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Waiting Your Turn

Hospital Waiting Lists in Canada
2009 Report

19th Edition

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Contents

Preface

This study is the Institute's nineteenth 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 nineteenth annual waiting list survey found that Canada-wide waiting times for surgical and other therapeutic treatments decreased in 2009. Total waiting time between referral from a general practitioner and treatment, averaged across all 12 specialties and 10 provinces surveyed, fell from 17.3 weeks in 2008 to 16.1 weeks in 2009. This nationwide improvement in access reflects waiting-time decreases in 5 provinces, while concealing increases in waiting times in Alberta, New Brunswick, Prince Edward Island, and Newfoundland & Labrador. The total waiting time in British Columbia was unchanged.

Among the provinces, Ontario achieved the shortest total wait in 2009, 12.5 weeks, with Manitoba (14.3 weeks), and Quebec (16.6 weeks), next shortest. Newfoundland & Labrador exhibited the longest total wait at 27.3 weeks; the next longest waits were found in Prince Edward Island (26.7 weeks) and New Brunswick (25.8 weeks).

The fall in waiting time between 2008 and 2009 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 8.5 weeks in 2008 to 8.2 weeks in 2009. The shortest waits for specialist consultations were in Manitoba (6.3 weeks), Ontario (6.7 weeks), and British Columbia (7.8 weeks). The longest waits for specialist consultations occurred in Prince Edward Island (14.5 weeks), New Brunswick (14.3 weeks), and Newfoundland & Labrador (14.0 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 8.7 weeks in 2008 to 8.0 weeks in 2009. Decreases in waiting times in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, Nova Scotia, and Prince Edward Island were offset by increases in the three other provinces. The shortest specialist-to-treatment waits were found in Ontario (5.8 weeks), Manitoba (8.0

weeks), and Quebec (8.2 weeks), while the longest such waits existed in Saskatchewan (14.0 weeks), Newfoundland & Labrador (13.2 weeks), and Prince Edward Island (12.2 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 radiation oncology (4.8 weeks), medical oncology (5.1 weeks), and elective cardiovascular surgery (8.2 weeks). Conversely, patients waited longest between a GP referral and orthopedic surgery (33.7 weeks), neurosurgery (32.9 weeks), and plastic surgery (29.9 weeks). There were large decreases between 2008 and 2009 in the waits for plastic surgery (-5.6 weeks), ophthalmology (-3.4 weeks), orthopedic surgery (-3.0 weeks), radiation oncology (-1.0 weeks), and general surgery (-0.9 weeks), while the wait time for internal medicine (-0.2 weeks) decreased only slightly. These decreases were offset by a deterioration for patients receiving treatment in neurosurgery (+1.2 weeks), otolaryngology (+1.2 weeks), elective cardiovascular surgery (+0.8 weeks), urology (+0.6 weeks), medical oncology (+0.5 weeks), and gynecology (+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 (1.8 weeks), medical oncology (3.0 weeks), and cardiovascular surgery (3.1 weeks), while the longest waits are for neurosurgery (22.9 weeks), orthopedic surgery (17.1 weeks), and plastic surgery (13.6 weeks). For specialist-to-treatment waiting, patients wait the shortest intervals for urgent cardiovascular surgery (1.0 weeks), medical oncology (2.1 weeks), and radiation oncology (3.0 weeks), and wait longest for orthopedic surgery (16.6 weeks), plastic surgery (16.3 weeks), and otolaryngology (10.2 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 79 percent of the comparisons. Averaged across all specialties, Manitoba and Ontario came closest to meeting the standard of "reasonable," in that their

actual specialist-to-treatment waits only exceeded the corresponding "reasonable" values by 8 and 10 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 New Brunswick reported longer "reasonable" wait times), while the "reasonable" wait time in Ontario was among Canada's shortest at 5.3 weeks. Physicians in Newfoundland & Labrador, British Columbia, Alberta, and Quebec 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 2009. 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 fell to 4.6 weeks from 4.9 weeks in 2008. Alberta and Ontario had the shortest wait for computed tomography (4.0 weeks), while the longest wait occurred in Prince Edward Island (8.0 weeks). The median wait for an MRI across Canada fell to 8.9 weeks from 9.7 weeks in 2008. Patients in Ontario experienced the shortest wait for an MRI (6.0 weeks), while Newfoundland & Labrador residents waited longest (15.5 weeks). Finally, the median wait for ultrasound rose from 4.4 weeks in 2008 to 4.7 weeks across Canada. Ontario displayed the shortest wait for ultrasound (2.0 weeks), while Prince Edward Island exhibited the longest ultrasound waiting time, 15.0 weeks.

Numbers of procedures for which people are waiting

The numbers of procedures for which people are waiting were also calculated. For the 2009 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 2009. Throughout Canada, the total number of procedures for which people are waiting in 2009 is 694,161, a decrease of 7.5 percent from the estimated 750,794 procedures in 2008. The number of procedures for which people waited fell in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, and Nova Scotia. Assuming that each person was waiting for only one procedure, 2.08 percent of Canadians were waiting for treatment in 2009, which varied from a low of 1.49 percent in Ontario to a high of 4.29 percent in Newfoundland & Labrador.

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 two week fall from the high reached in 2007, the total wait time remains high, both historically and internationally. Compared to 1993, the total waiting time in 2009 is 73 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 neighbors.

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 nineteenth 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, the Nova Scotia Department of Health and the Prince Edward Island 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 nineteenth 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, Kulkarni *et al.* (2009) found that prolonged wait times (more than 40 days) for cystectomy after transurethral bladder resection for bladder cancer were associated with a lower survival rate, and Zamakhshary *et al.* (2008) found that the risk of hernia incarceration doubled when infants and children less than 2 years old waited longer than 14 days for surgery for inguinal hernia.

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), Hazel and Esmail (2008) estimated the cost of waiting per patient in Canada to be approximately $1,000 in 2008 if only hours during the normal working week were considered "lost," and as much as $3,045 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 "maximum 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 behavior 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 behavior 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 Canada that either expedite treatment and diagnostic testing in Canada, sometimes through various legislative loopholes, or facilitate diagnostic testing and treatment in the United States or elsewhere. In addition, American medical centres have been known to advertise in Canadian newspapers. This year's survey of specialists (reported later in this study) found that an estimated 1.0 percent of patients received treatment in another country during 2008/09.

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, gynecology, ophthalmology, otolaryngology, general surgery, neurosurgery, orthopedic surgery, cardiovascular surgery, urology, internal medicine, radiation oncology, and medical oncology. The original survey (1990) was pre-tested on a sample of individual specialists serving on the relevant specialty committees of the British Columbia Medical Association. In each subsequent edition of the survey, suggestions for improvement made by responding physicians have been incorporated into the questionnaires and in 1994, radiation oncology and medical oncology were added to the 10 specialties originally surveyed.

The questionnaire used for general surgery is found in Appendix 2. The questionnaires for all of the specialties follow this format (with slight variations for medical and radiation oncology and cardiovascular 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 12 and April 21, 2009.

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 25 percent overall, 3 percent below that for last year's survey.

Methodology

The treatments identified in all of the specialist tables represent a cross-section of common procedures carried out in each specialty. (Definitions of procedures are found in Appendix 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 orthopedic 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

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.

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.

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 2008 and 2009. 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 for all specialties.

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 2008 and 2009.

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 2007-2008. 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 September 21, 2009, we sent preliminary data across Canada to provincial ministries of health, and to provincial cancer and cardiac agencies. As of October 23, 2009, we received replies from provincial health ministries in PEI and Quebec as well as Cancer Care Ontario and 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, the PEI 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.

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 as well as the time between general practitioner referral and consultation with a specialist.

British Columbia

In British Columbia, the Ministry of Health Services 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 Services' 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 Services' 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 Services' web site should be substantially shorter than those measured by the Fraser Institute. However, in years past the ministry's wait times have also been found to be remarkably low when compared to the number of procedures actually completed and the number of patients reported to be waiting for treatment.

Charts 1 and 2 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 5.0 weeks for plastic surgery for the three months ending April 30. The web site also shows 4,389 patients waiting for surgery at that time (charts 1 and 2). In order for the waiting time for the next patient placed on the waiting list to be 5.0 weeks, the province would have to provide 875 procedures per week, more than four and a half times the number of surgeries delivered weekly during the 90 days preceding April 30 (chart 1). 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 5.0-week wait for plastic surgery is flat wrong. Specialty by specialty, month in and month out, the median wait figures reported by the ministry remain consistently, and surprisingly, lower than expected given the number of patients waiting and the number of procedures that can reasonably be expected to be performed per week. Chart 1 provides information on the current number of patients waiting for surgery, the Fraser Institute's estimates of the number of procedures for which patients are waiting, and the number of procedures completed in the 90 days preceding April 30, 2009. Chart 2 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, 2009, the government's reported median wait averaged 39 percent of the "expected" wait, ranging from 12 percent (for vascular surgery) to 101 percent (for cardiac surgery). The Institute median wait data, meanwhile, averages 71 percent of the "expected" wait.

Chart 1: 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	4,389	4,195	2,336	179.7
Gynecology	6,588	4,108	6,551	503.9
Ophthalmology	13,821	8,458	13,285	1,021.9
Cataract Surgery	11,999	6,778	11,562	889.4
Cornea Transplant	471	168	120	9.2
Otolaryngology	6,216	4,462	3,342	257.1
General Surgery	10,128	9,373	9,347	719.0
Cholecystectomy	1,552	1,201	1,432	110.2
Neurosurgery	1,759	1,460	1,142	87.8
Carotid Endarterectomy	94	19	107	8.2
Orthopedic Surgery	15 799	13,178	8,426	648.2
Hip Replacement	1,510	} 7,285	1,104	84.9
Knee Replacement	3,031		1,715	131.9
Cardiac Surgery	128	} 151	422	32.5
Vascular Surgery	2,087		957	73.6
Urology	5,874	5,226	5,473	421.0
Radiation Oncology	376	29	2,950	226.9

[1]Count as at April 30, 2009.
[2]Patients served in 3 months prior to April 30, 2009.
Sources: British Columbia Ministry of Health Services wait list web site; and the Fraser Institute's hospital waiting list survey.

It should be noted that the BC Ministry of Health Services 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 between one half and 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 esti-

Chart 2: Comparison of Reported Waiting Times in British Columbia, Specialist to Treatment

Specialty/Procedure	BC Health Median Wait[1]	Implied 2009 Expected Wait[2]	Fraser Institute Median Wait[3]
Plastic Surgery	5.0	24.4	26.6
Gynecology	4.9	13.1	8.7
Ophthalmology	6.4	13.5	7.5
Cataract Surgery	7.0	13.5	8.0
Cornea Transplant	13.9	51.0	21.0
Otolaryngology	6.4	24.2	15.9
General Surgery	3.7	14.1	7.1
Cholecystectomy	4.7	14.1	8.0
Neurosurgery	3.9	20.0	13.9
Carotid Endarterectomy	3.0	11.4	4.0[4]
Orthopedic Surgery	8.1	24.4	19.1
Hip Replacement Surgery	9.7	17.8	20.0
Knee Replacement Surgery	11.9	23.0	20.0
Cardiac Surgery	4.0	3.9	0.9 (U)/5.5 (E)
Vascular Surgery	3.3	28.4	0.9 (U)/5.5 (E)
Urology	4.0	14.0	6.0
Radiation Oncology	1.1	1.7	2.0

U = urgent; E = elective
[1]Median waits for 3 months ending April 30, 2009.
[2]Number of weeks to exhaust the list of patients waiting.
[3]Prospective median elective wait, national hospital waiting list survey, 2009.
[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 1.0 weeks for urgent treatment and 4.0 weeks for elective treatment.
Sources: British Columbia Ministry of Health Services wait list web site; the Fraser Institute's hospital waiting list survey; and calculations by authors.

mates 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 3. This comparison suggests that the Fraser Institute's

Chart 3: Comparison between Saskatchewan Surgical Care Network Wait List Measures and Waiting Your Turn 2009

Specialty/Procedure	SSCN Median Wait[1]	SSCN Elective Wait[2]	Fraser Institute Median
Plastic Surgery	7.9	25.3	35.4
Gynecology	5.7	21.9	8.7
Ophthalmology	9.1	25.3	10.5
Otolaryngology	6.3	30.8	32.7
General Surgery	3.6	15.5	7.0
Neurosurgery	5.9	33.7	—
Orthopedic Surgery	16.9	31.7	32.8
Cardiovascular Surgery	1.0	11.8	2.1 (Urgent)
Cardiovascular Surgery	1.0	11.8	22.4 (Elective)
Urology	4.7	17.8	11.9
All Procedures/Specialties	6.7	25.0	14.0

[1]SSCN non-emergent median wait times are retrospectively measured for procedures performed between October 2008 and March 2009.
[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, 42 percent of patients in Saskatchewan waited less than 3 weeks for Orthopedic Surgery, 7 percent waited 4 to 6 weeks, 12 percent waited 7 weeks to 3 months, 29 percent waited 4 to 12 months, 6 percent waited 13 to 18 months, and 3 percent 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.

measures neither necessarily overstate nor necessarily understate the actual patient experience in Saskatchewan. Notably, only in the cases of plastic surgery and cardiovascular surgery are the Institute's estimates notably longer than the SSCN elective wait time measure.

With respect to the estimates of procedures for which patients are waiting, only in the cases of plastic surgery, otolaryngology, general surgery, and urology, and the overall count of procedures for which patients are waiting, are the Fraser Institute's

Chart 4: 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 2009

Specialty	SSCN Count[1]	Fraser Institute Estimate
Plastic Surgery	1,432	1,535
Gynecology	3,048	1,126
Ophthalmology	5,082	3,244
Otolaryngology	3,252	3,442
General Surgery	2,608	2,701
Neurosurgery	692	—
Orthopedic Surgery	6,587	5,457
Cardiovascular Surgery	148	80
Urology	1,345	2,569
Overall Count	27,177	38,436

[1]SSCN patients waiting count at March 31, 2009.
Sources: Saskatchewan Surgical Care Network wait list web site and the Fraser Institute's national waiting list survey.

estimates larger than the SSCN's counts of patients waiting for care (chart 4). 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 New Brunswick Department of Health Wait List Measures and Waiting Your Turn 2009

Specialty/Procedure	NBDH Wait[1]	NBDH Elective Wait[2]	Fraser Institute Median
Plastic Surgery	14.1	21.7	15.7
Mammoplasty/Breast Reduction	23.0	28.9	18.0
Gynecology	10.1	13.4	8.4
Hysterectomy	12.3	15.7	8.0
Ophthalmology	13.7	16.9	14.7
Cataract Surgery	13.7	16.9	15.0
Otolaryngology	12.7	17.4	10.3
Myringotomy	6.6	10.8	8.0
Tonsillectomy	12.3	16.2	12.0
General Surgery	8.7	15.1	4.9
Hernia repair	11.8	17.1	6.0
Cholecystectomy	9.9	16.5	6.0
Mastectomy/Breast Excision	2.6	6.5	2.0
Neurosurgery	10.5	24.2	15.0
Orthopedic Surgery	17.0	21.2	19.9
Hip Replacement	20.9	23.0	24.0
Knee Replacement	27.6	28.7	24.0
Cardiac Surgery	10.8	19.0	14.3
Bypass Surgery	9.7	18.7	28.5
Thoracic Surgery	3.8	9.1	14.3
Vascular Surgery	7.3	14.5	14.3
Urology	9.1	15.0	10.6
Prostatectomy	7.2	11.3	8.0 (non-radical)/5.0 (radical)
All Procedures/Specialties	11.7	17.1	11.4

U = urgent; E = elective

[1]NBDH wait times are retrospectively measured for procedures performed between January 1 and June 30, 2009.

[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 are 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, 21.4 percent of patients in New Brunswick waited less than 3 weeks for Orthopedic Surgery, 16.8 percent waited 3 to 6 weeks, 24.0 percent waited 6 weeks to 3 months, 34.4 percent waited 3 to 12 months, 2.0 percent waited 12 to 18 months, and 1.4 percent 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 21.2 weeks.

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

Chart 6: 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 from Waiting Your Turn 2009

Specialty	NBDH Count[1]	Fraser Institute Estimate
Plastic Surgery	1,253	569
Gynecology	1,216	663
Ophthalmology	2,409	2,616
Otolaryngology	1,319	962
General Surgery	2,133	806
Neurosurgery	167	271
Orthopedic Surgery	3,169	2,660
Cardiac, Thoracic, and Vascular Surgery	285	191
Urology	2,157	1,849
Overall Count	14,672	18,338

[1]New Brunswick Department of Health patients waiting count at June 30, 2009.
Sources: New Brunswick Department of Health web site and the Fraser Institute's national waiting list survey.

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 5 shows the calculated New 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 bypass surgery and thoracic surgery are the Institute's estimates notably 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 ophthalmology, neurosurgery, and the overall count of procedures for which patients are waiting are the Fraser Institute's estimates larger than the NBDH's counts of patients waiting for care (chart 6).

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 orthopedic surgery ranging from 8.5 weeks to 51 weeks, for elective cardiovascular surgery ranging from 1 to 25 weeks, and for elective ophthalmology surgery ranging from 4.3 to 51 weeks. The new survey data presented here (in table 4) finds typical Ontario patients waiting 11.8 weeks for orthopedic surgery, 2.5 weeks for elective cardiovascular surgery, and 5.9 weeks for ophthalmology procedures in 2009.

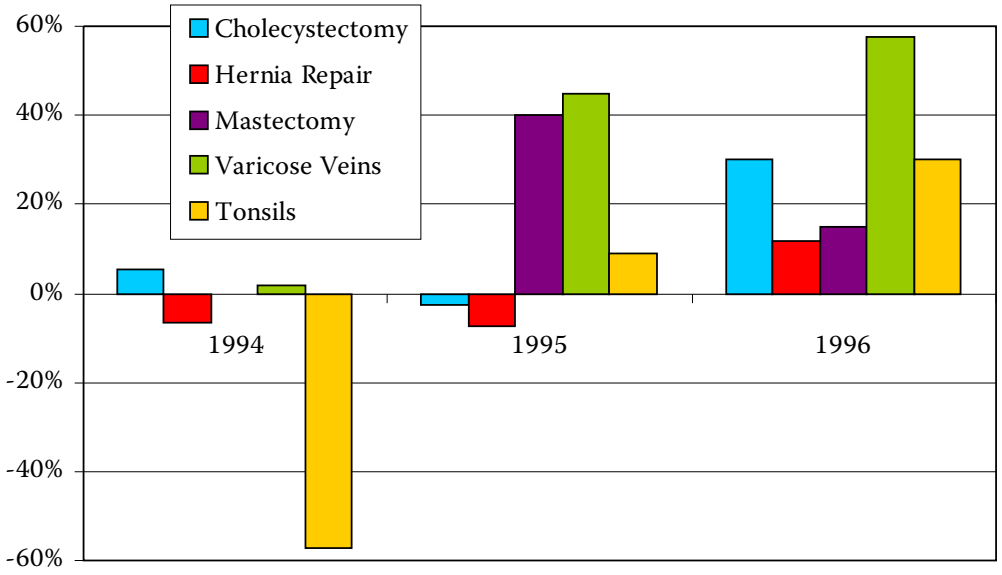
A study of waiting times for radiotherapy in Ontario between 1982 and 1991 (Mackillop et al., 1994) found that the median waiting times between diagnosis by a general practitioner and initiation of radiotherapy for carcinoma of the larynx, carcinoma of the cervix, and non-small-cell lung cancer were 30.3 days, 27.2 days, and 27.3 days, respectively. In Ontario in 2009, the wait for radiotherapy was approximately 24.5 days for cancer of the larynx, lung cancer, and for cancer of the cervix (see tables 3 and 5k). However, the 2009 estimate that the median wait for prostate cancer treatment was approximately 30.1 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 orthopedic 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 2009, the wait to see an orthopedic specialist was 12.0 weeks (see table 3) and the wait to receive hip or knee surgery was 12.0 weeks (see table 5g).

Examination of waiting times for particular cardiovascular treatments in 1990 by Collins-Nakai et al. (1992) focused on three important procedures. They estimated median Canadian waiting times of 11 weeks for angioplasty and 5.5 months for cardiac bypass surgery. In comparison, 2009 median waiting times for "angiography/angioplasty" ranged from 2.0 weeks in Ontario to 8.0 weeks in Saskatchewan and Newfoundland & Labrador (see table 5j), and for elective cardiac bypass ranged from 3.0 weeks in Ontario to 30.0 weeks in Saskatchewan (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 2009 data indicate that the provincial waiting time for elective bypass sur-

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



Source: DeCoster et al., 1998.

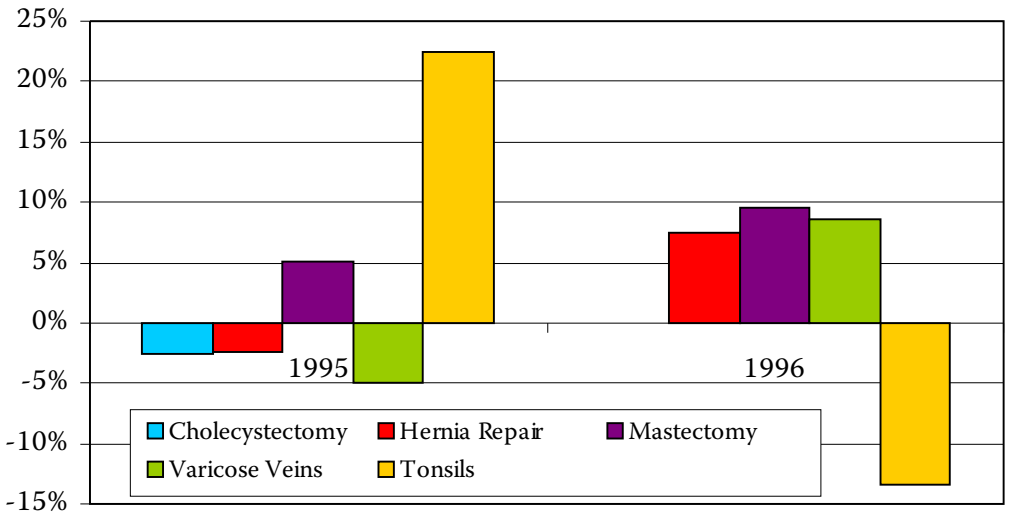
gery (between specialist consultation and treatment) ranged from 3.0 weeks in Ontario to 30.0 weeks in Saskatchewan (see table 5h).

