was 5.0 weeks, ranging from a high of 6.0 weeks (British Columbia), to a low of 2.5 weeks (Nova Scotia). The median wait for an MRI across Canada was 11.0 weeks. Patients in Newfoundland waited the longest (38.0 weeks), while patients in New Brunswick waited the least amount of time (6.0 weeks). Finally, the median wait for an EEG across Canada was 3.7 weeks. Residents of Manitoba faced the shortest waits for an EEG (1.9 weeks), while residents of Alberta, Ontario, and Quebec 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 waiting times exceeding 4 months from a general practitioner to treatment, and with wait times from a meeting with a specialist to treatment that are more than 165 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.

Table A7: Waiting for Technology: Weeks Waited to Receive Selected Diagnostic Tests in 2005, 2006, and 2007

	CT-Scan			MRI			EEG		
	2007	2006	2005	2007	2006	2005	2007	2006	2005
British Columbia	6.0	4.0	4.5	12.0	13.0	8.0	3.0	3.0	3.0
Alberta	4.0[1]	4.0	5.0	12.0[2]	12.0	16.0	4.0	4.0	4.0
Saskatchewan	4.0	5.5	5.0	12.5	3.0	37.0	3.0	2.0	3.5
Manitoba	3.5[3]	4.0	3.3	6.3[4]	16.0	10.0	1.9	4.0	4.0
Ontario	5.0[5]	5.0	6.0	10.0[6]	10.0	15.5	4.0	4.0	4.0
Quebec	5.5	4.0	6.0	12.0	12.0	13.5	4.0	3.5	4.0
New Brunswick	4.5	4.0	2.0	6.0	6.0	6.0	3.0	1.8	1.5
Nova Scotia	2.5[7]	5.5	3.0	7.0[8]	18.0	8.0	3.0	3.0	2.5
P.E.I.	4.3[9]	9.1	—	13.0[10]	11.8	—	2.3	—	—
Newfoundland	4.5	5.0	7.0	38.0	45.0	48.0	3.0	3.0	4.0
Canada	5.0	4.5	5.4	11.0	11.7	13.8	3.7	3.7	3.8

[1]Alberta Health and Wellness web site reports a 1.3 week median wait time for CT scans for the 90 days ending March 31, 2007. 9,112 patients were waiting for CT scans at March 31.
[2]Alberta Health and Wellness web site reports an 11.3 week median wait time for MRI scans for the 90 days ending March 31, 2007. 23,781 patients were waiting for MRI scans at March 31.
[3]Manitoba Health web site reports a 9 week average estimated maximum wait time for CT/CAT scans for July 2007.
[4]Manitoba Health web site reports a 6 week average estimated maximum wait time for MRI scans for July 2007.
[5]Ontario Ministry of Health and Long Term Care web site reports that 90% of patients received a CT scan within 62 days (8.9 weeks) in April-May 2007.
[6]Ontario Ministry of Health and Long Term Care web site reports that 90% of patients received an MRI scan within 110 days (15.7 weeks) in April-May 2007.
[7]Nova Scotia Department of Health web site reports wait times ranging from 0 to 86 days (0 to 12.3 weeks) for CT scans in August 2007.
[8]Nova Scotia Department of Health web site reports wait times ranging from 35 to 140 days (5.0 to 20.0 weeks) for MRI scans in August 2007.
[9]PEI Ministry of Health web site reports median wait times of less than 1 week for urgent CT scans and 8 weeks for routine CT scans in 2006.
[10]PEI Ministry of Health web site reports median wait times of less than 48 hours for urgent MRI scans and 12 weeks for routine MRI scans in 2006.

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

1. From today, how long (in weeks) would a new patient have to wait for a routine office consultation with you?

   _____ week(s)

2. 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

3. Over the past 12 months, what percentage of the surgical procedures you performed were done on a day surgery basis?

   _____ %

4. 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 procedure performed tomorrow if an opening arose?

   _____ %

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.

Gastroscopy: 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).

L**acrimal 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.

Source: Thomas (1997).

References

Aaron, Henry J. and William B. Schwartz (1984). *The Painful Prescription: Rationing Hospital Care*. Washington, DC: The Brookings Institution.

