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Waiting Your Turn

Hospital Waiting Lists in Canada

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18th Edition

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Contents

Preface / 3

Executive summary / 4

Waiting Your Turn / 9

Selected graphs / 55

Selected data tables / 65

Appendix A: Wait times data published by provincial government agencies for procedures or specialties covered in *Waiting Your Turn* / 98

Appendix B: National psychiatry waiting list survey / 117

Appendix C: The Fraser Institute National Hospital Waiting List Survey questionnaire / 126

Appendix D: Glossary of terms / 128

References / 132

Acknowledgements / 142

About the authors / 142

Publishing information / 143

About the Fraser Institute / 144

Editorial Advisory Board / 145

Preface

This study is the Institute's eighteenth 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 eighteenth annual waiting list survey found that Canada-wide waiting times for surgical and other therapeutic treatments decreased in 2008. Total waiting time between referral from a general practitioner and treatment, averaged across all 12 specialties and 10 provinces surveyed, fell from 18.3 weeks in 2007 to 17.3 weeks in 2008. This nationwide improvement in access reflects waiting-time decreases in 7 provinces, while concealing increases in waiting times in Saskatchewan, Nova Scotia, and Newfoundland & Labrador.

Among the provinces, Ontario achieved the shortest total wait in 2008, 13.3 weeks, with British Columbia (17.0 weeks), and Manitoba (17.2 weeks), next shortest. Saskatchewan exhibited the longest total wait at 28.8 weeks; the next longest waits were found in Nova Scotia (27.6 weeks) and Newfoundland & Labrador (24.4 weeks).

The fall in waiting time between 2007 and 2008 results from a decrease both in the first wait—the wait between visiting a general practitioner and attending a consultation with a specialist—and in the second wait—from the time that a specialist decides that treatment is required to treatment.

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

The waiting time between referral by a GP and consultation with a specialist fell from 9.2 weeks in 2007 to 8.5 weeks in 2008. The shortest waits for specialist consultations were in Ontario (7.0 weeks), British Columbia (7.1 weeks), and Manitoba (7.7 weeks). The longest waits for specialist consultations occurred in Newfoundland & Labrador (13.3 weeks), Saskatchewan (12.7 weeks), and Nova Scotia (12.2 weeks).

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

The waiting time between specialist consultation and treatment—the second stage of waiting—fell from 9.1 weeks in 2007 to 8.7 weeks in 2008. Decreases in waiting times in British Columbia, Saskatchewan, Manitoba, Ontario, and Quebec were offset by increases in the five other provinces. The shortest specialist-to-treatment waits were found in Ontario (6.3 weeks), Quebec (9.3 weeks), and Alberta (9.4 weeks), while the

longest such waits existed in Saskatchewan (16.1 weeks), Nova Scotia (15.4 weeks), and Prince Edward Island (13.2 weeks).

Waiting by specialty

Among the various specialties, the shortest total waits (i.e., between referral from a general practitioner (GP) and treatment) existed for medical oncology (4.6 weeks), radiation oncology (5.8 weeks), and elective cardiovascular surgery (7.3 weeks). Conversely, patients waited longest between a GP visit and orthopaedic surgery (36.7 weeks), plastic surgery (35.5 weeks), and neurosurgery (31.7 weeks). There were large decreases between 2007 and 2008 in the waits for internal medicine (-3.9 weeks), ophthalmology (-2.2 weeks), otolaryngology (-2.1 weeks), orthopaedic surgery (-1.4 weeks), urology (-1.4 weeks), and elective cardiovascular surgery (-1.1 weeks), while the wait time for gynaecology (-0.3 weeks) decreased slightly. These decreases were offset by a deterioration for patients receiving treatment in neurosurgery (+4.5 weeks), general surgery (+1.7 weeks), plastic surgery (+0.7 weeks), medical oncology (+0.4 weeks), and radiation oncology (+0.1 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 (2.0 weeks), cardiovascular surgery (2.6 weeks), and medical oncology (2.9 weeks), while the longest waits are for neurosurgery (19.4 weeks), orthopaedic surgery (16.9 weeks), and plastic surgery (16.2 weeks). For specialist-to-treatment waiting, patients wait the shortest intervals for urgent cardiovascular surgery (0.9 weeks), medical oncology (1.7 weeks), and radiation oncology (3.8 weeks), and wait longest for orthopaedic surgery (19.8 weeks), plastic surgery (19.4 weeks), and neurosurgery (12.3 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 113 categories (some comparisons were precluded by missing data), actual waiting time exceeded reasonable waiting time in 81 percent of the comparisons. Averaged across all specialties, Ontario and Manitoba came closest to meeting the standard of "reasonable," in that their actual specialist-to-treatment waits only exceeded the corresponding "reasonable" val-

ues by 17 and 27 percent, respectively, smaller gaps than in the other provinces. The two provinces achieved their performance by very different means: the "reasonable" wait time in Manitoba was among the longest in Canada at 7.5 weeks (only Saskatchewan and New Brunswick reported longer "reasonable" wait times), while the "reasonable" wait time in Ontario was among Canada's shortest at 5.4 weeks. Physicians in British Columbia, Newfoundland & Labrador, and Alberta also held relatively more stringent standards as to what is "reasonable."

Waiting for diagnostic and therapeutic technology

The waits to see a specialist and to receive treatment were not the only delays facing patients in 2008. 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 rose slightly to 4.9 weeks from 4.8 weeks in 2007. Alberta and Ontario had the shortest wait for computed tomography (4.0 weeks), while the longest wait occurred in Prince Edward Island (19.0 weeks). The median wait for an MRI across Canada fell to 9.7 weeks from 10.1 weeks in 2007. Patients in Manitoba experienced the shortest wait for an MRI (5.5 weeks), while Prince Edward Island residents waited longest (25.0 weeks). Finally, the median wait for ultrasound rose from 3.9 weeks in 2007 to 4.4 weeks across Canada. Alberta and Ontario displayed the shortest wait for ultrasound (2.0 weeks), while Prince Edward Island exhibited the longest ultrasound waiting time, 35.0 weeks.

Numbers of procedures for which people are waiting

The numbers of procedures for which people are waiting were also calculated. For the 2008 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 2008. Throughout Canada, the total number of procedures for which people are waiting in 2008 is 750,794, a decrease of 9.3 percent from the estimated 827,429 procedures in 2007. The number of procedures for which people waited fell in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, and Prince Edward Island. Assuming that each person was waiting for only one procedure, 2.28 percent of Canadians were waiting for treatment in 2008, which varied from a low of 1.60 percent in Ontario to a high of 4.70 percent in Nova Scotia.

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

Despite a one week fall from the high reached in 2007, the total wait time remains high, both historically and internationally. Compared to 1993, waiting time in 2008 is 86 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 eighteenth 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, the New Brunswick Department of Health, and the Nova Scotia Department of Health allow on-line access to current waiting time information in their respective provinces. 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,* evaluated various theoretical issues related to hospital waiting lists, including their relevance as measures of "excess demand" (Globerman, 1990). This discussion defended the proposition that waiting lists are a potentially important barometer of performance in the health care sector. It also provided estimates of waiting lists for a set of hospital procedures in British Columbia. That study was followed in 1991 by a 5-province analysis similar to the initial study. Since 1992, all 10 provinces in Canada have been surveyed.

This eighteenth 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 an 11 percent loss of productivity in place of Globerman's procedure-specific measures (which averaged 41 percent), Esmail (2007) estimated the cost of waiting per patient in Canada to be approximately $959 in 2007 if only hours during the normal working week were considered "lost," and as much as $2,919 if all hours of the week (minus 8 hours per night sleeping) were considered "lost." A study by the Centre for Spatial Economics analyzed the costs resulting from wait times in excess of a "maxi-

mum medically reasonable wait time for treatment" (2008: 2) for total joint replacement surgery, cataract surgery, coronary artery bypass graft, and MRI scans. They estimated the economic cost of waiting in excess of recommended wait times for just these four areas of care to be $14.8 billion in Canada, not counting $4.4 billion in foregone government revenues as a result of reduced economic activity. 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 (You, et al. 2008; 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: 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 0.8 percent of patients received treatment in another country during 2007/08.

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. The Cornerstone Group of Companies 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 C. 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 8 and April 18, 2008.

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 & Labrador, Nova Scotia) was 20 percent. This year, the response rate was 28 percent overall, 2 percent above 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 D.) 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 orthopaedic surgeons in New Brunswick respond, the median value is the third highest (or third lowest) value among the five. 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.[1]

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 either the total number of procedures done by specialists of all types in the province, or done by specialists in that specialty across Canada.

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.

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

Tables 5a through 5l report the time a patient must wait for treatment, where the waiting time 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 2007 and 2008. 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 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 2007 and 2008.

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 2006-2007. 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 June 19, 2008, we sent preliminary data across Canada to provincial ministries of health, and to provincial cancer and cardiac agencies. As of August 11, 2008, we received replies from provincial health ministries in British Columbia, Alberta, Saskatchewan, Manitoba, Quebec, Nova Scotia, and Prince Edward Island, as well as Cancer Care Nova Scotia. 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 New Brunswick Department of Health, 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 Newfoundland & Labrador 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 non-emergent 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.).

Despite these differences in methodology, it appears that the prospective wait times from the Fraser Institute's waiting list survey are in many cases broadly similar to the retrospective waiting times available from the Alberta Ministry of Health and Wellness' web site (chart 1). The Institute's measures are notably longer than those published by the Alberta Waitlist Registry in the areas of plastic surgery, hysterectomy, ophthalmology, general surgery, neurosurgery, orthopaedic surgery, pacemaker operations, hernia repair, and MRI and CT scans.

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 calculations of procedures for which patients are waiting underestimate the actual experience in Alberta. The only cases where the Institute's estimates are significantly greater than the counts published by the Alberta Ministry of Health and Wellness are in general surgery, neurosurgery, 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 1: Comparison of Waiting Times in Alberta, Specialist to Treatment, 2008

Specialty/Procedure	AB Health Median Wait Time[1]	Fraser Institute Median Wait[1]
Plastic Surgery	5.1	19.4
Gynaecology	6.9	8.1
Tubal Ligation	7.4	8.0
Hysterectomy	7.0	12.0
Opthalmology	6.0	9.9
Cataract Surgery	6.1	12.0
Operations on Eyelids	6.7	9.0
Otolaryngology	6.1	7.6
Tonsillectomy	8.3	8.0
General Surgery	5.3	9.3
Cholecystectomy	5.0	9.0
Mastectomy	2.4	3.0
Varicose Veins	10.7	13.0
Neurosurgery	3.9	12.1
Orthopaedic Surgery	10.3	16.2
Hip Replacement Surgery	13.4	16.0
Knee Replacement Surgery	18.0	16.0
Cardiac/Thoracic/Vascular Surgery	1.0/2.9/3.7	1.6 (U) / 7.8 (E)
Coronary Artery Bypass Surgery	0.9	2.0 (U) / 4.0 (E)
Heart Valve Surgery	3.1	1.2 (U) / 10.4 (E)
Pacemaker Operations	0.4	1.4 (U) / 10.4 (E)
Urology	5.0	5.2
Hernia Repair (Hernia/Hydrocele)	7.7	10.0 (General Surgery) / 12.0 (Urology)
MRI Scans	6.0	8.0
CT Scans	1.6	4.0

U = urgent; E = elective
[1]Time within which 50% of patients were served in the 90 days preceding April 30, 2008.
[2]Prospective median wait, national hospital waiting list survey, 2008.
Sources: Alberta Ministry of Health and Wellness wait list web site; and the Fraser Institute's national waiting list survey.

Chart 2: Number of Patients Waiting for Care in Alberta, 2008

Specialty/Procedure	Patients Waiting[1]	Fraser Institute Estimate
Plastic Surgery	3,653	1,773
Gynaecology	6,519	3,128
Tubal Ligation	1,291	429
Hysterectomy	2,311	912
Ophthalmology	11,012	6,437
Cataract Surgery	7,564	4,958
Operations on Eyelids	895	213
Otolaryngology	5,359	1,685
Tonsillectomy	1,688	566
General Surgery	8,550	10,089
Cholecystectomy	1,223	1,148
Mastectomy	356	282
Varicose Veins	364	284
Neurosurgery	625	939
Orthopaedic Surgery	14,009	7,431
Hip Replacement Surgery/Knee Replacement Surgery	4,770	4,226
Cardiac, Thoracic, and Vascular Surgery	1,604	164
Coronary Artery Bypass Surgery	165	76
Heart Valve Surgery	128	24
Pacemaker Operations	61	56
Urology	2,869	3,407
Hernia Repair (Hernia/Hydrocele)	3,033	1,808

[1]Count as of April 30, 2008.
Sources: Alberta Ministry of Health and Wellness wait list web site; and the Fraser Institute's national 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 3.7 weeks for plastic surgery for the three months ending April 30. The web site also shows 4,309 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 3.7 weeks, the province would have to provide 1,165 procedures per week, more than six times the number of surgeries delivered

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	4,309	3,164	2,451	188.5
Gynaecology	5,404	4,501	5,106	392.8
Ophthalmology	15,243	11,533	12,078	929.1
Cataract Surgery	13,560	9,485	10,739	826.1
Cornea Transplant	441	267	125	9.6
Otolaryngology	5,747	5,548	3,099	238.4
General Surgery	13,664	6,992	11,691	899.3
Cholecystectomy	1,622	897	1,265	97.3
Neurosurgery	1,930	1,284	1,346	103.5
Carotid Endarterectomy	118	23	91	7.0
Orthopaedic Surgery	17,539	15,638	8,327	640.5
Hip Replacement	1,984	9,587	990	76.2
Knee Replacement	4,213		1,572	120.9
Cardiac Surgery	244	231	377	29.0
Vascular Surgery	1,343		1,130	86.9
Urology	5,690	5,373	5,847	449.8
Radiation Oncology	293	60	2,713	208.7

[1]Count as at April 30, 2008.
[2]Patients served in 3 months prior to April 30 except for Radiation Oncology (Feb. 29).
Sources: British Columbia Ministry of Health Services wait list web site; and the Fraser Institute's national waiting list survey.

weekly during the 90 days preceding April 30 (chart 3). This waiting time simply cannot be correct.

Either there are fewer people waiting, a lot more surgeries being completed, or the government's number of a 3.7-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

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

Specialty/Procedure	BC Health Median Wait[1]	Implied 2008 Expected Wait[2]	Fraser Institute Median Wait[3]
Plastic Surgery	3.7	22.9	19.9
Gynaecology	4.0	13.8	9.5
Ophthalmology	7.1	16.4	10.8
Cataract Surgery	8.3	16.4	12.0
Cornea Transplant	12.6	45.9	26.0
Otolaryngology	5.4	24.1	19.7
General Surgery	3.3	15.2	5.2
Cholecystectomy	4.0	16.7	6.0
Neurosurgery	2.3	18.6	13.7
Carotid Endarterectomy	2.6	16.9	5.0[4]
Orthopaedic Surgery	7.9	27.4	22.6
Hip Replacement Surgery	11.9	26.1	26.0
Knee Replacement Surgery	15.3	34.8	26.0
Cardiac Surgery	6.7	8.4	1.3 (U)/7.0 (E)
Vascular Surgery	2.0	15.5	1.3 (U)/7.0 (E)
Urology	3.7	12.7	6.4
Radiation Oncology	1.0	1.4	4.4

U = urgent; E = elective
[1]Median waits for 3 months ending April 30, 2008.
[2]Number of weeks to exhaust the list of patients waiting.
[3]Prospective median elective wait, national hospital waiting list survey, 2008.
[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 6.0 weeks for elective treatment.
Sources: British Columbia Ministry of Health Services wait list web site; the Fraser Institute's national waiting list survey; and calculations by authors.

preceding April 30, 2008. 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 April 30, 2008, the government's reported median wait averaged 34 percent of the "expected" wait, ranging from 12 percent (for neuro-

surgery) to 80 percent (for cardiac surgery). The Institute median wait data, meanwhile, averages 64 percent of the "expected" wait.

It should be noted that the BC Ministry of Health has found its counts of patients waiting for treatment to be highly problematic—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 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*.

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 to 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 otolaryngology, neurosurgery, 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 otolaryngology, general surgery, neurosurgery, orthopaedic surgery, and 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.

New Brunswick

The New Brunswick Department of Health (NBDH) wait list web site provides measures of surgical waiting times from the provincial registry for all facilities that perform surgeries in New Brunswick. The measures presented by New Brunswick are for non-emergent surgeries and measure the number and proportion of patients waiting in certain time intervals from when a booking was made to when the procedure was performed. Similarly to Saskatchewan, this methodology differs significantly from that used by the Fraser Institute, with the key differences again being the inclusion of urgent surgeries in the New Brunswick web site data and the starting of the wait time clock when the booking request is received at the hospital.

***Chart 5: Comparison between Saskatchewan Surgical Care Network wait list measures and* Waiting Your Turn 2008**

Specialty/Procedure	SSCN Median Wait[1]	SSCN Elective Wait[2]	Fraser Institute Median
Plastic Surgery	9.9	29.7	22.4
Gynaecology	5.0	19.8	6.8
Ophthalmology	9.7	25.3	8.9
Otolaryngology	4.7	37.6	44.4
General Surgery	3.4	16.6	12.6
Neurosurgery	5.4	27.4	28.2
Orthopaedic Surgery	13.9	31.7	45.3
Cardiovascular Surgery	1.0	19.7	2.5 (Urgent)
Cardiovascular Surgery	1.0	19.7	8.3 (Elective)
Urology	4.0	16.1	9.5
All Procedures/Specialties	6.1	25.4	16.1

[1]SSCN non-emergent median wait times are retrospectively measured for procedures performed between October 2007 and March 2008.
[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, 43% of patients in Saskatchewan waited less than 3 weeks for Orthopaedic Surgery, 7% waited 4 to 6 weeks, 14% waited 7 weeks to 3 months, 25% waited 4 to 12 months, 6% waited 13 to 18 months, and 4% 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 31.7 weeks.
Sources: Saskatchewan Surgical Care Network wait list web site; the Fraser Institute's national waiting list survey; and calculations by authors.

Similar to Saskatchewan's case, it is possible to construct a measure from NBDH data that is more comparable with the Fraser Institute's measure. NBDH provides data on the proportion of patients (non-emergent) treated in several time frames: 0-3 weeks, 3-6 weeks, 6 weeks to 3 months, 3-12 months, 12-18 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 4.5, 9.5, 32.5, 65, and 82 weeks respectively, it is possible to construct a weighted average "elective" wait time measure for New Brunswick that should be more comparable with the elective wait times measured by the Fraser Institute. Chart 7 shows the calculated New

***Chart 6: Comparison between the Number of Patients Waiting According to Saskatchewan Surgical Care Network Wait List and the Estimate of the Number of Procedures for which Patients are Waiting from* Waiting Your Turn 2008**

Specialty	SSCN Count[1]	Fraser Institute Estimate
Plastic Surgery	1,242	869
Gynaecology	2,418	857
Ophthalmology	5,770	2,605
Otolaryngology	3,161	4,877
General Surgery	2,559	5,147
Neurosurgery	685	787
Orthopaedic Surgery	6,014	7,624
Cardiovascular Surgery	215	99
Urology	1,234	1,911
Overall Count	26,328	45,207

[1]SSCN patients waiting count at March 31, 2008.
Sources: Saskatchewan Surgical Care Network wait list web site and the Fraser Institute's national waiting list survey.

Brunswick elective wait time measure. This comparison suggests that the Fraser Institute's measures neither necessarily overstate nor necessarily understate the actual patient experience in New Brunswick. Notably, only in the cases of plastic surgery, neurosurgery, and thoracic surgery are the Institute's estimates longer than the NBDH elective wait time measure.

With respect to the estimates of the numbers of procedures for which patients are waiting, only in the cases of neurosurgery and the overall count of procedures for which patients are waiting are the Fraser Institute's estimates notably larger than the NBDH's counts of patients waiting for care (chart 8).

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

Chart 7: Comparison between New Brunswick Department of Health Wait List Measures and Waiting Your Turn 2008

Specialty/Procedure	NBDH Wait[1]	NBDH Elective Wait[2]	Fraser Institute Median
Plastic Surgery	14.4	21.7	33.9
Mammoplasty/Breast Reduction	26.2	31.0	44.0
Gynaecology	11.4	15.5	8.3
Hysterectomy	14.8	17.8	10.0
Ophthalmology	15.9	19.7	11.7
Cataract Surgery	15.7	19.4	12.0
Otolaryngology	12.0	18.3	9.3
Myringotomy	5.6	9.9	6.0
Tonsillectomy	10.8	16.6	12.0
General Surgery	8.8	16.1	5.0
Hernia repair	13.8	19.8	6.0
Cholecystectomy	10.9	18.4	6.0
Mastectomy/Breast Excision	3.2	11.3	2.0
Neurosurgery	10.9	25.3	32.3
Orthopaedic Surgery	18.5	23.4	18.1
Hip Replacement	25.3	27.6	22.0
Knee Replacement	30.4	32.3	22.0
Cardiac Surgery	7.6	17.7	4.2 (U)/11.5 (E)
Bypass Surgery	6.7	16.7	6.8 (U)/15.5 (E)
Thoracic Surgery	3.1	7.4	4.2 (U)/11.5 (E)
Vascular Surgery	7.7	12.9	4.2 (U)/11.5 (E)
Urology	10.5	16.3	10.1
Prostatectomy	6.6	10.4	7.0 (non-radical)/ 3.8 (radical)
All Procedures/Specialties	12.6	18.6	11.1

U = urgent; E = elective

[1]NBDH wait times are retrospectively measured for procedures performed between January 1 and June 30, 2008.

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

Note: New Brunswick Department of Health data is available as a proportion of patients who received their surgery within certain time frames. The weighted average measure here is based on a weighted measure of the mid-point of each time frame. For example, 22.3% of patients in New Brunswick waited less than 3 weeks for Orthopaedic Surgery, 15.3% waited 3 to 6 weeks, 20.2% waited 6 weeks to 3 months, 37.2% waited 3 to 12 months, 3.2% waited 12 to 18 months, and 1.7% 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 4.5, 9.5, 32.5, 65, and 82 weeks respectively, gives an average elective waiting time of 23.4 weeks.

Sources: New Brunswick Department of Health web site; the Fraser Institute's national waiting list survey; and calculations by authors.

***Chart 8: Comparison between the Number of Patients Waiting According to New Brunswick Department of Health Wait List and the Estimate of the Number of Procedures for which Patients are Waiting Estimate from* Waiting Your Turn 2008**

Specialty	NBDH Count[1]	Fraser Institute Estimate
Plastic Surgery	1,432	1,216
Gynaecology	1,062	670
Ophthalmology	2,235	2,276
Otolaryngology	1,427	885
General Surgery	2,081	860
Neurosurgery	242	598
Orthopaedic Surgery	2,911	2,543
Cardiac, Thoracic, and Vascular Surgery	256	125
Urology	2,351	1,903
Overall Count	14,531	18,936

[1]New Brunswick Department of Health patients waiting count at June, 2008.
Sources: New Brunswick Department of Health web site and the Fraser Institute's national waiting list survey.

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 12.7 weeks for orthopaedic surgery, 2.4 weeks for elective cardiovascular surgery, and 6.0 weeks for ophthalmology procedures in 2008.

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 2008, the wait for radiotherapy was approximately 28 days for cancer of the larynx, 29.8 days for lung cancer, and 35 days for cancer of the cervix (see tables 3 and 5k). However, the 2008 estimate that the median wait for prostate cancer treatment was approximately 36.8 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 2008, the wait to

see an orthopaedic specialist was 12.0 weeks (see table 3) and the wait to receive hip or knee surgery was 12.5 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, 2008 median waiting times for "angiography/ angioplasty" ranged from 2.0 weeks in Ontario to 12.0 weeks in Newfoundland & Labrador (see table 5j), and for elective cardiac bypass ranged from 2.5 weeks in Ontario and Manitoba to 15.5 weeks in New Brunswick (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 2008 data indicate that the provincial waiting time for elective bypass surgery (between specialist consultation and treatment) ranged from 2.5 weeks in Ontario and Manitoba to 15.5 weeks in New Brunswick (see table 5h).

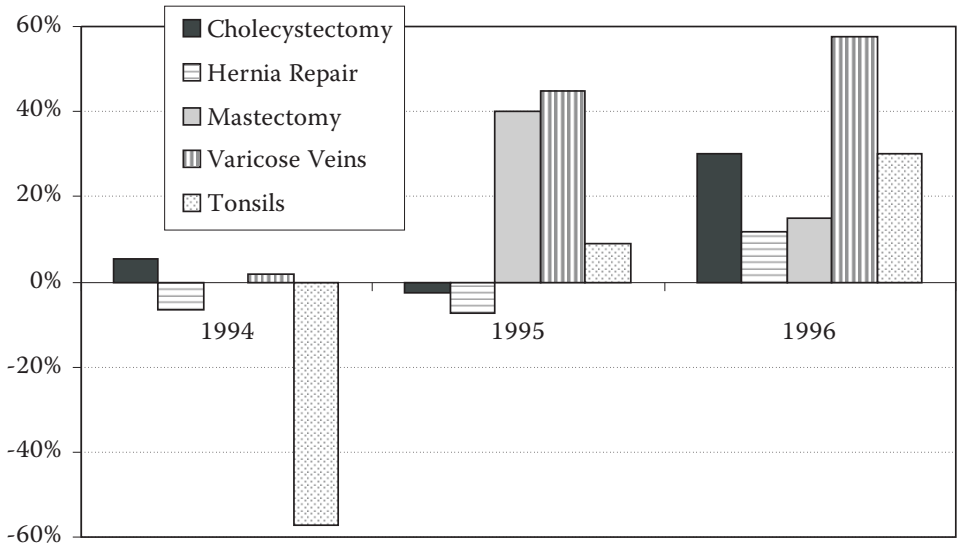
Regarding waiting time for coronary artery bypass in Ontario in the early 1990s, Morgan et al. (1998) discovered that the median and mean waits were 18 and 38 days, respectively. By comparison, the 2008 Ontario survey data reveal waiting times for emergent, urgent, and elective bypass surgery of 0.7, 4.2, and 17.5 days respectively (see table 5h).

Fourteen 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 procedures. Waiting times for the five procedures—cholecystectomy, hernia repair, excision of breast lesions, varicose veins stripping and ligation, and tonsillectomy—were compared for the years 1994 to 1996. For 11 of the 15 comparisons (five procedures over three years), DeCoster et al. found that the Fraser Institute's measures of waiting times in Manitoba were actually equal to or shorter than those measured by MCHPE (chart 9).

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

Chart 9: Difference in Waiting Times 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.

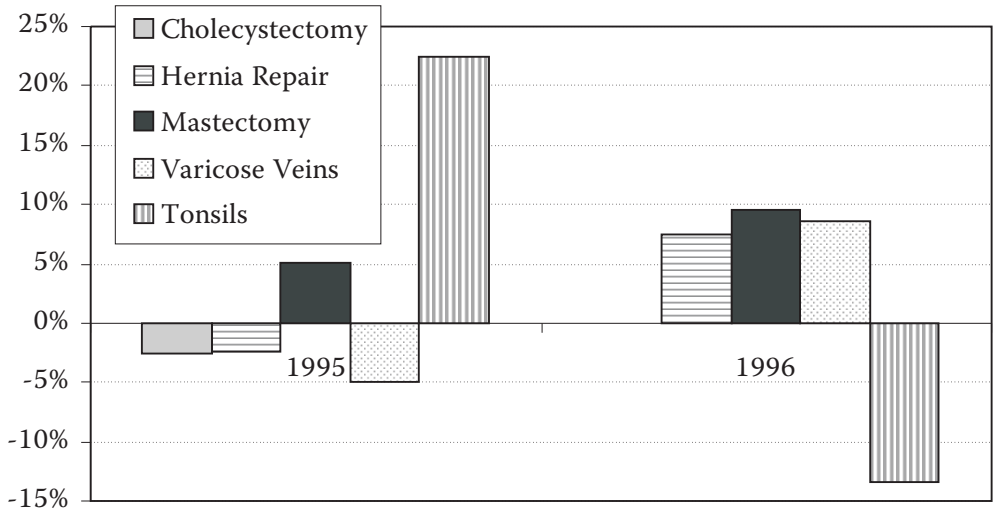
whether the sometimes dramatic swings in measurements are real or are induced by the sampling procedure. Comparable measurements by the Manitoba Centre, which are based on individual physician experience, cast some welcome light on the matter.