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 2009 Ontario survey data reveal waiting times for emergent, urgent, and elective bypass surgery of less than 1, 4.2, and 21.0 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 7).

The data gathered by the Manitoba Centre for Health Policy Evaluation provide further valuable insights about the reliability of the Fraser Institute waiting list survey. One of the concerns of Institute researchers over the years has been the apparent vari-

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



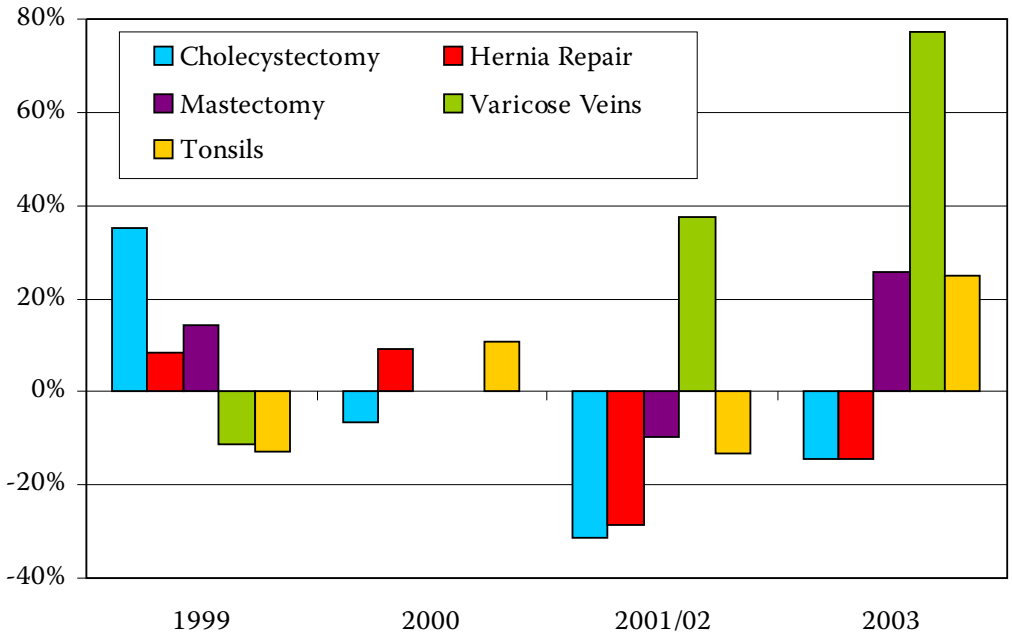
Source: DeCoster et al., 1998; and calculations by authors.

ability of the waiting time estimates. The normal presumption in measuring process fluctuations is that they will be modest in comparison to the size of the process being measured. This would predict swings in waiting times of, say, 10 or 15 percent from year to year. Numbers larger than this raise questions about whether the measurement method is subject to "noise."

Since for nearly a decade the Fraser Institute's waiting list measurements have been the only systematic ones available, the Institute has had no way to discern whether the sometimes dramatic swings in measurements are real or are induced by the sampling procedure. Comparable measurements by the Manitoba Centre, which are based on individual physician experience, cast some welcome light on the matter.

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

Chart 9: Difference in Waiting Times between Manitoba Centre for Health Policy and Evaluation and the Fraser Institute



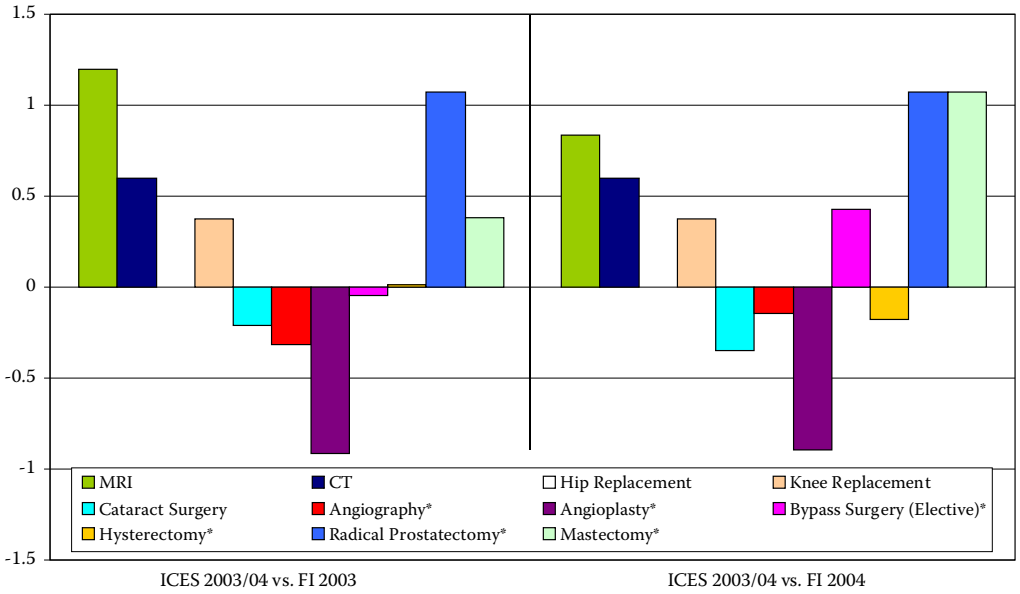
Source: DeCoster et al., 2007, and the Fraser Institute's national waiting list surveys.

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 9 shows a comparison of 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.

Chart 10: 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.

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

Mayo et al. (2001) studied the waiting time between initial diagnosis and first surgery for breast cancer (mastectomies and lumpectomies) in Quebec between 1992 and 1998. Their finding was that there was a significant increase in waiting time during that period. As initial diagnosis is not necessarily at the time of referral by the general practitioner, the time segment is not necessarily comparable to the Institute's mea-

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

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

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

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

tively. 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 orthopedic 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 orthopedic 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 2008-09, an average of 2.1 percent of cardiac patients inquired about receiving treatment in another province, while 1.6 percent of patients asked about treatment in another country. From these inquiries, 1.0 percent of all patients received treatment in another province and 0.7 percent received treatment in another country (Fraser Institute, national hospital waiting list survey, 2009).

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). By comparison, the longest median wait for emergent cardiac surgery reported in 2009 was 0.3 weeks (New Brunswick) (see table 5h). According to the Ontario panel, urgent surgeries should be performed within 6 weeks. This year's median wait time for New Brunswick falls outside this range (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 2009 was 22.4 weeks (Saskatchewan) (see tables 4 and 5h).

Prior to 1998, this Ontario panel's waiting-time estimates were used as the measure of the clinically reasonable wait for patients requiring cardiovascular surgery. Since 1998, cardiovascular surgeons were asked to indicate their impression of the clinically reasonable length of time for their patients to wait. This year's survey found cardiovascular specialists to be much less tolerant of long waits than the Ontario panel. This year's respondents felt that urgent patients should only wait 0.8 weeks for surgery (instead of 6 weeks), and that patients requiring elective cardiovascular surgery should only wait 4.2 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 Saskatchewan and Manitoba 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, Saskatchewan, Manitoba, and New Brunswick, while wait times for elective bypass surgery in Alberta, Saskatchewan, Manitoba, and New Brunswick were longer than 6 weeks in 2009 (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 2 weeks or longer in Alberta, Saskatchewan, Manitoba, and New Brunswick. Wait times for elective valvular surgery in Alberta, Saskatchewan, Manitoba, and New Brunswick were longer than 6 weeks (see table 5h). Finally, the WTA recommended maximum wait times of less than 14 days and less than 6 weeks for urgent and elective pacemaker operations respectively. The longest waiting time reported in 2009 for urgent operations was 2.0 weeks (Saskatchewan), while the waiting times reported for 2009 in British Columbia 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 2009 was 0.5 weeks (New Brunswick). The provinces have also agreed that Level II patients should be treated within 6 weeks. The longest median wait reported for urgent surgery in 2009 was 11.5 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 times for elective surgery reported in 2009 were 30.0 weeks (Saskatchewan) and 28.5 weeks (New Brunswick) while the median wait times reported for elective surgery in all other provinces were less than 26 weeks.

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.

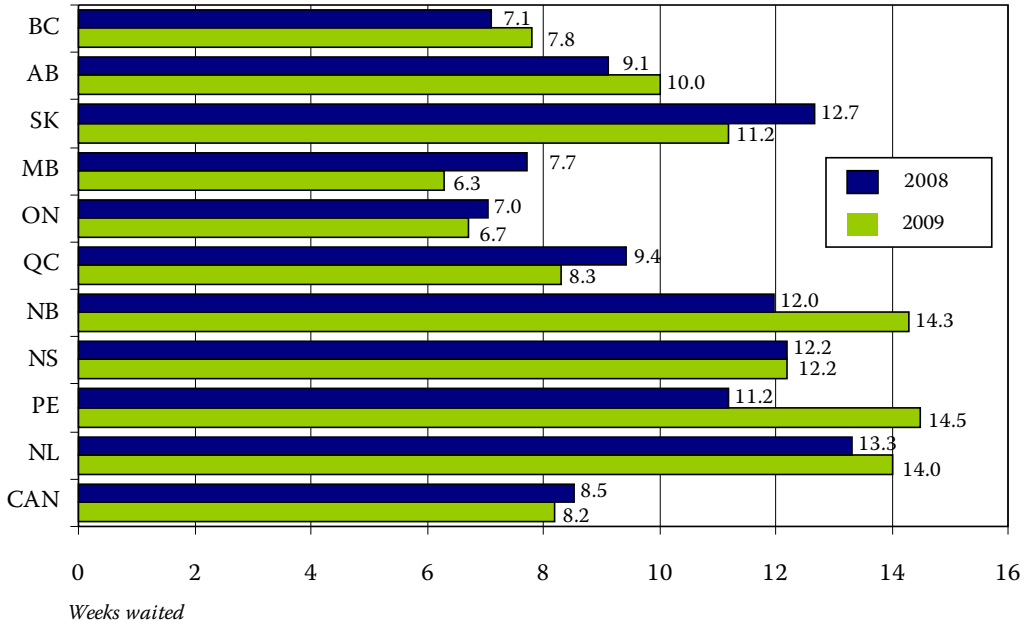
Survey results: estimated waiting in Canada

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 2009 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 8.2 weeks in 2009 from 8.5 weeks in 2008. Nevertheless, the wait time in 2009 is 122 percent longer than in 1993, when it was 3.7 weeks (see graphs 1 and 2). The weighted medians, depicted in chart 11 and graph 1, reveal that Manitoba has the shortest waits in the country for appointments with specialists (6.3 weeks), while Prince Edward Island has the

Chart 11: Waiting By Province in 2008 and 2009
Weeks Waited from Referral by GP to Appointment with Specialist



Source: The Fraser Institute's national waiting list survey, 2009.

longest (14.5 weeks). The waiting time to see a specialist has decreased in 4 provinces since 2008, but has risen in British Columbia, Alberta, New Brunswick, Prince Edward Island, and Newfoundland & Labrador. Looking at particular specialties, the majority of 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 Manitoba, Ontario, and Newfoundland & Labrador; to see a gynecologist in New Brunswick, Prince Edward Island, or Newfoundland & Labrador; to see an ophthalmologist in Quebec, New Brunswick, Nova Scotia, or Newfoundland & Labrador; to see an otolaryngologist in Alberta or Nova Scotia; to see a neurosurgeon in all provinces except Manitoba; to see an orthopedic surgeon in all provinces except Manitoba; to see a cardiovascular surgeon in Saskatchewan; and to see a urologist in Alberta, New Brunswick, Prince Edward Island, and Newfoundland & Labrador.

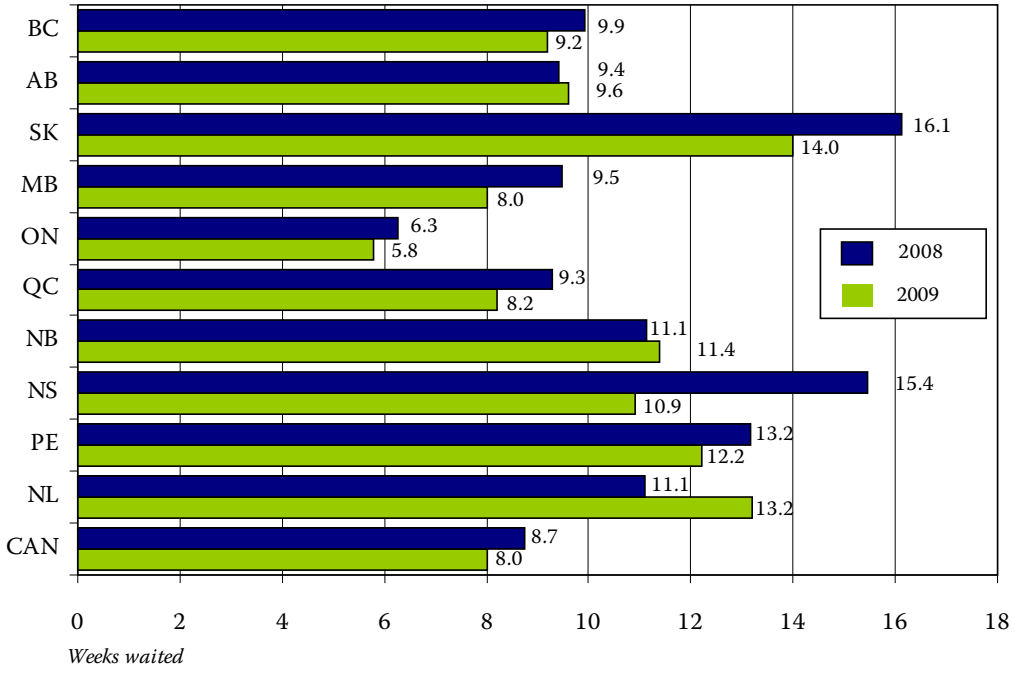
Waiting time between specialist consultation and treatment

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 ta-

bles 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 12 and 13 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 8.0 weeks in 2009, down 0.7 weeks from the 2008 level (8.7 weeks) and remaining below the historical highs experienced in the earlier part of this decade. This portion of waiting is 43 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 2009 weighted medians indicates that the longest median wait for surgery after visiting a specialist occurs in Saskatchewan (14.0 weeks) and the shortest is in Ontario (5.8 weeks). Chart 12 illustrates the median waits for treatment by province. Among the specialties, the longest Canada-wide waits are for orthopedic surgery (16.6 weeks), plastic surgery (16.3 weeks), and otolaryngology (10.2 weeks), while the shortest waits exist for urgent cardiovascular surgery (1.0 weeks), medical oncology (2.1 weeks), and radiation oncology (3.0 weeks) (see table 4).

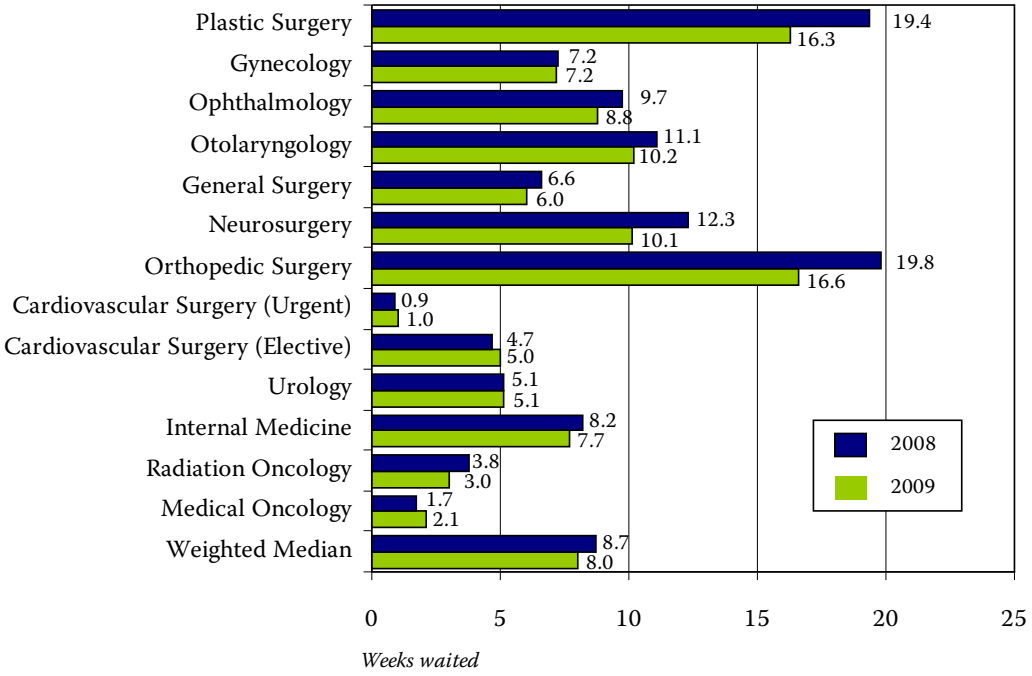
Table 7 presents a frequency distribution of the median waits for surgery by province and by region. In all provinces, the wait for the majority of operations is less

Chart 12: Waiting by Province in 2008 and 2009
Weeks Waited from Appointment with Specialist to Treatment, by Province



Source: The Fraser Institute's national waiting list survey, 2009.

Chart 13: Waiting in 2008 and 2009
Weeks Waited from Appointment with Specialist to Treatment, by Specialty



Source: The Fraser Institute's national waiting list survey, 2009.

than 13 weeks. Ontario performs the highest proportion of surgeries within 13 weeks (85.1 percent), and within 8 weeks (60.6 percent). Waits of 26 weeks or more are least frequent in Ontario (5.8 percent), and most frequent in Saskatchewan (29.9 percent).

Table 6 compares the 2008 and 2009 waiting times for treatment. This year's study indicates an overall decrease in the waiting time between consultation with a specialist and treatment in 7 provinces, with increases in Alberta (2%), New Brunswick (3%), and Newfoundland & Labrador (19%) (table 6 and chart 12). At the same time, between 2008 and 2009, the median wait fell by 7 percent in British Columbia, 13 percent in Saskatchewan, 15 percent in Manitoba, 7 percent in Ontario, 11 percent in Quebec, 29 percent in Nova Scotia, and 8 percent in Prince Edward Island.[3]

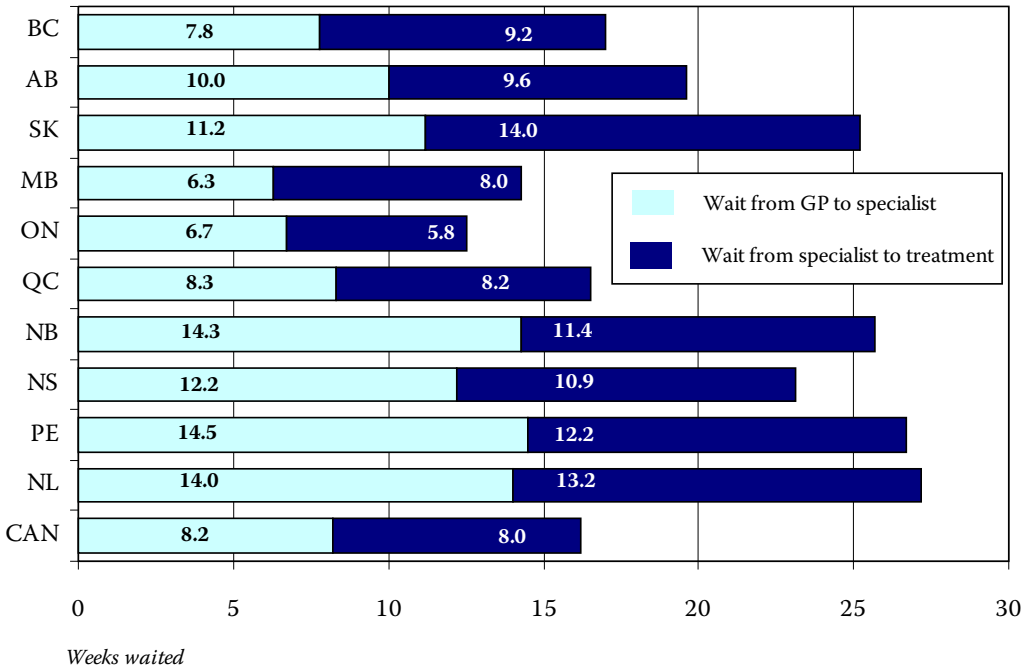
3 Adjusting for differences in specialty responses for Prince Edward Island (Otolaryngology, Cardiovascular Surgery, and Internal Medicine) changes the difference in the provincial median wait time (including only specialties for which data is available in both years) between 2008 and 2009 for Prince Edward Island to an increase of approximately 9 percent. For Saskatchewan, Manitoba, and Newfoundland & Labrador, this adjustment affects the percentage change between 2009 and 2008 to some extent but not the direction of change.

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 14 present these total wait times for each province in 2009. For Canada as a whole, total waiting time fell from its previous value of 17.3 weeks in 2008 to 16.1 weeks in 2009. Among the provinces, total waiting time rose in 4 (Alberta, New Brunswick, Prince Edward Island, and Newfoundland & Labrador) between 2008 and 2009, but fell in 5 while wait times in British Columbia were unchanged. The shortest total waiting times in 2009 were recorded in Ontario (12.5 weeks), Manitoba (14.3 weeks), and Quebec (16.6 weeks). The longest total waits were in Newfoundland & Labrador (27.3 weeks), Prince Edward Island (26.7 weeks), and New Brunswick (25.8 weeks).