Agbayewa, O. (1995). "Suicides among Elderly Linked to Societal Factors." *Medical Post* 7 (October 7).

Alberta Ministry of Health and Wellness (2003). *Performance Indicators*. Digital documents available at *www.health.gov.ab.ca/reading/publications.html.*

Alberta Ministry of Health and Wellness (2005). *Alberta Waitlist Registry Data: Patients Waiting on 2005 April 30 and Median Waiting Time (weeks) of Patients Served During 90 Days Prior to 2005 April 30— Calculated from Data Submitted up to 2005 August 22.* Special data request for The Fraser Institute.

Alter, David A., Antoni S.H. Basinski, and C. David Naylor (1998). "A Survey of Provider Experiences and Perceptions of Preferential Access to Cardiovascular Care in Ontario, Canada." *Annals of Internal Medicine* 129: 567–72.

Alter, David A., C. David Naylor, Peter Austin, and Jack V. Tu (1999). "Effects of Socioeconomic status on access to invasive cardiac procedures and on mortality after acute myocardial infarction." *New England Journal of Medicin*e 341: 1359-67.

Amoko, D.H.A., R.E. Modrow, and J.K.H. Tan (1992). "Surgical Waiting Lists II: Current Practices & Future Directions. Using the Province of British Columbia as a Test Study." Healthcare Management FORUM 5.

Beanlands, Rob S.B., Paul J. Hendry, Roy G. Masters, Robert A. deKemp, Kirsten Woodend, and Terrence D. Ruddy (1998). "Delay in Revascularization is Associated With Increased Mortality Rate in Patients With Severe Left Ventricular Dysfunction and Viable Myocardium on Fluorine 18-Fluorodeoxyglucose Positron Emission Tomography Imaging." *Circulation* 19 Supplement II: 51-6.

Bell, Chaim M., Matthew Crystal, Allan S. Detsky, and Donald A. Redelmeier (1998). "Shopping Around for Hospital Services." *Journal of the American Medical Association* 279: 1015-7.

Bellan, Lorne, and Mathen Mathen (2001). "The Manitoba Cataract Waiting List Program." *Canadian Medical Association Journal* 164(8): 1177-80.

Benk, Veronique, Raymond Przybysz, Tom McGowan, and Lawrence Paszat (2006). "Waiting times for radiation therapy in Ontario." *Canadian Journal of Surgery*, 49(1): 16-21.

Binney, E. and C. Estes (1988). "The Retreat of the State and Its Transfer of Responsibility." *International Journal of Health Sciences* 18: 83–96.

Blomqvist, Ake (1979). *The Health Care Business*. Vancouver: The Fraser Institute.

Borcherding, Thomas E., Werner W. Pommerehne, and Friedrich Schneider (1982). "Comparing the Efficiency of Private and Public Production: The Evidence from Five Countries." *Zeitschrift für Nationalokonomie* 2: 125-56.

British Columbia Ministry of Health (2001). "Surgical wait list data, December 31, 2000." Digital document available at: *www.hlth.gov.bc.ca/ waitlist/index.html*

British Columbia Ministry of Health Services (2003). *Surgical Wait Times.* Web site. Available at: *www.healthservices.gov.bc.ca/waitlist/index.html.*

Canadian Hospital Association (1994). "CHA Comments on The Fraser Institute's Latest Waiting Lists Survey." Leadership in Health Services (November/December).

Canadian Institute for Health Information [CIHI] (1999). *Facts and Figures*. Digital document: *www.cihi.ca/facts/fac.html*

Canadian Institute for Health Information (2000). "Table 8: Separations and Days, Rates per 100,000 Population and Average Days Per Separation by the Canadian Procedure List and Sex, Canada and Provinces/Territories, 1997/98." Produced for The Fraser Institute.

Canadian Institute for Health Information (2001a). "Table 8: Separations and Days, Rates per 100,000 Population and Average Days Per Separation by the Canadian Procedure List and Sex, Canada and Provinces/Territories, 1998/99." Produced for The Fraser Institute.

Cardiac Care Network of Ontario (April 30, 2001). *Hospital Wait Times.* Digital document available at: *www.ccn.on.ca/access/waittimes.html*

Carroll, R.J. *et al*. (1995). "International Comparison of Waiting Times for Selected Cardiovascular Procedures." *Journal of the American College of Cardiology* (March 1): 557-63.