As chart 10 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.

A more recent study by DeCoster et al. (2007) analyzed data from 1999/2000 to 2003/04 for the same 5 common surgical procedures. Chart 11 shows a comparison of

Chart 10: Fluctuation in the Manitoba Centre for Health Policy and Evaluation Waiting Times, in 1995 and 1996



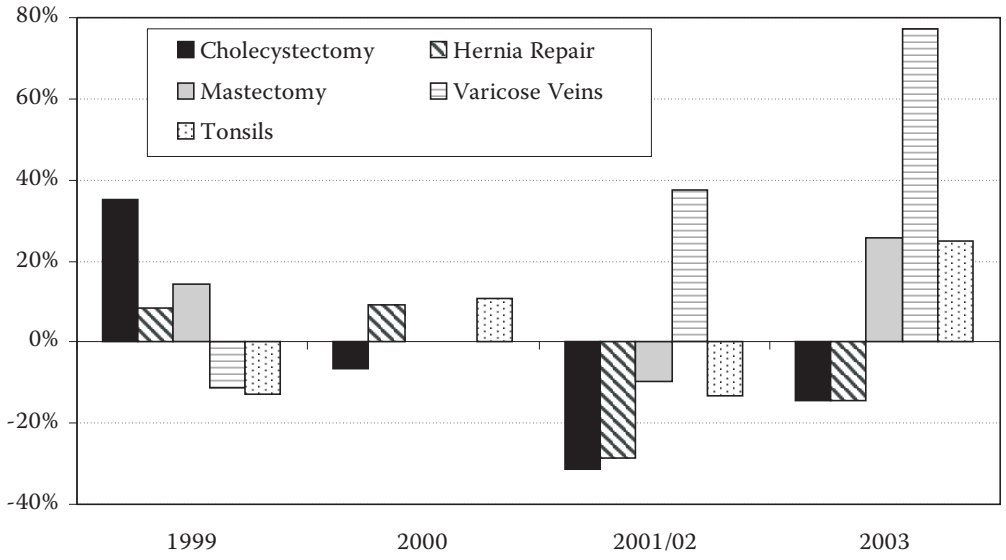
Source: DeCoster et al., 1998; and calculations by the authors.

the data published by DeCoster et al. with wait times published by the Fraser Institute in years 1999, 2000, 2001-02, and 2003. For 11 of the 20 comparisons (5 procedures over four years), the Fraser Institute's measures of waiting times in Manitoba were equal to or shorter than those measured by MCHPE.

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 Prostatectomy, and Mastectomy). Chart 12 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.

Chart 11: Difference in Waiting Times between Manitoba Centre for Health Policy and Evaluation and the Fraser Institute



Source: DeCoster et al., 2007, and the Fraser Institute's national waiting list surveys.

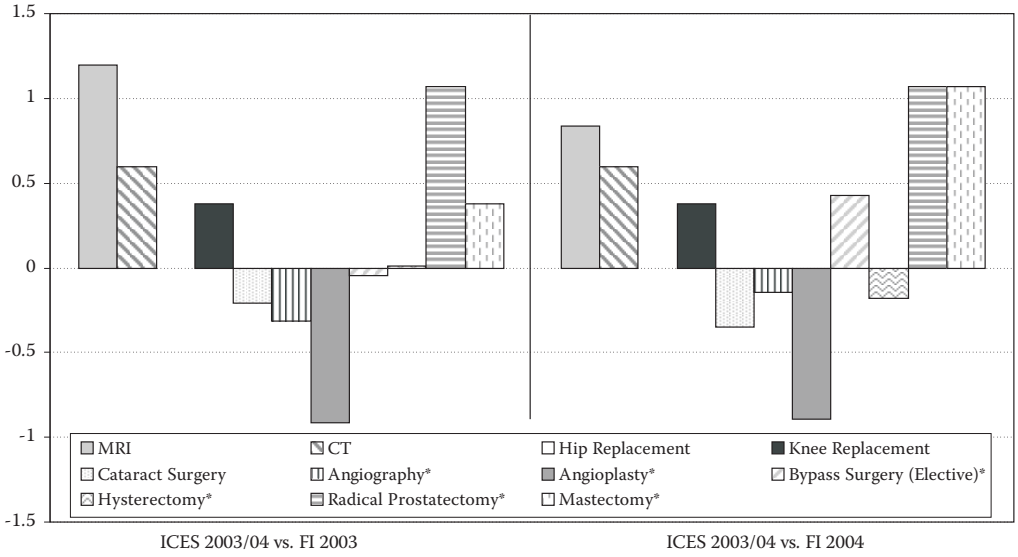
Mayo et al. (2001) studied the waiting time between initial diagnosis and first surgery for breast cancer (mastectomies and lumpectomies) in Quebec between 1992 and 1998. Their finding was that there was a significant increase in waiting time during that period. As initial diagnosis is not necessarily 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[2] 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 pro-

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

Chart 12: Difference in Waiting Times between the 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.

cedures—cataract extraction, corneal transplant, and pterygium excision. In all three cases, the Institute figures (see Ramsay and Walker, 1998) were lower than the values independently derived by Liu and Trope.

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

Hatch and Trope (2004) studied waiting times for eye surgery at a major Toronto teaching hospital for the months of May, June, and July in 1999, 2000, and 2001. They found median waiting times for cataract extraction were 3 months (13.0 weeks), 6 months (26.0 weeks), and 5.75 months (24.9 weeks) for each 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, 95 independent waiting time estimates exist for comparison with recent Institute figures. In 59 of 95 cases, the Institute figures lie below the comparison values. In only 31 instances does the Institute value exceed the comparison value, and in five 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 2007-08, an average of 2.0 percent of cardiac patients inquired about receiving treatment in another province, while 1.4 percent of patients asked about treatment in another country. From these inquiries, 0.4 percent of all patients received treatment in another province and 0.2 percent received treatment in another country (Fraser Institute, national hospital waiting list survey, 2008).

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 Appendix A.

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 & Labrador 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 2008 was 4.2 weeks (New Brunswick) (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 2008 was 11.5 weeks (New Brunswick) (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 1.0 week 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 New Brunswick, Nova Scotia and Newfoundland & Labrador 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: 3). By comparison, the median waits for urgent bypass surgery were 2 weeks or longer in Alberta, New Brunswick, and Nova Scotia, while wait times for elective bypass surgery in British Columbia, Saskatchewan, New Brunswick, and Nova Scotia were 6 weeks or longer in 2008 (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: 3). The waiting times for urgent operations on the valves and septa of the heart were under 2 weeks for all provinces except New Brunswick, which experienced a wait of 12.0 weeks in 2008. Wait times for elective valvular surgery in British Columbia, Alberta, Saskatchewan, and New Brunswick were longer than 6 weeks in 2008 (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. Only Saskatchewan reported a wait time beyond the recommended urgent wait time in 2008 (3.5 weeks), while the waiting times reported for 2008 in British Columbia, Alberta, and Saskatchewan 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 I patients should be treated within 2 weeks. By comparison, the longest median wait time for emergent bypass surgery reported in 2008 was 0.3 weeks (Alberta). The provinces have also agreed that Level II patients should be treated within 6 weeks. The longest median wait reported for urgent surgery in 2008 was 6.8 weeks (New Brunswick), while the median wait times reported for urgent surgery in all other provinces were less than six weeks. Finally, the provinces have agreed that Level III patients should be treated within 26 weeks. By comparison, the longest median wait time for elective surgery reported in 2008 was 15.5 weeks (New Brunswick).

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 2008 provide details, by province, of total waiting and of each segment.

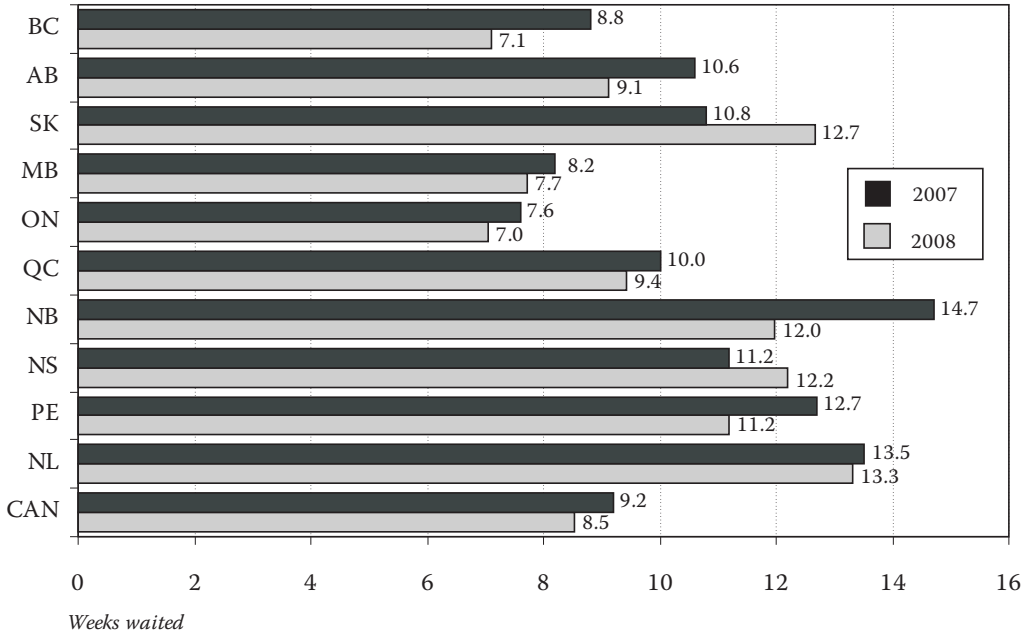
Waiting time between general practitioner referral and specialist appointment

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 fell to 8.5 weeks in 2008 from 9.2 weeks in 2007. Nevertheless, the wait time in 2008 is 130 percent longer than in 1993, when it was 3.7 weeks (see graphs 1 and 2). The weighted medians, depicted in chart 13 and graph 1, reveal that Ontario has the shortest waits in the country for appointments with specialists (7.0 weeks), while Newfoundland & Labrador has the longest (13.3 weeks). The waiting time to see a specialist has decreased in 8 provinces since 2007, but has risen in Saskatchewan and Nova Scotia. Looking at particular specialties, most waits for specialists' appointments are less than two months long (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, Prince Edward Island, and Newfoundland & Labrador; to see a gynaecologist in Alberta, New Brunswick, Prince Edward Island, or Newfoundland; to see an ophthalmologist in Saskatchewan, Quebec, New Brunswick, and Newfoundland; to see an otolaryngologist in Nova Scotia; to see a neurosurgeon in all provinces; to see an orthopaedic surgeon in all provinces; to see a urologist in Newfoundland & Labrador; and to see an internal medicine specialist in Prince Edward Island.

Waiting time between specialist consultation and treatment

Tables 5a through 5l contain data on the time waited between specialist consultation and treatment for 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 14 and 15 as weighted medians for each specialty, for each province, and for Canada. For Canada as a whole, the wait for treatment after having seen a specialist fell to 8.7 weeks in 2008, down 0.4 weeks from the 2007 level (9.1 weeks) and remaining below the historical highs experienced in the earlier part of this decade. This portion of waiting is 55 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 2008 weighted medians indicates that

Chart 13: Waiting By Province in 2007 and 2008
Weeks Waited from Referral by GP to Appointment with Specialist



Source: The Fraser Institute's national waiting list survey, 2008.

the longest median wait for surgery after visiting a specialist occurs in Saskatchewan (16.1 weeks) and the shortest is in Ontario (6.3 weeks). Chart 14 illustrates the median waits for treatment by province. Among the specialties, the longest Canada-wide waits are for orthopaedic surgery (19.8 weeks), plastic surgery (19.4 weeks), and neurosurgery (12.3 weeks), while the shortest waits exist for urgent cardiovascular surgery (0.9 weeks), medical oncology (1.7 weeks), and radiation oncology (3.8 weeks) (see table 4).

Table 7 presents a frequency distribution of the median waits for surgery by province. In all provinces, the wait for the majority of operations is less than 13 weeks. Ontario performs the highest proportion of surgeries within 13 weeks (82.5 percent), and within 8 weeks (56.9 percent). Waits of 26 weeks or more are least frequent in Ontario (6.4 percent), and most frequent in Saskatchewan (25.4 percent).

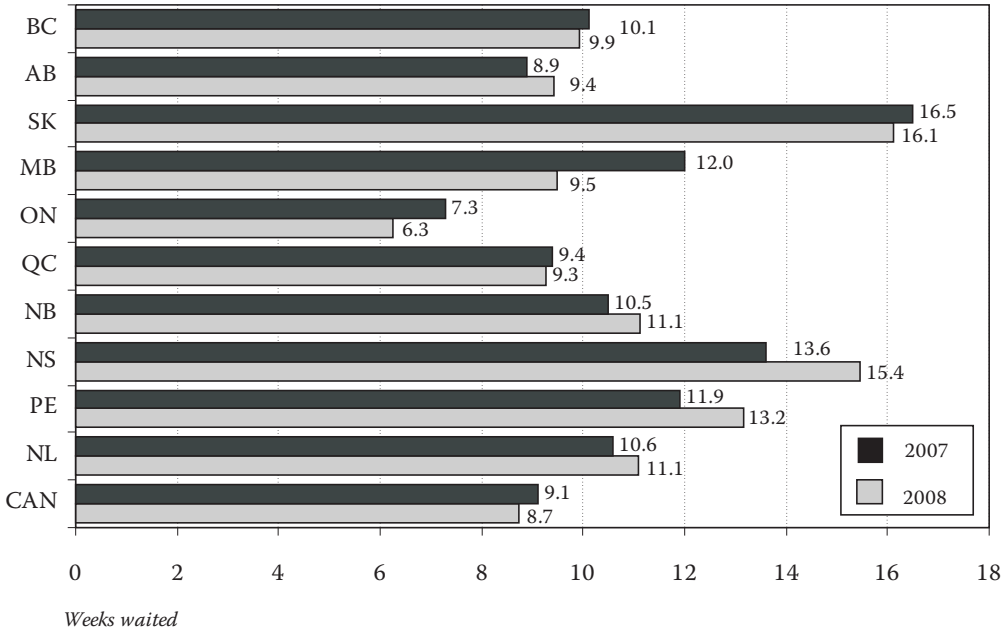
Table 6 compares the 2007 and 2008 waiting times for treatment. This year's study indicates an overall decrease in the waiting time between consultation with a specialist and treatment in 5 provinces, with increases in Alberta (6%), New Brunswick (6%), Nova Scotia (14%), Prince Edward Island (11%), and Newfoundland & Labrador (4%) (table 6 and chart 14). At the same time, between 2007 and 2008, the median wait fell by 2 percent in British Columbia, 2 percent in Saskatchewan, 21 percent in Manitoba, 15 percent in Ontario, and 1 percent in Quebec.

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 16 present these total wait times for each province in 2008. For Canada as a whole, total waiting time fell from its previous high value of 18.3 weeks in 2007 to 17.3 weeks in 2008. Among the provinces, total waiting time rose in 3 (Saskatchewan, Nova Scotia, and Newfoundland & Labrador) between 2007 and 2008, but fell in the other 7. The shortest total waiting times in 2008 were recorded in Ontario (13.3 weeks), British Columbia (17.0 weeks), and Manitoba (17.2 weeks). The longest total waits were in Saskatchewan (28.8 weeks), Nova Scotia (27.6 weeks), and Newfoundland & Labrador (24.4 weeks).

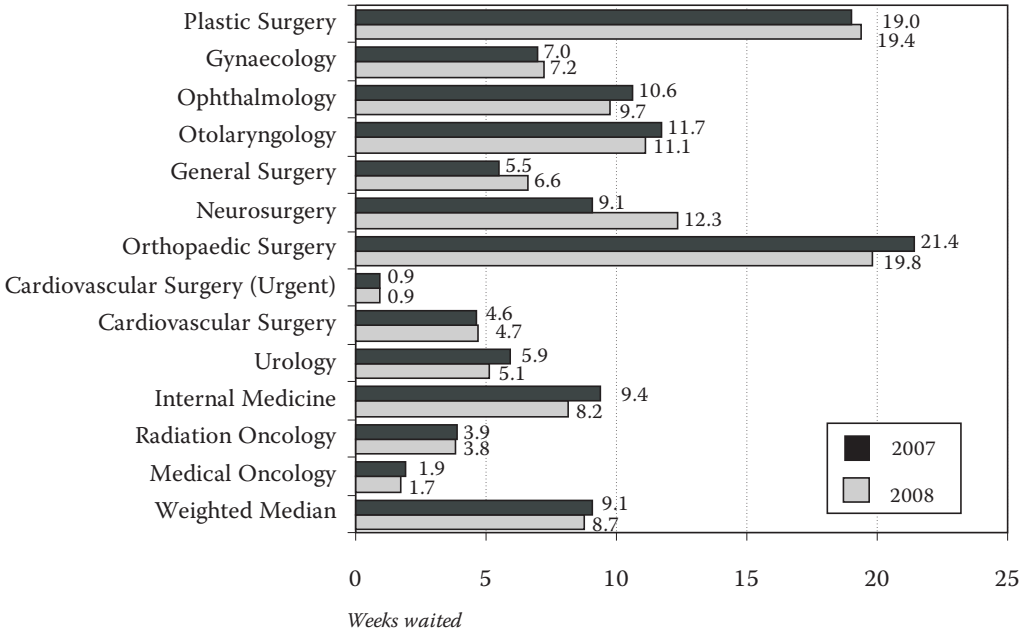
For Canada as a whole, the longest waits for treatment are in orthopaedic surgery, plastic surgery, and neurosurgery. The median waits for these specialties (table 2 and chart 17) are longer than 6 months: 36.7 weeks for orthopaedic surgery, 35.5

Chart 14: Waiting by Province in 2007 and 2008
Weeks Waited from Appointment with Specialist to Treatment, by Province



Source: The Fraser Institute's national waiting list survey, 2008.

Chart 15: Waiting in 2007 and 2008
Weeks Waited from Appointment with Specialist to Treatment, by Specialty



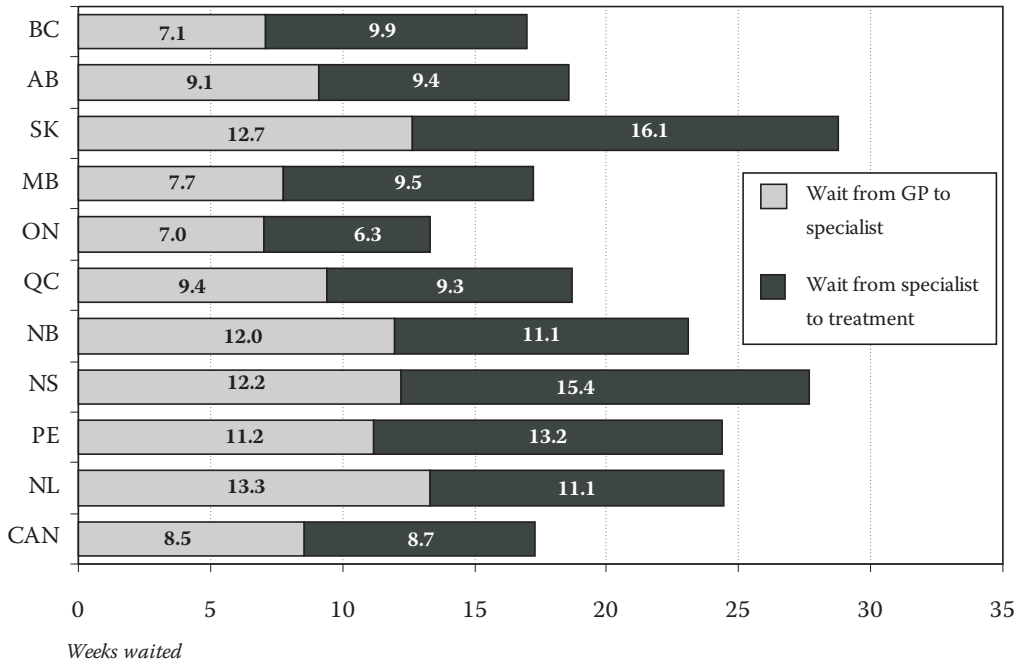
Source: The Fraser Institute's national waiting list survey, 2008.

weeks for plastic surgery, and 31.7 weeks for neurosurgery. The shortest wait in Canada is for cancer patients being treated with chemotherapy. These patients wait approximately 4.6 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. Eighty-one 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 12.7 weeks. A clinically reasonable length of time to wait, according to specialists in Ontario, is 10.6 weeks. In Alberta, the actual time to wait for general surgery is 9.3 weeks, whereas a wait of 5.2 weeks is considered to be clinically reason-

Chart 16: Median Wait by Province in 2008
Weeks Waited from Referral by GP to Treatment



Source: The Fraser Institute's national waiting list survey, 2008.

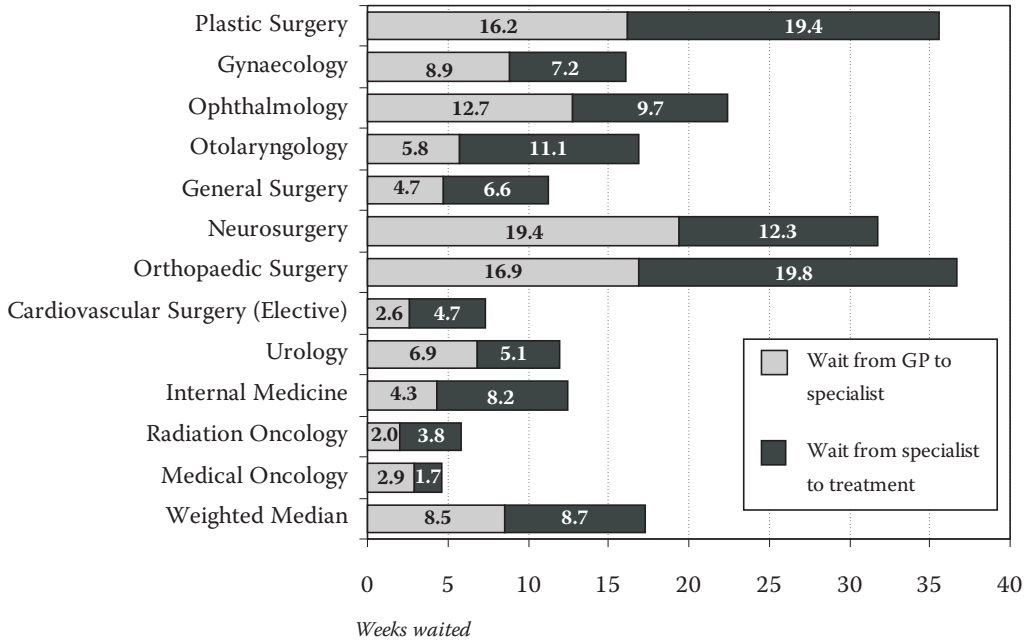
able. Table 10 summarizes the differences between the median reasonable and median actual wait for specialties.

Chart 18 compares the actual median number of weeks patients are waiting for treatment in Canada after having seen a specialist with the reasonable median number of weeks specialists feel patients should be waiting. The largest difference between these two values is in orthopaedic surgery, where the actual waiting time is nearly 9 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

Chart 17: Median Wait by Specialty in 2008
Weeks Waited from Referral by GP to Treatment

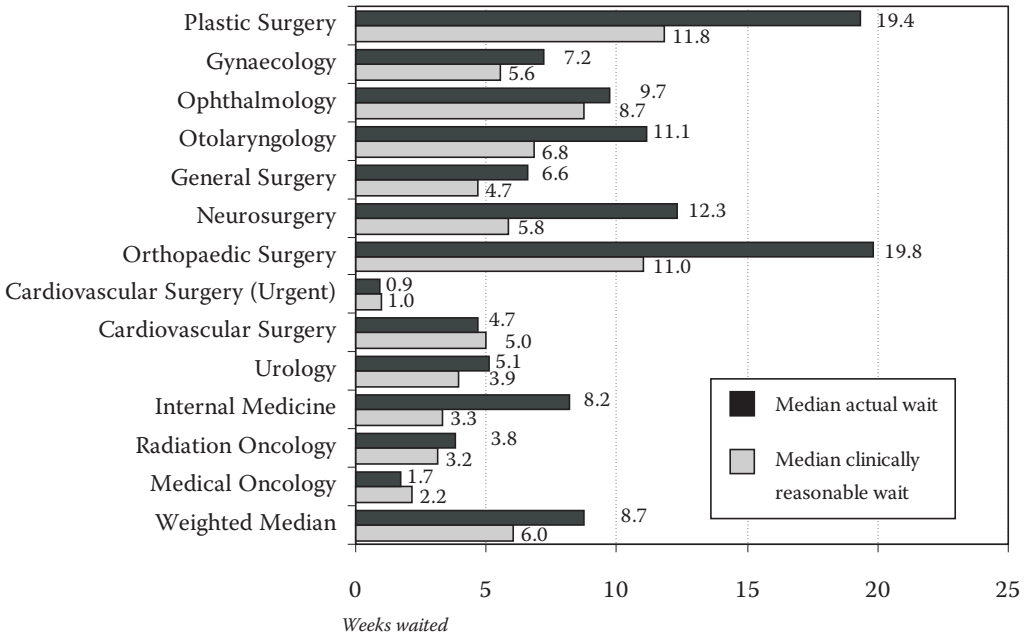


Source: The Fraser Institute's national waiting list survey, 2008.

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 8,082 gynaecology procedures for which people are waiting, while there are only 3,128 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: 90 procedures per 100,000 people there, versus 63 procedures per 100,000 people in Ontario (see table 14). Tables

Chart 18: Median Actual Wait Versus Median Clinically Reasonable Wait by Specialty for Canada
Weeks Waited from Appointment with Specialist to Treatment in 2008



Source: The Fraser Institute's national waiting list survey, 2008.

12 and 14 provide summaries of estimated numbers of procedures for which people are waiting.

Table 15 compares the numbers of procedures for which people were waiting in 2007 with those in 2008.

In six provinces, the estimated number of procedures for which people are waiting decreased between 2007 and 2008. Similarly, the estimated number of procedures for which people are waiting in Canada fell from 827,429 in 2007 to 750,794, a 9.3 percent decrease. As a percentage of the population, 2.28 percent of Canadians were waiting for treatment in 2008, varying from a low of 1.60 percent in Ontario to a high of 4.70 percent in Nova Scotia.

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 19 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,[3] 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 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 2007, the fraction of total Canadian health spending attributable to governments was 70.7 percent (OECD, 2008). A substantial body of economic

3 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 19: Pan-Canadian Benchmark Wait Times and Waiting Your Turn 2008

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	3.8 (1.8-4.7)	3.2 (1.3-4.2)
Hip Replacements	within 26 weeks	20.7 (12.5-113.0)	12.3 (8.0-24.0)
Knee Replacements	within 26 weeks	20.7 (12.5-113.0)	12.3 (8.0-24.0)
Cataract Surgery	within 16 weeks for patients who are at high risk	10.3 (6.0-17.0)	9.4 (8.0-12.0)
Cardiac Bypass Surgery	Level I within 2 weeks/ Level II within 6 weeks/ Level III within 26 weeks	Emergent: 0.1 (0.0-0.3)/ Urgent: 0.9 (0.3-6.8)/ Elective: 4.5 (2.5-15.5)	Emergent: 0.1 (0.0-0.1)/ Urgent: 1.0 (0.5-6.0)/ Elective: 5.7 (4.5-12.0)

[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.

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 20 gives an indication of the difficulties that Canadian patients have in gaining access to modern medical technologies compared to their counterparts in

Chart 20: Canadian Doctors, Medical Technology, and Health Spending Relative to the Universal Access Countries of the OECD,[1] Age-Adjusted,[2] 2004

Comparison	Canadian Value	OECD Average	Canadian Rank	Number of Countries
Doctors per 1,000 population	2.3	3.1	24	28
CT Scanners per million population	12.0	20.4	18	24
MRI Scanners per million population	5.4	8.6	13	24
Lithotriptors per million population	0.6	2.9	17 (tie)	20
Mammographs per million population	21.4	20.4	7	17
National Health Expenditure as a Percent of GDP	10.8	8.9	3	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, 2007).
Source: Esmail and Walker, 2007.

the rest of the Organisation for Economic Cooperation and Development (OECD). Despite the fact that Canada was ranked third in health spending amongst the universal-access, public-health-care-system countries in the OECD in 2004 after accounting for the age of the Canadian population (Esmail and Walker, 2007), 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 (Esmail and Wrona, 2008).