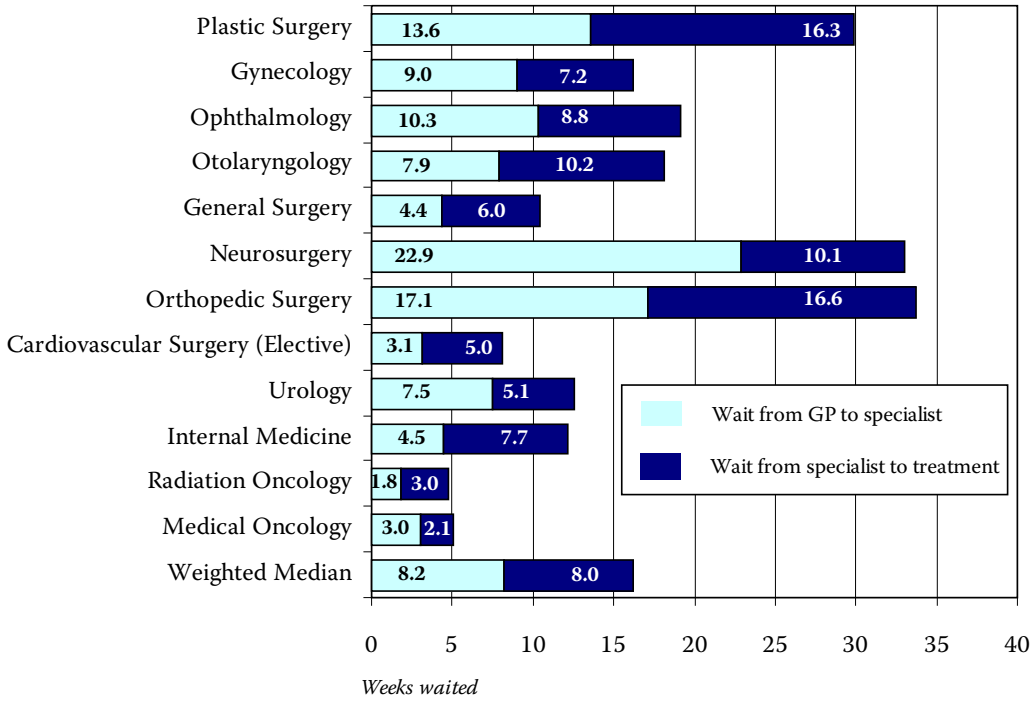
For Canada as a whole, the longest waits for treatment are in orthopedic surgery, neurosurgery, and plastic surgery. The median waits for these specialties (table 2 and

Chart 14: Median Wait by Province in 2009
Weeks Waited from Referral by GP to Treatment



Source: The Fraser Institute's national waiting list survey, 2009.

Chart 15: Median Wait by Specialty in 2009
Weeks Waited from Referral by GP to Treatment



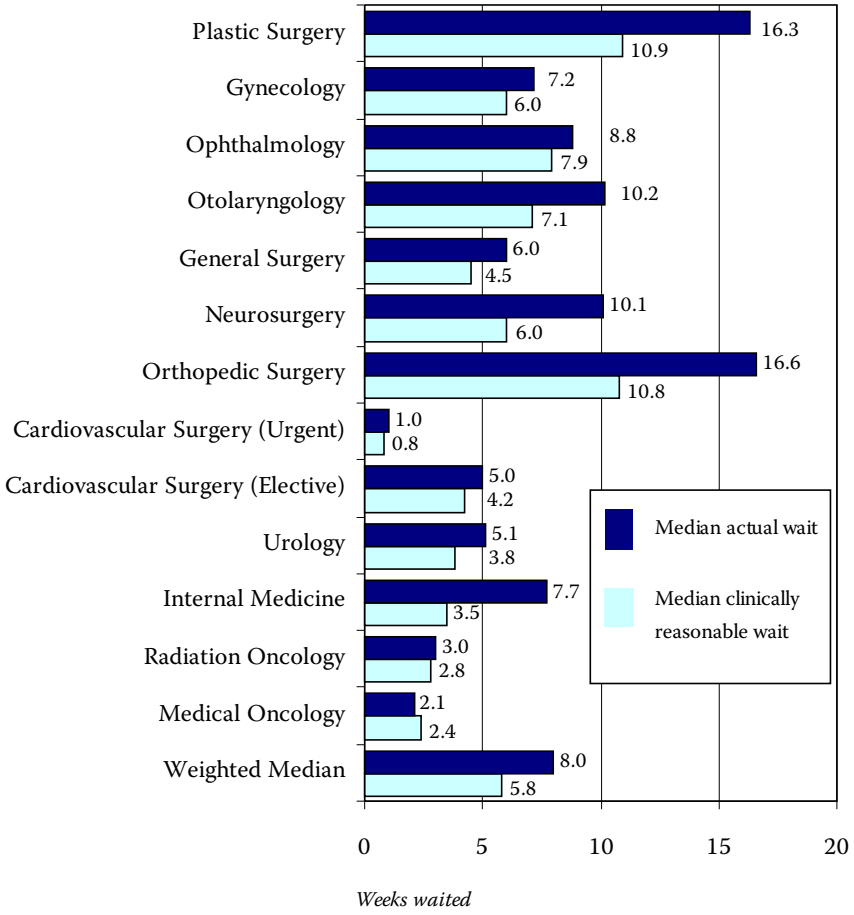
Source: The Fraser Institute's national waiting list survey, 2009.

chart 15) are longer than 6 months: 33.7 weeks for orthopedic surgery, 32.9 weeks for neurosurgery, and 29.9 weeks for plastic surgery. The shortest wait in Canada is for cancer patients being treated with radiation therapy. These patients wait approximately 4.8 weeks to receive treatment.

Clinically reasonable waiting times

When asked to give a clinically reasonable waiting time for the various procedures, specialists generally indicate a period of time substantially shorter than the median number of weeks patients were actually waiting for treatment (see tables 9a through 9l). Table 8 summarizes the weighted median reasonable waiting times for all specialties surveyed. These weighted medians were calculated in the same manner as those in table 4. Seventy-nine 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 orthopedic surgery in Ontario is 11.8 weeks. A clinically reasonable length of time to wait, according to specialists in Ontario, is 9.2 weeks. In Alberta, the actual time to wait for

Chart 16: Median Actual Wait Versus Median Clinically Reasonable Wait by Specialty for Canada
Weeks Waited from Appointment with Specialist to Treatment in 2009



Source: The Fraser Institute's national waiting list survey, 2009.

general surgery is 7.6 weeks, whereas a wait of 4.8 weeks is considered to be clinically reasonable. Table 10 summarizes the differences between the median reasonable and median actual wait for specialties.

Chart 16 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 orthopedic surgery, where the actual waiting time is nearly 6 weeks longer than what is considered to be reasonable by specialists.

Number of procedures for which people are waiting

As a result of discussions with representatives from the Saskatchewan Department of Health in 2002, as discussed in the 12th edition of *Waiting Your Turn,* counts of the numbers of patients waiting for surgery have been replaced with the numbers of procedures for which patients are waiting. Although there is considerable evidence from provinces outside Saskatchewan that the previous assumption—that one procedure is a good proxy for one patient waiting—is sound, evidence from Saskatchewan suggests that "procedures for which people are waiting" is a description that better reflects the Fraser Institute's methodology, which was also altered in 2003 due to continued concerns with the estimated counts for Saskatchewan. As a result, these numbers should be interpreted with caution, especially for Saskatchewan. Although this cautionary note applies to all estimates of procedures for which people are waiting, there do not appear to be significant systematic differences between the numbers of procedures for which people are waiting estimated in this edition of *Waiting Your Turn* and counts of patients waiting provided to us by provincial ministries.

Tables 13a through 13l estimate the numbers of procedures for which people are waiting for the specific procedures comprising each of the 12 specialties. Because provincial populations vary greatly, it is hard to gauge the differences in the lengths of waiting lists solely on the basis of the sheer numbers of procedures for which people are waiting. Consequently, table 14 presents the numbers on a population-adjusted basis (per 100,000). This illustrates population-adjusted differences that are not apparent from the raw totals. For example, in Ontario, there are 7,602 gynecology procedures for which people are waiting, while there are only 2,874 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: 80 procedures per 100,000 people there, versus 59 procedures per 100,000 people in Ontario (see table 14). Tables 12 and 14 provide summaries of estimated numbers of procedures for which people are waiting.

Table 15 compares the numbers of procedures for which people were waiting in 2008 with those in 2009.

In eight provinces, the estimated number of procedures for which people are waiting decreased between 2008 and 2009. Similarly, the estimated number of procedures for which people are waiting in Canada fell from 750,794 in 2008 to 694,161, a 7.5 percent decrease. As a percentage of the population, 2.08 percent of Canadians were waiting for treatment in 2009, varying from a low of 1.49 percent in Ontario to a high of 4.29 percent in Newfoundland & Labrador.

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 17 compares those benchmarks for which a similar comparator exists in *Waiting Your Turn*. Two observations arise from this comparison. First, Canada's physicians tend to have a lower threshold for reasonable wait times than do Canada's provincial, territorial, and federal governments. Second, median wait times in many provinces are already within the benchmarks set by governments in Canada,[4] which means that more than 50 percent of patients in these provinces are already being treated in a time frame that provincial governments would consider "reasonable" according to these benchmarks.

Health expenditures and waiting times

Given the variation in waiting time across the provinces, it is natural to ask whether governments in those provinces with shorter waiting times achieve this result by spending more on health care. To evaluate this hypothesis, provincial weighted medians (i.e., the last line in table 2) for the years 1993 through 1998 were taken from those editions of *Waiting Your Turn*. The statistical technique of regression analysis was used to assess whether provinces that spent more on health care (controlling for other differences across provinces such as the percentage of elderly, per capita disposable income, the party in power, and the frequency of health sector strikes) had shorter waiting times. The measure of spending used was real (i.e., adjusted for differences in health costs over time and across provinces) per capita total government spending on health care. The analysis revealed that provinces that spent more on health care per person had neither shorter nor longer weighted median waiting times than provinces that spent less. In addition, provinces 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

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

Chart 17: Pan-Canadian Benchmark Wait Times and Waiting Your Turn 2009

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	3.0 (1.6-4.3)	2.8 (2.0-3.5)
Hip Replacements	within 26 weeks	17.1 (12.0-60.0)	11.8 (10.0-24.0)
Knee Replacements	within 26 weeks	17.1 (12.0-60.0)	11.8 (10.0-24.0)
Cataract Surgery	within 16 weeks for patients who are at high risk	9.0 (6.0-15.0)	8.2 (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 (0.0-0.5)/ Urgent: 1.2 (0.1-11.5)/ Elective: 5.8 (3.0-30.0)	Emergent: 0.2 (0.0-1.0)/ Urgent: 0.8 (0.0-5.0)/ Elective: 4.1 (0.0-9.0)

[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.

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 2008, the fraction of total Canadian health spending attributable to governments was 69.8 percent (OECD, 2009). A substantial body of economic research demonstrates that governments are almost always less effective providers of goods and services than private firms. Borcherding et al.'s (1982) comprehensive analysis of 50 studies comparing government and private provision of a variety of goods and services discovered that government provision was superior to private provision (in terms of higher productivity and lower costs) in only two out of those 50 cases. Megginson and Netter, in their comprehensive review of privatization (2001), concluded that privately-owned firms are more efficient and profitable than comparable public sector firms. This pattern was replicated in the context of hospital care, where Zelder (2000a) found that the majority of studies comparing for-profit and government-run hospitals indicated that for-profits had lower costs. Consequently, the revelation that higher spending appears to produce no improvement in waiting time is entirely consistent with this literature. This implies that, given the health system's current configuration, increases in spending should not be expected to shorten waiting times.

A note on technology

The wait to see a specialist and the wait to receive treatment are not the only waits that patients face. Within hospitals, limited budgets force specialists to work with scarce resources. Chart 18 gives an indication of the difficulties that Canadian patients have in gaining access to modern medical technologies compared to their counterparts in the rest of the Organisation for Economic Cooperation and Development (OECD). Despite the fact that Canada was ranked second in health spending amongst the universal-access, public-health-care-system countries in the OECD in 2005 after accounting for the age of the Canadian population (Esmail and Walker, 2008), 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 19 displays the median number of weeks patients must wait for access to a CT, MRI, or ultrasound scanner. The median wait for CT and MRI scans was shorter in 2009 than in 2008, while the national median wait time for ultrasound increased. The median wait for a CT scan across Canada was 4.6 weeks. The shortest wait for computed tomography was in Alberta and Ontario (4.0 weeks), while the longest wait occurred in Prince Edward Island (8.0 weeks). The median wait for an MRI across Canada was 8.9 weeks. Patients in Ontario waited the least amount of time for an MRI (6.0 weeks), while Newfoundland & Labrador residents waited longest (15.5 weeks). Finally, the median wait for ultrasound was 4.7 weeks across Canada. Ontario displayed the shortest wait (2.0 weeks) while Prince Edward Islanders, at 15.0 weeks, waited the longest for ultrasound.

Conclusion

The 2009 *Waiting Your Turn* survey indicates that waiting times for medical treatment in Canada have fallen from 2008, 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 10.3 percent of patients are on waiting lists because

Chart 18: Canadian Doctors, Medical Technology, and Health Spending Relative to the Universal Access Countries of the OECD[1], Age-Adjusted[2], 2005

Comparison	Canadian Value	OECD Average	Canadian Rank	Number of Countries
Doctors per 1,000 population	2.3	3.1	23 (tie)	28
CT Scanners per million population	12.8	21.5	19	26
MRI Scanners per million population	6.3	9.5	14	25
Lithotriptors per million population	0.6	3.1	19 (tie)	21
Mammographs per million population	23.6	20.9	8	21
National Health Expenditure as a Percent of GDP	11.0	9.0	2 (tie)	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, 2008).
Source: Esmail and Walker, 2008.

they requested a delay or postponement of their treatment. The responses range from a low of 5.1 percent of medical oncology patients requesting a delay of treatment, to a high of 13.6 percent of plastic surgery 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 47.2 percent, ranging from 34.3 percent of plastic surgery patients to 67.3 percent of internal medicine patients (Fraser Institute, national hospital waiting list survey, 2009).

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.

Chart 19: Waiting for Technology: Weeks Waited to Receive Selected Diagnostic Tests in 2009, 2008, and 2007

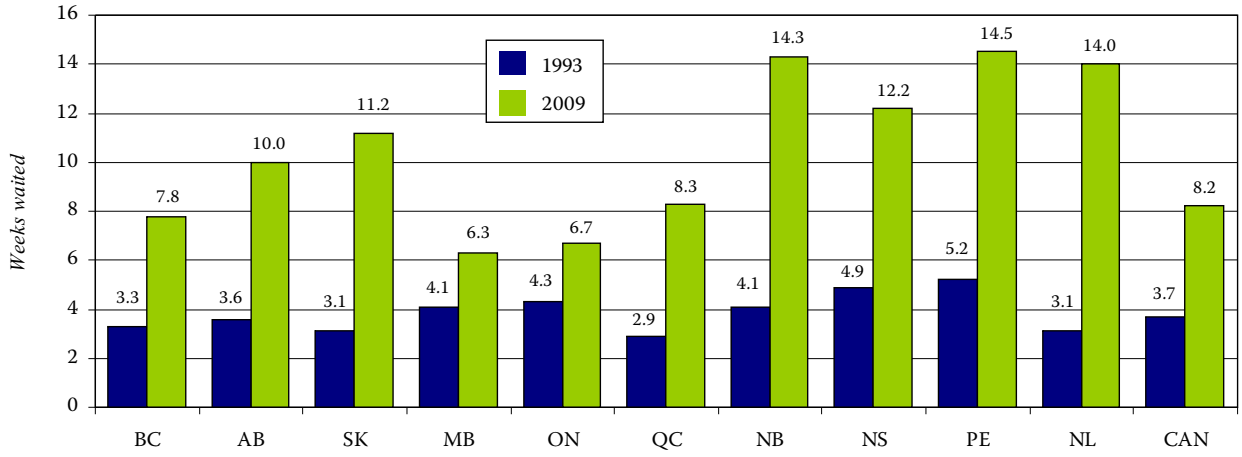
Province	CT-Scan			MRI			Ultrasound		
	2009	2008	2007	2009	2008	2007	2009	2008	2007
British Columbia	5.0	4.5	4.0	12.0	12.0	12.0	4.0	3.6	3.5
Alberta	4.0	4.0	4.0	8.0	8.0	10.0	3.0	2.0	2.0
Saskatchewan	6.0	6.0	5.5	11.0	12.0	12.0	3.0	3.0	4.0
Manitoba	5.0[1]	5.0	8.0	8.0[2]	5.5	8.0	5.0[3]	6.0	10.0
Ontario	4.0[4]	4.0	4.0	6.0[5]	7.0	7.8	2.0	2.0	2.0
Quebec	5.0	6.0	6.0	11.0	12.0	12.0	8.0	7.5	6.0
New Brunswick	4.3	4.3	4.0	8.0	10.0	8.0	6.0	7.0	4.0
Nova Scotia	5.0[6]	5.0	4.0	9.5[7]	12.0	10.0	7.0[8]	6.0	5.0
P.E.I.	8.0[9]	19.0	6.5	14.0[10]	25.0	12.0	15.0	35.0	10.0
Newfoundland & Labrador	6.5	6.0	5.8	15.5	14.0	20.0	8.0	7.0	6.0
Canada	4.6	4.9	4.8	8.9	9.7	10.1	4.7	4.4	3.9

[1]Manitoba Health web site reports a 5 week average estimated maximum wait time for CT/CAT scans for April 2009.
[2]Manitoba Health web site reports a 16 week average estimated maximum wait time for MRI scans for April 2009.
[3]Manitoba Health web site reports a 7 week average estimated maximum wait time for ultrasound exams for April 2009.
[4]Ontario Ministry of Health and Long Term Care web site reports a median wait time of 9 days for a CT scan during the period from April to June 2009.
[5]Ontario Ministry of Health and Long Term Care web site reports a median wait time of 37 days for an MRI scan during the period April to June 2009.
[6]Nova Scotia Department of Health web site reports wait times ranging from 6 to 116 days for CT scans in March 2009.
[7]Nova Scotia Department of Health web site reports wait times ranging from 28 to 190 days for MRI scans in March 2009.
[8]Nova Scotia Department of Health web site reports wait times ranging from 13 to 167 days for ultrasound exams in March 2009.
[9]PEI Ministry of Health website reports that emergent CT scans were performed immediately, patients classified as Urgent I had an average wait time of 12 days, patients classified as Urgent II had an average wait time of 41 days, and patients classified as Urgent III had an average wait time of 61 days during the period January 1 to March 31, 2009.
[10]PEI Ministry of Health website reports that emergent MRI scans were performed immediately, patients classified as Urgent I had an average wait time of 10 days, patients classified as Urgency II had an average wait time of 58 days, and patients classified as Urgency III had an average wait time of 119 days during the period January 1 to March 31, 2009.

Selected graphs

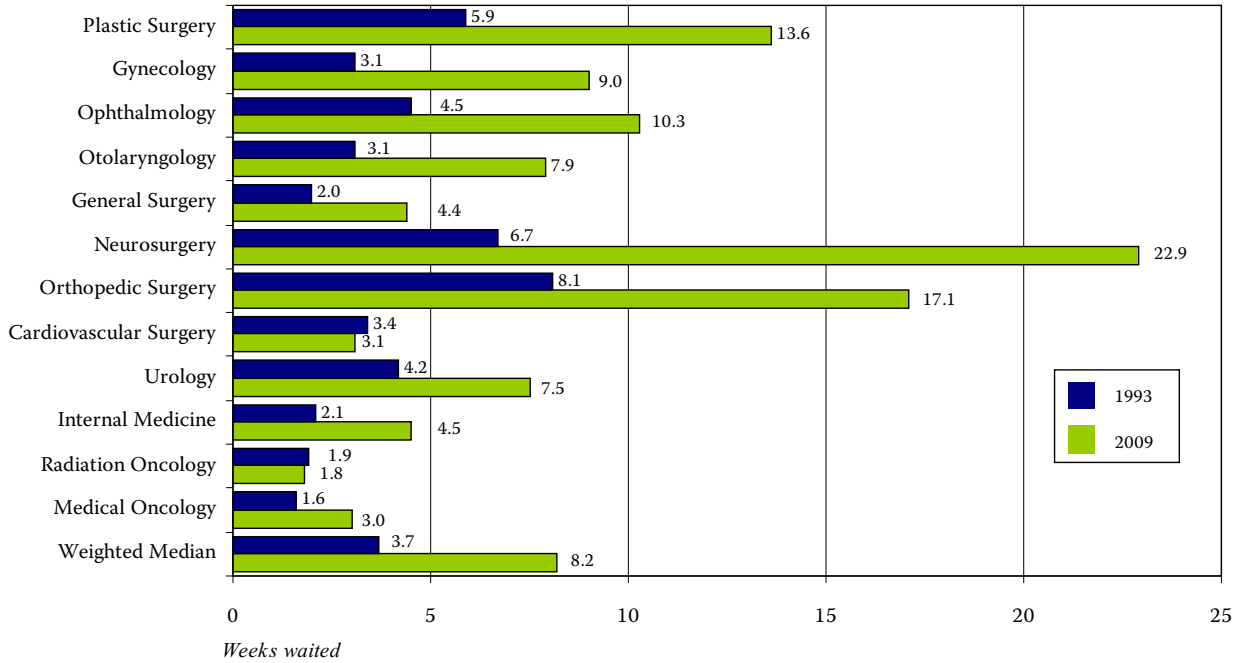
Graphs 1–6: Median Actual Waiting Times, 1993 and 2009
Graphs 7–8: Median Reasonable Waiting Times, 1994 and 2009
Graphs 9–19: Actual versus Reasonable Waiting Times, 1994 through 2009, by Province

Graph 1: Median Wait Between Referral by GP and Appointment with Specialist, by Province, 1993 and 2009



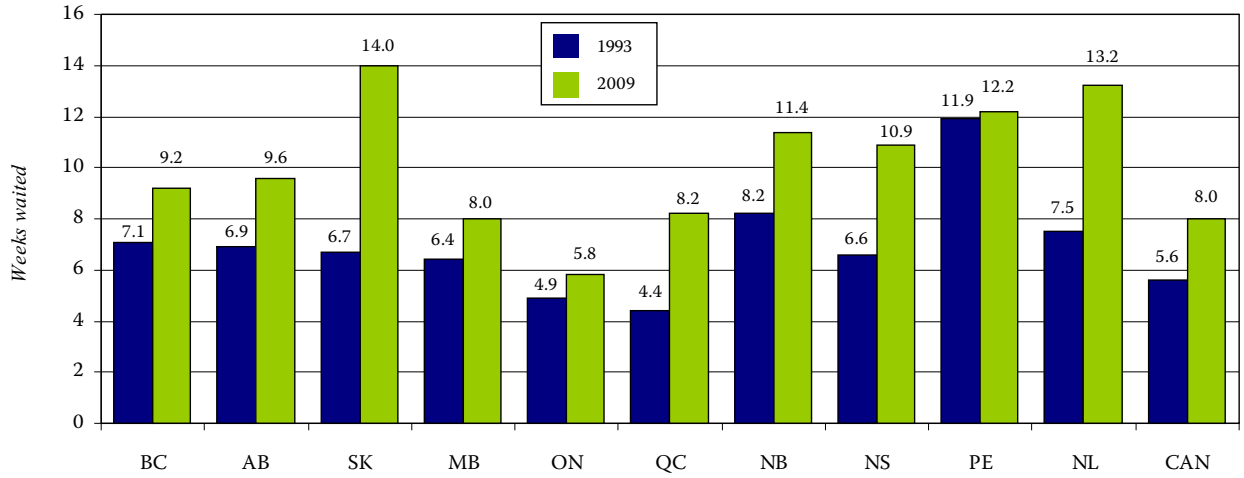
Source: The Fraser Institute's national waiting list survey, 2009; and Ramsay and Walker, 1997.