College of Family Physicians of Canada (1996). "Advocating on Behalf of Patients Survey." *News Release* (April 24).

Collins-Nakai, R.L., H.A. Huysmans, and H.E. Skully. (1992). "Task Force 5: Access to Cardiovascular Care: An International Comparison." *Journal of the American College of Cardiology* 19: 1477-85.

Conner-Spady, B.L., S. Sanmugasunderam, P. Courtright, J.J. McGurran, and T.W. Noseworthy (2004). "Determinants of patient satisfaction with cataract surgery and length of time on the waiting list." *British Journal of Ophthalmology*, 88: 1305-9.

Coyte, P.C. *et al*. (1994). "Waiting Times for Knee Replacement Surgery in the United States and Ontario." *New England Journal of Medicine* (October 20).

Cullis, John G. and Philip R. Jones (1986). "Rationing by Waiting Lists: An Implication." *American Economic Review* 76, 1 (March): 250-6.

DeCoster, Carolyn, Keumhee Chough Carrière, Sandra Peterson, Randy Walld, and Leonard MacWilliam (1998). "Surgical Waiting Times in Manitoba." Winnipeg: Manitoba Centre for Health Policy and Evaluation.

DeCoster, Carolyn, Keumhee Chough Carriere, Sandra Peterson, Randy Walld, and Leonard MacWilliam (1999). "Waiting Times for Surgical Procedures." *Medical Care* 37: 187-205.

DeCoster, Carolyn, Leonard MacWilliam, and Randy Walld (2000). *Waiting Times for Surgery: 1997/98 and 1998/99 Update*. Winnipeg: Manitoba Centre for Health Policy and Evaluation.

Demeter, Sandor, Martin Reed, Lisa Lix, Leonard McWilliam, and William D. Leslie (2005). "Socioeconomic status and the utilization of diagnostic imaging in an urban setting." *Canadian Medical Association Journal*, 173(10): 1173-7.

Donnelly, Lauren (2002). Personal Communication. Executive Director, Acute and Emergency Services, Saskatchewan Health (July 4).

Dunlop, Sheryl, Peter C. Coyte, and Warren McIsaac (2000). "Socio-economic status and the utilisation of physicians' services: results from the Canadian National Population Health Survey." *Social Science and Medicine*: 1-11.

Esmail, Nadeem and Michael Walker (2002). *Waiting Your Turn: Hospital Waiting Lists in Canada* (12th edition). Vancouver: The Fraser Institute.

Esmail, Nadeem and Michael Walker (2003). *Waiting Your Turn: Hospital Waiting Lists in Canada* (13th Edition). Vancouver: The Fraser Institute.

Esmail, Nadeem and Michael Walker (2004). *Waiting Your Turn: Hospital Waiting Lists in Canada* (14th Edition). Vancouver: The Fraser Institute.

Esmail, Nadeem and Michael Walker (2005). *Waiting Your Turn: Hospital Waiting Lists in Canada* (15th Edition). Vancouver: The Fraser Institute.

Esmail, Nadeem and Michael Walker (2006). *How Good is Canadian Health Care? 2006 Report*. Vancouver: The Fraser Institute.

Esmail, Nadeem (2003). "Spend *and* Wait?" *Fraser Forum* (March). Vancouver: The Fraser Institute, pp. 25-26.

Esmail, Nadeem (2005a). "The Private Cost of Public Queues." *Fraser Forum* (March). Vancouver: The Fraser Institute.

Esmail, Nadeem (2005b). "The Private Cost of Public Queues in 2005." *Fraser Forum* (Dec. 2005/Jan. 2006): 17-20.

Esmail, Nadeem (2006). "The Private Cost of Public Queues in 2006." *Fraser Forum* (Dec. 2006/Jan. 2007): 20-25.

Esmail, Nadeem (2007). "Guaranteed Suffering." *Fraser Forum* (May): 3-6.

Frech, H.E., III (1996). *Competition and Monopoly in Medical Care*. Washington, DC: AEI Press.

Globe and Mail (1989). "Cancer Patients Face Wait for Treatment" (September 13): A1.