This year's study examined the wait for various diagnostic technologies across Canada. Chart 21 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 2008 than in 2007, while the national median wait times for CT scans and ultrasound increased. The median wait for a CT scan across Canada was 4.9 weeks. The shortest wait for computed tomography was in Alberta and Ontario (4.0 weeks), while the longest wait occurred in Prince Edward Island (19.0 weeks). The median wait for an MRI across Canada was 9.7 weeks. Patients in Manitoba waited the least amount of time for an MRI (5.5 weeks), while Prince Edward Island residents waited longest (25.0 weeks). Finally, the median wait for ultrasound was 4.4 weeks across Canada. Alberta and Ontario displayed the shortest wait (2.0 weeks) while Prince Edward Islanders, at 35.0 weeks, waited the longest for ultrasound.

Chart 21: Waiting for Technology: Weeks Waited to Receive Selected Diagnostic Tests in 2008, 2007, and 2006

Province	CT-Scan			MRI			Ultrasound		
	2008	2007	2006	2008	2007	2006	2008	2007	2006
British Columbia	4.5	4.0	5.0	12.0	12.0	12.0	3.6	3.5	3.0
Alberta	4.0[1]	4.0	4.0	8.0[2]	10.0	9.0	2.0	2.0	2.5
Saskatchewan	6.0	5.5	5.0	12.0	12.0	12.0	3.0	4.0	3.5
Manitoba	5.0[3]	8.0	6.0	5.5[4]	8.0	10.0	6.0[5]	10.0	8.0
Ontario	4.0[6]	4.0	4.0	7.0[7]	7.8	8.0	2.0	2.0	2.0
Quebec	6.0	6.0	4.0	12.0	12.0	12.0	7.5	6.0	6.0
New Brunswick	4.3	4.0	5.0	10.0	8.0	9.0	7.0	4.0	4.5
Nova Scotia	5.0[8]	4.0	4.0	12.0[9]	10.0	8.0	6.0[10]	5.0	6.0
P.E.I.	19.0[11]	6.5	9.0	25.0[12]	12.0	13.0	35.0	10.0	8.0
Newfoundland	6.0	5.8	5.0	14.0	20.0	28.0	7.0	6.0	4.8
Canada	4.9	4.8	4.3	9.7	10.1	10.3	4.4	3.9	3.8

[1]Alberta Health and Wellness web site reports a 1.6 week median wait time for CT scans for the 90 days ending April 30, 2008. 11,131 patients were waiting for CT scans at April 30.
[2]Alberta Health and Wellness web site reports a 6.0 week median wait time for MRI scans for the 90 days ending April 30, 2008. 23,929 patients were waiting for MRI scans at April 30.
[3]Manitoba Health web site reports a 5 week average estimated maximum wait time for CT/CAT scans for April 2008.
[4]Manitoba Health web site reports a 9 week average estimated maximum wait time for MRI scans for April 2008.
[5]Manitoba Health web site reports a 12 week average estimated maximum wait time for ultrasound exams for April 2008.
[6]Ontario Ministry of Health and Long Term Care web site reports a wait time of 47 days (6.7 weeks) for a CT scan in April-June 2008.
[7]Ontario Ministry of Health and Long Term Care web site reports a wait time of 98 days (14 weeks) for an MRI scan in April-June 2008.
[8]Nova Scotia Department of Health web site reports wait times ranging from 0 to 89 days (0 to 12.7 weeks) for CT scans in April 2008.
[9]Nova Scotia Department of Health web site reports wait times ranging from 26 to 219 days (3.7 to 31.3 weeks) for MRI scans in April 2008.
[10]Nova Scotia Department of Health web site reports wait times ranging from 4 to 137 days (0.6 to 19.6 weeks) for ultrasounds in April 2008.
[11]PEI Ministry of Health web site reports median wait times of less than 24 hours for emergency CT scans, 1 to 3 weeks for Urgency I scans, 8 to 10 weeks for Urgency II scans, and 16 to 18 weeks for Urgency III scans as of March 2008.
[12]PEI Ministry of Health web site reports median wait times of less than 24 hours for emergency MRI scans, 1 to 3 weeks for Urgency I scans, 2 weeks for Urgency II scans, and 26 weeks for Urgency III scans as of March 2008.

Conclusion

The 2008 *Waiting Your Turn* survey indicates that waiting times for medical treatment in Canada have fallen from 2007, but 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.

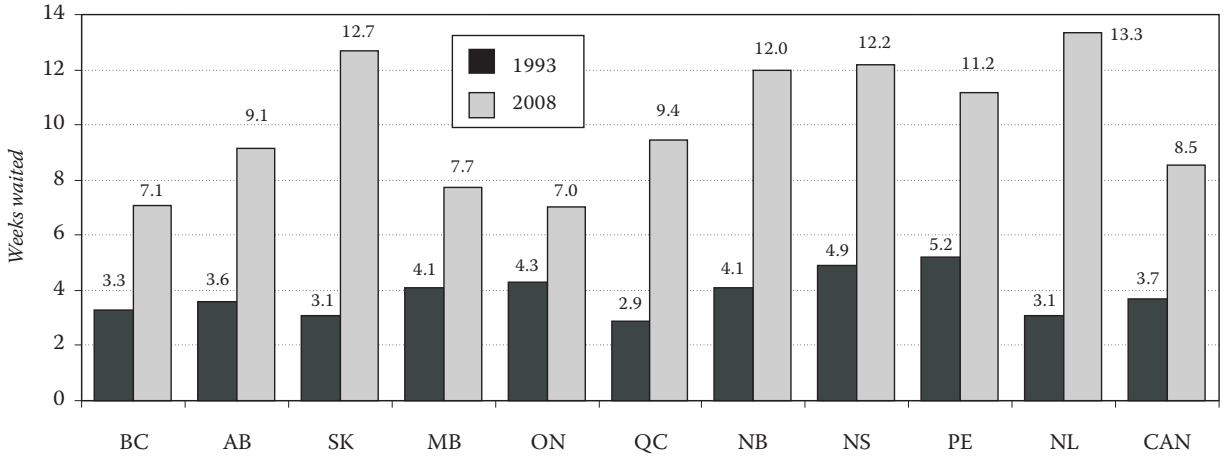
Patients would also prefer earlier treatment, according to this year's survey data. On average, in all specialties, only 9.8 percent of patients are on waiting lists because they requested a delay or postponement of their treatment. The responses range from a low of 5.5 percent of medical oncology patients requesting a delay of treatment, to a high of 12.3 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 48.3 percent, ranging from 34.0 percent of gynaecology patients to 72.2 percent of radiation oncology patients (Fraser Institute, national hospital waiting list survey, 2008).

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

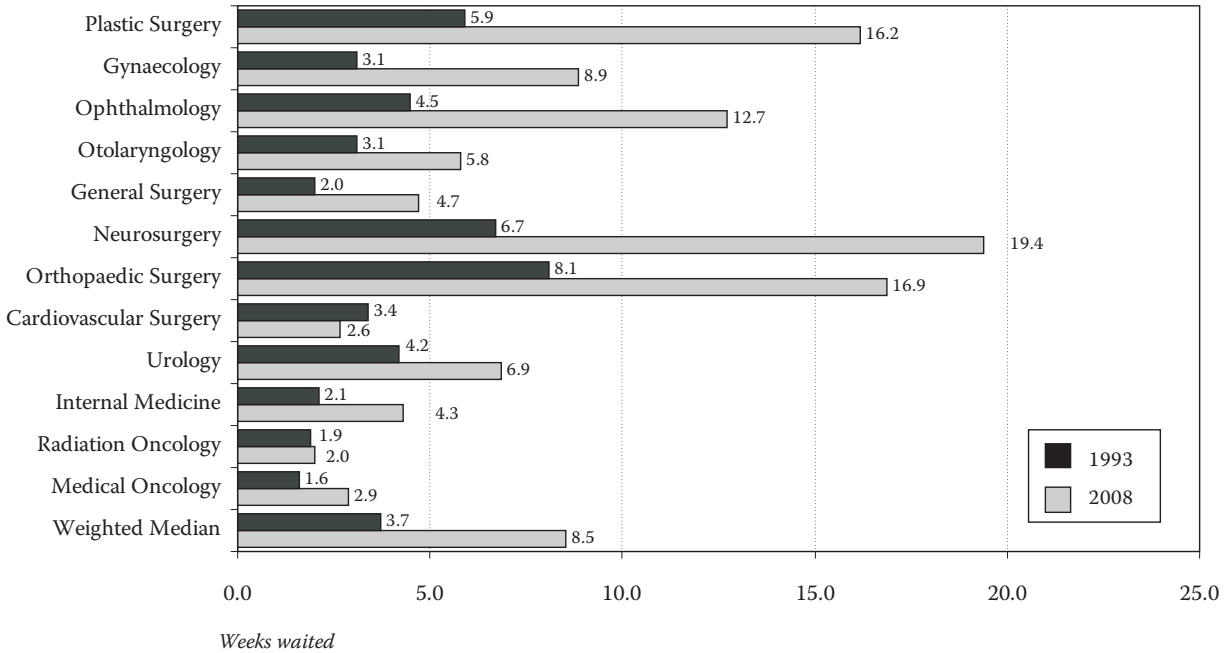
Graphs 1–6: Median Actual Waiting Times, 1993 and 2008
Graphs 7–8: Median Reasonable Waiting Times, 1994 and 2008
Graphs 9–19: Actual versus Reasonable Waiting Times, 1994 through 2008, by Province

Graph 1: Median Wait Between Referral by GP and Appointment with Specialist, by Province, 1993 and 2008



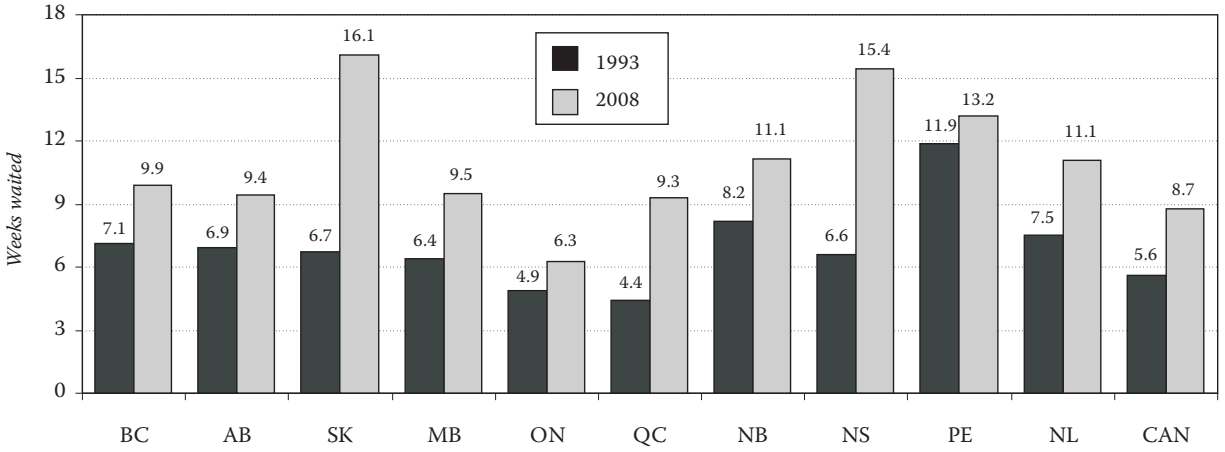
Source: The Fraser Institute's national waiting list survey, 2008; and Ramsay and Walker, 1997.

Graph 2: Median Wait between Referral by GP and Appointment with Specialist, by Specialty, 1993 and 2008



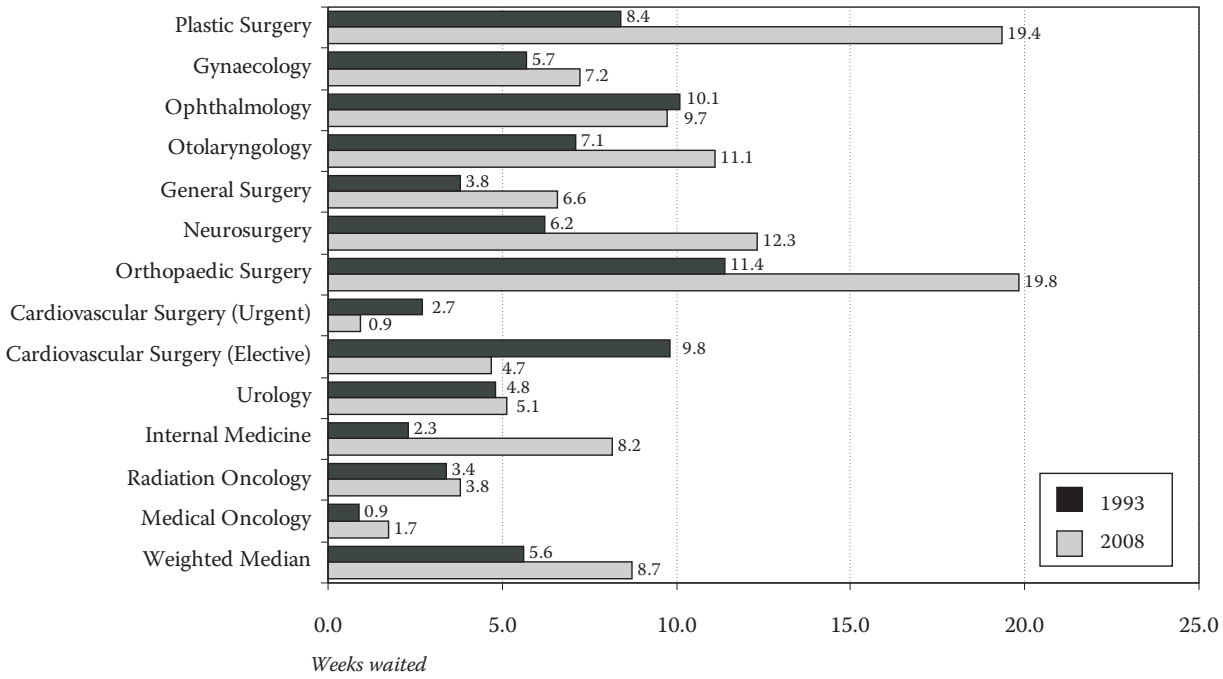
Source: The Fraser Institute's national waiting list survey, 2008; and Ramsay and Walker, 1997.

Graph 3: Median Wait between Appointment with Specialist and Treatment, by Province, 1993 and 2008



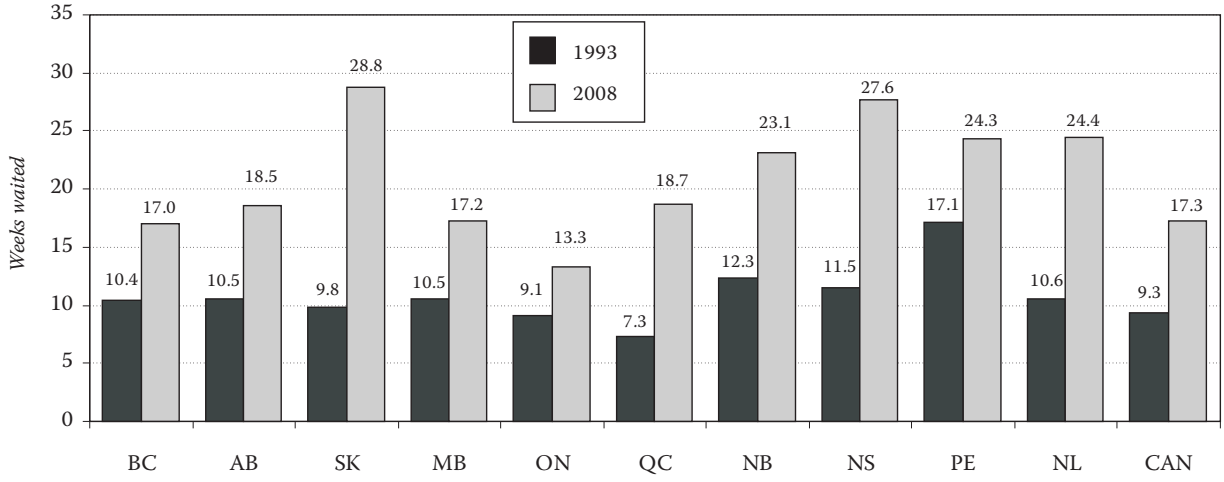
Source: The Fraser Institute's national waiting list survey, 2008; and Ramsay and Walker, 1997.

Graph 4: Median Wait between Appointment with Specialist and Treatment, by Specialty, 1993 and 2008



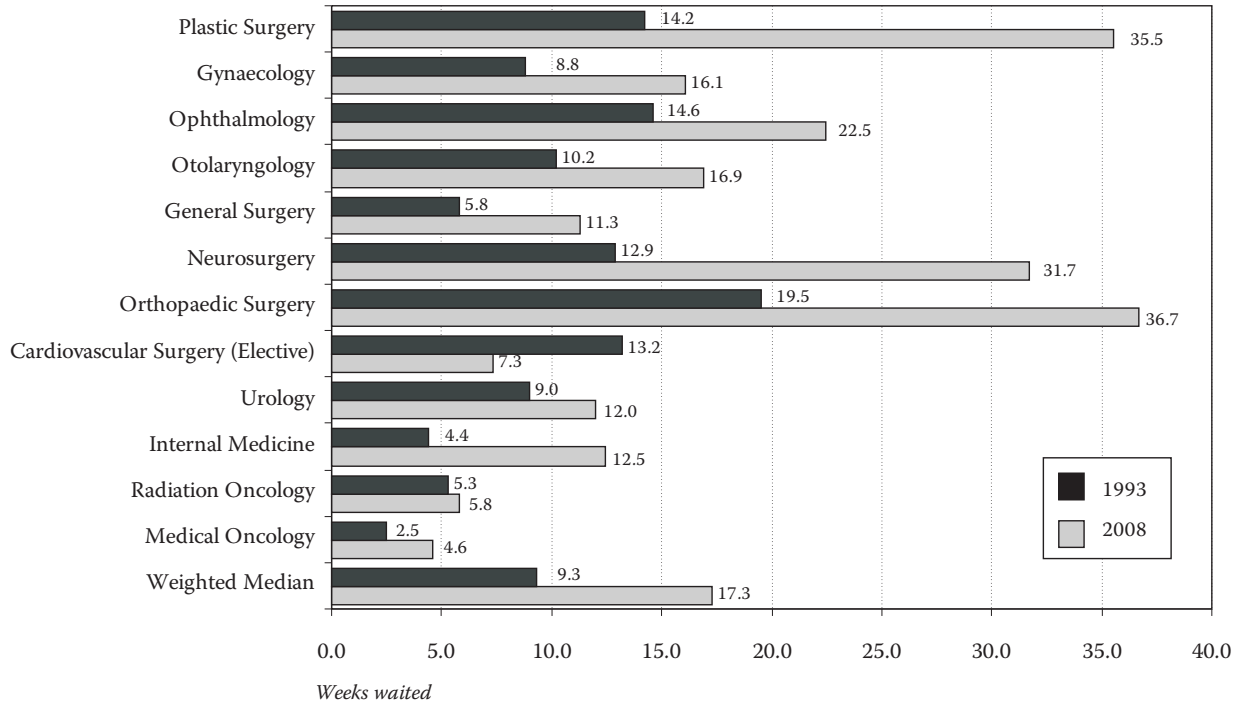
Source: The Fraser Institute's national waiting list survey, 2008; and Ramsay and Walker, 1997.

Graph 5: Median Wait between Referral by GP and Treatment, by Province, 1993 and 2008



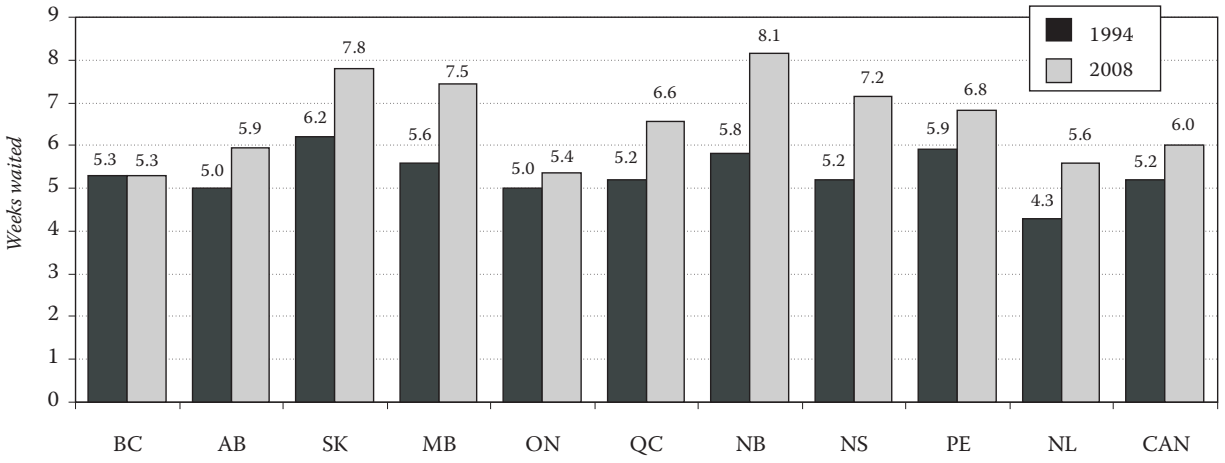
Source: The Fraser Institute's national waiting list survey, 2008; and Ramsay and Walker, 1997.

Graph 6: Median Wait between Referral by GP and Treatment, by Specialty, 1993 and 2008



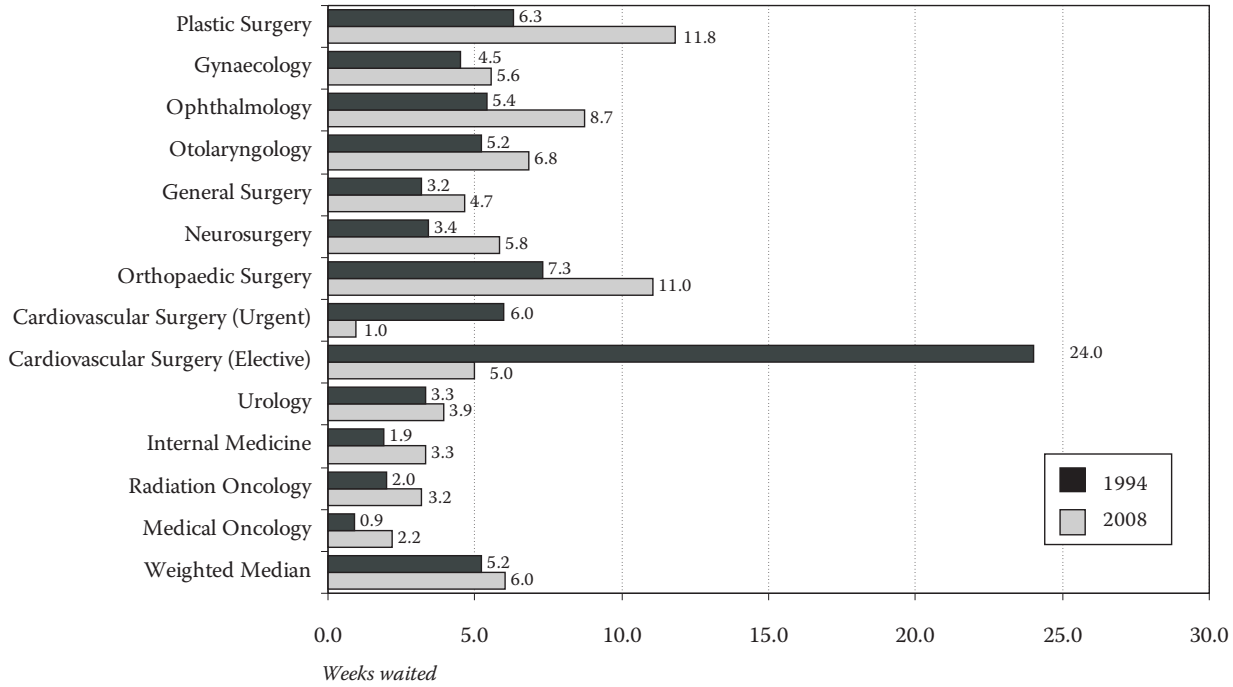
Source: The Fraser Institute's national waiting list survey, 2008; and Ramsay and Walker, 1997.

Graph 7: Median Reasonable Wait between Appointment with Specialist and Treatment, by Province, 1994 and 2008



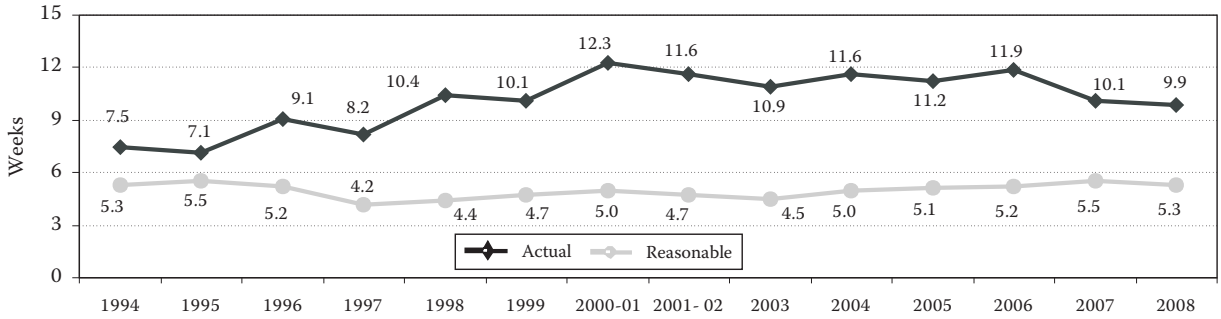
Source: The Fraser Institute's national waiting list survey, 2008; and Ramsay and Walker, 1997.

Graph 8: Median Reasonable Wait between Appointment with Specialist and Treatment, by Specialty, 1994 and 2008



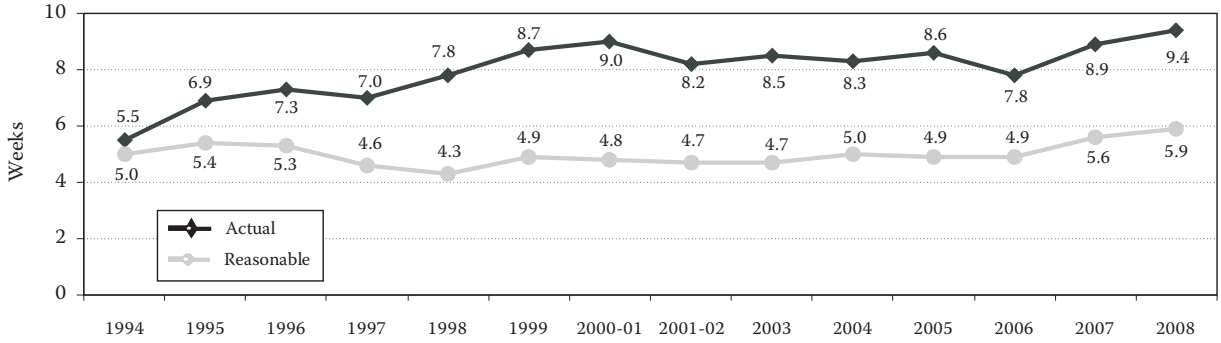
Source: The Fraser Institute's national waiting list survey, 2008; and Ramsay and Walker, 1997.