Graph 2: Median Wait between Referral by GP and Appointment with Specialist, by Specialty, 1993 and 2009



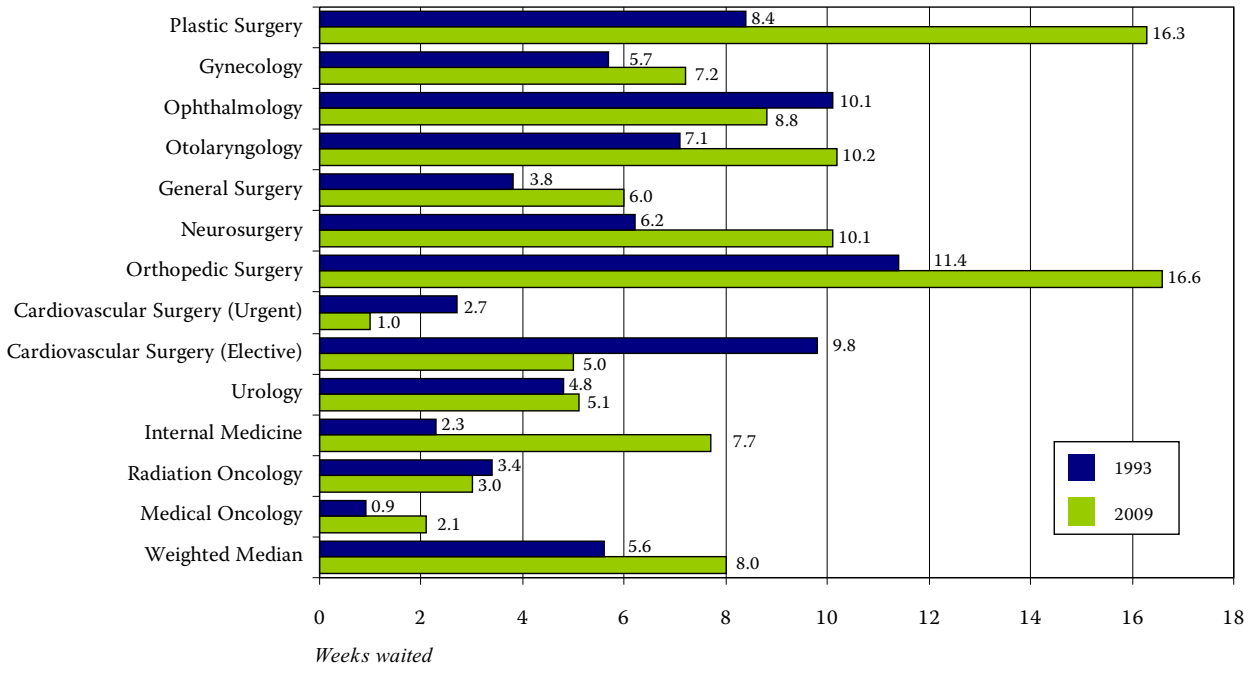
Source: The Fraser Institute's national waiting list survey, 2009; and Ramsay and Walker, 1997.

Graph 3: Median Wait between Appointment with Specialist and Treatment, by Province, 1993 and 2009



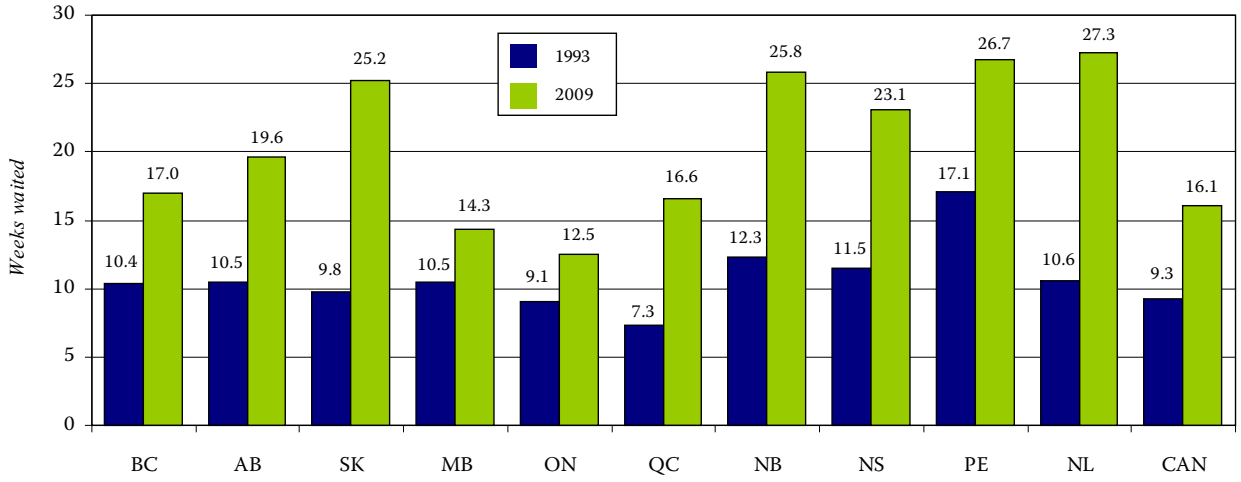
Source: The Fraser Institute's national waiting list survey, 2009; and Ramsay and Walker, 1997.

Graph 4: Median Wait between Appointment with Specialist and Treatment, by Specialty, 1993 and 2009



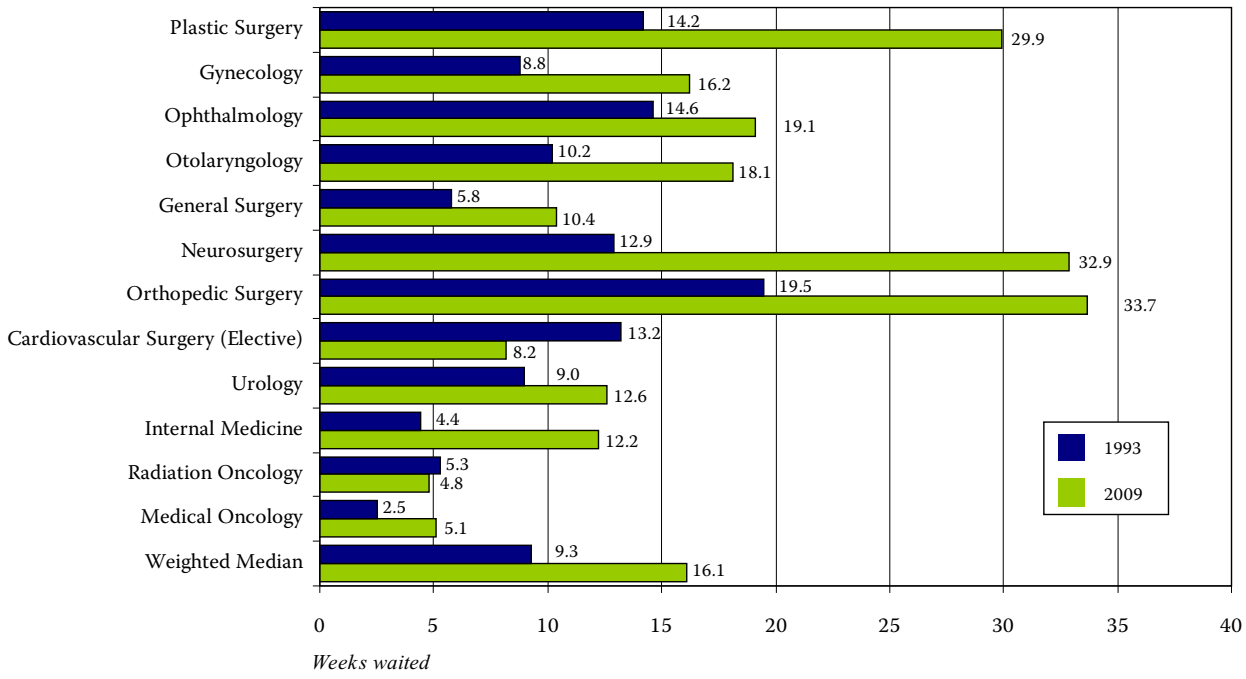
Source: The Fraser Institute's national waiting list survey, 2009; and Ramsay and Walker, 1997.

Graph 5: Median Wait between Referral by GP and Treatment, by Province, 1993 and 2009



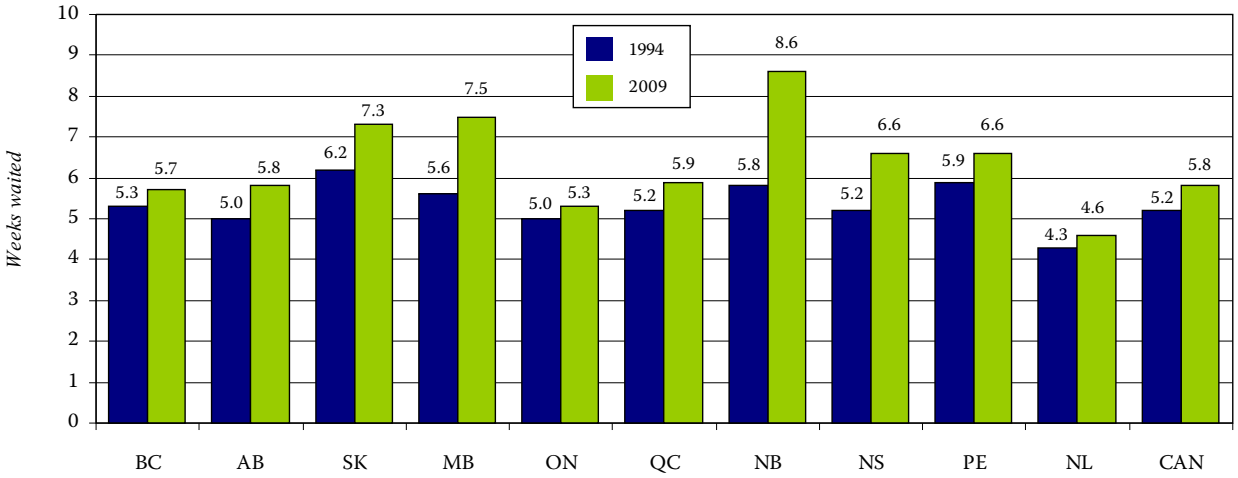
Source: The Fraser Institute's national waiting list survey, 2009; and Ramsay and Walker, 1997.

Graph 6: Median Wait between Referral by GP and Treatment, by Specialty, 1993 and 2009



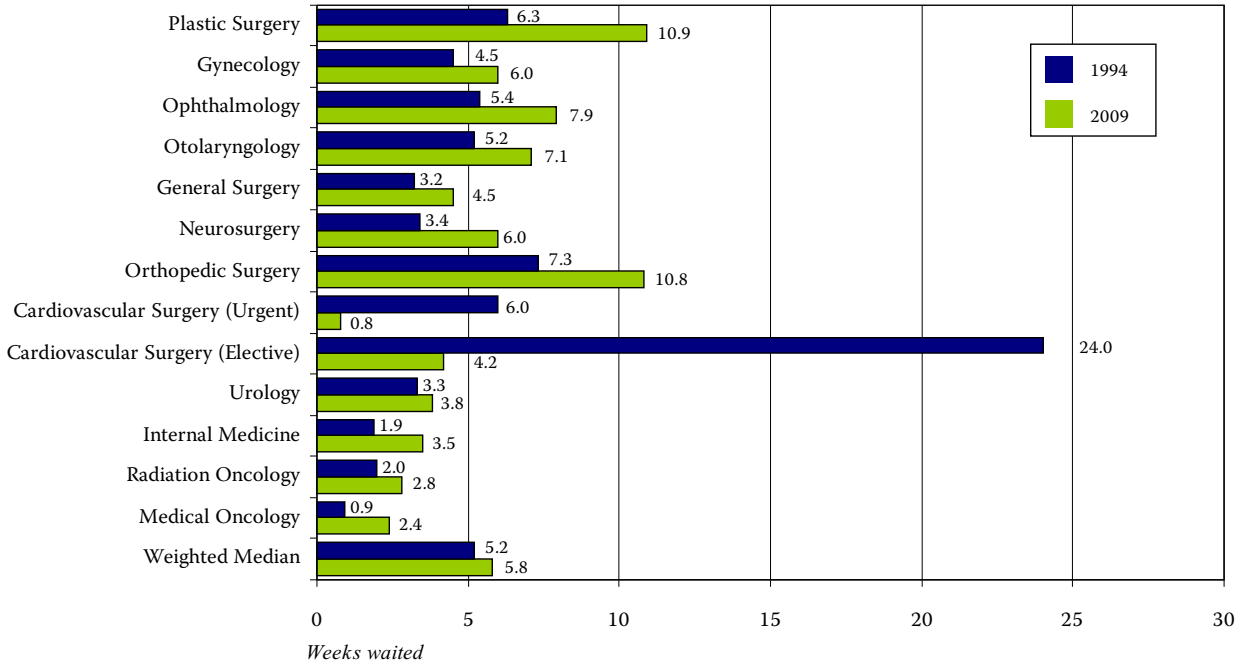
Source: The Fraser Institute's national waiting list survey, 2009; and Ramsay and Walker, 1997.

Graph 7: Median Reasonable Wait between Appointment with Specialist and Treatment, by Province, 1994 and 2009



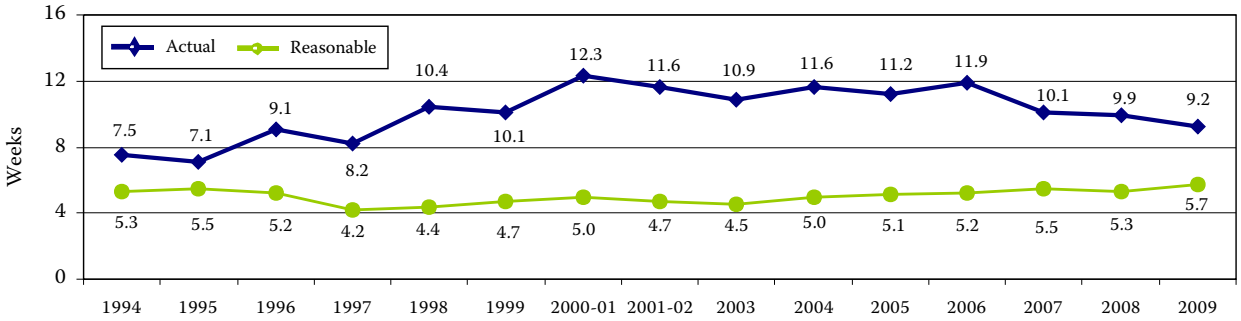
Source: The Fraser Institute's national waiting list survey, 2009; and Ramsay and Walker, 1997.

Graph 8: Median Reasonable Wait between Appointment with Specialist and Treatment, by Specialty, 1994 and 2009



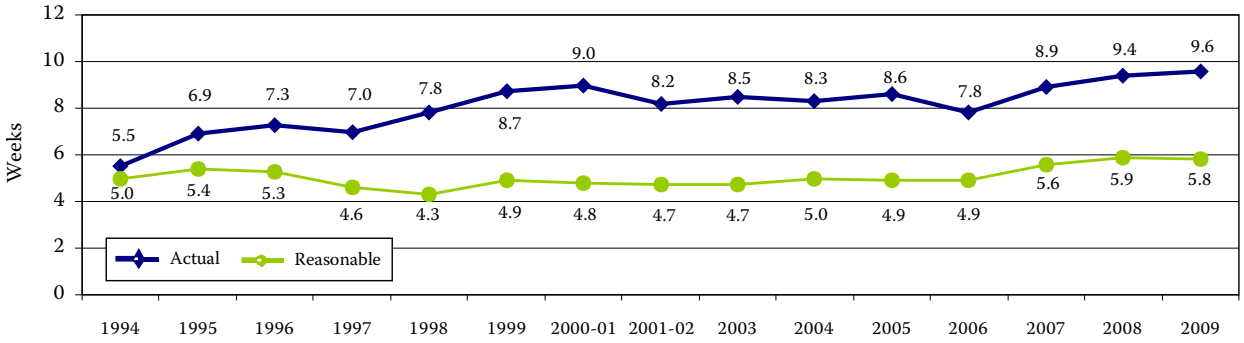
Source: The Fraser Institute's national waiting list survey, 2009; and Ramsay and Walker, 1997.

Graph 9: British Columbia—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2009



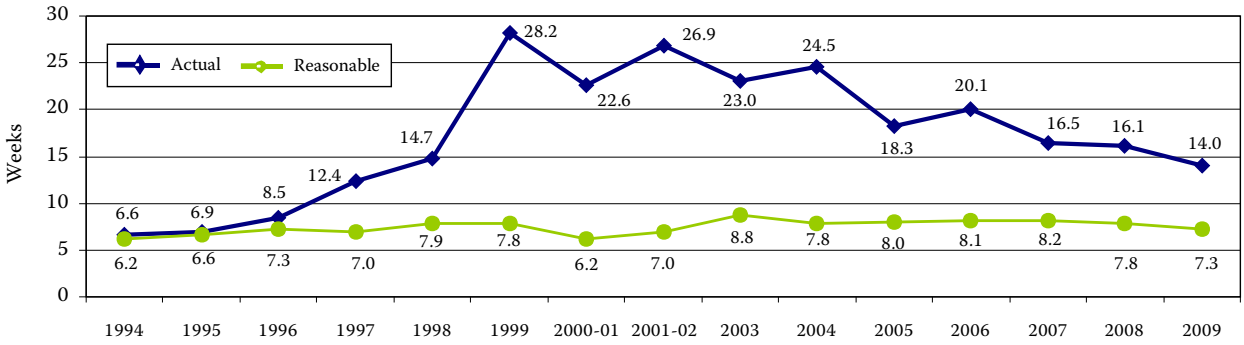
Source: The Fraser Institute's national waiting list surveys, 1995-2009.

Graph 10: Alberta—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2009



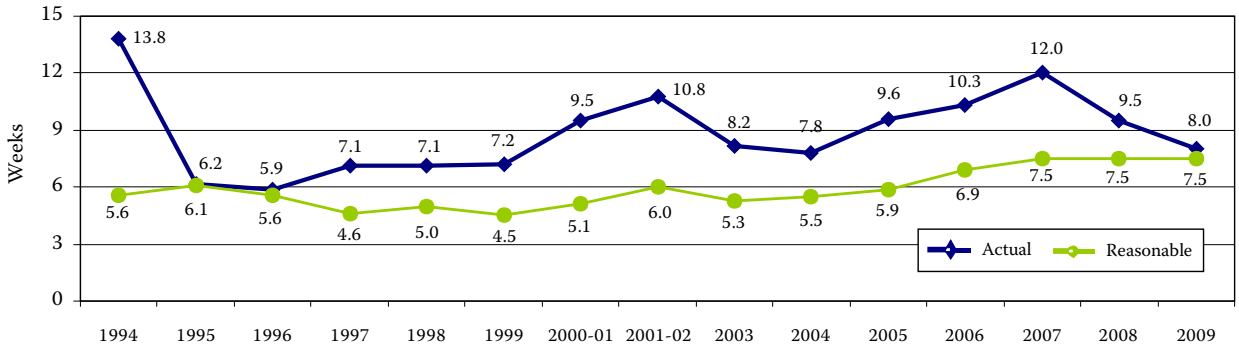
Source: The Fraser Institute's national waiting list surveys, 1995-2009.