Globerman, Steven with Lorna Hoye (1990). "Waiting Your Turn: Hospital Waiting Lists in Canada." *Fraser Forum* (May).

Globerman, Steven (1991). "A Policy Analysis of Hospital Waiting Lists (1991)." *Journal of Policy Analysis and Management* 10: 247-62.

Glynn, Peter (2002). Personal Communication. Chair, Saskatchewan Surgical Care Network (July 16).

Glynn, Peter (2003). Personal Communication. Chair, Saskatchewan Surgical Care Network (July 25).

Harriman, David, William McArthur, and Martin Zelder (1999). *The Availability of Medical Technology in Canada: An International Comparative Study*. Public Policy Sources No. 28. Vancouver: The Fraser Institute.

Hatch, Wendy V. and Graham E. Trope (2004). "Waiting Times for Eye Surgery at a Toronto Teaching Hospital." *Canadian Journal of Ophthalmology,* 39(1): 31-7.

Health Canada (1996). "National Health Expenditures in Canada, 1975–1994."

Jackson, N.W., M.P. Doogue, and J.M. Elliott (1999). "Priority Points and Cardiac Events While Waiting for Coronary Artery Bypass Surgery." *Heart* 81: 367-73.

Kelly, David S. (1999). Personal Communication. British Columbia Ministry of Health and Ministry Responsible for Seniors (July 30).

Levy, Adrian R., Boris G. Sobolev, Robert Hayden, Michael Kiely, J. Mark FitzGerald, and Martin T. Schechter (2005). "Time on wait lists for coronary artery bypass surgery in British Columbia, Canada, 1991-2000." *BMC Health Services Research* 5, 22. Digital document available at www.biomedcentral.com.

Liu, Yan and Graham E. Trope (1999). "Waiting Times for Surgical Procedures in Ophthalmology at a Major Teaching Hospital." *Ontario Medical Review* (Jan.): 30-3.

Mackillop, William J., H. Fu, C.F. Quirt, P. Dixon, M. Brundage, and Y. Zhou (1994). "Waiting for Radiotherapy in Ontario." *International Journal of Radiation Oncology, Biology, Physics* 30: 221-8.

Mackillop, W.J., J. Zhang-Salomons, P.A. Groome, L. Paszat, and E. Holowaty (1997). "Socioeconomic Status and Cancer Survival in Ontario." *Journal of Clinical Oncology* 15: 1680-9.

Martin, Paul (Office of the Prime Minister of Canada) (2004). *A 10-year plan to strengthen health care.* Digital document available at *www.pm.gc.ca/eng/news.asp?id=260*.

Mayo, Nancy E., Susan C. Scott, Ningyan Shen, James Hanley, Mark S. Goldberg, and Neil MacDonald (2001). "Waiting Time for Breast Cancer Surgery in Quebec." *Canadian Medical Association Journal* 164(8): 1133-8.

McArthur, William, Cynthia Ramsay, and Michael Walker, eds. (1996). *Healthy Incentives: Canadian Health Reform in an International Context.* Vancouver: The Fraser Institute.

McDonald, Paul, Sam Shortt, Claudia Sanmartin, Morris Barer, Steven Lewis, and Sam Sheps (1998). *Waiting Lists and Waiting Times for Health Care in Canada: More Management!! More Money??* Summary Report. National Health Research and Development Program.

McKinnon, A. (1995). "We've Got the Best Cared For Seniors in the Country." Canadian Association on Gerontology Meeting (Vancouver, BC, October 28).

Megginson, William L. and Jeffery M. Netter (2001). "From State to Market: A Survey of Empirical Studies on Privatization." *Journal of Economic Literature.* Vol. 39. No. 2: 321-389.

Miyake, Joanna and Michael Walker (1993). *Waiting Your Turn: Hospital Waiting Lists in Canada* (3rd edition). Vancouver: The Fraser Institute.

Morgan, C.D., K. Sykora, and C.D. Naylor (1998). "Analysis of Death While Waiting for Cardiac Surgery Among 29,293 Consecutive Patients in Ontario, Canada." *Heart* 74: 345-49.

Mueller, Dennis C. (1989). *Public Choice II.* Cambridge: Cambridge University Press.