Graph 9: British Columbia—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2008



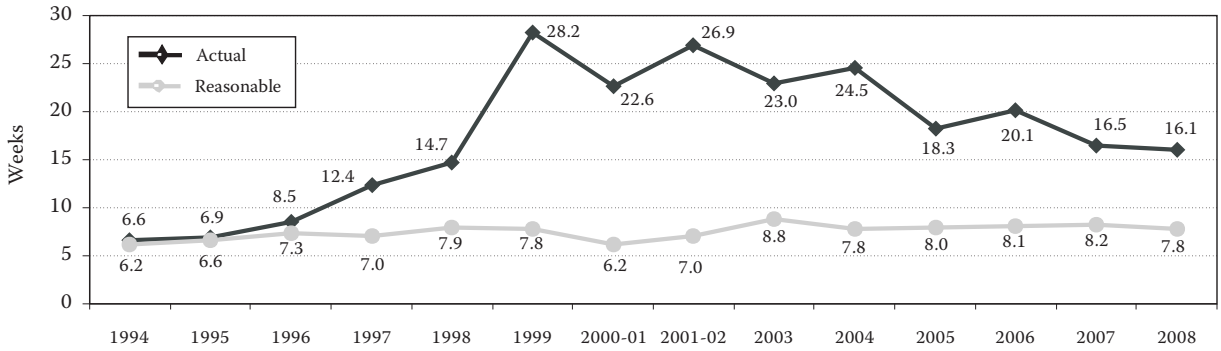
Source: The Fraser Institute's national waiting list surveys, 1995-2008.

Graph 10: Alberta—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2008



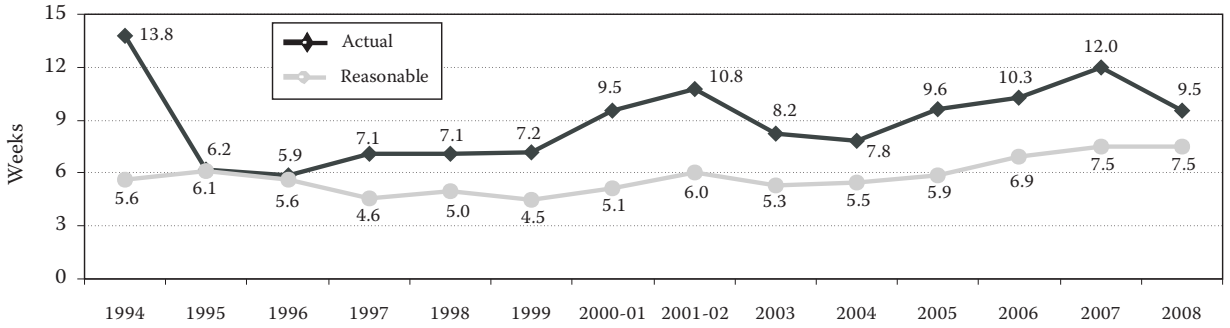
Source: The Fraser Institute's national waiting list surveys, 1995-2008.

Graph 11: Saskatchewan—Actual Versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2008



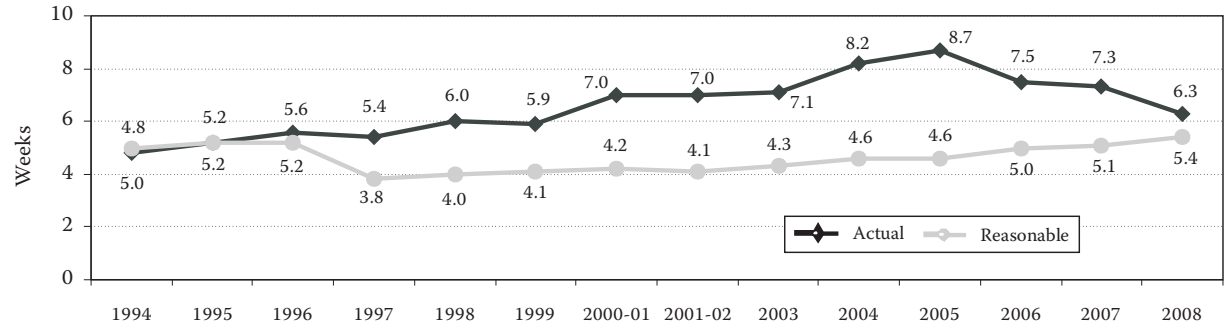
Source: The Fraser Institute's national waiting list surveys, 1995-2008.

Graph 12: Manitoba—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2008



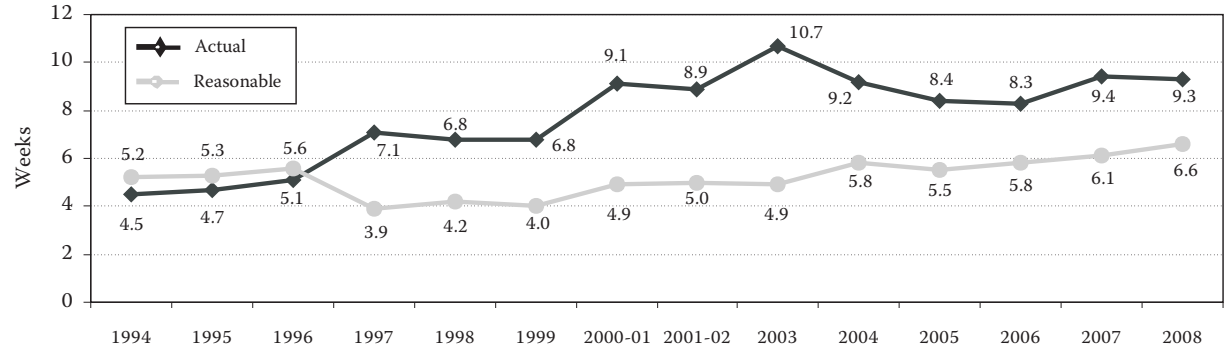
Source: The Fraser Institute's national waiting list surveys, 1995-2008.

Graph 13: Ontario—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2008



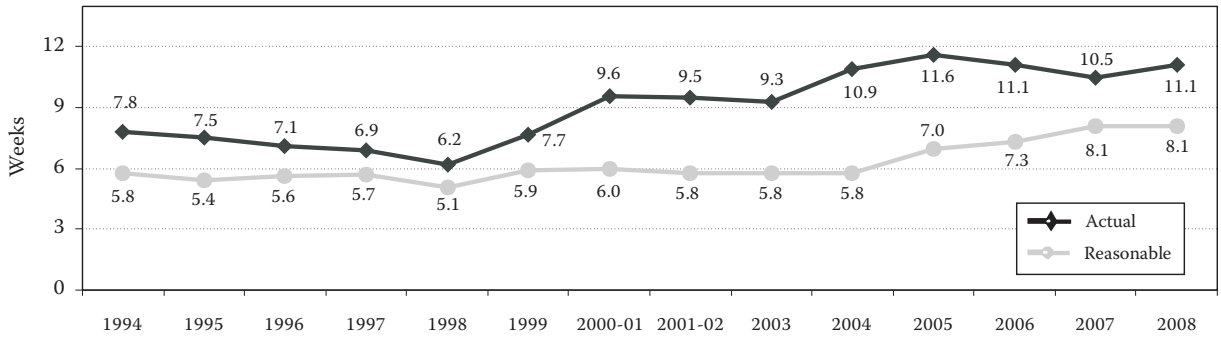
Source: The Fraser Institute's national waiting list surveys, 1995-2008.

Graph 14: Quebec—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2008



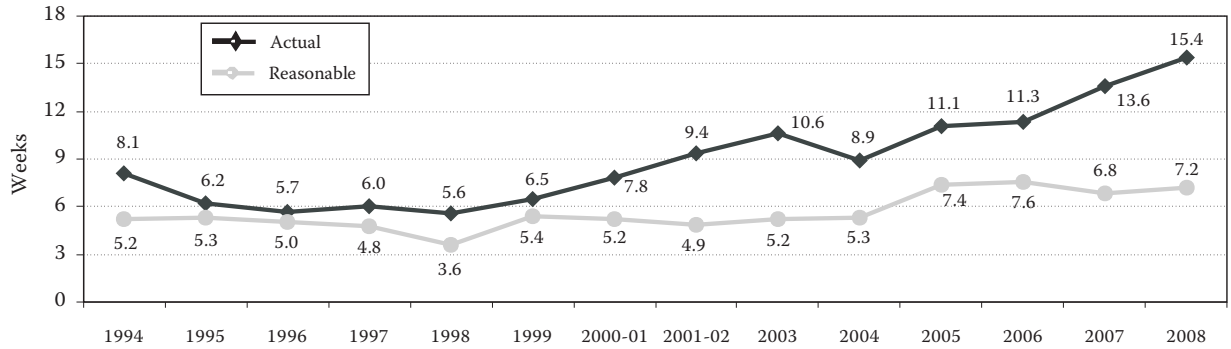
Source: The Fraser Institute's national waiting list surveys, 1995-2008.

Graph 15: New Brunswick—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2008



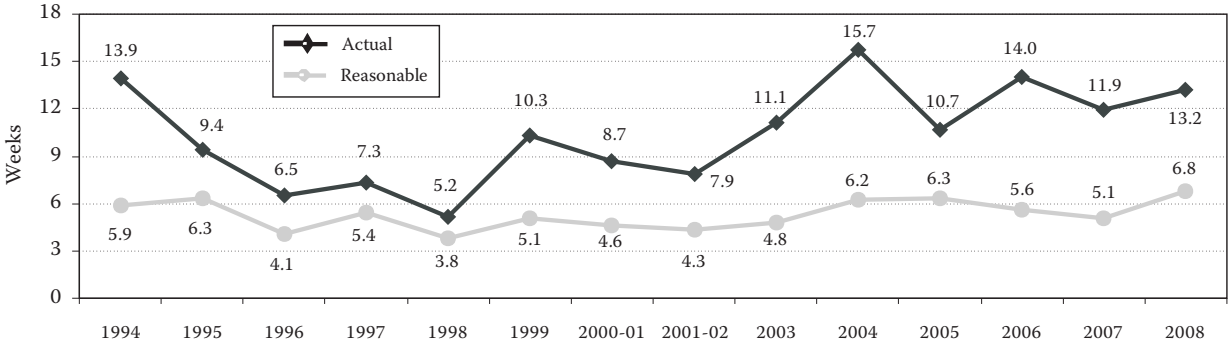
Source: The Fraser Institute's national waiting list surveys, 1995-2008.

Graph 16: Nova Scotia—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2008



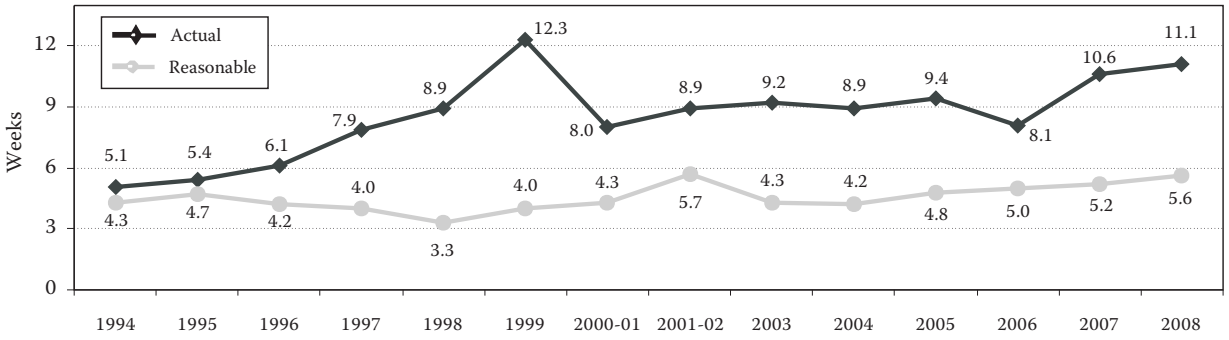
Source: The Fraser Institute's national waiting list surveys, 1995-2008.

Graph 17: Prince Edward Island—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2008



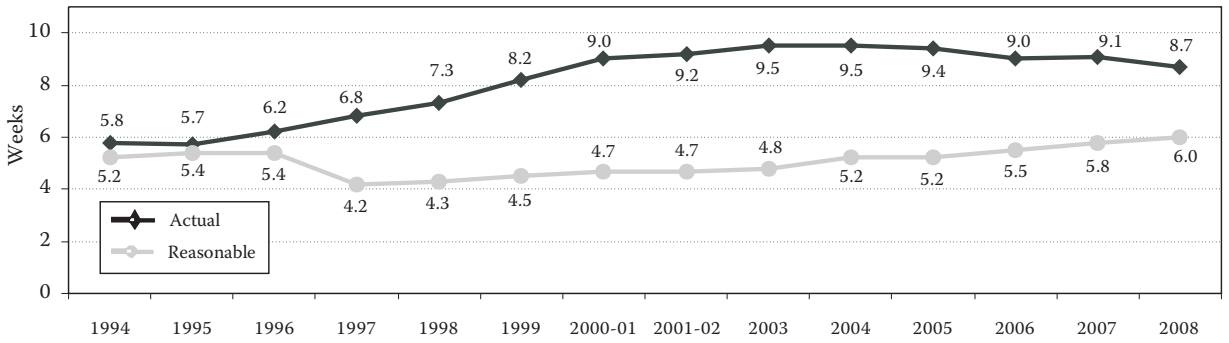
Source: The Fraser Institute's national waiting list surveys, 1995-2008.

Graph 18: Newfoundland—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2008



Source: The Fraser Institute's national waiting list surveys, 1995-2008.

Graph 19: Canada—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2008



Source: The Fraser Institute's national waiting list surveys, 1995-2008.

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, 2007 and 2008

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, 2007 and 2008

Table 16a: Acute Inpatient Procedures, 2006-07

Table 16b: Same Day Procedures, 2006-07

Table 1a: Summary of Responses, 2008—Response Rates (Percentages)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	34%	38%	60%	38%	31%	16%	47%	43%	100%	50%	31%
Gynaecology	33%	34%	32%	30%	30%	18%	42%	35%	33%	30%	28%
Ophthalmology	32%	37%	42%	36%	31%	21%	55%	33%	50%	31%	30%
Otolaryngology	33%	35%	38%	35%	32%	25%	50%	36%	100%	33%	31%
General Surgery	30%	30%	33%	33%	30%	13%	31%	29%	50%	23%	25%
Neurosurgery	42%	31%	38%	100%	33%	15%	33%	30%	—	33%	32%
Orthopaedic Surgery	31%	30%	37%	34%	32%	18%	31%	38%	33%	38%	28%
Cardiovascular Surgery	22%	42%	31%	25%	30%	18%	55%	35%	—	60%	28%
Urology	39%	39%	73%	36%	35%	29%	47%	41%	33%	33%	36%
Internal Medicine	30%	30%	32%	28%	30%	10%	32%	31%	40%	31%	27%
Radiation Oncology	4%	14%	20%	29%	15%	18%	67%	0%	100%	0%	15%
Medical Oncology	31%	23%	0%	20%	15%	9%	50%	38%	100%	67%	16%
Total	31%	32%	36%	34%	30%	17%	41%	33%	48%	33%	28%

Table 1b: Summary of Responses, 2008—Number of Responses

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	22	15	6	3	51	16	7	6	1	2	129
Gynaecology	59	45	12	12	178	64	11	17	2	6	406
Ophthalmology	50	32	8	10	109	53	12	11	2	4	291
Otolaryngology	25	15	3	6	65	45	7	8	1	3	178
General Surgery	50	39	12	14	154	58	9	13	1	3	353
Neurosurgery	13	8	3	7	25	8	2	3	—	1	70
Orthopaedic Surgery	50	35	10	12	128	50	10	9	1	5	310
Cardiovascular Surgery	12	11	4	2	36	17	6	6	—	3	97
Urology	27	16	8	5	71	34	8	7	1	2	179
Internal Medicine	63	53	18	17	244	32	12	20	2	5	466
Radiation Oncology	2	4	1	2	21	12	4	0	1	0	47
Medical Oncology	5	6	0	1	16	9	1	3	1	2	44
Total	378	279	85	91	1,098	398	89	103	13	36	2,570

Table 1c: Summary of Responses, 2008—Number of Questionnaires Mailed Out

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	64	40	10	8	167	97	15	14	1	4	420
Gynaecology	177	133	38	40	593	362	26	49	6	20	1,444
Ophthalmology	155	87	19	28	355	257	22	33	4	13	973
Otolaryngology	75	43	8	17	203	178	14	22	1	9	570
General Surgery	164	129	36	42	512	442	29	45	2	13	1,414
Neurosurgery	31	26	8	7	75	53	6	10	—	3	219
Orthopaedic Surgery	159	116	27	35	406	274	32	24	3	13	1,089
Cardiovascular Surgery	55	26	13	8	119	93	11	17	—	5	347
Urology	70	41	11	14	204	116	17	17	3	6	499
Internal Medicine	208	176	57	60	811	309	37	65	5	16	1,744
Radiation Oncology	47	29	5	7	141	66	6	8	1	4	314
Medical Oncology	16	26	1	5	110	104	2	8	1	3	276
Total	1,221	872	233	271	3,696	2,351	217	312	27	109	9,309

Table 2: Median Total Expected Waiting Time from Referral by GP to Treatment, by Specialty, 2008 (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	34.9	43.4	65.4	57.8	22.4	42.1	45.9	86.3	20.6	24.6	35.5
Gynaecology	17.5	20.1	11.8	16.5	14.0	15.4	22.3	17.1	33.8	23.1	16.1
Ophthalmology	18.8	17.9	20.9	15.1	16.0	27.8	27.7	18.4	27.4	24.7	22.5
Otolaryngology	23.7	15.6	52.4	22.6	14.5	10.1	13.3	29.6	32.6	7.8	16.9
General Surgery	9.2	13.3	18.1	12.4	10.5	11.2	17.0	14.6	5.3	7.8	11.3
Neurosurgery	29.7	30.1	60.2	28.1	25.8	32.7	116.3	23.0	—	15.2	31.7
Orthopaedic Surgery	38.6	41.2	97.3	38.9	24.7	32.3	34.1	138.4	37.2	44.8	36.7
Cardiovascular Surgery (Elective)	9.5	12.0	12.3	4.1	4.4	6.7	19.0	13.7	—	10.9	7.3
Urology	12.4	13.2	13.7	10.4	9.5	10.4	14.1	21.2	—	63.7	12.0
Internal Medicine	11.1	15.4	17.5	9.5	10.7	13.4	16.5	11.1	—	20.5	12.5
Radiation Oncology	6.9	7.2	8.0	4.7	4.8	6.2	6.1	—	2.3	—	5.8
Medical Oncology	2.7	8.0	—	4.7	4.0	5.0	5.1	5.6	4.0	4.7	4.6
Weighted Median	17.0	18.5	28.8	17.2	13.3	18.7	23.1	27.6	24.3	24.4	17.3

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

For wait times data published by provincial government agencies pertinent to this table, see Appendix A.

Table 3: Median Patient Wait to See a Specialist after Referral from a GP, by Specialty, 2008 (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	15.0	24.0	43.0	25.0	11.0	16.0	12.0	40.0	7.0	8.6	16.2
Gynaecology	8.0	12.0	5.0	8.0	8.0	9.0	14.0	9.0	16.0	12.0	8.9
Ophthalmology	8.0	8.0	12.0	7.5	10.0	16.0	16.0	10.0	10.0	13.0	12.7
Otolaryngology	4.0	8.0	8.0	6.0	6.0	4.0	4.0	16.0	6.0	2.0	5.8
General Surgery	4.0	4.0	5.5	5.0	5.0	4.0	12.0	8.0	2.5	4.0	4.7
Neurosurgery	16.0	18.0	32.0	19.5	16.0	20.0	84.0	12.0	—	12.0	19.4
Orthopaedic Surgery	16.0	25.0	52.0	16.0	12.0	12.0	16.0	51.0	14.0	26.0	16.9
Cardiovascular Surgery	2.5	4.3	4.0	1.5	2.0	2.0	7.5	8.0	—	8.0	2.6
Urology	6.0	8.0	4.2	7.0	6.0	6.0	4.0	7.5	—	46.0	6.9
Internal Medicine	4.0	5.0	7.0	4.0	4.0	4.0	9.0	4.0	18.5	3.0	4.3
Radiation Oncology	2.5	2.8	5.0	2.3	2.0	1.5	1.5	—	0.5	—	2.0
Medical Oncology	1.5	4.5	—	3.0	2.0	4.0	3.5	3.0	2.0	2.5	2.9
Weighted Median	7.1	9.1	12.7	7.7	7.0	9.4	12.0	12.2	11.2	13.3	8.5

For wait times data published by provincial government agencies pertinent to this table, see Appendix A.

Table 4: Median Patient Wait for Treatment after Appointment with Specialist, by Specialty, 2008 (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	19.9	19.4	22.4	32.8	11.4	26.1	33.9	46.3	13.6	16.0	19.4
Gynaecology	9.5	8.1	6.8	8.5	6.0	6.4	8.3	8.1	17.8	11.1	7.2
Ophthalmology	10.8	9.9	8.9	7.6	6.0	11.8	11.7	8.4	17.4	11.7	9.7
Otolaryngology	19.7	7.6	44.4	16.6	8.5	6.1	9.3	13.6	26.6	5.8	11.1
General Surgery	5.2	9.3	12.6	7.4	5.5	7.2	5.0	6.6	2.8	3.8	6.6
Neurosurgery	13.7	12.1	28.2	8.6	9.8	12.7	32.3	11.0	—	3.2	12.3
Orthopaedic Surgery	22.6	16.2	45.3	22.9	12.7	20.3	18.1	87.4	23.2	18.8	19.8
Cardiovascular Surgery (Urgent)	1.3	1.6	2.5	0.9	0.6	0.6	4.2	1.4	—	2.4	0.9
Cardiovascular Surgery (Elective)	7.0	7.8	8.3	2.6	2.4	4.7	11.5	5.7	—	2.9	4.7
Urology	6.4	5.2	9.5	3.4	3.5	4.4	10.1	13.7	4.3	17.7	5.1
Internal Medicine	7.1	10.4	10.5	5.5	6.7	9.4	7.5	7.1	—	17.5	8.2
Radiation Oncology	4.4	4.5	3.0	2.5	2.8	4.7	4.6	—	1.8	—	3.8
Medical Oncology	1.2	3.5	—	1.7	2.0	1.0	1.6	2.6	2.0	2.2	1.7
Weighted Median	9.9	9.4	16.1	9.5	6.3	9.3	11.1	15.4	13.2	11.1	8.7

For wait times data published by provincial government agencies pertinent to this table, see Appendix A.

Table 5a: Plastic Surgery (2008)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Mammoplasty	26.0	25.0	31.0	52.0	12.0	52.0	44.0	108.0	14.0	24.0
Neurolysis	12.0	13.0	11.5	24.0	12.0	12.0	16.0	7.0	—	8.0
Blepharoplasty	19.0	12.0	18.0	4.0	11.0	8.0	25.0	60.0	10.0	5.0
Rhinoplasty	22.0	16.0	18.0	12.0	8.0	8.0	26.0	25.0	—	24.0
Scar Revision	16.0	16.0	22.0	38.0	12.0	24.0	27.0	42.0	16.0	17.0
Hand Surgery	11.0	16.0	18.0	25.0	12.0	10.0	20.0	24.0	10.0	6.0
Craniofacial Procedures	12.0	21.0	13.5	—	9.0	10.0	18.5	29.0	—	8.0
Skin Cancers and other Tumors	5.5	4.0	4.8	11.5	6.0	4.0	6.0	3.5	14.0	3.0
Weighted Median	19.9	19.4	22.4	32.8	11.4	26.1	33.9	46.3	13.6	16.0

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

For wait times data published by provincial government agencies pertinent to this table, see Appendix A.

Table 5b: Gynaecology (2008)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Dilation & Curettage	6.5	6.0	4.0	8.0	4.0	4.0	5.0	4.0	18.0	11.0
Tubal Ligation	12.0	8.0	7.5	8.0	6.0	8.0	10.0	8.0	17.5	12.5
Hysterectomy (Vaginal/Abdominal)	12.0	12.0	9.0	10.0	8.0	8.0	10.0	12.0	18.0	11.5
Vaginal Repair	13.0	12.0	9.0	10.0	8.0	8.0	10.0	12.0	18.0	14.0
Tuboplasty	15.0	12.0	13.5	7.0	9.0	12.0	5.0	8.5	—	—
Laparoscopic Procedures	10.0	8.5	7.0	8.0	6.5	7.0	5.0	8.0	17.8	10.5
Hysteroscopic Procedures	8.0	8.0	6.0	8.0	6.0	7.0	6.0	8.0	17.8	9.0
Weighted Median	9.5	8.1	6.8	8.5	6.0	6.4	8.3	8.1	17.8	11.1

For wait times data published by provincial government agencies pertinent to this table, see Appendix A.

Table 5c: Ophthalmology (2008)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cataract Removal	12.0	12.0	10.0	8.0	6.0	12.0	12.0	9.0	17.0	12.0
Cornea Transplant	26.0	52.0	104.0	29.0	36.0	52.0	52.0	33.0	—	19.0
Cornea—Pterygium	11.0	12.0	15.0	8.0	8.0	10.0	11.0	4.0	20.0	8.0
Iris, Ciliary Body, Sclera, Anterior Chamber	5.0	12.0	—	4.0	9.0	8.0	8.0	9.0	20.0	26.0
Retina, Choroid, Vitreous	5.0	3.0	2.0	—	3.0	5.0	12.0	6.0	—	10.0
Lacrimal Duct	12.0	8.0	6.8	4.0	10.0	12.0	12.0	6.0	—	10.0
Strabismus	12.0	10.0	12.0	—	12.0	12.0	12.0	7.5	30.0	7.0
Operations on Eyelids	8.0	9.0	3.8	3.0	4.0	10.0	12.0	2.0	20.0	10.0
Glaucoma	6.0	5.0	12.0	3.5	4.0	4.0	5.0	6.5	20.0	7.5
Weighted Median	10.8	9.9	8.9	7.6	6.0	11.8	11.7	8.4	17.4	11.7

Note: Weighted median does not include treatment for glaucoma.

For wait times data published by provincial government agencies pertinent to this table, see Appendix A.

Table 5d: Otolaryngology (2008)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Myringotomy	10.0	5.0	6.0	10.0	6.0	4.0	6.0	11.0	20.0	3.8
Tympanoplasty	24.0	8.0	72.0	20.0	12.0	8.0	12.0	15.0	32.0	5.5
Thyroid, Parathyroid, and Other Endocrine Glands	10.0	8.0	8.0	22.0	8.0	8.0	4.0	12.0	32.0	—
Tonsillectomy and/or Adenoidectomy	24.0	8.0	72.0	22.0	8.0	8.0	12.0	16.0	32.0	8.5
Rhinoplasty and/or Septal Surgery	24.0	10.0	72.0	20.0	12.0	10.0	12.0	16.0	—	5.0
Operations on Nasal Sinuses	24.0	10.0	72.0	20.0	12.0	8.0	12.0	16.0	28.0	6.5
Weighted Median	19.7	7.6	44.4	16.6	8.5	6.1	9.3	13.6	26.6	5.8

For wait times data published by provincial government agencies pertinent to this table, see Appendix A.

Table 5e: General Surgery (2008)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Hernia/Hydrocele	8.0	10.0	18.0	5.5	6.0	8.0	6.0	7.0	2.0	6.0
Cholecystectomy	6.0	9.0	14.0	4.0	5.0	7.0	6.0	6.0	2.0	6.0
Colonoscopy	6.0	18.0	20.0	14.0	8.0	9.0	6.0	10.0	4.0	4.0
Intestinal Operations	4.0	4.0	5.0	5.0	4.0	4.0	4.0	3.5	—	2.5
Haemorrhoidectomy	8.0	9.5	14.0	5.0	7.0	12.0	12.0	8.0	2.5	—
Breast Biopsy	3.0	2.3	3.0	2.0	2.5	2.0	3.0	3.0	1.0	2.0
Mastectomy	2.0	3.0	2.3	2.5	2.5	3.0	2.0	3.3	1.5	2.0
Bronchus and Lung	0.0	4.0	—	—	4.0	1.0	3.0	26.0	—	—
Aneurysm Surgery	—	—	—	0.0	4.0	4.0	12.0	—	—	—
Varicose Veins	8.0	13.0	12.0	6.0	7.0	12.0	12.0	—	4.0	—
Weighted Median	5.2	9.3	12.6	7.4	5.5	7.2	5.0	6.6	2.8	3.8

For wait times data published by provincial government agencies pertinent to this table, see Appendix A.