Graph 11: Saskatchewan—Actual Versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2009



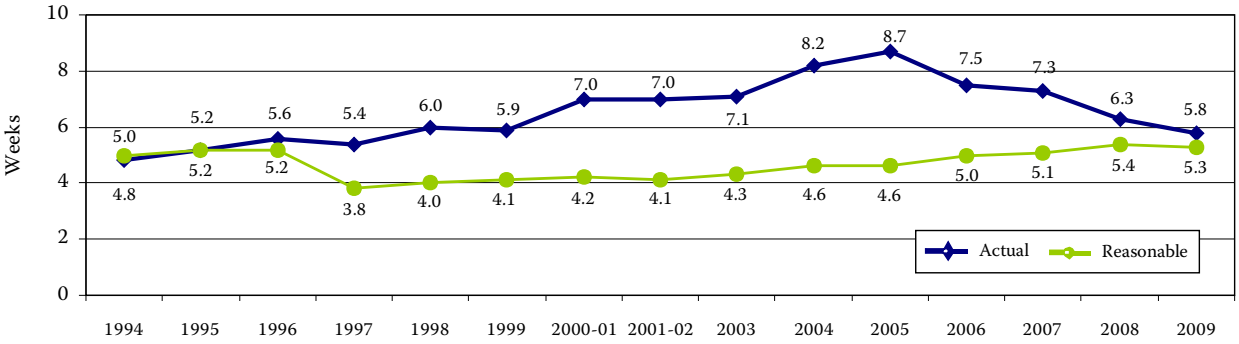
Source: The Fraser Institute's national waiting list surveys, 1995-2009.

Graph 12: Manitoba—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2009



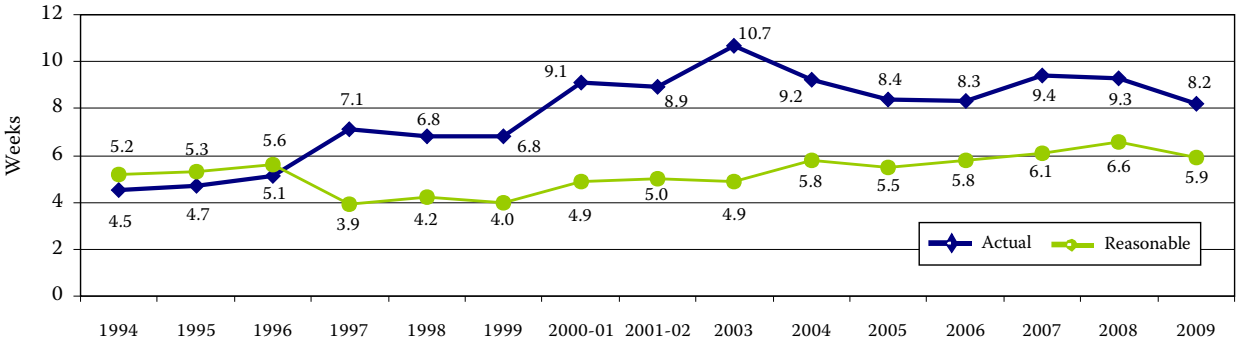
Source: The Fraser Institute's national waiting list surveys, 1995-2009.

Graph 13: Ontario—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2009



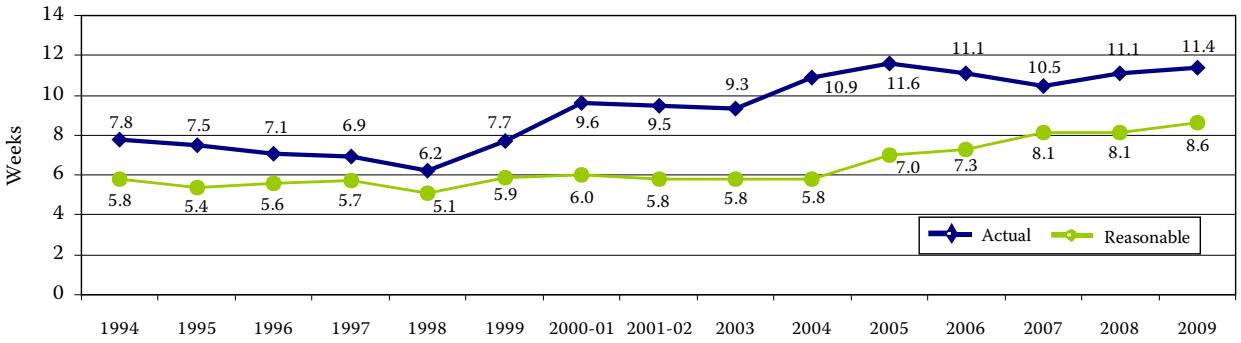
Source: The Fraser Institute's national waiting list surveys, 1995-2009.

Graph 14: Quebec—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2009



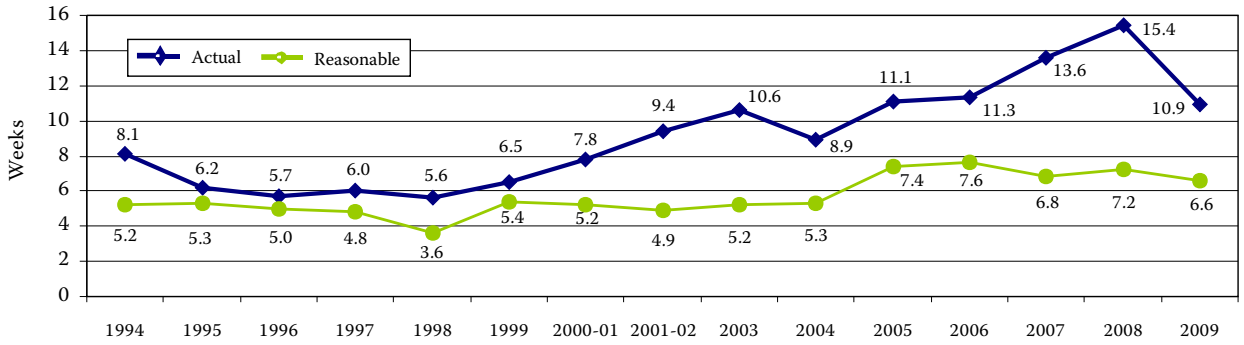
Source: The Fraser Institute's national waiting list surveys, 1995-2009.

Graph 15: New Brunswick—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2009



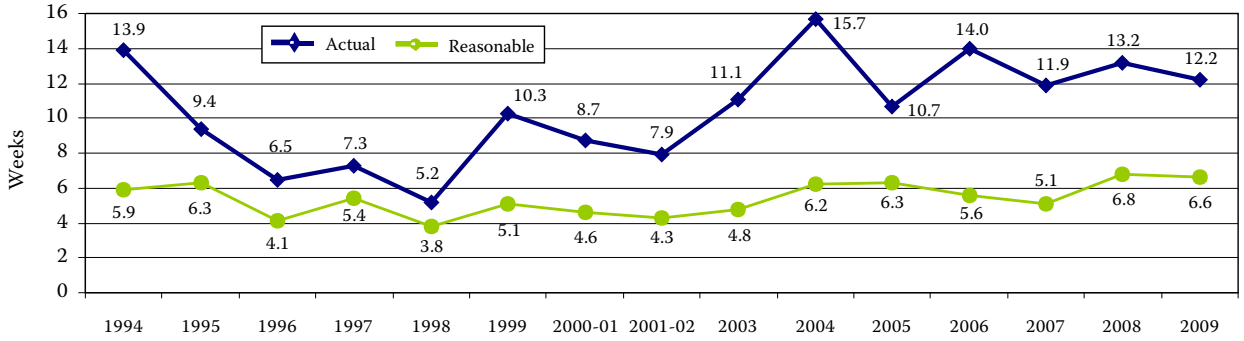
Source: The Fraser Institute's national waiting list surveys, 1995-2009.

Graph 16: Nova Scotia—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2009



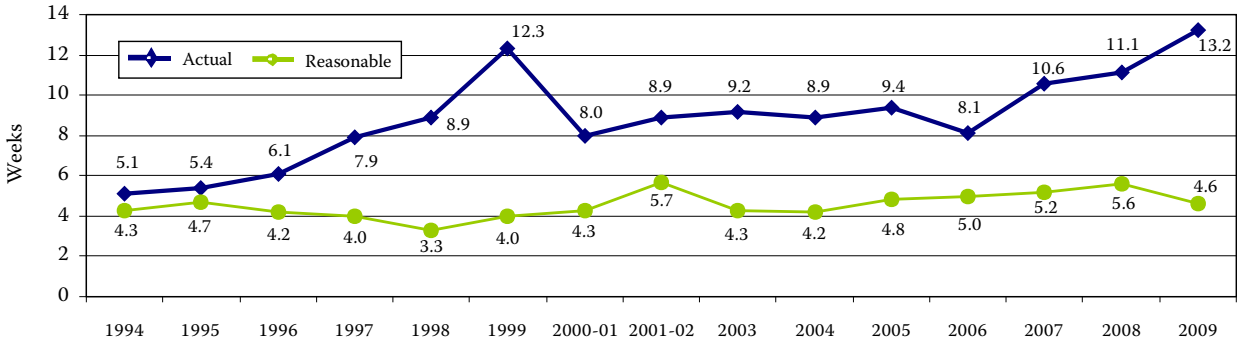
Source: The Fraser Institute's national waiting list surveys, 1995-2009.

Graph 17: Prince Edward Island—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2009



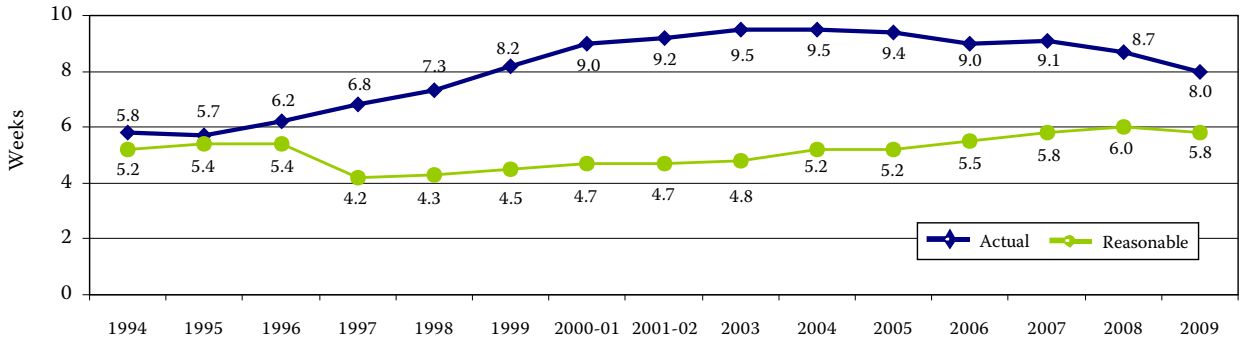
Source: The Fraser Institute's national waiting list surveys, 1995-2009.

Graph 18: Newfoundland & Labrador—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2009



Source: The Fraser Institute's national waiting list surveys, 1995-2009.

Graph 19: Canada—Actual versus Reasonable Waits Between Appointment with Specialist and Treatment, 1994 through 2009



Source: The Fraser Institute's national waiting list surveys, 1995-2009.

Selected data tables

Table 1a: Summary of Responses, 2009—Response Rates (Percentages)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	37%	45%	45%	40%	27%	17%	33%	20%	50%	25%	29%
Gynecology	35%	33%	44%	33%	26%	18%	21%	23%	44%	24%	26%
Ophthalmology	35%	39%	30%	34%	29%	19%	43%	24%	25%	50%	28%
Otolaryngology	35%	33%	38%	41%	28%	23%	47%	44%	0%	20%	29%
General Surgery	26%	26%	38%	27%	24%	13%	27%	25%	60%	22%	22%
Neurosurgery	32%	29%	0%	43%	23%	16%	38%	44%	—	0%	24%
Orthopedic Surgery	30%	34%	37%	33%	26%	18%	35%	40%	100%	27%	27%
Cardiovascular Surgery	40%	38%	40%	40%	22%	16%	27%	24%	100%	0%	26%
Urology	33%	36%	45%	57%	27%	28%	56%	26%	100%	29%	31%
Internal Medicine	28%	28%	30%	28%	23%	11%	22%	19%	33%	20%	22%
Radiation Oncology	5%	15%	0%	13%	15%	16%	67%	0%	100%	25%	14%
Medical Oncology	17%	17%	0%	0%	14%	9%	50%	23%	100%	0%	13%
Total	30%	31%	35%	31%	24%	16%	33%	25%	54%	24%	25%

Table 1b: Summary of Responses, 2009—Number of Responses

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	22	19	5	4	42	15	4	2	1	1	115
Gynecology	69	50	16	17	167	71	6	12	4	6	418
Ophthalmology	56	34	6	10	105	51	9	9	1	7	288
Otolaryngology	28	15	3	7	58	45	7	11	0	2	176
General Surgery	46	38	13	14	138	59	9	14	3	4	338
Neurosurgery	10	9	0	3	18	10	3	4	—	0	57
Orthopedic Surgery	52	40	10	13	114	53	11	12	4	4	313
Cardiovascular Surgery	20	11	2	4	25	14	3	4	1	0	84
Urology	26	15	5	8	59	41	10	5	2	2	173
Internal Medicine	86	85	21	29	268	52	9	17	2	7	576
Radiation Oncology	3	4	0	1	22	12	4	0	1	1	48
Medical Oncology	9	6	0	0	17	10	1	3	1	0	47
Total	427	326	81	110	1,033	433	76	93	20	34	2,633

Table 1c: Summary of Responses, 2009—Number of Questionnaires Mailed Out

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	60	42	11	10	154	89	12	10	2	4	394
Gynecology	198	150	36	52	647	394	29	53	9	25	1,593
Ophthalmology	160	87	20	29	366	273	21	38	4	14	1,012
Otolaryngology	80	46	8	17	208	197	15	25	2	10	608
General Surgery	180	144	34	51	566	449	33	56	5	18	1,536
Neurosurgery	31	31	8	7	78	63	8	9	—	3	238
Orthopedic Surgery	174	119	27	40	435	297	31	30	4	15	1,172
Cardiovascular Surgery	50	29	5	10	113	88	11	17	1	4	328
Urology	79	42	11	14	218	145	18	19	2	7	555
Internal Medicine	307	306	69	104	1,187	471	41	88	6	35	2,614
Radiation Oncology	56	27	3	8	151	75	6	9	1	4	340
Medical Oncology	54	35	1	8	125	112	2	13	1	5	356
Total	1,429	1,058	233	350	4,248	2,653	227	367	37	144	10,746

Table 2: Median Total Expected Waiting Time from Referral by GP to Treatment, by Specialty, 2009 (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	43.6	32.7	47.4	18.1	17.5	39.4	45.7	38.8	24.0	28.6	29.9
Gynecology	14.7	19.1	12.2	13.0	14.0	17.3	30.4	13.9	43.6	30.6	16.2
Ophthalmology	13.3	17.5	22.0	15.8	13.9	22.1	34.7	28.6	16.2	32.4	19.1
Otolaryngology	21.4	25.1	36.7	16.3	15.7	13.5	18.3	32.6	—	12.5	18.1
General Surgery	12.1	12.6	11.0	9.0	8.7	10.3	9.9	12.3	6.3	20.8	10.4
Neurosurgery	57.9	25.3	—	8.3	32.8	25.7	40.0	23.8	—	—	32.9
Orthopedic Surgery	39.1	46.0	84.8	27.5	23.8	27.5	35.9	84.8	64.2	39.0	33.7
Cardiovascular Surgery (Elective)	8.0	9.7	46.4	22.0	4.5	6.7	18.3	8.3	5.0	—	8.2
Urology	12.0	17.8	19.9	13.3	9.6	11.3	28.6	17.4	36.9	37.4	12.6
Internal Medicine	11.2	15.8	14.7	11.6	10.0	13.3	16.8	9.4	12.7	24.6	12.2
Radiation Oncology	4.5	6.5	—	5.8	3.8	6.0	4.7	—	3.1	6.2	4.8
Medical Oncology	4.0	7.5	—	—	4.6	5.2	9.0	5.2	5.0	—	5.1
Weighted Median	17.0	19.6	25.2	14.3	12.5	16.6	25.8	23.1	26.7	27.3	16.1

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, 2009 (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	17.0	16.0	12.0	6.0	8.0	20.0	30.0	22.0	12.0	11.0	13.6
Gynecology	6.0	11.5	3.5	6.0	8.0	10.0	22.0	8.0	32.0	20.0	9.0
Ophthalmology	5.8	6.0	11.5	8.0	8.0	12.0	20.0	20.0	8.0	24.0	10.3
Otolaryngology	5.5	12.0	4.0	6.0	8.0	6.0	8.0	24.0	—	6.0	7.9
General Surgery	5.0	5.0	4.0	3.3	4.0	4.0	5.0	6.5	3.0	8.0	4.4
Neurosurgery	44.0	16.0	—	4.5	26.0	12.0	25.0	14.0	—	—	22.9
Orthopedic Surgery	20.0	28.0	52.0	7.0	12.0	12.0	16.0	40.0	26.0	21.0	17.1
Cardiovascular Surgery	2.5	4.0	24.0	8.0	2.0	2.0	4.0	4.5	1.0	—	3.1
Urology	6.0	12.0	8.0	10.0	6.0	7.0	18.0	4.0	25.0	28.0	7.5
Internal Medicine	4.0	5.5	4.0	6.0	4.0	5.0	6.0	4.0	7.0	3.5	4.5
Radiation Oncology	2.5	2.3	—	2.0	1.5	2.0	1.8	—	1.5	2.0	1.8
Medical Oncology	2.0	4.0	—	—	2.5	3.5	5.0	2.0	3.0	—	3.0
Weighted Median	7.8	10.0	11.2	6.3	6.7	8.3	14.3	12.2	14.5	14.0	8.2

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, 2009 (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	26.6	16.7	35.4	12.1	9.5	19.4	15.7	16.8	12.0	17.6	16.3
Gynecology	8.7	7.6	8.7	7.0	6.0	7.3	8.4	5.9	11.6	10.6	7.2
Ophthalmology	7.5	11.5	10.5	7.8	5.9	10.1	14.7	8.6	8.2	8.4	8.8
Otolaryngology	15.9	13.1	32.7	10.3	7.7	7.5	10.3	8.6	—	6.5	10.2
General Surgery	7.1	7.6	7.0	5.8	4.7	6.3	4.9	5.8	3.3	12.8	6.0
Neurosurgery	13.9	9.3	—	3.8	6.8	13.7	15.0	9.8	—	—	10.1
Orthopedic Surgery	19.1	18.0	32.8	20.5	11.8	15.5	19.9	44.8	38.2	18.0	16.6
Cardiovascular Surgery (Urgent)	0.9	1.9	2.1	4.0	0.6	0.5	6.1	0.4	1.9	—	1.0
Cardiovascular Surgery (Elective)	5.5	5.7	22.4	14.0	2.5	4.7	14.3	3.8	4.0	—	5.0
Urology	6.0	5.8	11.9	3.3	3.6	4.3	10.6	13.4	11.9	9.4	5.1
Internal Medicine	7.2	10.3	10.7	5.6	6.0	8.3	10.8	5.4	5.7	21.1	7.7
Radiation Oncology	2.0	4.3	—	3.8	2.3	4.0	2.9	—	1.6	4.2	3.0
Medical Oncology	2.0	3.5	—	—	2.1	1.7	4.0	3.2	2.0	—	2.1
Weighted Median	9.2	9.6	14.0	8.0	5.8	8.2	11.4	10.9	12.2	13.2	8.0

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

Table 5a: Plastic Surgery (2009)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Mammoplasty	46.0	19.5	40.0	4.0	10.0	35.0	18.0	23.0	12.0	28.0
Neurolysis	11.0	8.0	32.0	28.0	10.0	12.0	8.0	9.0	12.0	4.0
Blepharoplasty	13.0	11.5	20.0	52.0	8.0	8.0	8.0	3.5	12.0	24.0
Rhinoplasty	14.0	19.0	40.0	14.0	6.0	10.0	17.0	9.0	12.0	52.0
Scar Revision	16.0	18.0	20.0	7.0	12.0	12.0	12.0	21.8	12.0	7.0
Hand Surgery	13.0	16.0	46.0	13.5	9.0	12.0	12.0	7.8	12.0	2.5
Craniofacial Procedures	14.5	14.5	52.0	4.0	6.0	39.0	15.0	6.0	12.0	24.0
Skin Cancers and other Tumors	5.5	2.5	4.0	6.5	4.0	4.0	4.5	2.8	12.0	1.5
Weighted Median	26.6	16.7	35.4	12.1	9.5	19.4	15.7	16.8	12.0	17.6

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: Gynecology (2009)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Dilation & Curettage	5.5	7.0	6.0	6.0	4.0	4.0	4.0	4.0	5.0	7.5
Tubal Ligation	10.0	8.0	12.0	7.0	6.0	8.5	12.0	5.5	14.0	12.0
Hysterectomy (Vaginal/Abdominal)	12.0	10.0	8.0	8.0	8.0	10.0	8.0	8.0	14.0	14.0
Vaginal Repair	11.5	10.0	12.0	8.5	8.0	10.0	12.0	8.0	14.0	16.0
Tuboplasty	11.0	8.5	8.0	7.0	8.0	12.0	8.0	10.0	5.0	5.0
Laparoscopic Procedures	10.0	7.3	8.0	6.0	6.0	8.0	7.0	5.5	13.0	13.5
Hysteroscopic Procedures	8.0	6.0	9.0	7.0	6.0	8.0	7.5	6.0	13.0	9.5
Weighted Median	8.7	7.6	8.7	7.0	6.0	7.3	8.4	5.9	11.6	10.6