Naylor, C.D. *et al*. (1991). "Assigning Priority to Patients Requiring Coronary Revascularization: Consensus Principles from a Panel of Cardiologists and Cardiac Surgeons." *Canadian Journal of Cardiological Medicine* 7: 207–13.

Naylor, C.D., K. Sykora, S.B. Jaglal, S. Jefferson, *et al*. (1995). "Waiting for Coronary Artery Bypass Surgery: Population-Based Study of 8517 Consecutive Patients in Ontario, Canada." *Lancet* 346: 1605-9.

Ombudsman Ontario (2001). *Ombudsman's Conclusions and Recommendations Pursuant to section 21 of the Ombudsman Act: Investigation into the Ministry of Health and Long-Term Care's Funding for Breast and Prostate Cancer Patients who must Travel for Radiation Treatment*. Toronto: Ombudsman Ontario.

Ontario Ministry of Health and Long Term Care (2005). *First Ever Common Benchmarks Will Allow Canadians to Measure Progress in Reducing Wait Times*. Digital document available at *www.newswire.ca*.

Organisation for Economic Cooperation and Development [OECD] (2007). *OECD Health Data 2007*. Version 7/18/2007. Electronic version.

Priest, Lisa (2000). "Northern Ontario Cancer Patients Face 'Discrimination': Many Complain that they Must Pay Hotel, Gas and Other Expenses that are Covered for Patients from Southern Ontario Who Travel for Treatment." *Globe and Mail* (June 17): A3.

Propper, Carol (1990). "Contingent Valuation of Time Spent on NHS Waiting Lists." *The Economic Journal* 100: 193-9.

Ramsay, Cynthia (1997). "Outside the City Walls: Not so Equal Acess to Health Care in Canada." *Fraser Forum* (Jan.): 19-23.

Ramsay, Cynthia (1998). "How to Ruin a Good Idea—Lessons from the British Columbia Ministry of Health." *Fraser Forum* (February).

Ramsay, Cynthia and Michael Walker (1994). *Waiting Your Turn: Hospital Waiting Lists in Canada* (4th edition). Vancouver: The Fraser Institute.

Ramsay, C. and M. Walker (1995). *Waiting Your Turn: Hospital Waiting Lists in Canada* (5th edition). Vancouver: The Fraser Institute.

Ramsay, C. and M. Walker (1996). *Waiting Your Turn: Hospital Waiting Lists in Canada* (6th edition). Vancouver: The Fraser Institute.

Ramsay, C. and M. Walker (1997). *Waiting Your Turn: Hospital Waiting Lists in Canada* (7th edition). Vancouver: The Fraser Institute.

Ramsay, C. and M. Walker (1998). *Waiting Your Turn: Hospital Waiting Lists in Canada* (8th edition). Vancouver: The Fraser Institute.

Ramsay, Cynthia and Nadeem Esmail (2004). *The Alberta Health Care Advantage: An Accessible, High Quality, and Sustainable System.* Public Policy Sources no. 81. Vancouver: The Fraser Institute.

Rayson, Daniel, Darrell Chiasson, and Ron Dewar (2004). "Elapsed Time from Breast Cancer Detection to First Adjuvant Therapy in a Canadian Province, 1999-2000." *Canadian Medical Association Journal*, 170(6): 957-961.

Revah, Giselle and Chaim Bell (2007). "Shopping for High-Technology Treatment in Another Province." *Healthcare Policy* 2, 4: 49-55.

Rosanio, Salvatore, *et al*. (1999). "Queuing for Coronary Angiography During Severe Supply-Demand Mismatch in a US Public Hospital: Analysis of a Waiting List Registry." *Journal of the American Medical Association* 282: 145-52.

Sampalis, John, Stella Boukas, Moishe Liberman, Tracey Reid, and Gilles Dupuis (2001). "Impact of Waiting Time on the Quality of Life of Patients Awaiting Coronary Artery Bypass Grafting." *Canadian Medical Association Journal*, 165(4): 429-433.

Sanmartin, Claudia, Christian Houle, Jean-Marie Berthelot, and Kathleen White (2002). *Access to Health Care Services*

in Canada, 2001. Catalogue No. 82-575-XIE. Ottawa: Statistics Canada.