Table 5f: Neurosurgery (2008)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Peripheral Nerve	10.0	14.0	72.0	9.9	9.0	8.0	26.0	33.0	—	6.0
Disc Surgery/ Laminectomy	18.0	24.0	45.0	7.1	15.0	24.0	65.5	12.0	—	5.0
Elective Cranial Bone Flap	12.0	7.0	13.0	9.5	6.5	4.0	12.0	7.0	—	1.5
Aneurysm Surgery	8.0	5.0	0.0	3.0	8.0	5.0	16.0	7.0	—	1.5
Carotid endarterectomy	5.0	4.5	—	2.6	8.0	3.5	12.0	0.5	—	—
Weighted Median	13.7	12.1	28.2	8.6	9.8	12.7	32.3	11.0	—	3.2

For wait times data published by provincial government agencies pertinent to this table, see Appendix A.

Table 5g: Orthopaedic Surgery (2008)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Meniscectomy/Arthroscopy	15.5	12.0	32.5	12.0	10.0	14.5	12.0	54.0	20.0	12.0
Removal of Pins	13.5	12.0	22.0	12.0	12.0	24.0	14.0	54.0	20.0	16.0
Arthroplasty (Hip, Knee, Ankle, Shoulder)	26.0	16.0	52.0	24.0	12.5	20.0	22.0	113.0	24.0	28.0
Arthroplasty (Interphalangeal, Metatarsophalangeal)	18.0	18.0	56.0	18.0	16.0	24.3	18.0	120.0	24.0	10.0
Hallux Valgus/Hammer Toe	20.5	16.0	52.0	12.0	13.0	21.3	21.0	100.0	24.0	11.0
Digit Neuroma	16.0	16.0	30.0	18.0	13.0	23.3	12.0	84.5	—	9.0
Rotator Cuff Repair	26.0	22.0	28.0	67.0	12.0	18.0	16.0	49.0	20.0	16.5
Ostectomy (All Types)	26.0	20.0	52.0	20.0	15.0	18.0	12.0	76.5	—	16.0
Routine Spinal Instability	27.5	24.0	55.0	24.0	16.0	26.0	23.0	18.0	—	13.0
Weighted Median	22.6	16.2	45.3	22.9	12.7	20.3	18.1	87.4	23.2	18.8

For wait times data published by provincial government agencies pertinent to this table, see Appendix A.

Table 5h: Cardiovascular Surgery (2008)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

		BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Emergent	Coronary Artery Bypass	0.1	0.3	0.0	0.1	0.1	0.1	0.0	0.0	—	—
	Valves and Septa of the Heart	0.1	0.5	0.0	0.1	0.1	0.1	0.0	0.0	—	—
	Aneurysm Surgery	0.1	0.5	0.0	0.0	0.1	0.1	0.0	0.0	—	0.3
	Carotid Endarterectomy	0.8	0.5	0.1	0.0	0.0	0.1	0.0	1.0	—	1.0
	Pacemaker Operations	0.1	0.2	0.0	—	0.1	0.0	0.3	0.0	—	—
	Weighted Median	0.1	0.3	0.0	0.1	0.1	0.1	0.1	0.0	—	0.9
Urgent	Coronary Artery Bypass	1.0	2.0	1.8	1.0	0.6	0.3	6.8	3.0	—	—
	Valves and Septa of the Heart	1.0	1.2	1.8	1.0	0.6	0.3	12.0	0.6	—	—
	Aneurysm Surgery	2.0	1.5	1.8	0.0	0.8	0.1	2.3	1.0	—	1.8
	Carotid Endarterectomy	2.0	1.8	2.0	0.0	1.0	0.5	2.3	1.5	—	2.5
	Pacemaker Operations	1.5	1.4	3.5	—	0.5	1.0	0.5	0.6	—	—
	Weighted Median	1.3	1.6	2.5	0.9	0.6	0.6	4.2	1.4	—	2.4
Elective	Coronary Artery Bypass	7.0	4.0	8.5	2.5	2.5	5.0	15.5	6.0	—	—
	Valves and Septa of the Heart	7.5	10.4	8.5	2.5	2.5	5.0	26.0	5.6	—	—
	Aneurysm Surgery	6.5	5.0	6.5	2.5	3.0	4.0	10.0	8.8	—	6.5
	Carotid Endarterectomy	6.0	4.0	10.0	4.0	4.5	5.5	9.0	5.0	—	2.5
	Pacemaker Operations	7.0	10.4	8.0	—	2.0	4.0	5.0	5.6	—	—
	Weighted Median	7.0	7.8	8.3	2.6	2.4	4.7	11.5	5.7	—	2.9

For wait times data published by provincial government agencies pertinent to this table, see Appendix A.

Table 5i: Urology (2008)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Non-radical Prostatectomy	10.0	8.0	40.0	4.0	5.5	6.0	7.0	8.0	10.0	11.0
Radical Prostatectomy	6.0	10.0	10.0	4.0	6.0	6.0	3.8	7.0	6.0	6.0
Transurethral Resection—Bladder	4.0	4.0	8.0	2.5	4.0	4.8	3.5	4.0	5.0	9.0
Radical Cystectomy	4.0	7.5	8.0	4.0	5.0	4.0	3.0	5.0	5.0	3.3
Cystoscopy	4.0	4.5	4.0	3.5	3.0	4.0	13.0	16.0	1.0	18.0
Hernia/Hydrocele	18.0	12.0	38.0	4.0	6.0	12.0	11.0	14.0	8.0	30.0
Bladder Fulguration	6.0	4.0	—	2.5	4.0	4.0	5.5	5.0	3.0	14.0
Ureteral Reimplantation for Reflux	26.0	10.0	—	5.0	9.5	4.0	10.5	14.0	—	24.0
Weighted Median	6.4	5.2	9.5	3.4	3.5	4.4	10.1	13.7	4.3	17.7

For wait times data published by provincial government agencies pertinent to this table, see Appendix A.

Table 5j: Internal Medicine (2008)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Colonoscopy	8.0	12.0	12.0	6.0	8.0	12.0	11.0	8.0	—	20.0
Angiography /Angioplasty	6.0	6.0	8.0	4.0	2.0	4.0	6.3	4.5	—	12.0
Bronchoscopy	4.0	7.0	6.0	2.3	3.0	3.0	2.5	3.5	—	2.0
Gastroscopy	6.0	8.0	6.0	4.0	6.0	8.0	8.0	8.0	—	16.0
Weighted Median	7.1	10.4	10.5	5.5	6.7	9.4	7.5	7.1	—	17.5

For wait times data published by provincial government agencies pertinent to this table, see Appendix A.

Table 5k: Radiation Oncology (2008)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cancer of the Larynx	3.5	3.0	2.5	2.0	2.0	3.0	3.0	—	1.0	—
Cancer of the Cervix	5.0	3.0	2.5	2.0	3.0	3.5	3.0	—	1.0	—
Lung Cancer	3.0	3.0	3.0	3.0	2.3	3.0	3.0	—	1.0	—
Prostate Cancer	6.0	7.0	3.0	3.5	3.3	6.0	6.0	—	2.5	—
Breast Cancer	4.0	3.0	3.0	1.0	3.0	6.0	5.5	—	2.0	—
Early Side Effects from Treatment	2.0	1.3	—	0.3	0.5	0.8	1.0	—	0.5	—
Late Side Effects from Treatment	1.8	2.0	—	0.8	1.0	1.0	1.0	—	1.0	—
Weighted Median	4.4	4.5	3.0	2.5	2.8	4.7	4.6	—	1.8	—

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

For wait times data published by provincial government agencies pertinent to this table, see Appendix A.

Table 5l: Medical Oncology (2008)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cancer of the Larynx	0.5	4.0	—	1.5	2.0	1.5	3.5	2.0	2.0	2.0
Cancer of the Cervix	1.3	4.0	—	—	2.0	1.5	3.5	2.0	2.0	2.0
Lung Cancer	1.3	4.0	—	1.4	2.0	1.0	1.5	2.0	2.0	1.5
Breast Cancer	1.3	3.0	—	2.0	2.0	1.0	1.5	3.5	2.0	2.8
Side Effects from Treatment	0.1	0.3	—	0.4	0.2	0.0	1.0	0.5	0.2	0.8
Weighted Median	1.2	3.5	—	1.7	2.0	1.0	1.6	2.6	2.0	2.2

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

For wait times data published by provincial government agencies pertinent to this table, see Appendix A.

Table 6(i): Comparison of Median Weeks Waited to Receive Treatment after Appointment with Specialist, by Selected Specialties, 2008 and 2007

	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	2008	2007	% chg	2008	2007	% chg	2008	2007	% chg	2008	2007	% chg	2008	2007	% chg
Plastic Surgery	19.9	31.6	-37%	19.4	14.2	36%	22.4	41.4	-46%	32.8	34.0	-4%	11.4	10.6	8%
Gynaecology	9.5	6.0	57%	8.1	7.1	13%	6.8	15.6	-56%	8.5	7.8	10%	6.0	6.0	0%
Ophthalmology	10.8	10.9	-1%	9.9	11.7	-15%	8.9	14.2	-37%	7.6	8.4	-9%	6.0	7.7	-23%
Otolaryngology	19.7	11.2	76%	7.6	10.3	-26%	44.4	58.0	-24%	16.6	21.7	-24%	8.5	8.9	-5%
General Surgery	5.2	6.1	-15%	9.3	5.7	65%	12.6	6.3	99%	7.4	8.5	-13%	5.5	5.0	8%
Neurosurgery	13.7	12.6	9%	12.1	6.5	86%	28.2	5.2	441%	8.6	7.2	21%	9.8	8.5	16%
Orthopaedic Surgery	22.6	20.7	9%	16.2	17.0	-5%	45.3	46.7	-3%	22.9	35.5	-35%	12.7	16.9	-25%
Cardiovascular Surgery (Urgent)	1.3	1.6	-21%	1.6	1.3	21%	2.5	2.0	22%	0.9	—	—	0.6	0.6	-11%
Cardiovascular Surgery (Elective)	7.0	6.1	16%	7.8	13.2	-41%	8.3	7.6	10%	2.6	—	—	2.4	2.8	-16%
Urology	6.4	9.4	-32%	5.2	4.5	16%	9.5	9.7	-2%	3.4	3.2	9%	3.5	4.5	-21%
Internal Medicine	7.1	8.5	-17%	10.4	10.6	-2%	10.5	6.7	56%	5.5	7.2	-24%	6.7	8.7	-23%
Radiation Oncology	4.4	—	—	4.5	6.1	-27%	3.0	6.0	-50%	2.5	2.2	14%	2.8	3.5	-19%
Medical Oncology	1.2	0.9	41%	3.5	2.7	31%	—	—	—	1.7	2.2	-24%	2.0	2.0	0%
Weighted Median	9.9	10.1	-2%	9.4	8.9	6%	16.1	16.5	-2%	9.5	12.0	-21%	6.3	7.3	-15%

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(ii): Comparison of Median Weeks Waited to Receive Treatment after Appointment with Specialist, by Selected Specialties, 2008 and 2007

	Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland		
	2008	2007	% chg	2008	2007	% chg	2008	2007	% chg	2008	2007	% chg	2008	2007	% chg
Plastic Surgery	26.1	21.0	25%	33.9	27.1	25%	46.3	25.7	80%	13.6	9.7	41%	16.0	19.7	-19%
Gynaecology	6.4	7.5	-15%	8.3	12.8	-35%	8.1	8.4	-4%	17.8	5.1	246%	11.1	4.5	148%
Ophthalmology	11.8	11.8	0%	11.7	6.7	74%	8.4	16.5	-49%	17.4	23.3	-25%	11.7	9.1	28%
Otolaryngology	6.1	7.7	-21%	9.3	12.0	-23%	13.6	10.1	34%	26.6	12.8	109%	5.8	9.3	-38%
General Surgery	7.2	5.5	30%	5.0	4.8	4%	6.6	5.3	24%	2.8	3.5	-20%	3.8	5.0	-23%
Neurosurgery	12.7	7.3	74%	32.3	39.6	-18%	11.0	8.3	32%	—	—	—	3.2	—	—
Orthopaedic Surgery	20.3	21.1	-4%	18.1	17.5	3%	87.4	60.2	45%	23.2	44.9	-48%	18.8	12.4	52%
Cardiovascular Surgery (Urgent)	0.6	0.5	18%	4.2	1.5	173%	1.4	3.0	-53%	—	—	—	2.4	1.0	139%
Cardiovascular Surgery (Elective)	4.7	3.2	48%	11.5	7.9	45%	5.7	6.1	-6%	—	—	—	2.9	7.8	-63%
Urology	4.4	6.0	-27%	10.1	11.0	-8%	13.7	10.7	28%	4.3	—	—	17.7	6.0	195%
Internal Medicine	9.4	10.1	-7%	7.5	6.5	16%	7.1	6.2	15%	—	3.4	—	17.5	25.6	-32%
Radiation Oncology	4.7	4.0	18%	4.6	1.8	153%	—	3.9	—	1.8	1.3	35%	—	2.6	—
Medical Oncology	1.0	1.5	-31%	1.6	2.3	-30%	2.6	5.3	-50%	2.0	1.0	100%	2.2	2.5	-13%
Weighted Median	9.3	9.4	-1%	11.1	10.5	6%	15.4	13.6	14%	13.2	11.9	11%	11.1	10.6	4%

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, 2008—Proportion of Survey Waiting Times that Fall Within Given Range

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
0 - 3.99 Weeks	18.0%	19.1%	19.1%	26.1%	27.4%	21.6%	22.8%	22.6%	36.1%	21.8%
4 - 7.99 Weeks	26.0%	21.6%	19.9%	23.8%	29.5%	26.4%	22.2%	25.4%	13.1%	22.4%
8 - 12.99 Weeks	23.0%	30.0%	20.4%	30.3%	25.6%	24.8%	26.4%	23.9%	6.6%	28.6%
13 - 25.99 Weeks	16.6%	18.2%	15.2%	11.6%	11.1%	13.4%	15.6%	13.3%	26.2%	19.7%
26 - 51.99 Weeks	10.3%	7.7%	10.2%	2.8%	3.9%	7.5%	6.8%	4.4%	18.0%	6.8%
1 year plus	6.1%	3.4%	15.2%	5.4%	2.5%	6.2%	6.2%	10.4%	0.0%	0.7%

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

Table 8: Median Reasonable Patient Wait for Treatment after Appointment with Specialist in 2008 (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	10.8	16.9	15.7	18.5	10.3	11.0	15.3	14.9	—	—	11.8
Gynaecology	5.4	5.8	7.8	4.5	5.0	6.3	7.6	4.6	7.1	5.0	5.6
Ophthalmology	6.9	9.6	8.9	7.8	7.2	9.8	8.0	9.7	12.0	11.4	8.7
Otolaryngology	6.1	6.5	16.4	7.5	6.6	5.4	7.8	9.3	—	4.8	6.8
General Surgery	4.4	5.2	6.8	5.7	4.2	4.6	6.2	4.5	—	7.3	4.7
Neurosurgery	6.9	5.9	—	13.5	5.5	4.1	13.3	6.8	—	—	5.8
Orthopaedic Surgery	9.9	8.0	11.6	19.4	10.6	11.3	12.3	20.9	—	7.4	11.0
Cardiovascular Surgery (Urgent)	1.2	0.8	2.0	—	1.0	0.6	6.0	0.6	—	0.0	1.0
Cardiovascular Surgery (Elective)	4.9	8.2	6.4	—	4.4	4.6	12.0	4.9	—	2.8	5.0
Urology	3.1	3.8	6.4	4.5	3.5	4.1	7.6	5.7	4.6	4.7	3.9
Internal Medicine	2.6	3.1	3.6	2.0	3.5	3.6	3.3	3.9	—	1.0	3.3
Radiation Oncology	4.1	3.1	2.9	2.0	2.7	3.4	4.2	—	1.3	—	3.2
Medical Oncology	2.0	2.6	—	—	2.0	2.0	3.0	2.4	2.0	3.2	2.2
Weighted Median	5.3	5.9	7.8	7.5	5.4	6.6	8.1	7.2	6.8	5.6	6.0

Table 9a: Plastic Surgery (2008)—Median Reasonable Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Mammoplasty	12.0	24.0	18.0	24.0	12.0	18.0	13.0	20.0	—	—
Neurolysis	6.0	6.5	9.0	—	8.0	4.0	7.0	26.0	—	—
Blepharoplasty	10.0	13.0	18.0	—	12.0	8.0	32.0	8.0	—	—
Rhinoplasty	12.0	13.0	18.0	—	9.0	12.0	32.0	8.0	—	—
Scar Revision	12.0	13.5	9.0	12.0	11.0	12.0	21.0	12.0	—	—
Hand Surgery	8.0	12.0	18.0	15.0	7.5	4.0	8.0	12.0	—	—
Craniofacial Procedures	6.0	12.0	9.0	—	10.0	9.0	13.0	—	—	—
Skin Cancers and other Tumors	4.0	3.0	4.5	4.0	4.0	3.5	3.8	12.0	—	—
Weighted Median	10.8	16.9	15.7	18.5	10.3	11.0	15.3	14.9	—	—

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

Table 9b: Gynaecology (2008)—Median Reasonable Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Dilation & Curettage	4.0	4.0	2.0	4.0	4.0	4.0	6.0	4.0	5.0	4.5
Tubal Ligation	6.0	7.0	10.0	6.0	6.0	8.0	12.0	4.5	7.5	6.0
Hysterectomy (Vaginal/Abdominal)	6.0	7.5	10.0	4.0	6.0	8.0	5.5	6.0	8.0	5.0
Vaginal Repair	8.0	8.0	10.0	4.0	6.5	8.0	8.0	6.0	8.0	7.5
Tuboplasty	6.0	5.0	20.0	5.0	8.0	10.0	8.0	8.0	—	—
Laparoscopic Procedures	6.0	7.0	10.0	4.0	5.0	8.0	8.0	4.0	7.8	7.0
Hysteroscopic Procedures	6.0	6.5	8.0	4.0	4.0	6.0	5.5	4.0	7.8	4.0
Weighted Median	5.4	5.8	7.8	4.5	5.0	6.3	7.6	4.6	7.1	5.0

Table 9c: Ophthalmology (2008)—Median Reasonable Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cataract Removal	8.0	12.0	10.0	8.0	8.0	10.0	8.0	12.0	12.0	12.0
Cornea Transplant	10.0	13.5	20.0	16.0	12.0	12.0	8.0	—	—	11.0
Cornea—Pterygium	8.0	12.0	10.5	7.0	10.0	12.0	8.0	4.0	12.0	10.0
Iris, Ciliary Body, Sclera, Anterior Chamber	4.0	8.0	8.0	—	8.0	4.0	8.0	4.0	12.0	12.0
Retina, Choroid, Vitreous	1.0	3.5	2.0	—	2.0	4.0	4.5	4.8	—	8.0
Lacrimal Duct	8.0	8.0	8.0	7.0	8.0	12.0	9.0	12.0	—	12.0
Strabismus	8.0	8.0	9.0	—	11.0	12.0	14.0	11.0	12.0	10.0
Operations on Eyelids	8.0	8.5	8.0	4.0	8.0	11.0	8.0	5.0	12.0	11.0
Glaucoma	4.0	3.3	3.5	3.0	4.0	4.0	4.0	9.8	12.0	7.5
Weighted Median	6.9	9.6	8.9	7.8	7.2	9.8	8.0	9.7	12.0	11.4

Note: Weighted median does not include treatment for glaucoma.

Table 9d: Otolaryngology (2008)—Median Reasonable Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Myringotomy	4.0	4.5	6.0	4.0	4.0	4.0	4.0	6.0	—	4.0
Tympanoplasty	7.0	10.0	24.0	8.0	8.0	8.0	10.0	12.0	—	6.0
Thyroid, Parathyroid, and Other Endocrine Glands"	4.0	4.0	6.0	10.0	5.0	6.0	4.0	7.0	—	—
Tonsillectomy and/or Adenoidectomy	8.0	8.0	24.0	12.0	8.0	8.0	10.0	12.0	—	6.0
Rhinoplasty and/or Septal Surgery	6.0	8.0	24.0	8.0	10.0	9.0	12.0	14.0	—	—
Operations on Nasal Sinuses	6.0	8.0	24.0	8.0	8.0	6.0	12.0	12.0	—	4.0
Weighted Median	6.1	6.5	16.4	7.5	6.6	5.4	7.8	9.3	—	4.8

Table 9e: General Surgery (2008)—Median Reasonable Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Hernia/Hydrocele	6.0	8.0	12.0	9.0	6.0	8.0	8.0	7.0	—	12.0
Cholecystectomy	5.5	6.0	12.0	7.0	4.0	7.0	7.0	4.5	—	12.0
Colonoscopy	4.0	6.0	4.0	6.0	4.0	4.0	8.0	4.0	—	8.0
Intestinal Operations	4.0	3.8	4.0	4.0	4.0	4.0	4.0	3.5	—	4.0
Haemorrhoidectomy	6.0	10.0	12.5	8.0	7.0	8.0	13.0	8.0	—	—
Breast Biopsy	2.0	2.0	4.0	3.0	2.0	2.0	3.5	2.5	—	4.0
Mastectomy	2.0	2.0	5.0	2.5	2.0	3.0	3.5	2.5	—	4.0
Bronchus and Lung	4.0	4.0	—	—	4.0	2.3	4.0	20.0	—	—
Aneurysm Surgery	4.0	4.0	—	—	4.0	3.0	8.0	—	—	—
Varicose Veins	12.0	10.0	22.0	9.0	7.5	12.0	15.0	—	—	—
Weighted Median	4.4	5.2	6.8	5.7	4.2	4.6	6.2	4.5	—	7.3

Table 9f Neurosurgery (2008)—Median Reasonable Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Peripheral Nerve	7.0	10.0	—	8.0	7.0	6.0	26.0	14.0	—	—
Disc Surgery/ Laminectomy	6.0	9.0	—	8.0	7.5	4.0	20.0	6.0	—	—
Elective Cranial Bone Flap	8.0	4.0	—	16.0	4.0	4.0	8.0	6.0	—	—
Aneurysm Surgery	4.0	8.0	—	—	4.0	8.0	12.0	12.0	—	—
Carotid endarterectomy	2.8	3.0	—	—	3.0	2.0	6.0	0.5	—	—
Weighted Median	6.9	5.9	—	13.5	5.5	4.1	13.3	6.8	—	—

Table 9g Orthopaedic Surgery (2008)—Median Reasonable Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Meniscectomy/Arthroscopy	6.0	6.0	6.0	12.0	6.0	6.0	8.0	12.0	—	4.0
Removal of Pins	7.0	9.0	12.0	12.0	8.5	12.0	12.0	20.0	—	7.5
Arthroplasty (Hip, Knee, Ankle, Shoulder)	12.0	8.0	12.0	22.0	12.0	12.0	14.0	24.0	—	11.0
Arthroplasty (Interphalangeal, Metatarsophalangeal)	8.0	9.0	12.0	12.0	8.0	12.0	14.0	23.0	—	4.0
Hallux Valgus/Hammer Toe	8.0	10.3	18.0	32.0	10.0	12.0	12.0	24.0	—	3.0
Digit Neuroma	8.0	9.0	12.0	12.0	8.0	12.0	12.0	23.0	—	3.0
Rotator Cuff Repair	6.0	6.0	8.0	19.0	8.0	8.0	12.0	12.0	—	7.5
Ostectomy (All Types)	8.0	9.0	12.0	23.0	12.0	12.0	12.0	20.0	—	—
Routine Spinal Instability	12.0	8.0	19.0	12.0	8.0	12.0	8.0	26.0	—	4.0
Weighted Median	9.9	8.0	11.6	19.4	10.6	11.3	12.3	20.9	—	7.4

Table 9h: Cardiovascular Surgery (2008)—Median Reasonable Wait for Treatment after Appointment with Specialist (weeks)

		BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Emergent	Coronary Artery Bypass	0.1	0.0	0.0	—	0.1	0.0	0.0	0.0	—	—
	Valves & Septa of the Heart	0.1	0.3	0.0	—	0.2	0.0	0.0	0.0	—	—
	Aneurysm Surgery	0.1	0.0	0.0	—	0.1	0.0	0.0	0.0	—	0.0
	Carotid Endarterectomy	1.0	0.0	0.1	—	0.0	0.0	0.0	0.0	—	0.0
	Pacemaker Operations	0.3	0.1	0.0	—	0.3	0.0	0.0	0.0	—	—
	Weighted Median	0.2	0.1	0.0	—	0.2	0.0	0.0	0.0	—	0.0
Urgent	Coronary Artery Bypass	1.0	0.5	2.0	—	1.0	0.8	6.0	0.8	—	—
	Valves & Septa of the Heart	1.0	1.3	2.0	—	1.0	0.8	6.0	0.8	—	—
	Aneurysm Surgery	1.0	1.5	2.0	—	1.0	0.3	6.0	0.8	—	0.0
	Carotid Endarterectomy	1.0	0.5	3.0	—	1.0	0.0	—	0.5	—	0.0
	Pacemaker Operations	1.5	0.8	2.0	—	1.0	0.5	—	0.3	—	—
	Weighted Median	1.2	0.8	2.0	—	1.0	0.6	6.0	0.6	—	0.0
Elective	Coronary Artery Bypass	6.0	6.0	8.0	—	4.5	6.0	12.0	5.6	—	—
	Valves & Septa of the Heart	6.0	15.0	8.0	—	5.0	6.0	12.0	5.6	—	—
	Aneurysm Surgery	4.5	8.0	11.5	—	4.0	4.5	12.0	8.8	—	1.5
	Carotid Endarterectomy	4.0	6.0	8.0	—	4.0	4.0	—	7.0	—	3.0
	Pacemaker Operations	4.0	7.0	4.0	—	4.0	2.0	—	3.8	—	—
	Weighted Median	4.9	8.2	6.4	—	4.4	4.6	12.0	4.9	—	2.8

Table 9i: Urology (2008)—Median Reasonable Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Non-radical Prostatectomy	6.0	6.0	7.5	8.0	4.0	6.0	6.0	4.5	7.0	8.0
Radical Prostatectomy	3.0	6.0	8.0	6.0	4.0	4.0	6.0	4.0	5.0	4.0
Transurethral Resection—Bladder	2.0	4.0	1.5	2.0	3.0	3.0	3.0	4.0	3.0	2.0
Radical Cystectomy	2.0	4.0	3.0	4.0	3.0	3.3	4.0	4.0	5.0	2.0
Cystoscopy	2.3	3.0	6.0	4.0	3.0	4.0	8.0	6.0	2.0	4.0
Hernia/Hydrocele	6.0	11.0	12.0	9.0	8.0	8.0	14.0	7.5	9.0	12.0
Bladder Fulguration	3.0	3.5	—	4.0	4.0	3.5	5.0	4.0	3.0	2.0
Ureteral Reimplantation for Reflux	6.0	6.0	—	8.0	8.0	5.0	8.0	4.0	—	20.0
Weighted Median	3.1	3.8	6.4	4.5	3.5	4.1	7.6	5.7	4.6	4.7

Table 9j: Internal Medicine (2008)—Median Reasonable Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Colonoscopy	3.0	3.5	4.0	2.0	4.0	4.0	4.0	4.0	—	1.0
Angiography/ Angioplasty	2.1	2.0	3.0	—	2.0	3.0	3.0	4.0	—	1.0
Bronchoscopy	2.0	2.0	1.5	1.5	2.0	2.3	3.0	2.0	—	1.0
Gastroscopy	2.8	3.0	3.0	2.0	3.0	3.5	3.0	4.0	—	1.0
Weighted Median	2.6	3.1	3.6	2.0	3.5	3.6	3.3	3.9	—	1.0

Table 9k: Radiation Oncology (2008)—Median Reasonable Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cancer of the Larynx	2.8	1.5	1.5	2.0	2.0	3.3	4.0	—	0.5	—
Cancer of the Cervix	4.0	1.5	1.5	2.0	2.0	2.5	4.0	—	0.5	—
Lung Cancer	2.8	1.0	3.0	2.0	2.0	2.8	2.0	—	0.5	—
Prostate Cancer	4.5	4.0	3.0	2.0	3.0	4.0	7.0	—	2.0	—
Breast Cancer	5.0	4.0	3.0	2.0	3.0	4.0	4.0	—	1.5	—
Early Side Effects from Treatment	1.5	1.0	—	0.0	0.5	0.5	0.8	—	0.5	—
Late Side Effects from Treatment	1.5	2.0	—	1.0	2.0	1.0	1.0	—	1.0	—
Weighted Median	4.1	3.1	2.9	2.0	2.7	3.4	4.2	—	1.3	—

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

Table 9l: Medical Oncology (2008)—Median Reasonable Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cancer of the Larynx	2.0	3.0	—	—	2.0	1.0	3.0	2.0	2.0	3.0
Cancer of the Cervix	2.0	3.0	—	—	2.0	2.0	3.0	2.0	2.0	2.0
Lung Cancer	2.0	2.0	—	—	2.0	2.0	3.0	2.0	2.0	2.8
Breast Cancer	2.0	3.0	—	—	2.0	2.0	3.0	3.0	2.0	3.8
Side Effects from Treatment	1.0	0.5	—	—	0.0	0.0	0.5	0.3	0.2	0.8
Weighted Median	2.0	2.6	—	—	2.0	2.0	3.0	2.4	2.0	3.2

Note: Weighted median does not include effects from treatment.