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

Table 5c: Ophthalmology (2009)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cataract Removal	8.0	14.0	12.0	8.0	6.0	10.0	15.0	7.0	8.0	8.3
Cornea Transplant	21.0	52.0	78.0	26.0	28.0	78.0	52.0	24.0	8.0	18.0
Cornea—Pterygium	8.0	10.0	12.0	9.0	6.0	10.0	11.0	7.0	8.0	3.5
Iris, Ciliary Body, Sclera, Anterior Chamber	8.0	12.0	12.0	4.0	5.0	8.0	7.0	14.0	10.0	13.0
Retina, Choroid, Vitreous	3.0	4.0	0.7	—	3.5	4.5	16.0	12.0	10.0	9.3
Lacrimal Duct	11.0	12.0	10.0	3.5	8.0	15.0	14.0	9.0	—	6.0
Strabismus	12.0	8.0	10.0	—	16.0	20.0	16.0	7.5	10.0	12.0
Operations on Eyelids	8.0	8.0	6.0	8.0	6.0	16.0	10.0	6.5	—	8.0
Glaucoma	4.0	8.0	5.0	8.0	4.0	4.0	6.0	6.0	10.0	2.5
Weighted Median	7.5	11.5	10.5	7.8	5.9	10.1	14.7	8.6	8.2	8.4

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 (2009)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Myringotomy	4.5	8.0	5.0	6.0	6.0	6.0	8.0	5.5	—	3.3
Tympanoplasty	12.0	16.0	48.0	9.0	10.0	10.0	12.0	8.0	—	14.0
Thyroid, Parathyroid, and Other Endocrine Glands	12.0	10.0	8.5	15.0	8.0	6.5	6.0	7.0	—	—
Tonsillectomy and/or Adenoidectomy	12.0	15.0	52.0	11.0	8.0	9.0	12.0	12.0	—	5.5
Rhinoplasty and/or Septal Surgery	20.0	20.0	48.0	13.0	10.0	10.0	16.0	12.0	—	5.0
Operations on Nasal Sinuses	31.0	17.0	48.0	15.0	8.0	10.0	12.0	10.0	—	14.0
Weighted Median	15.9	13.1	32.7	10.3	7.7	7.5	10.3	8.6	—	6.5

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

Table 5e: General Surgery (2009)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Hernia/Hydrocele	8.0	12.0	11.0	6.0	6.0	8.0	6.0	6.0	5.0	12.0
Cholecystectomy	8.0	9.0	6.0	6.0	5.0	6.0	6.0	6.0	5.0	12.0
Colonoscopy	12.0	12.0	10.0	8.0	6.0	8.0	5.0	10.0	3.0	25.0
Intestinal Operations	4.0	4.0	4.0	4.0	4.0	4.0	3.0	3.5	2.5	4.0
Hemorrhoidectomy	12.0	11.0	11.0	8.0	6.0	8.0	10.0	6.0	6.0	11.0
Breast Biopsy	2.0	2.0	2.0	2.3	2.5	2.0	2.0	2.0	2.0	2.0
Mastectomy	2.0	3.0	2.5	3.3	2.5	2.5	2.0	2.0	2.3	4.0
Bronchus and Lung	0.8	1.0	—	4.0	2.3	4.0	3.5	—	—	—
Aneurysm Surgery	12.0	1.0	4.0	3.0	5.0	3.5	—	—	—	—
Varicose Veins	20.0	24.0	12.0	18.0	7.0	12.0	19.0	20.8	4.0	12.0
Weighted Median	7.1	7.6	7.0	5.8	4.7	6.3	4.9	5.8	3.3	12.8

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

Table 5f: Neurosurgery (2009)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Peripheral Nerve	13.0	20.0	—	4.0	4.8	—	16.0	12.0	—	—
Disc Surgery/ Laminectomy	25.0	16.0	—	—	9.0	24.0	18.0	6.0	—	—
Elective Cranial Bone Flap	8.0	5.0	—	4.0	6.0	6.0	14.0	11.0	—	—
Aneurysm Surgery	8.0	10.0	—	—	6.0	5.0	12.0	10.0	—	—
Carotid Endarterectomy	4.0	6.0	—	1.0	4.5	3.5	4.0	1.5	—	—
Weighted Median	13.9	9.3	—	3.8	6.8	13.7	15.0	9.8	—	—

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

Table 5g: Orthopedic Surgery (2009)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Meniscectomy/Arthroscopy	15.0	12.0	22.0	13.0	10.0	15.0	9.0	27.0	12.0	12.0
Removal of Pins	16.0	12.0	16.0	5.0	10.0	20.0	12.0	27.0	9.0	11.0
Arthroplasty (Hip, Knee, Ankle, Shoulder)	20.0	20.0	26.0	24.0	12.0	16.0	24.0	60.0	31.5	20.0
Arthroplasty (Interphalangeal, Metatarsophalangeal)	16.0	16.5	70.0	32.0	12.0	12.0	12.0	44.0	34.0	15.0
Hallux Valgus/Hammer Toe	18.0	15.0	47.0	32.0	12.0	12.0	12.0	30.0	24.8	29.0
Digit Neuroma	18.0	16.5	38.0	8.5	12.0	12.0	32.0	30.0	96.5	—
Rotator Cuff Repair	26.0	18.5	40.0	12.5	12.0	15.0	14.0	48.0	33.5	20.0
Ostectomy (All Types)	16.0	16.0	60.0	32.0	12.0	16.0	12.0	34.0	181.0	—
Routine Spinal Instability	32.0	20.0	86.0	14.0	14.0	15.0	24.0	12.0	181.0	—
Weighted Median	19.1	18.0	32.8	20.5	11.8	15.5	19.9	44.8	38.2	18.0

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

Table 5h: Cardiovascular Surgery (2009)—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	0.0	0.0	—	0.1	0.1	0.5	—	—	—
	Valves & Septa of the Heart	0.1	0.0	0.0	—	0.1	0.1	0.5	—	—	—
	Aneurysm Surgery	0.1	0.5	0.1	—	0.1	0.0	0.5	0.0	0.0	—
	Carotid Endarterectomy	0.1	0.5	0.1	—	0.1	0.1	0.8	0.0	0.0	—
	Pacemaker Operations	0.1	0.1	0.0	—	0.3	0.0	0.1	0.0	0.0	—
	Weighted Median	0.1	0.1	0.0	—	0.2	0.1	0.3	0.0	0.0	—
Urgent	Coronary Artery Bypass	0.9	2.8	2.0	4.0	0.6	0.8	11.5	0.1	—	—
	Valves & Septa of the Heart	0.7	3.0	2.0	4.0	0.6	0.8	11.5	—	—	—
	Aneurysm Surgery	1.0	1.6	4.0	3.0	0.5	0.3	4.0	1.5	8.0	—
	Carotid Endarterectomy	1.0	1.6	6.0	—	1.0	1.0	0.4	1.5	9.0	—
	Pacemaker Operations	1.0	0.5	2.0	—	0.5	0.0	1.5	0.6	0.0	—
	Weighted Median	0.9	1.9	2.1	4.0	0.6	0.5	6.1	0.4	1.9	—
Elective	Coronary Artery Bypass	5.5	6.5	30.0	14.0	3.0	4.5	28.5	4.0	—	—
	Valves & Septa of the Heart	5.0	6.5	30.0	14.0	3.0	4.5	28.5	—	—	—
	Aneurysm Surgery	5.0	6.0	30.0	14.0	3.0	5.0	20.0	8.5	—	—
	Carotid Endarterectomy	4.0	6.5	—	—	3.5	6.0	3.0	4.0	—	—
	Pacemaker Operations	6.0	4.3	12.0	—	1.8	5.0	1.8	3.5	4.0	—
	Weighted Median	5.5	5.7	22.4	14.0	2.5	4.7	14.3	3.8	4.0	—

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

Table 5i: Urology (2009)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Non-radical Prostatectomy	12.0	8.0	12.0	3.0	6.0	6.0	8.0	7.0	2.8	24.0
Radical Prostatectomy	6.0	5.5	12.0	5.5	6.0	4.0	5.0	7.0	2.8	9.0
Transurethral Resection—Bladder	4.0	4.0	6.0	2.5	4.0	4.0	4.0	4.0	3.5	5.5
Radical Cystectomy	4.0	5.0	8.0	4.0	6.0	4.0	4.0	4.0	0.1	6.5
Cystoscopy	4.0	6.0	8.0	3.0	3.0	4.0	12.5	16.0	16.0	6.5
Hernia/Hydrocele	16.0	9.0	52.0	6.0	6.0	12.0	16.0	12.0	—	40.0
Bladder Fulguration	4.0	3.0	6.0	3.0	4.0	4.0	6.0	5.0	6.0	9.0
Ureteral Reimplantation for Reflux	14.0	6.0	26.0	7.0	6.0	6.0	12.0	12.0	3.5	—
Weighted Median	6.0	5.8	11.9	3.3	3.6	4.3	10.6	13.4	11.9	9.4

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

Table 5j: Internal Medicine (2009)—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	7.0	10.0	20.0	6.0	—	24.0
Angiography /Angioplasty	6.0	5.3	8.0	4.0	2.0	4.0	6.0	4.5	4.0	8.0
Bronchoscopy	4.0	4.0	3.0	3.0	3.5	3.3	8.0	2.3	—	12.0
Gastroscopy	6.0	8.0	9.0	5.5	5.0	7.0	8.0	3.0	6.0	15.0
Weighted Median	7.2	10.3	10.7	5.6	6.0	8.3	10.8	5.4	5.7	21.1

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

Table 5k: Radiation Oncology (2009)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cancer of the Larynx	2.2	2.3	—	3.5	2.0	3.0	2.0	—	1.4	3.0
Cancer of the Cervix	1.7	2.3	—	—	2.0	4.0	2.0	—	1.4	—
Lung Cancer	2.0	3.5	—	3.5	2.0	3.0	2.5	—	1.0	2.0
Prostate Cancer	2.0	6.0	—	4.0	2.8	4.8	3.0	—	2.0	6.0
Breast Cancer	2.0	3.3	—	4.0	2.0	4.8	3.5	—	1.7	—
Early Side Effects from Treatment	1.0	1.0	—	1.5	0.5	0.3	1.0	—	—	0.5
Late Side Effects from Treatment	2.0	2.0	—	3.0	1.0	1.8	1.0	—	—	4.0
Weighted Median	2.0	4.3	—	3.8	2.3	4.0	2.9	—	1.6	4.2

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 (2009)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cancer of the Larynx	2.0	4.0	—	—	3.5	3.5	4.0	—	2.0	—
Cancer of the Cervix	2.0	4.0	—	—	3.5	2.5	4.0	3.0	—	—
Lung Cancer	2.0	4.0	—	—	2.0	1.8	4.0	2.3	—	—
Breast Cancer	2.0	3.0	—	—	2.0	1.5	4.0	4.5	—	—
Side Effects from Treatment	0.5	0.5	—	—	0.5	0.0	0.5	0.5	—	—
Weighted Median	2.0	3.5	—	—	2.1	1.7	4.0	3.2	2.0	—

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, 2009 and 2008

	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	2009	2008	% chg	2009	2008	% chg	2009	2008	% chg	2009	2008	% chg	2009	2008	% chg
Plastic Surgery	26.6	19.9	34%	16.7	19.4	-14%	35.4	22.4	58%	12.1	32.8	-63%	9.5	11.4	-17%
Gynecology	8.7	9.5	-8%	7.6	8.1	-5%	8.7	6.8	28%	7.0	8.5	-18%	6.0	6.0	0%
Ophthalmology	7.5	10.8	-30%	11.5	9.9	16%	10.5	8.9	18%	7.8	7.6	3%	5.9	6.0	-1%
Otolaryngology	15.9	19.7	-19%	13.1	7.6	71%	32.7	44.4	-26%	10.3	16.6	-38%	7.7	8.5	-9%
General Surgery	7.1	5.2	35%	7.6	9.3	-18%	7.0	12.6	-44%	5.8	7.4	-22%	4.7	5.5	-14%
Neurosurgery	13.9	13.7	2%	9.3	12.1	-23%	—	28.2	—	3.8	8.6	-56%	6.8	9.8	-31%
Orthopedic Surgery	19.1	22.6	-15%	18.0	16.2	11%	32.8	45.3	-28%	20.5	22.9	-11%	11.8	12.7	-7%
Cardiovascular Surgery (Urgent)	0.9	1.3	-31%	1.9	1.6	20%	2.1	2.5	-15%	4.0	0.9	329%	0.6	0.6	3%
Cardiovascular Surgery (Elective)	5.5	7.0	-21%	5.7	7.8	-27%	22.4	8.3	169%	14.0	2.6	441%	2.5	2.4	7%
Urology	6.0	6.4	-5%	5.8	5.2	13%	11.9	9.5	25%	3.3	3.4	-5%	3.6	3.5	1%
Internal Medicine	7.2	7.1	1%	10.3	10.4	-1%	10.7	10.5	2%	5.6	5.5	2%	6.0	6.7	-10%
Radiation Oncology	2.0	4.4	-55%	4.3	4.5	-4%	—	3.0	—	3.8	2.5	55%	2.3	2.8	-21%
Medical Oncology	2.0	1.2	63%	3.5	3.5	0%	—	—	—	—	1.7	—	2.1	2.0	4%
Weighted Median	9.2	9.9	-7%	9.6	9.4	2%	14.0	16.1	-13%	8.0	9.5	-15%	5.8	6.3	-7%

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, 2009 and 2008

	Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland & Labrador		
	2009	2008	% chg	2009	2008	% chg	2009	2008	% chg	2009	2008	% chg	2009	2008	% chg
Plastic Surgery	19.4	26.1	-26%	15.7	33.9	-54%	16.8	46.3	-64%	12.0	13.6	-12%	17.6	16.0	10%
Gynecology	7.3	6.4	15%	8.4	8.3	1%	5.9	8.1	-27%	11.6	17.8	-35%	10.6	11.1	-5%
Ophthalmology	10.1	11.8	-14%	14.7	11.7	26%	8.6	8.4	2%	8.2	17.4	-53%	8.4	11.7	-29%
Otolaryngology	7.5	6.1	23%	10.3	9.3	11%	8.6	13.6	-37%	—	26.6	—	6.5	5.8	12%
General Surgery	6.3	7.2	-12%	4.9	5.0	-3%	5.8	6.6	-11%	3.3	2.8	19%	12.8	3.8	236%
Neurosurgery	13.7	12.7	7%	15.0	32.3	-54%	9.8	11.0	-10%	—	—	—	—	3.2	—
Orthopedic Surgery	15.5	20.3	-23%	19.9	18.1	10%	44.8	87.4	-49%	38.2	23.2	65%	18.0	18.8	-4%
Cardiovascular Surgery (Urgent)	0.5	0.6	-7%	6.1	4.2	45%	0.4	1.4	-69%	1.9	—	—	—	2.4	—
Cardiovascular Surgery (Elective)	4.7	4.7	1%	14.3	11.5	24%	3.8	5.7	-34%	4.0	—	—	—	2.9	—
Urology	4.3	4.4	-1%	10.6	10.1	5%	13.4	13.7	-2%	11.9	4.3	177%	9.4	17.7	-47%
Internal Medicine	8.3	9.4	-12%	10.8	7.5	43%	5.4	7.1	-24%	5.7	—	—	21.1	17.5	21%
Radiation Oncology	4.0	4.7	-15%	2.9	4.6	-37%	—	—	—	1.6	1.8	-11%	4.2	—	—
Medical Oncology	1.7	1.0	66%	4.0	1.6	150%	3.2	2.6	23%	2.0	2.0	0%	—	2.2	—
Weighted Median	8.2	9.3	-11%	11.4	11.1	3%	10.9	15.4	-29%	12.2	13.2	-8%	13.2	11.1	19%

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, 2009— Proportion of Survey Waiting Times that Fall Within Given Range

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
0 - 3.99 weeks	23.4%	17.1%	18.6%	24.5%	28.2%	18.4%	21.1%	22.4%	24.5%	12.3%
4 - 7.99 weeks	22.9%	27.5%	18.3%	31.0%	32.3%	29.6%	25.2%	32.1%	18.9%	29.5%
8 - 12.99 weeks	23.8%	25.5%	21.6%	21.3%	24.5%	27.1%	26.1%	23.9%	31.1%	26.7%
13 - 25.99 weeks	14.9%	18.6%	11.7%	14.3%	9.1%	13.2%	16.6%	8.7%	8.5%	23.3%
26 - 51.99 weeks	8.1%	6.9%	15.9%	5.1%	3.3%	5.4%	8.9%	7.5%	8.5%	6.2%
1 year plus	6.9%	4.3%	14.1%	3.8%	2.5%	6.4%	2.0%	5.5%	8.5%	2.1%

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

Table 8: Median Reasonable Patient Wait for Treatment after Appointment with Specialist in 2009 (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	15.2	8.7	16.8	16.4	9.2	8.7	12.0	14.8	12.0	—	10.9
Gynecology	5.6	5.4	7.8	5.2	5.6	6.9	8.3	4.0	7.6	6.6	6.0
Ophthalmology	8.0	8.1	10.7	7.9	7.3	8.0	12.2	7.7	8.2	8.0	7.9
Otolaryngology	7.5	5.7	17.8	6.8	7.1	5.1	9.0	8.6	—	4.2	7.1
General Surgery	4.3	4.8	3.8	6.0	4.3	4.4	7.6	5.0	3.5	3.6	4.5
Neurosurgery	4.9	6.9	—	8.9	4.7	6.5	11.4	11.8	—	—	6.0
Orthopedic Surgery	10.2	11.4	11.5	19.1	9.2	11.3	12.3	17.7	13.9	11.6	10.8
Cardiovascular Surgery (Urgent)	1.5	1.3	2.0	—	0.5	0.2	4.5	1.1	0.2	—	0.8
Cardiovascular Surgery (Elective)	5.5	4.1	8.0	—	3.0	4.6	6.5	3.3	—	—	4.2
Urology	2.8	4.1	4.3	4.7	3.5	4.1	4.9	4.5	—	2.8	3.8
Internal Medicine	3.2	3.6	3.4	2.7	3.6	3.5	5.6	4.3	4.0	2.4	3.5
Radiation Oncology	2.7	3.2	—	3.5	2.5	3.1	2.5	—	—	2.0	2.8
Medical Oncology	2.0	2.5	—	—	2.0	2.8	3.0	3.3	2.0	—	2.4
Weighted Median	5.7	5.8	7.3	7.5	5.3	5.9	8.6	6.6	6.6	4.6	5.8

Table 9a: Plastic Surgery (2009)—Median Reasonable Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Mammoplasty	22.0	10.0	16.0	16.0	12.0	12.0	12.0	12.0	12.0	—
Neurolysis	6.0	6.0	24.0	12.0	6.0	4.0	9.0	12.0	12.0	—
Blepharoplasty	12.0	8.0	14.0	18.0	8.0	8.0	16.0	12.0	12.0	—
Rhinoplasty	12.0	8.0	14.0	18.0	6.0	12.0	17.0	12.0	12.0	—
Scar Revision	13.5	9.0	16.0	18.0	12.0	7.0	12.0	20.0	12.0	—
Hand Surgery	8.0	8.0	24.0	12.0	6.0	6.0	8.0	12.0	12.0	—
Craniofacial Procedures	12.0	9.0	19.5	8.0	5.5	12.0	12.0	—	12.0	—
Skin Cancers and other Tumors	4.0	3.5	4.0	5.0	3.5	4.0	4.0	4.0	12.0	—
Weighted Median	15.2	8.7	16.8	16.4	9.2	8.7	12.0	14.8	12.0	—

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

Table 9b: Gynecology (2009)—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	3.0	3.0	4.0	4.0	5.0	4.0	5.0	6.0
Tubal Ligation	7.0	8.0	12.0	8.0	6.5	12.0	12.0	4.0	8.5	8.0
Hysterectomy (Vaginal/Abdominal)	6.0	7.0	8.0	6.0	6.0	8.0	7.0	4.0	8.5	8.0
Vaginal Repair	9.0	8.0	14.0	6.0	8.0	8.0	8.0	4.0	8.5	8.0
Tuboplasty	7.0	5.0	10.0	12.0	8.0	9.0	9.0	6.0	5.0	4.0
Laparoscopic Procedures	6.0	6.0	8.0	6.0	6.0	8.0	8.0	4.0	8.5	5.0
Hysteroscopic Procedures	6.0	4.5	8.0	3.5	6.0	8.0	8.0	4.0	8.5	5.0
Weighted Median	5.6	5.4	7.8	5.2	5.6	6.9	8.3	4.0	7.6	6.6

Table 9c: Ophthalmology (2009)—Median Reasonable Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cataract Removal	8.0	10.0	12.0	8.0	8.0	8.0	12.0	8.0	8.0	8.0
Cornea Transplant	12.0	12.0	14.0	20.0	12.0	12.0	12.0	10.0	8.0	12.0
Cornea—Pterygium	8.0	12.0	16.0	8.0	12.0	11.0	16.0	7.0	8.0	10.0
Iris, Ciliary Body, Sclera, Anterior Chamber	11.0	12.0	12.0	4.0	6.0	8.0	6.0	7.0	10.0	6.0
Retina, Choroid, Vitreous	8.0	1.5	0.7	—	3.3	3.0	4.3	7.0	10.0	8.0
Lacrimal Duct	8.0	12.0	—	—	10.0	10.0	12.0	6.0	—	8.0
Strabismus	6.0	12.0	—	—	8.0	11.0	16.0	7.0	10.0	8.0
Operations on Eyelids	8.0	10.0	12.0	8.0	8.0	12.0	18.0	7.0	—	8.0
Glaucoma	4.0	4.0	4.0	2.3	3.5	4.0	6.0	2.5	10.0	4.0
Weighted Median	8.0	8.1	10.7	7.9	7.3	8.0	12.2	7.7	8.2	8.0

Note: Weighted median does not include treatment for glaucoma.