Sanmartin, Claudia, François Gendron, Jean-Marie Berthelot, and Kellie Murphy (2004). *Access to Health Care Services in Canada, 2003.* Catalogue No. 82-575-XIE. Ottawa: Statistics Canada.

Saskatchewan Surgical Care Network (SSCN) (2003). *Wait List Information*. Digital documents available at *www.sasksurgery.ca*.

Snider, Matthew G., Steven J. MacDonald, and Ralph Pototschnik (2005). "Waiting Times and Patient Perspectives for Total Hip and Knee Arthroplasty in Rural and Urban Ontario." *Canadian Journal of Surgery*, 48(5): 355-60.

Sobolev, Boris, Dale Mercer, Peter Brown, Mark FitzGerald, Diederick Jalink, and Ralph Shaw (2003). "Risk of Emergency Admission while Awaiting Elective Cholecystectomy." *Canadian Medial Association Journal*, 169(7): 662-5.

Statistics Canada (1986). *Canadian Classification of Diagnostic, Therapeutic, and Surgical Procedures.* Ottawa.

Statistics Canada (1991). General Social Survey-Health. Public Use Microdata File.

Statistics Canada (1994). "Hospital Morbidity and Surgical Procedures 1993/94." *Health Report* No. 82-216-XPB.

Statistics Canada (1994/95). *National Population Health Survey*.

Statistics Canada (2002). *Access to Health Care Services in Canada, 2001.* Catalogue No. 82-575-XIE. Ottawa.

Statistics Canada (2004). *Access to Health Care Services in Canada, 2003.* Catalogue No. 82-575-XIE. Ottawa.

Statistics Canada (2006). *Access to Health Care Services in Canada: January to December 2005*. Catalogue No. 82-575-XIE. Ottawa.

Taube, Michael (1999). "Entrepreneurs Creating Health Care Choices." *Fraser Forum* (February).

Thomas, Clayton L., ed. (1997). *Taber's Cyclopedic Medical Dictionary*, 18th edition. Boston: FA Davis, Harvard.

Tu, J.V., S.P. Pinfold, P. McColgan, A. Laupacis (2005). *Access to Health Services in Ontario: ICES Atlas.* Toronto: Institute for Clinical Evaluative Sciences.

United States, General Accounting Office, Human Resources Division (1991). *Canadian Health Insurance: Lessons for the US. 91–90* (June). Report to the Chairman of the Committee of Government Operations, House of Representatives.

Wait Time Alliance for Timely Access to Health Care [WTA] (2005). *Final Report.* Digital document available at *www.cma.ca*.

Walker, Michael (1997). "Low Income Cancer Patients have Shorter Life Expectancy in Canada." *Fraser Forum* (July): 24-6.

Walker, Michael, Joanna Miyake, Steven Globerman, and Lorna Hoye (1992). *Waiting Your Turn: Hospital Waiting Lists in Canada* (2nd edition). Vancouver: The Fraser Institute.

Walker, Michael and Martin Zelder (1999). *Waiting Your Turn: Hospital Waiting Lists in Canada* (9th edition). Vancouver: The Fraser Institute.

Walker, R. (1996). "Waiting Lists Are an Accepted Part of Canadian Health System." *Medical Post* (February 20).

Williams, J. Ivan and C. David Naylor (1993). "Hip and Knee Replacement in Ontario." *Patterns of Healthcare in Ontario* #5 (October 18). Institute for Clinical Evaluative Studies in Ontario.

Zelder, Martin (2000a). *How Private Hospital Competition Can Improve Canadian Health Care*. Public Policy Sources no. 35. Vancouver: The Fraser Institute.

Zelder, Martin (2000b). *Spend More, Wait Less? The Myth of Underfunded Medicare in Canada.* Fraser Forum Special Issue (August). Vancouver: The Fraser Institute.

Zelder, Martin with Greg Wilson (2000). *Waiting Your Turn: Hospital Waiting Lists in Canada* (10th edition). Vancouver: The Fraser Institute.

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.htm*l

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
http://wpp01.msss.gouv.qc.ca/appl/g74web/default.asp

New Brunswick Surgical Care Network
www.gnb.ca/0217/NBSCN-RSCNB/index-e.asp

Nova Scotia Department of Health
http://www.gov.ns.ca/health/waittimes.