Table 10(i): 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, 2008

	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	A	R	D	A	R	D	A	R	D	A	R	D	A	R	D
Plastic Surgery	19.9	10.8	84%	19.4	16.9	15%	22.4	15.7	43%	32.8	18.5	78%	11.4	10.3	11%
Gynaecology	9.5	5.4	74%	8.1	5.8	40%	6.8	7.8	-13%	8.5	4.5	90%	6.0	5.0	19%
Ophthalmology	10.8	6.9	57%	9.9	9.6	4%	8.9	8.9	1%	7.6	7.8	-3%	6.0	7.2	-17%
Otolaryngology	19.7	6.1	225%	7.6	6.5	17%	44.4	16.4	170%	16.6	7.5	123%	8.5	6.6	28%
General Surgery	5.2	4.4	19%	9.3	5.2	78%	12.6	6.8	84%	7.4	5.7	30%	5.5	4.2	31%
Neurosurgery	13.7	6.9	97%	12.1	5.9	104%	28.2	—	—	8.6	13.5	-36%	9.8	5.5	78%
Orthopaedic Surgery	22.6	9.9	129%	16.2	8.0	104%	45.3	11.6	290%	22.9	19.4	18%	12.7	10.6	19%
Cardiovascular Surgery (Urgent)	1.3	1.2	4%	1.6	0.8	113%	2.5	2.0	21%	0.9	—	—	0.6	1.0	-45%
Cardiovascular Surgery (Elective)	7.0	4.9	43%	7.8	8.2	-5%	8.3	6.4	30%	2.6	—	—	2.4	4.4	-46%
Urology	6.4	3.1	104%	5.2	3.8	36%	9.5	6.4	49%	3.4	4.5	-23%	3.5	3.5	2%
Internal Medicine	7.1	2.6	170%	10.4	3.1	234%	10.5	3.6	189%	5.5	2.0	175%	6.7	3.5	89%
Radiation Oncology	4.4	4.1	8%	4.5	3.1	46%	3.0	2.9	1%	2.5	2.0	23%	2.8	2.7	7%
Medical Oncology	1.2	2.0	-39%	3.5	2.6	37%	—	—	—	1.7	—	—	2.0	2.0	0%
Weighted Median	9.9	5.3	88%	9.4	5.9	58%	16.1	7.8	106%	9.5	7.5	27%	6.3	5.4	17%

Table 10(ii): 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, 2008

	Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland & Labrador		
	A	R	D	A	R	D	A	R	D	A	R	D	A	R	D
Plastic Surgery	26.1	11.0	137%	33.9	15.3	122%	46.3	14.9	212%	13.6	—	—	16.0	—	—
Gynaecology	6.4	6.3	2%	8.3	7.6	10%	8.1	4.6	74%	17.8	7.1	150%	11.1	5.0	122%
Ophthalmology	11.8	9.8	20%	11.7	8.0	46%	8.4	9.7	-13%	17.4	12.0	45%	11.7	11.4	3%
Otolaryngology	6.1	5.4	12%	9.3	7.8	19%	13.6	9.3	47%	26.6	—	—	5.8	4.8	22%
General Surgery	7.2	4.6	58%	5.0	6.2	-19%	6.6	4.5	45%	2.8	—	—	3.8	7.3	-48%
Neurosurgery	12.7	4.1	207%	32.3	13.3	143%	11.0	6.8	60%	—	—	—	3.2	—	—
Orthopaedic Surgery	20.3	11.3	80%	18.1	12.3	47%	87.4	20.9	317%	23.2	—	—	18.8	7.4	154%
Cardiovascular Surgery (Urgent)	0.6	0.6	-12%	4.2	6.0	-30%	1.4	0.6	153%	—	—	—	2.4	0.0	—
Cardiovascular Surgery (Elective)	4.7	4.6	-3%	11.5	12.0	-4%	5.7	4.9	18%	—	—	—	2.9	2.8	2%
Urology	4.4	4.1	6%	10.1	7.6	32%	13.7	5.7	141%	4.3	4.6	-7%	17.7	4.7	278%
Internal Medicine	9.4	3.6	163%	7.5	3.3	130%	7.1	3.9	82%	—	—	—	17.5	1.0	1,649%
Radiation Oncology	4.7	3.4	36%	4.6	4.2	11%	—	—	—	1.8	1.3	39%	—	—	—
Medical Oncology	1.0	2.0	-48%	1.6	3.0	-47%	2.6	2.4	9%	2.0	2.0	0%	2.2	3.2	-33%
Weighted Median	9.3	6.6	41%	11.1	8.1	37%	15.4	7.2	116%	13.2	6.8	93%	11.1	5.6	99%

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, 2008

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	0.3%	0.6%	0.0%	0.0%	0.6%	0.3%	0.0%	0.8%	—	0.0%	0.5%
Gynaecology	1.1%	0.4%	0.1%	0.3%	1.1%	0.7%	1.4%	0.2%	0.0%	2.0%	0.9%
Ophthalmology	0.7%	1.8%	0.1%	0.3%	0.7%	0.3%	1.4%	0.3%	0.0%	0.3%	0.7%
Otolaryngology	2.4%	0.8%	0.0%	0.5%	1.0%	0.3%	0.1%	1.6%	0.0%	0.0%	0.9%
General Surgery	0.6%	2.0%	1.8%	0.0%	0.7%	0.5%	0.2%	0.0%	0.0%	0.0%	0.8%
Neurosurgery	0.9%	0.1%	0.5%	0.0%	2.1%	1.3%	0.0%	0.2%	—	0.5%	1.1%
Orthopaedic Surgery	1.2%	0.8%	0.8%	1.3%	0.7%	0.2%	1.3%	1.6%	0.0%	1.3%	0.8%
Cardiovascular Surgery	0.1%	0.3%	1.5%	0.0%	0.0%	0.4%	0.0%	0.0%	—	0.3%	0.2%
Urology	1.6%	1.9%	0.0%	0.0%	1.3%	0.1%	0.6%	0.7%	0.0%	1.0%	1.1%
Internal Medicine	0.8%	2.2%	0.3%	0.0%	1.0%	0.2%	0.3%	0.1%	0.0%	0.0%	0.9%
Radiation Oncology	0.0%	1.3%	0.0%	0.8%	1.8%	1.5%	1.5%	—	0.0%	—	1.4%
Medical Oncology	2.0%	1.8%	—	—	1.7%	0.4%	1.0%	3.0%	1.0%	0.0%	1.5%
All Specialties	1.0%	1.3%	0.5%	0.4%	0.9%	0.4%	0.8%	0.6%	0.1%	0.6%	0.8%

Table 12: Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist, by Specialty, 2008

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Plastic Surgery	3,164	1,773	869	1,466	5,132	5,813	1,216	1,375	41	252
Gynaecology	4,501	3,128	857	1,031	8,082	4,496	670	1,072	322	981
Ophthalmology	11,533	6,437	2,605	2,010	20,850	69,846	2,276	2,505	211	1,130
Otolaryngology	5,548	1,685	4,877	1,598	9,238	3,423	885	1,200	359	353
General Surgery	6,992	10,089	5,147	2,882	23,992	25,139	860	2,536	82	954
Neurosurgery	1,284	939	787	201	2,870	2,650	598	202	—	51
Orthopaedic Surgery	15,638	7,431	7,624	4,262	25,036	16,940	2,543	11,416	521	1,215
Cardiovascular Surgery	231	164	99	24	258	218	125	64	—	2
Urology	5,373	3,407	1,911	690	11,728	9,549	1,903	4,288	94	2,524
Internal Medicine	5,865	6,014	3,025	1,333	18,235	18,294	396	1,519	—	2,956
Radiation Oncology	60	60	14	1	166	192	51	—	2	—
Medical Oncology	56	154	—	40	551	211	37	34	5	96
Residual	36,160	28,729	17,392	10,341	78,617	67,267	7,376	17,688	1,095	8,417
Total	96,407	70,009	45,207	25,878	204,755	224,037	18,936	43,900	2,734	18,930
Proportion of Population	2.20%	2.02%	4.53%	2.18%	1.60%	2.91%	2.52%	4.70%	1.97%	3.74%

Canada: Total number of procedures for which patients are waiting in 2008:	750,794
Percentage of Population:	2.28%

Note: Totals may not match sums of numbers for individual procedures due to rounding.
For counts of patients waiting published by provincial government agencies pertinent to this table, see Appendix A.

Table 13a: Plastic Surgery (2008)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Mammoplasty	1,588	1,025	379	763	2,095	3,837	822	685	21	120
Neurolysis	169	173	30	72	866	483	42	23	—	20
Blepharoplasty	111	65	37	9	367	96	13	14	2	3
Rhinoplasty	583	126	181	124	441	202	96	65	—	31
Scar Revision	464	185	163	390	631	828	143	405	13	60
Hand Surgery	248	199	79	108	731	367	102	182	5	18
Total	3,164	1,773	869	1,466	5,132	5,813	1,216	1,375	41	252

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

For counts of patients waiting published by provincial government agencies pertinent to this table, see Appendix A.

Table 13b: Gynaecology (2008)—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	937	972	112	227	1,528	923	63	127	77	301
Tubal Ligation	1,033	429	232	235	1,746	354	226	212	71	205
Hysterectomy (Vaginal/Abdominal)	1,322	912	279	300	2,562	1,551	259	388	95	220
Vaginal Repair	78	81	21	18	221	159	20	30	5	65
Tuboplasty	53	24	5	2	43	44	1	4	—	—
Laparoscopic Procedures	338	222	53	46	656	444	16	68	22	28
Hysteroscopic Procedures	740	489	156	203	1,327	1,020	87	243	53	162
Total	4,501	3,128	857	1,031	8,082	4,496	670	1,072	322	981

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

For counts of patients waiting published by provincial government agencies pertinent to this table, see Appendix A.

Table 13c: Ophthalmology (2008)—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	9,485	4,958	2,364	1,890	15,126	65,838	1,980	1,771	181	856
Cornea Transplant	267	267	42	7	615	528	0	84	—	5
Cornea—Pterygium	96	92	35	19	249	242	7	6	4	12
Iris, Ciliary Body, Sclera, Anterior Chamber	92	307	—	51	1,665	812	112	230	5	49
Retina, Choroid, Vitreous	793	479	73	—	1,524	699	34	343	—	96
Lacrimal Duct	201	68	31	13	494	584	31	8	—	15
Strabismus	284	53	26	—	706	504	22	53	2	11
Operations on Eyelids	315	213	34	29	472	641	91	10	18	87
Total	11,533	6,437	2,605	2,010	20,850	69,846	2,276	2,505	211	1,130

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.

For counts of patients waiting published by provincial government agencies pertinent to this table, see Appendix A.

Table 13d: Otolaryngology (2008)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Myringotomy	562	310	237	387	1,850	1,180	195	383	108	92
Tympanoplasty	329	39	407	114	529	249	70	95	19	23
Thyroid, Parathyroid, and Other Endocrine Glands	304	234	54	152	1,122	593	32	98	15	—
Tonsillectomy and/or Adenoidectomy	2,088	566	2,636	485	2,900	332	398	400	161	151
Rhinoplasty and/or Septal Surgery	746	74	578	178	805	404	41	66	—	15
Operations on Nasal Sinuses	1,520	462	965	281	2,031	665	149	159	57	72
Total	5,548	1,685	4,877	1,598	9,238	3,423	885	1,200	359	353

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

For counts of patients waiting published by provincial government agencies pertinent to this table, see Appendix A.

Table 13e: General Surgery (2008)—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	1,588	1,308	1,107	283	3,060	1,950	234	360	8	140
Cholecystectomy	897	1,148	705	174	2,374	2,208	254	314	13	180
Colonoscopy	2,224	5,301	2,384	1,638	10,176	16,337	68	1,041	48	409
Intestinal Operations	1,689	1,459	595	593	6,341	3,112	154	372	—	187
Haemorrhoidectomy	138	216	174	60	494	511	36	58	2	—
Breast Biopsy	21	26	28	18	60	54	2	82	0	4
Mastectomy	277	282	71	72	798	589	53	90	8	34
Bronchus and Lung	0	64	—	—	288	46	16	220	—	—
Aneurysm Surgery	—	—	—	0	38	22	9	—	—	—
Varicose Veins	157	284	85	45	365	312	33	—	3	—
Total	6,992	10,089	5,147	2,882	23,992	25,139	860	2,536	82	954

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

For counts of patients waiting published by provincial government agencies pertinent to this table, see Appendix A.

Table 13f: Neurosurgery (2008)—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	68	117	151	25	292	170	27	76	—	11
Disc Surgery/ Laminectomy	612	487	424	31	1,534	2,083	442	43	—	26
Elective Cranial Bone Flap	576	321	212	142	955	361	116	82	—	13
Aneurysm Surgery	5	2	0	1	11	6	2	1	—	0
Carotid endarterectomy	23	12	—	4	78	29	11	0	—	—
Total	1,284	939	787	201	2,870	2,650	598	202	—	51

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

For counts of patients waiting published by provincial government agencies pertinent to this table, see Appendix A.

Table 13g: Orthopaedic Surgery (2008)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Meniscectomy/ Arthroscopy	1,055	493	487	168	1,278	951	236	764	42	107
Removal of Pins	910	447	307	171	1,806	1,595	159	562	26	74
Arthroplasty (Hip, Knee, Ankle, Shoulder)	9,587	4,226	4,907	2,655	14,907	8,576	1,507	6,863	414	712
Arthroplasty (Interphalangeal, Metatarsophalangeal)	426	208	260	69	702	500	60	427	10	17
Hallux Valgus/Hammer Toe	175	23	145	35	396	146	63	240	7	15
Digit Neuroma	896	542	356	224	1,925	2,256	130	1,100	—	85
Rotator Cuff Repair	823	586	212	505	1,163	1,041	98	565	23	89
Ostectomy (All Types)	1,222	566	647	278	1,924	1,218	130	819	—	79
Routine Spinal Instability	544	340	304	157	935	657	160	75	—	35
Total	15,638	7,431	7,624	4,262	25,036	16,940	2,543	11,416	521	1,215

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

For counts of patients waiting published by provincial government agencies pertinent to this table, see Appendix A.

Table 13h: Cardiovascular Surgery (2008)—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	48	76	29	18	94	59	70	46	—	—
Valves & Septa of the Heart	34	24	10	6	54	19	44	5	—	—
Aneurysm Surgery	2	1	0	0	2	0	1	0	—	0
Carotid Endarterectomy	16	7	2	0	15	8	4	2	—	2
Pacemaker Operations	131	56	57	—	93	132	7	11	—	—
Total	231	164	99	24	258	218	125	64	—	2

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

For counts of patients waiting published by provincial government agencies pertinent to this table, see Appendix A.

Table 13i: Urology (2008)—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	921	249	435	27	910	497	103	131	18	59
Radical Prostatectomy	100	114	37	19	398	172	14	47	6	18
Transurethral Resection—Bladder	323	137	105	28	777	494	55	58	8	65
Radical Cystectomy	13	14	5	4	52	19	2	5	0	1
Cystoscopy	1,922	2,117	615	502	7,020	7,012	1,318	3,623	11	1,880
Hernia/Hydrocele	1,525	500	714	65	1,219	769	252	272	48	323
Bladder Fulguration	512	264	—	40	1,313	574	156	138	3	142
Ureteral Reimplantation for Reflux	58	12	—	4	40	12	3	14	—	37
Total	5,373	3,407	1,911	690	11,728	9,549	1,903	4,288	94	2,524

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

For counts of patients waiting published by provincial government agencies pertinent to this table, see Appendix A.

Table 13j: Internal Medicine (2008)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Colonoscopy	3,761	4,936	2,265	1,104	16,118	15,587	158	1,203	—	2,516
Angiography /Angioplasty	1,818	677	625	153	864	1,054	178	184	—	301
Bronchoscopy	101	199	37	16	444	824	8	46	—	22
Gastroscopy	186	202	98	61	809	829	51	88	—	118
Total	5,865	6,014	3,025	1,333	18,235	18,294	396	1,519	—	2,956

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

For counts of patients waiting published by provincial government agencies pertinent to this table, see Appendix A.

Table 13k: Radiation Oncology (2008)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Radiotherapy	60	60	14	1	166	192	51	—	2	—

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.

For counts of patients waiting published by provincial government agencies pertinent to this table, see Appendix A.

Table 13l: Medical Oncology (2008)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Chemotherapy	56	154	—	40	551	211	37	34	5	96

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 (2008)—Procedures per 100,000 Population

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Plastic Surgery	72	51	87	123	40	75	162	147	30	50
Gynaecology	103	90	86	87	63	58	89	115	232	194
Ophthalmology	263	185	261	169	163	907	303	268	152	223
Otolaryngology	127	48	489	135	72	44	118	129	258	70
General Surgery	160	290	516	243	187	326	115	271	59	188
Neurosurgery	29	27	79	17	22	34	80	22	—	10
Orthopaedic Surgery	357	214	765	359	196	220	339	1,222	375	240
Cardiovascular Surgery	5	5	10	2	2	3	17	7	—	0
Urology	123	98	192	58	92	124	254	459	68	499
Internal Medicine	134	173	303	112	142	238	53	163	—	584
Radiation Oncology	1	2	1	0	1	2	7	—	2	—
Medical Oncology	1	4	—	3	4	3	5	4	3	19

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 15i: Comparison of Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist, by Selected Specialties, 2008 and 2007

	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	2008	2007	% chg	2008	2007	% chg	2008	2007	% chg	2008	2007	% chg	2008	2007	% chg
Plastic Surgery	3,164	5,038	-37%	1,773	1,378	29%	869	1,670	-48%	1,466	1,540	-5%	5,132	5,145	0%
Gynaecology	4,501	3,131	44%	3,128	2,987	5%	857	2,060	-58%	1,031	967	7%	8,082	8,862	-9%
Ophthalmology	11,533	11,723	-2%	6,437	7,520	-14%	2,605	4,376	-40%	2,010	2,166	-7%	20,850	26,453	-21%
Otolaryngology	5,548	3,287	69%	1,685	2,403	-30%	4,877	6,590	-26%	1,598	2,160	-26%	9,238	10,361	-11%
General Surgery	6,992	7,149	-2%	10,089	5,607	80%	5,147	2,529	104%	2,882	3,227	-11%	23,992	20,540	17%
Neurosurgery	1,284	1,176	9%	939	518	81%	787	140	462%	201	144	40%	2,870	2,587	11%
Orthopaedic Surgery	15,638	14,249	10%	7,431	7,816	-5%	7,624	8,114	-6%	4,262	6,412	-34%	25,036	33,161	-25%
Cardiovascular Surgery	231	329	-30%	164	156	5%	99	95	5%	24	—	—	258	342	-24%
Urology	5,373	8,118	-34%	3,407	3,050	12%	1,911	2,260	-15%	690	653	6%	11,728	15,507	-24%
Internal Medicine	5,865	8,265	-29%	6,014	7,862	-24%	3,025	2,095	44%	1,333	1,986	-33%	18,235	30,860	-41%
Radiation Oncology	60	—	—	60	68	-12%	14	34	-59%	1	1	0%	166	143	16%
Medical Oncology	56	35	62%	154	50	210%	—	—	—	40	42	-4%	551	580	-5%
Residual	36,160	39,418	-8%	28,729	29,080	-1%	17,392	19,409	-10%	10,341	13,359	-23%	78,617	102,366	-23%
Total	96,407	101,920	-5%	70,009	68,494	2%	45,207	49,370	-8%	25,878	32,656	-21%	204,755	256,908	-20%

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 15ii: Comparison of Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist, by Selected Specialties, 2008 and 2007

	Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland & Labrador		
	2008	2007	% chg	2008	2007	% chg	2008	2007	% chg	2008	2007	% chg	2008	2007	% chg
Plastic Surgery	5,813	4,809	21%	1,216	918	33%	1,375	692	99%	41	15	182%	252	328	-23%
Gynaecology	4,496	5,804	-23%	670	1,166	-43%	1,072	1,210	-11%	322	107	200%	981	401	145%
Ophthalmology	69,846	68,589	2%	2,276	1,316	73%	2,505	4,776	-48%	211	400	-47%	1,130	805	40%
Otolaryngology	3,423	4,658	-27%	885	1,302	-32%	1,200	943	27%	359	186	93%	353	554	-36%
General Surgery	25,139	14,994	68%	860	808	6%	2,536	1,968	29%	82	187	-56%	954	1,121	-15%
Neurosurgery	2,650	1,585	67%	598	775	-23%	202	172	18%	—	—	—	51	—	—
Orthopaedic Surgery	16,940	17,812	-5%	2,543	2,515	1%	11,416	8,437	35%	521	886	-41%	1,215	751	62%
Cardiovascular Surgery	218	211	3%	125	50	150%	64	79	-19%	—	—	—	2	15	-84%
Urology	9,549	13,682	-30%	1,903	1,956	-3%	4,288	3,579	20%	94	—	—	2,524	832	203%
Internal Medicine	18,294	29,916	-39%	396	460	-14%	1,519	1,599	-5%	—	95	—	2,956	4,962	-40%
Radiation Oncology	192	161	19%	51	15	245%	—	28	—	2	1	174%	—	1	—
Medical Oncology	211	314	-33%	37	45	-18%	34	60	-44%	5	2	173%	96	92	5%
Residual	67,267	74,559	-10%	7,376	7,545	-2%	17,688	17,063	4%	1,095	1,169	-6%	8,417	8,604	-2%
Total	224,037	237,095	-6%	18,936	18,869	0%	43,900	40,606	8%	2,734	3,046	-10%	18,930	18,465	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.

Table 16ai: Acute Inpatient Procedures, 2006-07

Procedure	BC	AB	SK	MB	ON	NB	NS	PE	NL
Arthroplasty (Hip, Knee, Ankle, Shoulder)	13,510	8,842	3,333	4,178	40,148	2,292	2,434	465	1,115
Arthroplasty (Interphalangeal/ Metatarsophalangeal)	396	508	100	57	773	59	40	0	37
Hallux Valgus/Hammer Toe	126	132	31	39	303	27	18	0	13
Meniscectomy/Arthroscopy	177	292	76	27	488	42	36	1	49
Ostectomy	1,552	1,715	441	516	4,042	295	323	2	169
Removal of Pins	1,043	1,048	224	239	2,656	191	169	25	83
Rotator Cuff Repair	568	682	147	146	1,683	87	160	10	56
Routine Spinal Instability	1,028	954	286	340	3,036	360	217	0	140
Bladder Fulguration	1,239	922	304	267	5,148	574	422	24	221
Cystoscopy	2,350	1,265	796	261	7,876	758	1,416	40	833
Non-radical Prostatectomy	3,733	1,771	541	328	7,455	722	819	94	274
Radical Cystectomy	165	120	34	52	540	42	56	4	14
Radical Prostatectomy	870	745	191	243	3,452	200	346	48	154
Transurethral Resection—Bladder	1,156	1,166	322	228	4,471	451	225	51	271
Ureteral Reimplantation for Reflux	55	58	22	16	168	8	25	0	9
Cataract Removal	105	347	69	65	266	32	47	8	11
Cornea Transplant	55	70	20	12	30	0	10	2	11
Cornea—Pterygium	0	3	1	2	8	0	1	0	0
Iris, Ciliary Body, Sclera, Anterior Chamber	84	255	88	88	254	6	66	7	15
Lacrimal Duct Surgery	44	71	75	9	66	18	8	1	29
Operations on Eyelids	146	188	34	59	457	20	39	1	15
Retina, Choroid, Vitreous	644	4,861	477	1,354	2,978	6	290	2	21
Strabismus Surgery	16	21	4	1	99	1	0	1	3
Myringotomy	233	311	120	75	757	226	159	22	92
Operations on Nasal Sinuses	635	803	49	83	1,039	170	136	3	156
Thyroid, Parathyroid, and Other Endocrine Glands	1,494	1,575	335	347	6,574	413	415	23	203
Tonsillectomy and/or Adenoidectomy	1,387	1,611	1,214	456	2,409	964	464	157	591
Tympanoplasty	86	107	7	9	394	77	109	13	21
Radiotherapy	431	594	243	22	2,843	347	369	69	32
Chemotherapy	2,259	1,690	731	564	10,773	1,189	651	110	1,208
Breast Biopsy	87	41	26	14	197	7	22	4	13
Bronchus and Lung	968	791	281	369	3,652	283	428	0	100

Source: Canadian Institute for Health Information, "All Procedures Performed, by Province and CCI code, 2006-07" and Fiscal 2004/05 CCI to CCP Conversion Tables.
Note: Information is not available in this format for Quebec.

Table 16aii: Acute Inpatient Procedures, 2006-07

Procedure	BC	AB	SK	MB	ON	NB	NS	PE	NL
Cholecystectomy	3,621	3,993	1,664	1,305	7,009	1,305	1,413	236	799
Haemorrhoidectomy	66	73	40	19	124	17	7	4	12
Intestinal Operations	7,470	5,803	2,038	2,014	21,655	1,555	2,162	228	1,238
Mastectomy	2,600	2,290	726	593	4,488	481	629	99	270
Varicose Veins	63	169	56	79	79	25	24	4	26
Disk Surgery/Laminectomy	1,632	814	462	197	4,720	335	179	1	271
Elective Cranial Bone Flap	2,462	2,730	837	764	7,570	497	603	0	462
Blepharoplasty	6	11	3	6	55	2	1	0	1
Mammoplasty	924	1,236	253	381	2,828	511	159	67	201
Scar Revision	1,126	1,458	285	433	2,085	221	240	20	168
Coronary Artery Bypass	2,499	1,716	869	954	8,730	536	793	0	561
Pacemaker Operations	3,247	1,418	631	487	7,799	694	609	87	377
Valves & Septa of the Heart	1,745	1,452	303	295	5,035	190	468	0	113
Angiography/Angioplasty	7,517	3,222	2,847	773	17,849	1,100	1,886	3	841
Bronchoscopy	742	1,461	241	284	4,914	114	407	9	260
Gastroscopy	471	646	207	147	2,453	249	185	21	125
Dilation and Curettage	498	327	70	94	858	35	44	16	65
Hysterectomy	5,712	4,691	1,526	1,472	16,239	1,341	1,675	273	993
Hysteroscopic Procedures	182	172	49	22	268	30	50	4	34
Laparoscopic Procedures	621	353	131	38	1,412	89	134	8	46
Tubal Ligation	1,627	1,794	723	643	4,929	405	412	83	271
Tuboplasty	68	57	12	7	100	9	7	5	10
Vaginal Repair	167	312	77	47	893	50	94	6	220
Rhinoplasty and/or Septal Surgery	457	378	18	80	704	104	35	6	112
Hernia/Hydrocele	4,628	4,287	2,119	1,462	12,705	1,216	1,418	208	737
Carotid Endarterectomy	659	317	104	150	1,312	132	104	26	74
Hand Surgery/Digit Neuroma	403	373	98	123	781	65	57	5	66
Neurolysis/Peripheral Nerve	331	445	108	149	2,184	80	65	4	35
Colonoscopy	3,012	2,591	1,420	1,056	9,941	842	671	89	772
Aneurysm Surgery	243	227	37	86	679	59	58	0	22
Residual	86,780	83,921	24,174	24,721	258,529	40,967	23,265	1,660	13,471
Total	178,221	162,296	52,750	49,347	523,962	63,123	47,774	4,359	28,612

Source: Canadian Institute for Health Information, "All Procedures Performed, by Province and CCI code, 2006-07" and Fiscal 2004/05 CCI to CCP Conversion Tables.
Note: Information is not available in this format for Quebec.