Table 9d: Otolaryngology (2009)—Median Reasonable Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Myringotomy	4.0	4.0	6.0	4.0	6.0	4.0	6.0	5.0	—	3.0
Tympanoplasty	8.0	8.0	26.0	8.0	10.0	8.0	12.0	9.5	—	12.0
Thyroid, Parathyroid, and Other Endocrine Glands	4.0	4.0	14.5	10.0	5.0	4.0	4.0	8.0	—	—
Tonsillectomy and/or Adenoidectomy	8.0	6.0	24.0	8.0	7.5	7.0	12.0	11.0	—	4.0
Rhinoplasty and/or Septal Surgery	10.0	8.0	26.0	8.0	10.0	8.0	16.0	12.0	—	—
Operations on Nasal Sinuses	10.0	8.0	24.0	8.0	8.0	6.0	8.0	12.0	—	4.0
Weighted Median	7.5	5.7	17.8	6.8	7.1	5.1	9.0	8.6	—	4.2

Table 9e: General Surgery (2009)—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	4.0	12.0	6.0	6.0	12.0	7.5	7.0	2.8
Cholecystectomy	6.0	6.0	4.5	8.0	5.0	6.0	8.0	5.0	3.0	3.0
Colonoscopy	4.0	4.0	4.0	5.0	4.0	4.0	6.0	5.0	3.0	5.0
Intestinal Operations	3.5	4.0	3.0	4.0	4.0	4.0	4.0	4.0	3.0	3.0
Hemorrhoidectomy	8.0	10.0	12.0	12.0	8.0	8.0	12.0	9.0	7.0	3.0
Breast Biopsy	2.0	2.0	2.0	2.3	2.0	3.0	3.0	2.5	3.0	3.0
Mastectomy	2.0	2.0	2.0	2.5	2.5	3.0	2.5	2.5	3.0	3.0
Bronchus and Lung	3.3	—	3.0	3.3	3.0	2.8	2.5	—	4.0	—
Aneurysm Surgery	7.5	—	6.0	6.5	3.8	4.0	—	—	4.0	—
Varicose Veins	12.0	10.0	6.0	15.0	8.0	12.0	38.5	23.5	4.0	3.0
Weighted Median	4.3	4.8	3.8	6.0	4.3	4.4	7.6	5.0	3.5	3.6

Table 9f: Neurosurgery (2009)—Median Reasonable Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Peripheral Nerve	6.0	4.0	—	16.0	5.5	9.0	12.0	19.0	—	—
Disc Surgery/ Laminectomy	5.0	6.0	—	—	6.0	8.0	12.0	8.0	—	—
Elective Cranial Bone Flap	5.0	8.0	—	8.0	4.0	5.0	12.0	12.0	—	—
Aneurysm Surgery	4.0	10.0	—	—	4.0	8.0	12.0	12.0	—	—
Carotid Endarterectomy	2.0	3.5	—	—	2.0	3.0	2.0	2.0	—	—
Weighted Median	4.9	6.9	—	8.9	4.7	6.5	11.4	11.8	—	—

Table 9g: Orthopedic Surgery (2009)—Median Reasonable Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Meniscectomy/Arthroscopy	6.0	7.5	9.0	8.0	6.0	8.0	10.0	11.0	8.0	6.0
Removal of Pins	8.0	10.0	8.0	9.0	8.0	12.0	12.0	20.0	6.0	12.0
Arthroplasty (Hip, Knee, Ankle, Shoulder)	12.0	12.0	12.0	24.0	10.0	12.0	12.0	22.0	16.0	12.0
Arthroplasty (Interphalangeal, Metatarsophalangeal)	8.0	12.0	12.0	26.0	9.0	12.0	12.0	16.0	7.5	15.0
Hallux Valgus/Hammer Toe	9.0	12.0	16.0	26.0	10.0	12.0	12.0	16.0	8.0	25.0
Digit Neuroma	8.0	12.0	12.0	12.0	7.0	10.0	16.0	8.0	7.5	—
Rotator Cuff Repair	8.0	10.0	12.0	10.0	6.0	10.0	12.0	22.0	12.0	12.0
Ostectomy (All Types)	10.0	12.0	12.0	16.0	10.0	12.0	12.0	8.0	9.0	—
Routine Spinal Instability	12.0	12.0	12.0	10.0	10.0	12.0	18.0	19.0	9.0	—
Weighted Median	10.2	11.4	11.5	19.1	9.2	11.3	12.3	17.7	13.9	11.6

Table 9h: Cardiovascular Surgery (2009)—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	—	0.3	0.0	1.0	—	—	—
	Valves & Septa of the Heart	0.1	0.0	0.0	—	0.5	0.0	1.0	—	—	—
	Aneurysm Surgery	0.0	0.0	0.1	—	0.1	0.0	0.3	0.0	0.0	—
	Carotid Endarterectomy	0.0	0.3	0.1	—	0.0	0.0	0.0	0.0	0.0	—
	Pacemaker Operations	0.1	0.1	0.0	—	0.5	0.0	0.3	0.0	0.0	—
	Weighted Median	0.1	0.1	0.0	—	0.4	0.0	0.6	0.0	0.0	—
Urgent	Coronary Artery Bypass	1.5	1.5	2.0	—	0.5	0.4	5.0	—	—	—
	Valves & Septa of the Heart	1.5	1.5	2.0	—	0.5	0.4	5.0	—	—	—
	Aneurysm Surgery	1.3	1.0	2.0	—	0.5	0.0	3.0	2.8	4.0	—
	Carotid Endarterectomy	1.3	1.3	1.5	—	1.3	0.0	—	1.5	1.0	—
	Pacemaker Operations	1.5	1.0	2.0	—	0.5	0.0	4.0	1.0	0.0	—
	Weighted Median	1.5	1.3	2.0	—	0.5	0.2	4.5	1.1	0.2	—
Elective	Coronary Artery Bypass	4.0	4.0	8.0	—	3.0	5.0	9.0	—	—	—
	Valves & Septa of the Heart	5.0	4.0	8.0	—	3.0	4.5	9.0	—	—	—
	Aneurysm Surgery	4.0	4.0	8.0	—	3.5	4.0	9.0	15.0	—	—
	Carotid Endarterectomy	4.0	6.0	—	—	4.0	4.0	—	5.0	—	—
	Pacemaker Operations	7.0	4.0	8.0	—	3.0	4.0	4.0	3.0	—	—
	Weighted Median	5.5	4.1	8.0	—	3.0	4.6	6.5	3.3	—	—

Table 9i: Urology (2009)—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	6.0	7.0	5.0	4.0	4.0	8.0	—	4.5
Radical Prostatectomy	4.0	5.0	6.0	6.5	4.0	4.0	4.0	6.0	—	7.0
Transurethral Resection—Bladder	2.0	3.0	3.0	4.0	3.0	3.0	3.0	2.0	—	2.5
Radical Cystectomy	2.0	3.0	2.0	4.3	4.0	3.0	4.0	2.0	—	2.5
Cystoscopy	2.0	3.5	4.0	4.0	3.0	4.0	5.0	4.0	—	2.3
Hernia/Hydrocele	6.0	12.0	8.0	10.0	8.0	8.0	8.0	10.0	—	8.0
Bladder Fulguration	2.0	3.0	3.0	4.0	4.0	4.0	4.0	4.0	—	2.5
Ureteral Reimplantation for Reflux	4.0	5.0	4.0	12.0	6.0	5.0	6.0	13.5	—	—
Weighted Median	2.8	4.1	4.3	4.7	3.5	4.1	4.9	4.5	—	2.8

Table 9j: Internal Medicine (2009)—Median Reasonable Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Colonoscopy	4.0	4.0	4.0	3.0	4.0	4.0	6.0	5.0	4.0	2.5
Angiography/ Angioplasty	2.0	2.0	2.0	1.5	2.0	2.0	6.0	3.0	3.0	2.5
Bronchoscopy	2.0	2.0	2.0	2.5	2.0	2.0	4.0	2.0	3.0	1.3
Gastroscopy	2.3	4.0	2.0	2.0	3.0	4.0	4.0	2.5	4.0	1.5
Weighted Median	3.2	3.6	3.4	2.7	3.6	3.5	5.6	4.3	4.0	2.4

Table 9k: Radiation Oncology (2009)—Median Reasonable Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cancer of the Larynx	2.5	2.0	—	3.0	2.0	2.5	2.0	—	—	2.8
Cancer of the Cervix	2.5	2.0	—	—	2.0	3.0	2.0	—	—	—
Lung Cancer	2.0	1.5	—	2.5	2.0	2.0	2.0	—	—	2.0
Prostate Cancer	3.0	4.0	—	4.0	3.0	4.0	3.0	—	—	—
Breast Cancer	3.0	4.0	—	4.0	2.5	4.0	2.5	—	—	—
Early Side Effects from Treatment	0.8	0.5	—	1.5	1.0	1.0	1.0	—	—	0.5
Late Side Effects from Treatment	2.5	2.0	—	3.0	2.0	2.5	1.0	—	—	4.0
Weighted Median	2.7	3.2	—	3.5	2.5	3.1	2.5	—	—	2.0

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

Table 9l: Medical Oncology (2009)—Median Reasonable Wait for Treatment after Appointment with Specialist (weeks)

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Cancer of the Larynx	2.5	2.5	—	—	2.0	2.8	3.0	—	2.0	—
Cancer of the Cervix	2.5	2.5	—	—	2.0	2.5	3.0	4.0	—	—
Lung Cancer	2.0	3.0	—	—	2.0	3.0	3.0	2.8	—	—
Breast Cancer	2.0	2.0	—	—	2.0	2.5	3.0	4.0	—	—
Side Effects from Treatment	0.5	0.0	—	—	0.5	0.3	0.5	0.5	—	—
Weighted Median	2.0	2.5	—	—	2.0	2.8	3.0	3.3	2.0	—

Note: Weighted median does not include side 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, 2009

	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	A	R	D	A	R	D	A	R	D	A	R	D	A	R	D
Plastic Surgery	26.6	15.2	75%	16.7	8.7	91%	35.4	16.8	111%	12.1	16.4	-26%	9.5	9.2	3%
Gynecology	8.7	5.6	55%	7.6	5.4	41%	8.7	7.8	11%	7.0	5.2	34%	6.0	5.6	7%
Ophthalmology	7.5	8.0	-6%	11.5	8.1	41%	10.5	10.7	-1%	7.8	7.9	-1%	5.9	7.3	-19%
Otolaryngology	15.9	7.5	113%	13.1	5.7	128%	32.7	17.8	84%	10.3	6.8	52%	7.7	7.1	8%
General Surgery	7.1	4.3	64%	7.6	4.8	59%	7.0	3.8	86%	5.8	6.0	-5%	4.7	4.3	10%
Neurosurgery	13.9	4.9	181%	9.3	6.9	33%	—	—	—	3.8	8.9	-58%	6.8	4.7	43%
Orthopedic Surgery	19.1	10.2	88%	18.0	11.4	59%	32.8	11.5	187%	20.5	19.1	7%	11.8	9.2	28%
Cardiovascular Surgery (Urgent)	0.9	1.5	-40%	1.9	1.3	47%	2.1	2.0	5%	4.0	—	—	0.6	0.5	9%
Cardiovascular Surgery (Elective)	5.5	5.5	0%	5.7	4.1	39%	22.4	8.0	180%	14.0	—	—	2.5	3.0	-16%
Urology	6.0	2.8	112%	5.8	4.1	44%	11.9	4.3	174%	3.3	4.7	-29%	3.6	3.5	1%
Internal Medicine	7.2	3.2	122%	10.3	3.6	190%	10.7	3.4	217%	5.6	2.7	106%	6.0	3.6	69%
Radiation Oncology	2.0	2.7	-25%	4.3	3.2	34%	—	—	—	3.8	3.5	10%	2.3	2.5	-10%
Medical Oncology	2.0	2.0	-1%	3.5	2.5	42%	—	—	—	—	—	—	2.1	2.0	4%
Weighted Median	9.2	5.7	61%	9.6	5.8	67%	14.0	7.3	93%	8.0	7.5	8%	5.8	5.3	10%

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

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

Table 10(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, 2009

	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	19.4	8.7	123%	15.7	12.0	30%	16.8	14.8	14%	12.0	12.0	0%	17.6	—	—
Gynecology	7.3	6.9	6%	8.4	8.3	1%	5.9	4.0	47%	11.6	7.6	51%	10.6	6.6	61%
Ophthalmology	10.1	8.0	27%	14.7	12.2	21%	8.6	7.7	13%	8.2	8.2	0%	8.4	8.0	5%
Otolaryngology	7.5	5.1	47%	10.3	9.0	14%	8.6	8.6	0%	—	—	—	6.5	4.2	56%
General Surgery	6.3	4.4	44%	4.9	7.6	-35%	5.8	5.0	17%	3.3	3.5	-6%	12.8	3.6	253%
Neurosurgery	13.7	6.5	110%	15.0	11.4	32%	9.8	11.8	-17%	—	—	—	—	—	—
Orthopedic Surgery	15.5	11.3	37%	19.9	12.3	61%	44.8	17.7	152%	38.2	13.9	175%	18.0	11.6	56%
Cardiovascular Surgery (Urgent)	0.5	0.2	108%	6.1	4.5	36%	0.4	1.1	-59%	1.9	0.2	800%	—	—	—
Cardiovascular Surgery (Elective)	4.7	4.6	4%	14.3	6.5	121%	3.8	3.3	15%	4.0	—	—	—	—	—
Urology	4.3	4.1	6%	10.6	4.9	115%	13.4	4.5	196%	11.9	—	—	9.4	2.8	233%
Internal Medicine	8.3	3.5	137%	10.8	5.6	94%	5.4	4.3	24%	5.7	4.0	45%	21.1	2.4	783%
Radiation Oncology	4.0	3.1	27%	2.9	2.5	19%	—	—	—	1.6	—	—	4.2	2.0	104%
Medical Oncology	1.7	2.8	-39%	4.0	3.0	33%	3.2	3.3	-3%	2.0	2.0	0%	—	—	—
Weighted Median	8.2	5.9	39%	11.4	8.6	33%	10.9	6.6	65%	12.2	6.6	83%	13.2	4.6	190%

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, 2008-09

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Plastic Surgery	0.4%	0.7%	0.1%	0.0%	0.4%	0.4%	0.3%	5.0%	0.0%	0.0%	0.4%
Gynecology	0.6%	0.5%	1.1%	0.5%	2.6%	0.6%	0.4%	0.0%	0.5%	0.8%	1.4%
Ophthalmology	0.9%	1.5%	0.3%	0.0%	0.7%	0.3%	1.3%	0.0%	—	0.3%	0.7%
Otolaryngology	0.8%	2.4%	0.0%	0.9%	0.8%	1.0%	0.2%	0.1%	—	0.0%	0.9%
General Surgery	1.7%	1.1%	0.5%	0.1%	1.0%	0.8%	0.1%	0.4%	0.0%	0.0%	1.0%
Neurosurgery	2.3%	0.0%	—	0.0%	2.6%	0.9%	1.7%	0.0%	—	—	1.6%
Orthopedic Surgery	0.5%	0.9%	0.3%	0.3%	1.3%	0.3%	0.3%	0.4%	0.3%	0.3%	0.8%
Cardiovascular Surgery	0.6%	1.1%	5.0%	—	0.4%	0.5%	0.0%	0.0%	0.0%	—	0.7%
Urology	1.3%	1.2%	0.0%	0.3%	1.2%	0.4%	0.3%	0.7%	—	0.8%	0.9%
Internal Medicine	0.8%	2.3%	0.1%	1.6%	1.3%	0.7%	1.3%	0.6%	0.0%	0.8%	1.2%
Radiation Oncology	0.8%	2.5%	—	1.0%	2.5%	0.5%	2.3%	—	—	1.0%	1.8%
Medical Oncology	3.7%	3.3%	—	—	1.3%	0.7%	1.0%	0.7%	0.0%	—	1.5%
All Specialties	1.0%	1.4%	0.6%	0.5%	1.3%	0.6%	0.7%	0.4%	0.2%	0.5%	1.0%

Table 12: Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist, by Specialty, 2009

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Plastic Surgery	4,195	1,541	1,535	592	4,089	4,133	569	475	60	273
Gynecology	4,108	2,874	1,126	881	7,602	5,006	663	768	211	943
Ophthalmology	8,458	7,470	3,244	2,111	20,449	61,123	2,616	2,700	135	928
Otolaryngology	4,462	2,834	3,442	1,003	8,258	4,113	962	756	—	368
General Surgery	9,373	8,037	2,701	2,194	20,803	20,365	806	2,412	164	3,008
Neurosurgery	1,460	762	—	73	2,040	2,656	271	200	—	—
Orthopedic Surgery	13,178	8,314	5,457	3,701	23,892	13,135	2,660	6,257	892	881
Cardiovascular Surgery	151	192	80	98	263	200	191	15	5	—
Urology	5,226	3,818	2,569	661	11,733	9,513	1,849	4,069	221	1,302
Internal Medicine	6,374	6,642	3,172	1,427	17,216	18,651	538	1,232	12	4,012
Radiation Oncology	29	52	—	2	141	170	38	—	2	5
Medical Oncology	91	163	—	—	585	340	84	41	4	—
Residual	35,093	30,609	15,110	8,841	75,877	61,617	7,091	12,904	1,026	10,049
Total	92,199	73,308	38,436	21,583	192,948	201,021	18,338	3 1,830	2,731	21,769
Proportion of Population	2.10%	2.04%	3.78%	1.79%	1.49%	2.59%	2.45%	3.39%	1.95%	4.29%

Canada: Total number of procedures for which patients are waiting in 2008	694,161
Percentage of Population	2.08%

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

Table 13a: Plastic Surgery (2009)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Mammoplasty	2,863	790	532	56	1,650	2,552	377	172	25	155
Neurolysis	155	97	82	83	679	420	13	26	9	4
Blepharoplasty	91	76	46	128	282	102	7	2	2	7
Rhinoplasty	354	160	472	170	322	240	61	23	5	66
Scar Revision	484	224	165	83	681	446	64	214	11	34
Hand Surgery	248	194	238	72	476	371	47	38	8	6
Total	4,195	1,541	1,535	592	4,089	4,133	569	475	60	273

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: Gynecology (2009)—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	782	1,108	183	184	1,441	901	53	132	21	218
Tubal Ligation	865	405	355	208	1,613	356	259	139	54	167
Hysterectomy (Vaginal/Abdominal)	1,284	744	260	249	2,489	1,899	203	251	79	254
Vaginal Repair	72	65	26	18	212	193	20	19	1	75
Tuboplasty	32	14	3	2	29	35	1	6	1	1
Laparoscopic Procedures	307	172	56	31	561	462	19	32	17	32
Hysteroscopic Procedures	766	365	245	187	1,256	1,160	108	189	38	196
Total	4,108	2,874	1,126	881	7,602	5,006	663	768	211	943

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 (2009)—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	6,778	5,910	2,895	1,933	15,132	56,053	2,452	1,426	117	703
Cornea Transplant	168	247	36	17	488	733	0	46	0	1
Cornea—Pterygium	79	86	33	25	207	270	11	12	2	4
Iris, Ciliary Body, Sclera, Anterior Chamber	163	258	114	40	791	682	7	371	3	22
Retina, Choroid, Vitreous	473	623	26	—	1,702	614	13	680	11	103
Lacrimal Duct	197	113	52	16	407	805	36	42	—	11
Strabismus	304	45	28	—	969	886	30	60	2	15
Operations on Eyelids	295	189	60	80	753	1,079	66	64	—	70
Total	8,458	7,470	3,244	2,111	20,449	61,123	2,616	2,700	135	928

Note: Totals may not match sums of individual procedures due to rounding.
The procedure data reported does not necessarily capture surgeries performed in private facilities in all provinces. A large number of ophthalmological surgeries are performed in private facilities in some provinces, while the distribution of surgeries between public and private facilities varies significantly between provinces.
For counts of patients waiting published by provincial government agencies pertinent to this table, see Appendix A.