Table 16bi: Same Day Procedures, 2006-07

Procedure	BC	SK	MB	ON	NB	NS	PE	NL
Arthroplasty (Hip, Knee, Ankle, Shoulder)	5,664	1,574	1,990	21,864	1,271	724	431	207
Arthroplasty (Interphalangeal/Metatarsophalangeal)	835	141	108	1,508	114	145	21	52
Hallux Valgus/Hammer Toe	319	114	93	1,279	129	107	15	60
Meniscectomy/Arthroscopy	3,363	703	889	6,157	979	700	109	415
Ostectomy	891	206	426	2,628	270	234	19	87
Removal of Pins	2,462	502	458	5,172	400	372	42	159
Rotator Cuff Repair	1,078	246	299	3,356	232	440	50	226
Routine Spinal Instability	1	1	0	4	1	0	0	0
Bladder Fulguration	3,200	575	895	11,919	900	1,014	30	306
Cystoscopy	22,635	7,197	2,347	113,798	4,514	10,360	507	4,597
Non-radical Prostatectomy	1,054	24	309	1,144	42	33	2	4
Transurethral Resection—Bladder	3,039	361	389	5,633	369	523	33	105
Ureteral Reimplantation for Reflux	61	28	20	49	7	26	0	72
Cataract Removal	40,996	12,223	9,850	130,823	8,547	10,186	546	3,699
Cornea Transplant	479	1	50	858	0	122	0	3
Cornea—Pterygium	454	120	20	1,611	32	81	10	78
Iris, Ciliary Body, Sclera, Anterior Chamber	873	573	248	9,364	721	1,265	7	82
Lacrimal Duct Surgery	825	165	177	2,501	115	58	8	48
Operations on Eyelids	1,904	444	184	5,678	374	227	46	437
Retina, Choroid, Vitreous	7,606	1,408	1,256	23,435	140	2,679	7	480
Strabismus Surgery	1,216	108	351	2,961	94	367	3	76
Myringotomy	2,690	1,938	1,017	15,280	1,465	1,652	258	1,187
Operations on Nasal Sinuses	2,659	648	664	7,761	477	381	102	419
Thyroid, Parathyroid, and Other Endocrine Glands	85	13	39	722	5	9	1	3
Tonsillectomy and/or Adenoidectomy	3,136	690	1,198	16,441	759	836	105	330
Tympanoplasty	626	287	163	1,900	225	219	18	199
Radiotherapy	282	0	9	192	226	3	0	5
Chemotherapy	129	675	26	3,561	3	15	13	1,086
Breast Biopsy	280	451	87	1,041	30	1,404	5	83
Bronchus and Lung	54	1	15	88	0	11	1	1
Cholecystectomy	4,155	953	1,517	17,678	892	1,304	97	759
Haemorrhoidectomy	833	606	164	3,543	141	373	43	348

Source: Canadian Institute for Health Information, "All Procedures Performed, by Province and CCI code, 2006-07" and Fiscal 2004/05 CCI to CCP Conversion Tables.
Note: Information is not available in this format for Alberta or Quebec.

Table 16bii: Same Day Procedures, 2006-07

Procedure	BC	SK	MB	ON	NB	NS	PE	NL
Intestinal Operations	14,491	4,150	3,344	60,779	451	3,361	536	2,658
Mastectomy	4,610	904	798	12,118	907	809	180	621
Varicose Veins	959	311	129	2,630	118	169	36	33
Disk Surgery/Laminectomy	136	28	17	598	16	7	0	0
Elective Cranial Bone Flap	33	12	12	72	5	4	1	2
Blepharoplasty	299	105	33	1,678	24	11	9	25
Mammoplasty	2,251	382	409	6,252	460	171	10	59
Scar Revision	383	101	100	651	54	262	23	16
Pacemaker Operations	1,281	218	320	1,845	14	424	3	119
Valves & Septa of the Heart	46	2	4	4	0	5	0	0
Angiography/Angioplasty	8,239	1,217	1,860	4,610	378	236	0	464
Bronchoscopy	570	76	203	2,782	59	272	21	302
Gastroscopy	1,140	644	431	4,559	84	384	102	257
Dilation and Curettage	7,001	1,383	1,738	19,001	616	1,604	206	1,359
Hysterectomy	18	87	10	412	5	8	1	0
Hysteroscopic Procedures	4,628	1,299	1,247	11,235	721	1,529	150	900
Laparoscopic Procedures	1,139	259	398	3,834	73	309	56	94
Tubal Ligation	2,849	883	862	10,201	768	963	129	581
Tuboplasty	114	9	13	147	3	19	7	8
Vaginal Repair	144	46	24	545	53	37	7	23
Rhinoplasty and/or Septal Surgery	2,537	921	490	5,654	267	314	48	109
Hernia/Hydrocele	10,099	2,056	2,584	24,378	2,003	2,264	316	1,034
Carotid Endarterectomy	0	0	0	0	0	0	0	0
Hand Surgery/Digit Neuroma	3,681	748	1,046	10,086	763	1,015	109	579
Neurolysis/Peripheral Nerve	758	137	134	3,257	111	223	35	192
Colonoscopy	40,706	14,593	12,618	160,966	493	12,557	2,091	11,085
Aneurysm Surgery	1	0	0	2	0	0	0	0
Residual	101,244	31,338	30,534	385,724	15,692	35,267	2,669	25,981
Total	323,241	94,885	84,616	1,153,969	47,612	98,094	9,274	62,114

Source: Canadian Institute for Health Information, "All Procedures Performed, by Province and CCI code, 2006-07" and Fiscal 2004/05 CCI to CCP Conversion Tables.
Note: Information is not available in this format for Alberta or Quebec.

Appendix A: Wait times data published by provincial government agencies for procedures or specialties covered in *Waiting Your Turn*

In each year's edition of *Waiting Your Turn* we make every effort to provide, where possible, correspondent waiting time measurements published or provided to us by provincial health ministries and agencies across Canada. Traditionally, these data have appeared as footnotes to the tables that display the data from the Fraser Institute's national waiting list survey. This year, the data from provincial health ministries and agencies has been moved to a separate appendix, as provincial governments are now more likely to monitor, collect, and publish waiting time data than ever before.

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 New Brunswick Department of Health, 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 Newfoundland Department of Health and Community Services publishes periodic reports on how wait times in Newfoundland & Labrador 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*. Wait times data from these agencies, programs, and reports have been provided below for those specialties and procedures for which wait times data is also provided in *Waiting Your Turn*.

Table 2: Median Total Expected Waiting Time from Referral by GP to Treatment, by Specialty, 2008 (weeks)

Cancer Care Ontario web site reports a median wait time from referral to start of treatment for radiation oncology of 4.1 weeks in the third quarter of 2006.

Cancer Care Ontario web site reports a 3-month rolling median waiting time (referral to treatment) for medical oncology of 5.1 weeks for breast cancer (12 of 12 facilities reporting), 2.7 weeks for gynaecologic cancer (11 facilities), 3.7 weeks for head and neck cancer (7 facilities), and 4.7 weeks for lung cancer (12 facilities) for March to May 2008, and a 3-month rolling median waiting time (referral to treatment) for medical oncology of 4.6 weeks for all sites combined for May to July 2008.

Table 3: Median Patient Wait to See a Specialist after Referral from a GP, by Specialty, 2008 (weeks)

Alberta Health and Wellness web site reports median wait times of 4 and 5 weeks for a radiation oncologist for breast cancer, of 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 April 30, 2008.

Cancer Care Ontario web site reports that 55.7 percent of all patients were seen within 14 days (2 weeks) for radiation treatment in May 2008.

Cancer Care Ontario web site reports that 39.6 percent of all patients were seen within 14 days (2 weeks) for systemic treatment in July 2008.

Nova Scotia Department of Health web site reports that 17 percent of patients waited less than 3 days, 39 percent waited less than 21 days, 52 percent waited less than 42 days, 68 percent waited less than 90 days, 83 percent waited less than 180 days, and 93 percent waited less than 360 days consultation with a plastic surgeon between January 1 and March 31, 2008.

Nova Scotia Department of Health web site reports average wait times of 16 days and 19 days for a radiation cancer specialist, and of 10 days and 30 days for a medical cancer specialist at the province's two cancer centres in April 2008.

Table 4: Median Patient Wait for Treatment after Appointment with Specialist, by Specialty, 2008 (weeks)

Saskatchewan Surgical Care Network web site reports a 6.1 week median wait time for non-emergent surgeries between October 2007 and March 2008. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

New Brunswick Department of Health web site reports:

Surgeries performed within ...	3 weeks	3 to 6 weeks	6 weeks to 3 months	3 to 12 months	12 to 18 months	≥ 18 months
Non-emergent surgeries	35.5%	19.8%	19.5%	22.5%	1.9%	0.9%

From January 1, 2008 to June 30, 2008.
For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 5a: Plastic Surgery (2008)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

BC Ministry of Health web site reports a 3.7 week median wait time for plastic surgery for the three months ending April 30, 2008. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

Alberta Health and Wellness web site reports a 5.1 week median wait time for plastic surgery for patients served in the 90 days ending April 30, 2008. For an extensive explanation, please refer to "Verification of current data with governments—Alberta."

Saskatchewan Surgical Care Network web site reports a 9.9 week median wait time for non-emergent plastic surgeries between October 2007 and March 2008. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

New Brunswick Department of Health web site reports:

Surgeries performed within ...	3 weeks	3 to 6 weeks	6 weeks to 3 months	3 to 12 months	12 to 18 months	≥ 18 months
Non-emergent plastic surgery	36.0%	16.5%	18.6%	23.7%	3.5%	1.7%
Breast reduction surgery	16.3%	12.8%	13.2%	42.6%	12.5%	2.6%

January 1, 2008 to June 30, 2008
For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 5b: Gynaecology (2008)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

BC Ministry of Health web site reports a 4.0 week median wait time for gynaecology for the three months ending April 30, 2008. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

Alberta Health and Wellness web site reports median wait times of 6.9 weeks for gynecological surgery, 7.4 weeks for tubal ligation for sterilization, and 7.0 weeks for hysterectomy for patients served in the 90 days ending April 30, 2008. For an extensive explanation, please refer to "Verification of current data with governments—Alberta."

Saskatchewan Surgical Care Network web site reports a 5.0 week median wait time for non-emergent obstetric and gynaecology surgeries between October 2007

and March 2008. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

New Brunswick Department of Health web site reports:

Surgeries performed within ...	3 weeks	3 to 6 weeks	6 weeks to 3 months	3 to 12 months	12 to 18 months	≥ 18 months
Non-emergent obstetrics and gynaecology	29.1%	22.7%	25.7%	21.9%	0.5 %	0.1%
Hysterectomy	18.2%	21.6%	27.6%	31.6%	0.8%	0.2%

January 1, 2008 to June 30, 2008.
For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Nova Scotia Department of Health web site reports:

Percent of patients who received services by ...	15 days	30 days	60 days	90 days	180 days
Tubal ligation	20%	37%	65%	83%	95%
Hysterectomy	10%	24%	52%	72%	94%

January 1, 2008 to March 31, 2008.

Table 5c: Ophthalmology (2008)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

BC Ministry of Health web site reports median wait times of 7.1 weeks for eye surgery (ophthalmology), 8.3 weeks for cataract surgery, and 12.6 weeks for corneal transplant for the three months ending April 30, 2008. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

Alberta Health and Wellness web site reports median wait times of 6.0 weeks for eye surgery (ophthalmology), 6.1 weeks for cataract surgery, and 6.7 weeks for interventions on the eyelid for patients served in the 90 days ending April 30, 2008. For an extensive explanation, please refer to "Verification of current data with governments—Alberta."

Saskatchewan Surgical Care Network web site reports a 9.7 week median wait time for non-emergent ophthalmology surgeries between October 2007 and March

2008. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

Manitoba Health web site reports median wait times of between 7 and 13 weeks for cataract surgery in 4 of 12 regional health authorities for April 2008.

Ontario Ministry of Health and Long Term Care web site reports a 90th percentile wait time of 125 days (17.9 weeks) for cataract surgery in April to June 2008.

New Brunswick Department of Health web site reports:

Surgeries performed within ...	3 weeks	3 to 6 weeks	6 weeks to 3 months	3 to 12 months	12 to 18 months	≥ 18 months
Non-emergent ophthalmology	21.0%	19.9%	24.4%	31.5%	2.9%	0.3%
Cataract surgery	20.7%	20.1%	24.9%	31.6%	2.7%	0.1%

January 1, 2008 to June 30, 2008.
For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Nova Scotia Department of Health web site reports:

Percent of patients who received services by ...	30 days	60 days	90 days	180 days	360 days
Cataract surgery	35%	57%	69%	88%	96%

January 1, 2008 to March 31, 2008.

PEI Ministry of Health web site reports a median wait time of 18 weeks for cataract surgery as of March 2008.

Newfoundland & Labrador Department of Health and Community Services web site reports that between 74 and 100 percent of cataract surgeries (depending on the region) were completed within 16 weeks (112 days) between October and December 2007.

Table 5d: Otolaryngology (2008)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

BC Ministry of Health web site reports a 5.4 week median wait time for ear, nose, and throat surgery (otolaryngology) for the three months ending April 30, 2008. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

Alberta Health and Wellness web site reports median wait times of 6.1 weeks for ear, nose, and throat surgery (otolaryngology) and 8.3 weeks for tonsillectomy for patients served in the 90 days ending April 30, 2008. For an extensive explanation, please refer to "Verification of current data with governments—Alberta."

Saskatchewan Surgical Care Network web site reports a 4.7 week median wait time for non-emergent otolaryngology surgeries between October 2007 and March 2008. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

New Brunswick Department of Health web site reports:

Surgeries performed within ...	3 weeks	3 to 6 weeks	6 weeks to 3 months	3 to 12 months	12 to 18 months	≥ 18 months
Non-emergent otolaryngology	37.6%	20.8%	18.8%	19.5%	1.7%	1.5%
Myringotomy	51.4%	26.0%	16.3%	6.0%	0.2%	0.0%
Tonsillectomy/ adenoidectomy	38.7%	20.3%	21.3%	17.7%	0.8%	1.2%

January 1, 2008 to June 30, 2008.
For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Nova Scotia Department of Health web site reports:

Percent of patients who received services by ...	15 days	30 days	60 days	90 days
Myringotomy	34%	57%	79%	93%

January 1, 2008 to March 31, 2008.

Table 5e: General Surgery (2008)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

British Columbia Ministry of Health web site reports median wait times of 3.3 weeks for general surgery and 4.0 weeks for gall bladder surgery (cholecystectomy) for the three months ending April 30, 2008. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

Alberta Health and Wellness web site reports median wait times of 5.3 weeks for general surgery, 7.7 weeks for hernia repair, 5.0 weeks for gall bladder removal (cholecystectomy), 2.4 weeks for mastectomy, and 10.7 weeks for varicose vein (leg) surgery for patients served in the 90 days ending April 30, 2008. For an extensive explanation, please refer to "Verification of current data with governments—Alberta."

Saskatchewan Surgical Care Network web site reports a 3.4 week median wait time for non-emergent general surgeries between October 2007 and March 2008. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

New Brunswick Department of Health web site reports:

Surgeries performed within ...	3 weeks	3 to 6 weeks	6 weeks to 3 months	3 to 12 months	12 to 18 months	≥ 18 months
Non-emergent general surgery	49.6%	20.8%	15.2%	11.9%	1.2%	1.3%
Breast excision surgery	82.7%	11.3%	2.3%	3.8%	0.0%	0.0%
Cholecystectomy	44.4%	21.4%	15.8%	14.3%	1.9%	2.3%
Hernia repair	32.6%	19.4%	21.0%	22.9%	2.0%	2.1%

January 1, 2008 to June 30, 2008.
For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Nova Scotia Department of Health web site reports:

Percent of patients who received services by ...	7 days	15 days	30 days	60 days	90 days	180 days	270 days	360 days
Groin hernia repair	—	11%	34%	59%	73%	92%	—	—
Cholecystectomy	—	26%	48%	72%	83%	96%	—	—
Breast biopsy	—	29%	63%	86%	91%	—	—	—
Mastectomy	11%	38%	74%	90%	—	—	—	—
Varicose veins	—	—	14%	40%	56%	77%	88%	91%

January 1, 2008 to March 31, 2008
— = Data not reported

Table 5f: Neurosurgery (2008)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

BC Ministry of Health web site reports median wait times of 2.3 weeks for neurosurgery and 2.6 weeks for endarterectomy of the head/neck for the three months ending April 30, 2008. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

Alberta Health and Wellness web site reports a 3.9 week median wait time for neurosurgery for patients served in the 90 days ending April 30, 2008. For an extensive explanation, please refer to "Verification of current data with governments—Alberta."

Saskatchewan Surgical Care Network web site reports a 5.4 week median wait time for non-emergent neurosurgeries between October 2007 and March 2008. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

New Brunswick Department of Health web site reports:

Surgeries performed within ...	3 weeks	3 to 6 weeks	6 weeks to 3 months	3 to 12 months	12 to 18 months	≥ 18 months
Non-emergent neurosurgery	60.5%	10.5%	9.4%	14.0%	2.6%	2.9%

January 1, 2008 to June 30, 2008.
For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 5g: Orthopaedic Surgery (2008)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

BC Ministry of Health web site reports median wait times of 7.9 weeks for orthopaedic surgery, 11.9 weeks for hip replacement, and 15.3 weeks for knee replacement for the three months ending April 30, 2008. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

Alberta Health and Wellness web site reports median wait times of 10.3 weeks for orthopaedic surgery, 13.4 weeks for hip replacement surgery, and 18.0 weeks for knee replacement surgery for patients served in the 90 days ending April 30, 2008. For an extensive explanation, please refer to "Verification of current data with governments—Alberta."

Saskatchewan Surgical Care Network web site reports a 13.9 week median wait time for non-emergent orthopaedic surgeries between October 2007 and March 2008. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

Manitoba Health web site reports a median wait time of 19 weeks for all hip and knee surgeries for April 2008. Manitoba Health web site also reports median wait times of between 9 and 22 weeks for total hip replacement in three regional health authorities, between 6 and 23 weeks for knee replacement in three regional health authorities, 9 weeks for hip replacement revision in one health authority, and 8 weeks for knee replacement revision in one health authority for April 2008.

Ontario Ministry of Health and Long Term Care web site reports a 90th percentile wait time of 188 days (26.9 weeks) for hip replacement and 230 days (32.9 weeks) for knee replacement in April to June 2008.

New Brunswick Department of Health web site reports:

Surgeries performed within ...	3 weeks	3 to 6 weeks	6 weeks to 3 months	3 to 12 months	12 to 18 months	≥ 18 months
Non-emergent orthopaedic surgery	22.3%	15.3%	20.2%	37.2%	3.2%	1.7%
Hip replacement	8.8%	8.1%	17.3%	61.0%	3.7%	1.1%
Knee replacement	6.0%	5.4%	13.7%	63.2%	7.5%	4.1%

January 1, 2008 to June 30, 2008.
For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Nova Scotia Department of Health web site reports:

Percent of patients who received services by ...	60 days	180 days	270 days	360 days	540 days
Hip replacement	13%	41%	60%	71%	84%
Hip revisions	30%	52%	65%	65%	78%
Knee replacement	6%	28%	41%	56%	83%
Knee revisions	19%	61%	68%	84%	90%

January 1, 2008 to March 31, 2008.

Newfoundland & Labrador Department of Health and Community Services web site reports that between 72 and 100 percent of hip replacements and between 69 and 100 percent of knee replacements (depending on the region) were completed within 26 weeks (182 days) between October and December 2007.

Table 5h: Cardiovascular Surgery (2008)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

BC Ministry of Health web site reports median wait times of 6.7 weeks for cardiac surgery, 2.0 weeks for vascular surgery, and 2.6 weeks for endarterectomy of the head/neck for the three months ending April 30, 2008. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

Alberta Health and Wellness web site reports median wait times of 1.0 week for cardiac surgery, 2.9 weeks for thoracic surgery, 3.7 weeks for vascular surgery, 0.9 weeks for coronary artery bypass surgery, 3.1 weeks for heart valve surgery, and 0.4 weeks for implantation of pacemaker and other devices for patients served in the 90 days ending April 30, 2008. For an extensive explanation, please refer to "Verification of current data with governments—Alberta."

Saskatchewan Surgical Care Network web site reports a 1.0 week median wait time for non-emergent cardiovascular surgeries between October 2007 and March 2008. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

Manitoba Health web site reports a median wait time of 16 days for all cardiac surgery combined and 12 days for all coronary artery bypass surgery combined, and of 1 day for emergent and urgent coronary artery bypass surgery, of 10 days for semi-urgent coronary artery bypass surgery, and of 48 days for elective coronary artery bypass surgery for April 2008.

Ontario Ministry of Health and Long Term Care web site reports a 90th percentile wait time of 50 days for bypass surgery in April to June 2008.

Cardiac Care Network of Ontario web site reports median wait times of 3 days for emergency and urgent cardiac surgery, of 6 days for semi-urgent cardiac surgery, and of 16 days for elective cardiac surgery for March to May 2008.

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 88 and 100% of priority 2 patients were treated within 72 hours, between 75 and 100% of priority 3 patients were treated within 2 weeks, between 60 and 100% of priority 4 patients were treated within 6 weeks, between 50 and 100% of priority 5 patients were treated within 3 months (13 weeks), and between 76 and 100% of all patients were treated within the recommended time frame (depending on the treating facility) between April 1 and April 26, 2008.

New Brunswick Department of Health web site reports:

Surgeries performed within ...	3 weeks	3 to 6 weeks	6 weeks to 3 months	3 to 12 months	12 to 18 months	≥ 18 months
Non-emergent cardiac surgery	62.3%	6.7%	16.5%	14.1%	0.3%	0.0%
Non-emergent vascular surgery	46.0%	23.7%	18.6%	10.7%	1.0%	0.0%
Non-emergent thoracic surgery	73.3%	19.6%	5.3%	1.8%	0.0%	0.0%
Coronary artery bypass graft (CABG)	65.3%	6.5%	15.9%	12.2%	0.0%	0.0%

January 1, 2008 to June 30, 2008.
For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Nova Scotia Department of Health web site reports:

	Priority I	Priority II	Priority III	Priority IV
Average Wait Times for Cardiovascular Surgery	4 days	17 days	61 days	N/A

As of May 2008.

Newfoundland & Labrador Department of Health and Community Services web site reports that 95 percent of coronary artery bypass surgery cases were completed within 182 days between October and December 2007.

Table 5i: Urology (2008)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

BC Ministry of Health web site reports a 3.7 week median wait time for urology for the three months ending April 30, 2008. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

Alberta Health and Wellness web site reports median wait times of 5.0 weeks for urological surgery and 7.7 weeks for hernia repair for patients served in the 90 days ending April 30, 2008. For an extensive explanation, please refer to "Verification of current data with governments—Alberta."

Saskatchewan Surgical Care Network web site reports a 4.0 week median wait time for non-emergent urology surgeries between October 2007 and March 2008. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

New Brunswick Department of Health web site reports:

Surgeries performed within ...	3 weeks	3 to 6 weeks	6 weeks to 3 months	3 to 12 months	12 to 18 months	≥ 18 months
Non-emergent urology	39.6%	22.0%	18.0%	18.9%	1.2%	0.3%
Prostatectomy	42.8%	27.3%	22.3%	7.2%	0.4%	0.0%

January 1, 2008 to June 30, 2008.
For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 5j: Internal Medicine (2008)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

Cardiac Care Network of Ontario web site reports median wait times of 1 day for emergency and urgent cardiac catheterization, of 7 days for semi-urgent cardiac catheterization, and of 8 days for elective cardiac catheterization, and a median wait time of 3 days for angioplasties done on a different day than cardiac catheterization for March to May 2008.

Nova Scotia Department of Health web site reports:

	Priority I	Priority II	Priority III
Average Wait times for cardiac catheterization	11 days	23 days	36 days
Average Wait times for percutaneous coronary intervention (stents and balloons)	9 days	25 days	44 days

As of April 2008.

Table 5k: Radiation Oncology (2008)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

BC Ministry of Health web site reports a 1.0 week median wait time for radiotherapy for the three months ending April 30, 2008. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

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 April 30, 2008 and of 4 weeks for radiation therapy for breast cancer and 5 weeks for radiation therapy for prostate cancer at the Cross Cancer Institute at April 30, 2008.

Manitoba Health web site reports median wait times of 1 week for lung cancer, 2 weeks for prostate cancer, 2 weeks for breast cancer, and 1 week for all body sites combined for April 2008.

Cancer Care Ontario reports that 59.1 percent of all patients, 53.4 percent of head and neck cancer patients, 60.5 percent of gynaecological cancer patients, 72.1 percent of lung cancer patients, and 54.6 percent 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 2008.

Quebec Ministry of Health and Social Services web site reports that between 79 and 100 percent of patients began radiotherapy treatment within 4 weeks in health regions across Quebec at March 1, 2008.

Nova Scotia Department of Health web site reports:

	Priority I	Priority II	Priority III	Priority IV
Average wait for radiation therapy (Cape Breton cancer centre)	0 days	4 days	9 days	31 days
Average wait for radiation therapy (Capital Health cancer centre)	0 days	9 days	20 days	37 days

As of April 2008.

PEI Ministry of Health web site reports a median wait time of 7 days for curative radiation therapy as of March 2008.

Newfoundland & 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 2007.

Table 5l: Medical Oncology (2008)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

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 April 30, 2008.

Table 12: Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist, by Specialty, 2008

Saskatchewan Surgical Care Network web site reports 26,328 patients on wait lists for non-emergent surgery at March 31, 2008. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

New Brunswick Department of Health web site reports 14,531 patients on wait lists for non-emergent surgery at June 2008. For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Quebec Ministry of Health and Social Services web site reports 60,862 patients waiting for ambulatory surgery (22,234 for more than 6 months) and 21,011 patients waiting for inpatient surgery (7,906 for more than 6 months) at May 24, 2008.

Table 13a: Plastic Surgery (2008)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

BC Ministry of Health web site reports 4,309 patients waiting for plastic surgery at April 30, 2008.

Alberta Health and Wellness web site reports 3,653 patients waiting for plastic surgery at April 30, 2008.

Saskatchewan Surgical Care Network web site reports 1,242 patients on wait lists for non-emergent plastic and reconstructive surgery at March 31, 2008. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

New Brunswick Department of Health web site reports 1,432 patients waiting for non-emergent plastic surgery at June 2008. It also reports 518 patients waiting for

breast reduction surgery. For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 13b: Gynaecology (2008)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

BC Ministry of Health web site reports 5,404 patients waiting for gynaecology at April 30, 2008.

Alberta Health and Wellness web site reports 6,519 patients waiting for gynecological surgery, 1,291 waiting for tubal ligation for sterilization, and 2,311 waiting for hysterectomy at April 30, 2008.

Saskatchewan Surgical Care Network web site reports 2,418 patients on wait lists for non-emergent obstetrics and gynaecology surgery at March 31, 2008. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

New Brunswick Department of Health web site reports 1,062 patients waiting for non-emergent obstetrics and gynaecology at June 2008. It also reports 267 patients waiting for hysterectomy. For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 13c: Ophthalmology (2008)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

BC Ministry of Health web site reports 15,243 patients waiting for eye surgery (ophthalmology), 13,560 waiting for cataract surgery, and 441 waiting for corneal transplant at April 30, 2008.

Alberta Health and Wellness web site reports 11,012 patients waiting for eye surgery (ophthalmology), 7,564 waiting for cataract surgery, and 895 waiting for interventions on the eyelid at April 30, 2008.

Saskatchewan Surgical Care Network web site reports 5,770 patients on wait lists for non-emergent ophthalmology surgery at March 31, 2008. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

Quebec Ministry of Health and Social Services web site reports 17,004 patients waiting for cataract surgery (1,119 for more than 6 months) at May 24, 2008.

New Brunswick Department of Health web site reports 2,235 patients waiting for non-emergent ophthalmology at June 2008. It also reports 2,066 patients waiting for cataract surgery. For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 13d: Otolaryngology (2008)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

BC Ministry of Health web site reports 5,747 patients waiting for ear, nose, and throat surgery (otolaryngology) at April 30, 2008.

Alberta Health and Wellness web site reports 5,359 patients waiting for ear, nose, and throat surgery (otolaryngology) and 1,688 waiting for tonsillectomy at April 30, 2008.

Saskatchewan Surgical Care Network web site reports 3,161 patients on wait lists for non-emergent otolaryngology surgery at March 31, 2008. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

New Brunswick Department of Health web site reports 1,427 patients waiting for non-emergent otolaryngology at June 2008. It also reports 113 and 370 patients waiting for myringotomy and tonsillectomy/adenoidectomy respectively. For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 13e: General Surgery (2008)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

BC Ministry of Health web site reports 13,664 patients waiting for general surgery and 1,622 waiting for gall bladder surgery, at April 30, 2008.

Alberta Health and Wellness web site reports 8,550 patients waiting for general surgery, 3,033 waiting for hernia repair, 1,223 waiting for gall bladder removal (cholecystectomy), 356 waiting for mastectomy, and 364 waiting for varicose vein (leg) surgery at April 30, 2008.

Saskatchewan Surgical Care Network web site reports 2,559 patients on wait lists for non-emergent general surgery at March 31, 2008. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

New Brunswick Department of Health web site reports 2,081 patients waiting for non-emergent general surgery at June 2008. It also reports 28, 318, and 690 patients waiting for breast excision surgery, cholecystectomy, and hernia repair respectively. For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 13f: Neurosurgery (2008)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

BC Ministry of Health web site reports 1,930 patients waiting for neurosurgery and 118 waiting for carotid endarterectomy at April 30, 2008.

Alberta Health and Wellness web site reports 625 patients waiting for neurosurgery at April 30, 2008.

Saskatchewan Surgical Care Network web site reports 685 patients on wait lists for non-emergent neurosurgery at March 31, 2008. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

New Brunswick Department of Health web site reports 242 patients waiting for non-emergent neurosurgery at June 2008. For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 13g: Orthopaedic Surgery (2008)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

BC Ministry of Health web site reports 17,539 patients waiting for orthopaedic surgery, 1,984 waiting for hip replacement, and 4,213 waiting for knee replacement at April 30, 2008.

Alberta Health and Wellness web site reports 14,009 patients waiting for orthopaedic surgery, 1,645 waiting for hip replacement surgery, and 3,125 waiting for knee replacement surgery at April 30, 2008.

Saskatchewan Surgical Care Network web site reports 6,014 patients on wait lists for non-emergent orthopaedic surgery at March 31, 2008. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

Quebec Ministry of Health and Social Services web site reports 1,371 patients waiting for hip arthroplasty (125 for more than 6 months) and 2,293 patients waiting for knee arthroplasty (355 for more than 6 months) at May 24, 2008.

New Brunswick Department of Health web site reports 2,911 patients waiting for non-emergent orthopaedic surgery at June 2008. It also reports 244 and 660 patients waiting for hip and knee replacement respectively. For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 13h: Cardiovascular Surgery (2008)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

BC Ministry of Health web site reports 244 patients waiting for cardiac surgery, 1,343 waiting for vascular surgery, and 118 waiting for carotid endarterectomy at April 30, 2008.

Alberta Health and Wellness web site reports 581 patients waiting for cardiac surgery, 265 waiting for thoracic surgery, 758 waiting for vascular surgery, 165 waiting for coronary artery bypass surgery, 128 waiting for heart valve surgery, and 61 waiting for implantation of pacemaker and other devices at April 30, 2008.

Saskatchewan Surgical Care Network web site reports 215 patients on wait lists for non-emergent cardiovascular surgery at March 31, 2008. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

Cardiac Care Network of Ontario web site reports an average of 554 patients waiting for cardiac surgery at the end of each month during March to May 2008.

Quebec Ministry of Health and Social Services web site reports 514 patients waiting for cardiac surgery at May 24, 2008.

New Brunswick Department of Health web site reports 122 patients waiting for non-emergent cardiac surgery, 47 patients waiting for thoracic surgery, and 87 patients waiting for vascular surgery at June 2008. It also reports 82 patients waiting for coronary artery bypass graft (CABG). For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 13i: Urology (2008)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

BC Ministry of Health web site reports 5,690 patients waiting for urology at April 30, 2008.

Alberta Health and Wellness web site reports 2,869 patients waiting for urological surgery and 3,033 waiting for hernia repair at April 30, 2008.

Saskatchewan Surgical Care Network web site reports 1,234 patients on wait lists for non-emergent urology surgery at March 31, 2008. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

New Brunswick Department of Health web site reports 2,351 patients waiting for non-emergent urology surgery at June 2008. It also reports 145 patients waiting for prostatectomy. For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 13j: Internal Medicine (2008)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

Cardiac Care Network of Ontario web site reports an average of 962 patients waiting for cardiac catheterization and of 95 patients waiting for angioplasties done on a different day from catheterization at the end of each month during March-May 2008.

Table 13k: Radiation Oncology (2008)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

BC Ministry of Health web site reports 293 patients waiting for radiotherapy at April 30, 2008.

Appendix B: Psychiatry Waiting List Survey, 2008 report

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 8 and April 18, 2008. 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 the Cornerstone Group of Companies. 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

Table B1: Summary of Responses

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Mailed	552	290	51	135	1,664	976	36	103	10	39	3,856
Number of Responses	86	52	9	8	240	112	8	18	1	9	543
Response Rates	16%	18%	18%	6%	14%	11%	22%	17%	10%	23%	14%

Table B2: Psychiatry—Median Patient Wait to See a Specialist after Referral from a GP, 2008

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Urgent	2.0	2.0	2.0	1.5	2.0	1.5	1.5	2.0	1.0	1.8	1.8
Elective	8.0	12.0	18.0	4.5	7.0	8.0	12.0	6.5	6.0	12.0	7.9

Table B3: Psychiatry—Median Patient Wait for Treatment after Appointment with Specialist, 2008

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Initiate a course of brief psychotherapy	5.3	10.0	8.0	5.0	8.0	8.0	8.0	8.0	8.0	22.0	7.8
Initiate a course of long-term psychotherapy	7.0	15.0	11.0	12.0	12.0	12.0	13.0	8.0	170.0	52.0	12.2
Initiate a course of pharmacotherapy	4.0	4.3	3.3	4.0	4.0	4.0	4.0	8.0	6.0	7.0	4.2
Initiate a course of couple/marital therapy	6.0	6.0	8.0	6.5	8.0	8.0	12.0	11.0	—	25.0	7.8
Initiate cognitive behaviour therapy	6.0	8.0	8.0	8.0	10.0	12.0	11.5	8.0	—	36.0	9.9
Access a day program	5.0	12.0	8.0	10.0	6.0	4.0	12.0	27.0	—	8.0	6.6
Access an eating disorders program	16.0	18.0	8.0	11.0	12.0	15.0	5.0	5.0	—	9.5	13.4
Access a housing program	18.0	52.0	8.0	15.0	24.0	8.0	14.0	52.0	50.0	12.0	21.3
Access an evening program	6.0	12.0	6.0	23.0	8.0	12.0	—	6.0	—	13.5	9.5
Access a sleep disorders program	12.0	52.0	56.0	25.0	6.0	13.0	19.0	72.0	50.0	37.0	15.7
Access assertive community treatment or similar program	5.5	6.0	3.5	5.0	12.0	5.0	11.0	6.5	4.0	12.0	8.3
Unweighted Median	8.3	17.8	11.6	11.3	10.0	9.2	11.0	19.2	48.0	21.3	10.7

French-language surveys. The response rate to the psychiatry survey was 14 percent overall in 2008, slightly lower than in 2007 (17%), and ranged from 23 percent in Newfoundland and Labrador to 6 percent in Manitoba (table B1).

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 B2 through B7. Table B2 reports the median time a patient waits to see a specialist after referral

Table B4i: Comparison of Median Weeks Waited to Receive Psychiatric Treatment after Appointment with Specialist, by Province, 2008 and 2007

British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
2008	2007	% chg	2008	2007	% chg	2008	2007	% chg	2008	2007	% chg	2008	2007	% chg
8.3	10.2	-19%	17.8	15.7	13%	11.6	13.0	-10%	11.3	14.5	-22%	10.0	9.7	3%

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 B4ii: Comparison of Median Weeks Waited to Receive Psychiatric Treatment after Appointment with Specialist, by Province, 2008 and 2007

Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland & Labrador		
2008	2007	% chg	2008	2007	% chg	2008	2007	% chg	2008	2007	% chg	2008	2007	% chg
9.2	8.9	3%	11.0	14.3	-23%	19.2	15.2	27%	48.0	30.7	56%	21.3	20.2	5%

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.

from a general practitioner. Waiting times are presented for both urgent and elective referrals. Table B3 summarizes the second stage of waiting, that between the decision by a specialist that treatment is required and the treatment being received. Table B4 provides the percentage change in median waits to receive treatment after the first appointment with a specialist between the years 2007 and 2008.

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 B5 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 B6 com-

Table B5: Psychiatry—Median Reasonable Patient Wait for Treatment after Appointment with Specialist, 2008

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Initiate a course of brief psychotherapy	4.0	4.0	4.5	4.0	4.0	4.0	4.0	5.0	2.0	4.0	4.0
Initiate a course of long-term psychotherapy	4.0	6.0	10.0	8.0	6.0	7.5	4.0	6.0	12.0	8.0	6.2
Initiate a course of pharmacotherapy	2.0	2.0	2.0	2.0	2.0	2.0	3.5	3.0	1.0	2.0	2.0
Initiate a course of couple/marital therapy	4.0	4.0	4.5	3.0	4.0	4.0	4.0	6.0	—	4.0	4.0
Initiate cognitive behaviour therapy	4.0	4.0	8.0	4.0	4.0	4.0	4.0	5.0	—	4.0	4.1
Access a day program	3.0	4.0	4.0	6.0	3.0	2.0	4.0	6.0	2.0	4.0	3.0
Access an eating disorders program	4.0	4.0	6.0	5.0	4.0	4.0	2.0	3.0	2.0	3.8	4.0
Access a housing program	4.0	4.0	3.0	3.5	4.0	4.0	3.0	4.0	10.0	3.0	4.0
Access an evening program	4.0	4.0	4.0	4.8	4.0	4.0	4.0	4.0	—	4.0	4.0
Access a sleep disorders program	4.0	4.0	8.0	3.3	4.0	6.0	4.0	9.0	5.0	4.0	4.7
Access assertive community treatment or similar program	2.0	2.0	2.0	10.0	4.0	3.0	4.0	4.0	4.0	3.0	3.5
Unweighted Median	3.5	3.8	5.1	4.9	3.9	4.0	3.7	5.0	4.8	4.0	4.0

pares the actual and clinically reasonable wait times after an appointment with a specialist.

Finally, table B7 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[4]

4 For comparison, the overall Canadian median waiting time for CT scans was 4.9 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 2.2 weeks for 10 provinces. The overall Canadian median waiting time for MRIs in the psychiatry survey was 10.9 weeks, compared to 9.7 weeks for the other 12 specialties. The mean absolute difference in this case, again for 10 provinces, was 7.3 weeks.

Table B6: Psychiatry—Difference Between Actual and Reasonable Patient Waits for Treatment after Appointment with Specialist, 2008

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Initiate a course of brief psychotherapy	31%	150%	78%	25%	100%	100%	100%	60%	300%	450%	93%
Initiate a course of long-term psychotherapy	75%	150%	10%	50%	100%	60%	225%	33%	1,317%	550%	96%
Initiate a course of pharmacotherapy	100%	113%	63%	100%	100%	100%	14%	167%	500%	250%	104%
Initiate a course of couple/marital therapy	50%	50%	78%	117%	100%	100%	200%	83%	—	525%	94%
Initiate cognitive behaviour therapy	50%	100%	0%	100%	150%	200%	188%	60%	—	800%	144%
Access a day program	67%	200%	100%	67%	100%	100%	200%	350%	—	100%	117%
Access an eating disorders program	300%	350%	33%	120%	200%	275%	150%	67%	—	153%	234%
Access a housing program	350%	1,200%	167%	329%	500%	100%	367%	1,200%	400%	300%	436%
Access an evening program	50%	200%	50%	384%	100%	200%	—	50%	—	238%	135%
Access a sleep disorders program	200%	1,200%	600%	669%	50%	117%	375%	700%	900%	825%	237%
Access assertive community treatment or similar program	175%	200%	75%	-50%	200%	67%	175%	63%	0%	300%	139%
Weighted median	133%	365%	128%	133%	156%	127%	197%	285%	911%	435%	169%

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 2008 psychiatry survey provides details of waiting for each segment.

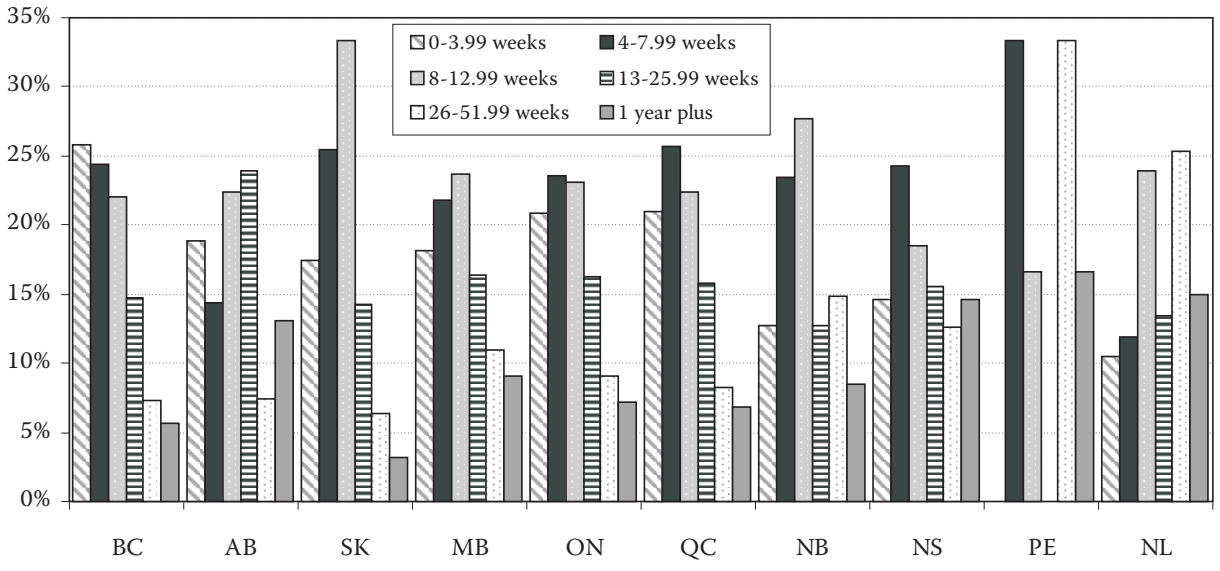
Table B2 indicates the number of weeks that patients wait for initial appointments with psychiatrists after referral from their general practitioners or from other specialists. The waiting time to see a psychiatrist on an urgent basis was 1.8 weeks in Canada, ranging from 1.0 week in Prince Edward Island to 2.0 weeks in British Columbia, Alberta, Saskatchewan, Ontario, and Nova Scotia. The waiting time for referrals on an elective basis for Canada as a whole was 7.9 weeks. The longest waiting time for elective referrals was in Saskatchewan (18.0 weeks), followed by New Brunswick, Alberta, and Newfoundland & Labrador (12.0 weeks). The shortest wait for an elective referral was in Manitoba (4.5 weeks), followed by Prince Edward Island (6.0 weeks), and Nova Scotia (6.5 weeks).

Table B3 summarizes the waiting time for certain psychiatric treatments after an appointment with a specialist. The longest waiting times for this second segment of the total waiting time were found in Prince Edward Island (48.0 weeks), Newfoundland & Labrador (21.3 weeks), and Nova Scotia (19.2 weeks), while the shortest waits were found in British Columbia (8.3 weeks), Quebec (9.2 weeks), and Ontario (10.0 weeks). Among the treatments, patients waited longest to enter a housing program (21.3 weeks) or a sleep disorders program (15.7 weeks), while the wait times were shortest for pharmacotherapy (4.2 weeks), and admission to a day program (6.6 weeks).

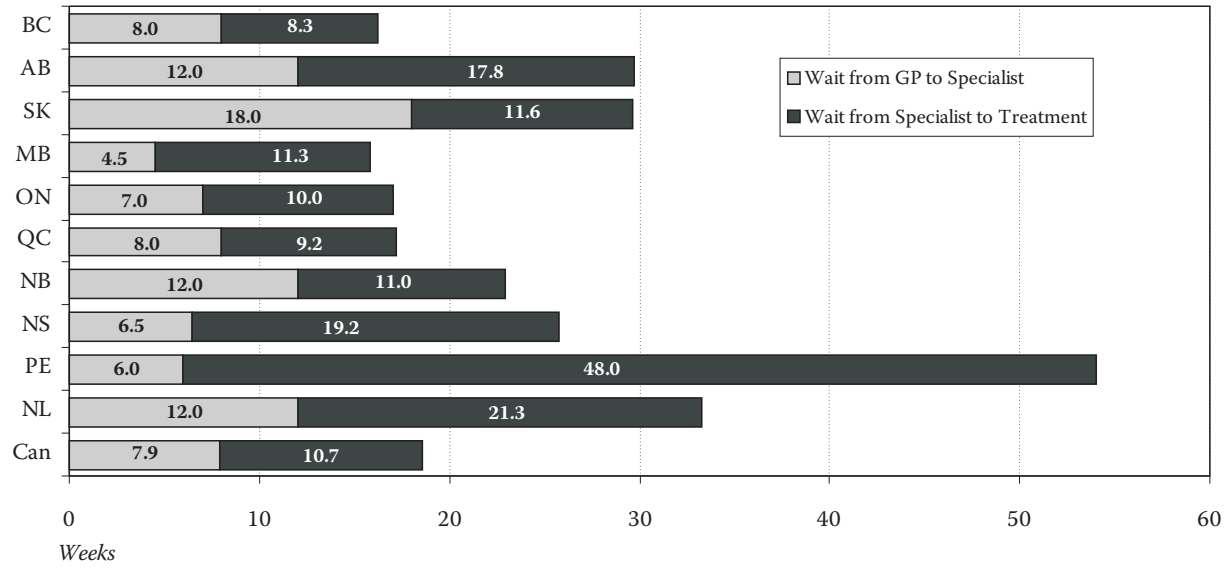
Graph B1 presents a frequency distribution of the survey responses by province and by region. In all provinces except PEI and Newfoundland & Labrador, the wait for the majority of treatments is less than 13 weeks. Saskatchewan performs the highest proportion of treatments within 13 weeks (76.2 percent) while British Columbia performs the highest proportion of treatments within 8 weeks (50.2%). Waits of 26 weeks or more are least frequent in Saskatchewan (9.5%) and most frequent in Prince Edward Island (50.0%).

Table B4 compares the 2007 and 2008 waiting times for treatment. This year's study indicates an overall increase in the waiting time between consultation with a specialist and treatment in 6 provinces, with decreases in British Columbia (19%), Saskatchewan (10%), Manitoba (22%), and New Brunswick (23%). At the same time, between 2007 and 2008, the median wait increased by 13 percent in Alberta, 3 percent in Ontario, 3 percent in Quebec, 27% in Nova Scotia, 56% in Prince Edward Island, and 5% in Newfoundland & Labrador.

Graph B1: Frequency Distribution of Survey Waiting Times from Specialist to Treatment, by Province, 2008



Graph B2: Weeks Waited from Referral by GP to Treatment, by Province, 2008



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 2008 for psychiatry rose slightly from 18.5 weeks in 2007 to 18.6 weeks in 2008 (Graph B2). The shortest waiting times were recorded in Manitoba (15.8 weeks), British Columbia (16.3 weeks), and Ontario (17.0 weeks). The longest total waits were found in Prince Edward Island (54.0 weeks), Newfoundland & Labrador (33.3 weeks), and Alberta (29.8 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 B5 and B6). Table B5 summarizes the reasonable waiting times for psychiatric treatments and is based on the same methodology used to create table B3. Table B6 summarizes the differences between the median reasonable and actual waiting times across Canada, and shows that in 97 percent of cases, the actual waiting time for treatment (in table B3) is greater than the clinically reasonable median waiting time (in table B5). 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

Table B7: Waiting for Technology: Weeks Waited to Receive Selected Diagnostic Tests in 2006, 2007, and 2008

	CT-Scan			MRI			EEG		
	2008	2007	2006	2008	2007	2006	2008	2007	2006
British Columbia	4.0	6.0	4.0	12.0	12.0	13.0	3.0	3.0	3.0
Alberta	4.0[1]	4.0	4.0	10.0[2]	12.0	12.0	4.0	4.0	4.0
Saskatchewan	4.5	4.0	5.5	8.5	12.5	3.0	3.0	3.0	2.0
Manitoba	4.5[3]	3.5	4.0	7.0[4]	6.3	16.0	4.5	1.9	4.0
Ontario	4.0[5]	5.0	5.0	10.0[6]	10.0	10.0	3.5	4.0	4.0
Quebec	8.0	5.5	4.0	12.0	12.0	12.0	4.0	4.0	3.5
New Brunswick	4.0	4.5	4.0	7.0	6.0	6.0	4.0	3.0	1.8
Nova Scotia	4.0[7]	2.5	5.5	3.0[8]	7.0	18.0	4.5	3.0	3.0
P.E.I.	4.0[9]	4.3	9.1	12.0[10]	13.0	11.8	4.0	2.3	—
Newfoundland	5.3	4.5	5.0	52.0	38.0	45.0	3.5	3.0	3.0
Canada	5.0	5.0	4.5	10.9	11.0	11.7	3.7	3.7	3.7

[1]Alberta Health and Wellness web site reports a 1.6 week median wait time for CT scans for the 90 days ending April 30, 2008. 11,131 patients were waiting for CT scans at April 30.
[2]Alberta Health and Wellness web site reports a 6.0 week median wait time for MRI scans for the 90 days ending April 30, 2008. 23,929 patients were waiting for MRI scans at April 30.
[3]Manitoba Health web site reports a 5 week average estimated maximum wait time for CT/CAT scans for April 2008.
[4]Manitoba Health web site reports a 9 week average estimated maximum wait time for MRI scans for April 2008.
[5]Ontario Ministry of Health and Long Term Care web site reports a wait time of 47 days (6.7 weeks) for a CT scan in April-June 2008.
[6]Ontario Ministry of Health and Long Term Care web site reports a wait time of 98 days (14 weeks) for an MRI scan in April-June 2008.
[7]Nova Scotia Department of Health web site reports wait times ranging from 0 to 89 days (0 to 12.7 weeks) for CT scans in April 2008.
[8]Nova Scotia Department of Health web site reports wait times ranging from 26 to 219 days (3.7 to 31.3 weeks) for MRI scans in April 2008.
[9]PEI Ministry of Health web site reports median wait times of less than 24 hours for emergency CT scans, 1 to 3 weeks for Urgency I scans, 8 to 10 weeks for Urgency II scans, and 16 to 18 weeks for Urgency III scans as of March 2008.
[10]PEI Ministry of Health web site reports median wait times of less than 24 hours for emergency MRI scans, 1 to 3 weeks for Urgency I scans, 2 weeks for Urgency II scans, and 26 weeks for Urgency III scans as of March 2008.

corresponding "reasonable" value by 127 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 4.2 percent of patients are on waiting lists because they have requested a delay or postponement of their treatment. Conversely, the proportion of patients who would have begun their treatment within a few days if it were available is 75.0 percent (Fraser Institute, national hospital waiting list survey, 2008).

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 B7 displays the median number of weeks patients must wait for access to a CT or MRI scanner, or an electroencephalogram (EEG). Compared to 2007, the national waiting time for MRI scans fell slightly in 2008, while the waiting time for CT scans and for EEGs was unchanged. The median wait for a CT scan across Canada was 5.0 weeks, ranging from a high of 8.0 weeks (Quebec), to a low of 4.0 weeks (British Columbia, Alberta, Ontario, New Brunswick, Nova Scotia, and Prince Edward Island). The median wait for an MRI across Canada was 10.9 weeks. Patients in Newfoundland & Labrador waited the longest (52.0 weeks), while patients in Nova Scotia waited the least amount of time (3.0 weeks). Finally, the median wait for an EEG across Canada was 3.7 weeks. Residents of British Columbia and Saskatchewan faced the shortest waits for an EEG (3.0 weeks), while residents of Manitoba and Nova Scotia waited longest (4.5 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 nearly 170 percent longer than specialists feel is appropriate, it is clear that a great many patients in need of psychiatric attention are facing the effects of rationing in our health care system and experiencing a deterioration of their condition before they get the care they need.

Appendix C: 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 D: 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).

Lacrimal Duct: tear duct.

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

Mammoplasty: plastic surgery of the breast.

Mastectomy: excision of the breast.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Varicose vein: an enlarged, twisted superficial vein.

Source: Thomas (1997).

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Government and Government Agency Maintained Wait List Web Sites

British Columbia Ministry of Health
<www.healthservices.gov.bc.ca/cpa/mediasite/waittimes.html> and
<http://www.health.gov.bc.ca/waitlist/>

Alberta Ministry of Health and Wellness
<www.ahw.gov.ab.ca/waitlist/>

Saskatchewan Surgical Care Network
<www.sasksurgery.ca>

Manitoba Ministry of Health
<www.gov.mb.ca/health/waitlist/index.html>

Ontario Ministry of Health and Long-Term Care
<www.health.gov.on.ca/transformation/wait_times/wait_mn.html>

Cardiac Care Network of Ontario
<www.ccn.on.ca>

Cancer Care Ontario—Radiation Treatment
<www.cancercare.on.ca/index_waittimesRadiation.asp>

Cancer Care Ontario—Systemic Therapy (Chemotherapy)
<www.cancercare.on.ca/index_waittimessystemic.asp>

Quebec Ministry of Health and Social Services
<http://wpp01.msss.gouv.qc.ca/appl/g74web/default.asp>

New Brunswick Department of Health
<http://www1.gnb.ca/0217/surgicalwaittimes/index-e.aspx>

Nova Scotia Department of Health
<http://www.gov.ns.ca/health/waittimes/wt_treatment_service/default.htm>

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About the Fraser Institute

Our vision is a free and prosperous world where individuals benefit from greater choice, competitive markets, and personal responsibility. Our mission is to measure, study, and communicate the impact of competitive markets and government interventions on the welfare of individuals.

Founded in 1974, we are an independent research and educational organization with locations throughout North America and international partners in over 70 countries. Our work is financed by tax-deductible contributions from thousands of individuals, organizations, and foundations. In order to protect its independence, the Institute does not accept grants from government or contracts for research.

菲沙研究所的願景乃一自由而昌盛的世界，當中每個人得以從更豐富的選擇、具競爭性的市場及自我承擔責任而獲益。我們的使命在於量度、研究並使人知悉競爭市場及政府干預對個人福祉的影響。

Nous envisageons un monde libre et prospère, où chaque personne bénéficie d'un plus grand choix, de marchés concurrentiels et de responsabilités individuelles. Notre mission consiste à mesurer, à étudier et à communiquer l'effet des marchés concurrentiels et des interventions gouvernementales sur le bien-être des individus.

تتمثل رؤيتنا في وجود عالم حر ومزدهر يستفيد فيه الأفراد من القدرة على الاختيار بشكل أكبر، والأسواق التنافسية، والمسؤولية الشخصية. أما رسالتنا فهي قياس، ودراسة، وتوصيل تأثير الأسواق التنافسية والتدخلات الحكومية المتعلقة بالرفاه الاجتماعي للأفراد.

Nuestra visión es un mundo libre y próspero donde los individuos se beneficien de una mayor oferta, la competencia en los mercados y la responsabilidad individual. Nuestra misión es medir, estudiar y comunicar el impacto de la competencia en los mercados y la intervención gubernamental en el bienestar de los individuos.

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