Table 13d: Otolaryngology (2009)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Myringotomy	237	459	170	203	1,735	1,637	241	174	—	78
Tympanoplasty	166	75	306	58	405	302	68	48	—	59
Thyroid, Parathyroid, and Other Endocrine Glands	409	308	60	117	1,152	508	52	68	—	—
Tonsillectomy and/or Adenoidectomy	993	1,030	1,786	272	2,832	362	398	272	—	87
Rhinoplasty and/or Septal Surgery	675	156	412	123	724	450	72	76	—	16
Operations on Nasal Sinuses	1,982	806	707	231	1,410	853	131	117	—	128
Total	4,462	2,834	3,442	1,003	8,258	4,113	962	756	—	368

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 (2009)—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	1,538	1,563	641	314	3,017	1,816	237	335	29	265
Cholecystectomy	1,201	1,149	303	261	2,378	1,894	254	314	31	345
Colonoscopy	3,808	2,613	996	775	6,221	11,767	62	1,041	48	1,924
Intestinal Operations	1,860	1,660	503	516	7,390	3,540	100	435	37	323
Hemorrhoidectomy	184	221	100	71	389	300	28	47	4	62
Breast Biopsy	13	25	16	17	64	57	2	70	0	3
Mastectomy	274	276	71	85	791	481	50	55	12	69
Bronchus and Lung	15	16	—	34	166	186	17	—	—	—
Aneurysm Surgery	50	3	2	3	49	20	—	—	—	—
Varicose Veins	431	512	70	118	339	304	56	115	1	15
Total	9,373	8,037	2,701	2,194	20,803	20,365	806	2,412	164	3,008

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 (2009)—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	95	173	—	8	163	—	18	31	—	—
Disc Surgery/ Laminectomy	883	315	—	—	869	2,021	126	24	—	—
Elective Cranial Bone Flap	457	252	—	63	952	596	121	143	—	—
Aneurysm Surgery	6	4	—	—	8	6	2	2	—	—
Carotid Endarterectomy	19	18	—	1	48	32	5	1	—	—
Total	1,460	762	—	73	2,040	2,656	271	200	—	—

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: Orthopedic Surgery (2009)—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	1,001	449	283	161	1,161	897	146	369	11	85
Removal of Pins	1,105	449	230	72	1,490	1,337	134	302	11	52
Arthroplasty (Hip, Knee, Ankle, Shoulder)	7,285	5,418	2,410	2,564	14,939	7,036	1,634	3,855	528	598
Arthroplasty (Interphalangeal, Metatarsophalangeal)	352	194	292	102	564	252	43	190	20	25
Hallux Valgus/ Hammer Toe	162	23	83	63	408	88	39	113	10	39
Digit Neuroma	996	545	482	121	1,793	1,191	321	445	126	—
Rotator Cuff Repair	877	478	310	94	1,105	842	69	552	47	81
Ostectomy (All Types)	781	453	778	423	1,540	1,083	122	366	139	—
Routine Spinal Instability	620	304	589	102	892	408	151	66	0	—
Total	13,178	8,314	5,457	3,701	23,892	13,135	2,660	6,257	892	881

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 (2009)—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	42	104	30	70	96	137	121	2	—	—
Valves & Septa of the Heart	25	63	13	27	57	46	46	—	—	—
Aneurysm Surgery	1	1	0	1	1	1	1	0	0	—
Carotid Endarterectomy	8	6	5	—	15	17	1	2	5	—
Pacemaker Operations	75	19	32	—	93	0	23	11	0	—
Total	151	192	80	98	263	200	191	15	5	—

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 (2009)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Non-radical Prostatectomy	1,053	244	125	19	993	486	123	98	6	126
Radical Prostatectomy	120	67	43	27	413	126	24	50	3	27
Transurethral Resection—Bladder	333	140	86	30	793	425	58	57	5	42
Radical Cystectomy	13	9	8	4	61	19	2	3	0	3
Cystoscopy	1,991	2,809	1,220	440	6,965	6,979	1,140	3,472	198	680
Hernia/Hydrocele	1,350	346	980	95	1,162	890	344	228	—	344
Bladder Fulguration	346	197	91	43	1,320	572	156	149	9	80
Ureteral Reimplantation for Reflux	23	6	16	4	26	16	1	13	0	—
Total	5,226	3,818	2,569	661	11,733	9,513	1,849	4,069	221	1,302

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 (2009)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Colonoscopy	4,330	5,767	2,426	1,180	15,221	16,025	309	981	—	3,592
Angiography /Angioplasty	1,769	568	595	160	821	1,011	141	186	1	178
Bronchoscopy	112	121	19	21	551	947	30	30	—	126
Gastroscopy	164	186	132	66	623	668	59	34	11	116
Total	6,374	6,642	3,172	1,427	17,216	18,651	538	1,232	12	4,012

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 (2009)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Radiotherapy	29	52	—	2	141	170	38	—	2	5

The oncology data must be regarded as incomplete as not all oncology data is necessarily reported in the procedures data.
For counts of patients waiting published by provincial government agencies pertinent to this table, see Appendix A.

Table 13l: Medical Oncology (2009)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Chemotherapy	91	163	—	—	585	340	84	41	4	—

The oncology data must be regarded as incomplete as not all oncology data is necessarily reported in the procedures data.

Table 14: Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist (2009)—Procedures per 100,000 Population

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL
Plastic Surgery	96	43	151	49	32	53	76	51	43	54
Gynecology	94	80	111	73	59	65	89	82	151	186
Ophthalmology	193	208	319	175	158	789	350	288	96	183
Otolaryngology	102	79	339	83	64	53	129	81	—	73
General Surgery	214	224	266	182	161	263	108	257	117	592
Neurosurgery	33	21	—	6	16	34	36	21	—	—
Orthopedic Surgery	301	232	537	306	185	169	356	667	638	173
Cardiovascular Surgery	3	5	8	8	2	3	26	2	3	—
Urology	119	107	253	55	91	123	247	434	158	256
Internal Medicine	145	185	312	118	133	241	72	131	9	790
Radiation Oncology	1	1	—	0	1	2	5	—	2	1
Medical Oncology	2	5	—	—	5	4	11	4	3	—

Table 15(i): Comparison of Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist, by Selected Specialties, 2009 and 2008

	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	2009	2008	% chg	2009	2008	% chg	2009	2008	% chg	2009	2008	% chg	2009	2008	% chg
Plastic Surgery	4,195	3,164	33%	1,541	1,773	-13%	1,535	869	77%	592	1,466	-60%	4,089	5,132	-20%
Gynecology	4,108	4,501	-9%	2,874	3,128	-8%	1,126	857	31%	881	1,031	-15%	7,602	8,082	-6%
Ophthalmology	8,458	11,533,	-27%	7,470	6,437	16%	3,244	2,605	25%	2,111	2,010	5%	20,449	20,850	-2%
Otolaryngology	4,462	5,548	-20%	2,834	1,685	68%	3,442	4,877	-29%	1,003	1,598	-37%	8,258	9,238	-11%
General Surgery	9,373	6,992	34%	8,037	10,089	-20%	2,701	5,147	-48%	2,194	2,882	-24%	20,803	23,992	-13%
Neurosurgery	1,460	1,284	14%	762	939	-19%	—	787	—	73	201	-64%	2,040	2,870	-29%
Orthopedic Surgery	13,178	15,638	-16%	8,314	7,431	12%	5,457	7,624	-28%	3,701	4,262	-13%	23,892	25,036	-5%
Cardiovascular Surgery	151	231	-35%	192	164	18%	80	99	-20%	98	24	305%	263	258	2%
Urology	5,226	5,373	-3%	3,818	3,407	12%	2,569	1,911	34%	661	690	-4%	11,733	11,728	0%
Internal Medicine	6,374	5,865	9%	6,642	6,014	10%	3,172	3,025	5%	1,427	1,333	7%	17,216	18,235	-6%
Radiation Oncology	29	60	-51%	52	60	-12%	—	14	—	2	1	62%	141	166	-15%
Medical Oncology	91	56	62%	163	154	6%	—	—	—	—	40	—	585	551	6%
Residual	35,093	36,160	-3%	30,609	28,729	7%	15,110	17,392	-13%	8,841	10,341	-15%	75,877	78,617	-3%
Total	92,199	96,407	-4%	73,308	70,009	5%	38,436	45,207	-15%	21,583	25,878	-17%	192,948	204,755	-6%

Note: Percentage changes are calculated from exact estimated values, which have been rounded for inclusion in the table.
The ophthalmology and oncology data must be regarded as incomplete as not all procedures/treatments are necessarily reported in the procedures data.

Table 15(ii): Comparison of Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist, by Selected Specialties, 2009 and 2008

	Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland & Labrador		
	2009	2008	% chg	2009	2008	% chg	2009	2008	% chg	2009	2008	% chg	2009	2008	% chg
Plastic Surgery	4,133	5,813	-29%	569	1,216	-53%	475	1,375	-65%	60	41	45%	273	252	9%
Gynecology	5,006	4,496	11%	663	670	-1%	768	1,072	-28%	211	322	-35%	943	981	-4%
Ophthalmology	61,123	69,846	-12%	2,616	2,276	15%	2,700	2,505	8%	135	211	-36%	928	1,130	-18%,
Otolaryngology	4,113	3,423	20%	962	885	9%	756	1,200	-37%	—	359	—	368	353	4%
General Surgery	20,365	25,139	-19%	806	860	-6%	2,412	2,536	-5%	164	82	99%	3,008	954	215%,
Neurosurgery	2,656	2,650	0%	271	598	-55%	200	202	-1%	—	—	—	—	51	—
Orthopedic Surgery	13,135	16,940	-22%	2,660	2,543	5%	6,257	11,416	-45%	892	521	71%	881	1,215	-27%
Cardiovascular Surgery	200	218	-8%	191	125	54%	15	64	-76%	5	—	—	—	2	—
Urology	9,513	9,549	0%	1,849	1,903	-3%	4,069	4,288	-5%	221	94	134%	1,302	2,524	-48%
Internal Medicine	18,651	18,294	2%	538	396	36%	1,232	1,519	-19%	12	—	—	4,012	2,956	36%
Radiation Oncology	170	192	-11%	38	51	-25%	—	—	—	2	2	-7%	5	—	—
Medical Oncology	340	211	61%	84	37	129%	41	34	23%	4	5	-7%	—	96	—
Residual	61,617	67,267	-8%	7,091	7,376	-4%	12,904	17,688	-27%	1,026	1,095	-6%	10,049	8,417	19%
Total	201,021	224,037	-10%	18,338	18,936	-3%	31,830	43,900	-27%	2,731	2,734	0%	21,769	18,930	15%

Note: Percentage changes are calculated from exact estimated values, which have been rounded for inclusion in the table.
The ophthalmology and oncology data must be regarded as incomplete as not all procedures/treatments are necessarily reported in the procedures data.

Table 16a(i): Acute Inpatient Procedures, 2007-08

Procedure	BC	AB	SK	MB	ON	NB	NS	PE	NL
Arthroplasty (Hip, Knee, Ankle, Shoulder)	13,329	9,260	3,155	3,891	41,246	2,312	2,500	442	1,226
Arthroplasty (Interphalangeal/ Metatarsophalangeal)	364	521	104	52	806	86	64	3	38
Hallux Valgus/Hammer Toe	105	150	18	28	293	45	17	5	12
Meniscectomy/Arthroscopy	173	247	47	20	396	59	43	4	19
Ostectomy	1,583	1,608	457	471	3,973	305	323	16	139
Removal of Pins	1,048	1,079	198	198	2,612	187	205	17	62
Rotator Cuff Repair	595	627	162	148	1,615	70	186	19	69
Routine Spinal Instability	1,007	939	356	380	3,310	328	286	0	157
Bladder Fulguration	1,281	915	294	242	4,920	589	428	37	174
Cystoscopy	2,182	1,264	552	250	7,285	677	1,179	40	547
Non-radical Prostatectomy	3,707	1,841	496	280	7,454	755	695	112	271
Radical Cystectomy	164	118	53	51	526	32	35	2	21
Radical Prostatectomy	1,035	691	187	257	3,578	248	370	53	156
Transurethral Resection—Bladder	1,215	1,115	293	161	4,593	341	186	38	292
Ureteral Reimplantation for Reflux	60	58	16	13	159	5	23	1	11
Cataract Removal	74	393	48	68	174	24	41	2	9
Cornea Transplant	42	90	21	30	37	0	6	2	3
Cornea—Pterygium	4	5	0	2	3	0	2	0	0
Iris, Ciliary Body, Sclera, Anterior Chamber	72	277	77	99	209	17	64	6	2
Lacrimal Duct Surgery	43	61	41	9	77	20	18	0	17
Operations on Eyelids	149	180	43	43	405	20	58	1	12
Retina, Choroid, Vitreous	619	4,967	374	1,344	2,268	8	286	1	18
Strabismus Surgery	17	16	1	3	45	0	1	0	1
Myringotomy	289	336	92	76	696	207	137	18	108
Operations on Nasal Sinuses	448	776	39	73	1,171	164	131	5	116
Thyroid, Parathyroid, and Other Endocrine Glands	1,580	1,584	345	383	6,750	445	498	17	225
Tonsillectomy and/or Adenoidectomy	1,243	1,550	860	360	2,325	893	409	122	489
Tympanoplasty	97	97	4	7	342	45	109	8	29
Radiotherapy	377	526	243	18	3,050	383	367	72	35
Chemotherapy	2,240	1,837	695	480	11,170	1,070	645	105	1,397
Breast Biopsy	68	54	23	18	188	24	18	3	11
Bronchus and Lung	1,001	817	270	440	3,734	247	392	1	96

Source: Canadian Institute for Health Information, All Procedures Performed, by Province and CCI code, 2007-08 and Fiscal 2004/05 CCI to CCP Conversion Tables.
Note: Information is not available in this format for Quebec.

Table 16a(ii): Acute Inpatient Procedures, 2007-08

Procedure	BC	AB	SK	MB	ON	NB	NS	PE	NL
Cholecystectomy	3,512	3,816	1,622	1,264	6,798	1,269	1,280	217	809
Hemorrhoidectomy	64	67	27	13	91	16	20	0	14
Intestinal Operations	7,775	5,685	1,966	2,138	22,478	1,620	2,330	221	1,212
Mastectomy	2,525	2,186	693	575	4,199	425	563	107	331
Varicose Veins	50	125	38	77	65	19	30	3	24
Disk Surgery/Laminectomy	1,651	848	372	175	4,364	343	194	1	229
Elective Cranial Bone Flap	2,931	2,858	1,024	808	8,177	446	668	0	456
Blepharoplasty	1	12	1	9	58	0	9	0	0
Mammoplasty	943	1,107	262	295	2,255	507	181	75	232
Scar Revision	1,224	1,886	357	545	2,261	187	235	21	231
Coronary Artery Bypass	2,583	1,619	791	914	8,790	545	777	0	528
Pacemaker Operations	2,633	1,429	641	556	7,170	752	555	102	245
Valves & Septa of the Heart	1,783	1,385	323	341	5,199	209	507	0	129
Angiography/Angioplasty	6,927	3,308	2,567	785	17,168	1,150	1,848	11	773
Bronchoscopy	826	1,370	257	283	5,034	129	349	10	252
Gastroscopy	442	628	251	110	2,190	292	204	20	113
Dilation and Curettage	454	341	57	65	826	43	35	11	52
Hysterectomy	5,561	4,836	1,595	1,528	15,694	1,316	1,626	293	940
Hysteroscopic Procedures	195	173	46	22	256	23	33	5	26
Laparoscopic Procedures	539	329	139	49	1,412	70	110	5	25
Tubal Ligation	1,796	1,936	662	671	4,916	404	432	82	267
Tuboplasty	48	54	8	7	66	5	7	1	3
Vaginal Repair	185	391	65	67	837	50	84	0	225
Rhinoplasty and/or Septal Surgery	396	418	24	86	714	95	53	3	123
Hernia/Hydrocele	4,310	3,969	1,880	1,414	12,591	1,062	1,448	174	654
Carotid Endarterectomy	647	288	106	162	1,351	143	95	27	79
Hand Surgery/Digit Neuroma	337	331	82	171	694	53	49	4	49
Neurolysis/Peripheral Nerve	332	415	107	140	2,019	65	86	2	36
Colonoscopy	2,860	2,337	1,390	962	9,164	804	670	93	724
Aneurysm Surgery	307	212	31	70	675	58	75	0	20
Residual	92,779	86,115	24,061	25,027	260,690	40,770	24,065	1,719	12,945
Total	182,827	164,473	51,009	49,224	523,612	62,476	48,340	4,359	27,508

Source: Canadian Institute for Health Information, "All Procedures Performed, by Province and CCI code, 2007-08" and Fiscal 2004/05 CCI to CCP Conversion Tables.
Note: Information is not available in this format for Quebec.

Table 16b(i): Same Day Procedures, 2007-08

Procedure	BC	SK	MB	ON	NB	NS	PE	NL
Arthroplasty (Hip, Knee, Ankle, Shoulder)	5,611	1,664	2,025	23,490	1,228	841	430	328
Arthroplasty (Interphalangeal/ Metatarsophalangeal)	779	113	107	1,638	99	160	27	50
Hallux Valgus/Hammer Toe	363	74	92	1,475	125	179	15	58
Meniscectomy/Arthroscopy	3,298	623	775	5,639	785	668	42	349
Ostectomy	956	217	388	2,702	225	237	24	49
Removal of Pins	2,543	550	495	5,138	395	376	47	186
Rotator Cuff Repair	1,158	241	266	3,173	185	412	54	142
Routine Spinal Instability	1	0	1	2	0	0	0	0
Bladder Fulguration	3,211	498	874	12,236	760	1,120	44	290
Cystoscopy	23,695	7,376	2,443	113,437	4,066	10,105	604	4,892
Non-radical Prostatectomy	854	46	251	1,154	47	30	3	2
Radical Prostatectomy	1	0	0	1	0	0	0	0
Transurethral Resection—Bladder	3,109	454	378	5,719	408	551	35	108
Ureteral Reimplantation for Reflux	24	15	7	67	1	35	0	46
Cataract Removal	43,985	12,499	9,784	130,971	8,477	10,554	757	4,421
Cornea Transplant	375	3	65	870	0	93	0	1
Cornea—Pterygium	510	144	20	1,792	53	88	12	61
Iris, Ciliary Body, Sclera, Anterior Chamber	987	415	270	8,018	35	1,313	9	86
Lacrimal Duct Surgery	887	228	214	2,567	115	223	13	74
Operations on Eyelids	1,770	480	166	6,117	322	456	37	441
Retina, Choroid, Vitreous	7,583	1,536	1,616	23,023	35	2,660	57	560
Strabismus Surgery	1,299	144	313	3,104	99	412	8	63
Myringotomy	2,447	1,681	781	14,343	1,360	1,510	199	1,146
Operations on Nasal Sinuses	2,877	727	661	7,993	403	478	57	361
Thyroid, Parathyroid, and Other Endocrine Glands	193	21	33	735	6	9	0	6
Tonsillectomy and/or Adenoidectomy	3,059	926	1,090	16,081	830	770	93	334
Tympanoplasty	624	328	162	1,765	250	202	17	189
Radiotherapy	388	5	0	211	297	5	0	28
Chemotherapy	134	923	7	3,449	21	19	10	70
Breast Biopsy	260	385	52	1,149	23	1,798	4	60
Bronchus and Lung	54	1	6	100	2	13	0	1
Cholecystectomy	4,295	1,000	1,416	17,934	935	1,443	110	687
Hemorrhoidectomy	735	448	80	3,276	127	385	35	281

Source: Canadian Institute for Health Information, "All Procedures Performed, by Province and CCI code, 2007-08" and Fiscal 2004/05 CCI to CCP Conversion Tables.
Note: Information is not available in this format for Alberta or Quebec.

Table 16b(ii): Same Day Procedures, 2007-08

Procedure	BC	SK	MB	ON	NB	NS	PE	NL
Intestinal Operations	16,400	4,572	3,804	73,594	110	4,130	557	2,988
Mastectomy	4,600	783	825	12,245	885	872	171	571
Varicose Veins	1,070	264	106	2,451	135	258	16	43
Disk Surgery/Laminectomy	185	76	21	655	20	14	0	0
Elective Cranial Bone Flap	42	11	10	77	3	8	0	0
Blepharoplasty	361	119	16	1,775	46	23	9	16
Mammoplasty	2,293	430	429	6,325	582	208	35	56
Scar Revision	350	71	95	689	89	276	26	19
Pacemaker Operations	1,273	179	273	1,906	28	448	2	97
Valves & Septa of the Heart	32	5	0	14	0	2	0	0
Angiography/Angioplasty	8,401	1,300	2,266	4,182	74	297	4	387
Bronchoscopy	634	80	157	3,149	63	353	19	293
Gastroscopy	978	512	393	4,285	92	388	75	288
Dilation and Curettage	6,940	1,529	1,786	17,911	649	1,675	210	1,459
Hysterectomy	3	92	13	487	3	5	0	2
Hysteroscopic Procedures	4,784	1,368	1,293	10,626	726	1,607	145	1,049
Laparoscopic Procedures	1,059	223	366	3,448	72	195	64	98
Tubal Ligation	2,703	876	747	9,067	719	885	118	457
Tuboplasty	101	9	14	123	4	22	10	3
Vaginal Repair	139	46	22	544	35	41	3	19
Rhinoplasty and/or Septal Surgery	2,675	1,036	612	5,839	327	409	36	109
Hernia/Hydrocele	10,073	2,130	2,590	23,626	2,107	2,445	243	943
Carotid Endarterectomy	0	0	0	0	0	0	0	0
Hand Surgery/Digit Neuroma	3,532	846	1,008	9,825	671	979	98	578
Neurolysis/Peripheral Nerve	782	123	121	3,300	78	196	37	59
Colonoscopy	41,783	14,303	13,147	157,823	644	13,249	1,749	11,061
Aneurysm Surgery	6	0	1	2	1	1	0	0
Residual	103,446	32,862	30,015	410,942	13,432	36,665	2,632	26,510
Total	332,710	97,610	84,968	1,184,279	43,309	102,796	9,002	62,475

Source: Canadian Institute for Health Information, "All Procedures Performed, by Province and CCI code, 2007-08" 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*

Table 2: Median Total Expected Waiting Time from Referral by GP to Treatment, by Specialty, 2009 (weeks)

Cancer Care Ontario website reports a median wait time of 4.9 weeks for systemic treatment from referral to treatment on March 31, 2009.

Table 3: Median Patient Wait to See a Specialist after Referral from a GP, by Specialty, 2009 (weeks)

Alberta Health Services web site reports a median wait time of 2.7 weeks, from referral to first consult, for radiation oncology at the province's tertiary oncology facilities between April 1 and June 30, 2009. The website also reports that 72% of the patients were seen within 4 weeks during the same period.

Alberta Health Services web site reports a median wait time of 2.2 weeks, from referral to first consult, for medical oncology at the province's tertiary oncology facilities between April 1 and June 30, 2009. The website also reports that 77% of the patients were seen within 4 weeks during the same period.

The **Cancer Care Ontario** web site reports that for radiation treatment:

Disease Site	Percentage of patients seen within 14 days
All Sites	67%
Breast	55%
Central nervous system	87%
Gastrointestinal	70%
Genitourinary	74%
Gynecological	62%
Head and neck	81%
Hematology	65%
Lung	81%
Sarcoma	64%
Skin	51%
Other	48%
During April 2009	

The **Cancer Care Ontario** web site reports that for systemic treatment:

Disease Site	Percentage of patients seen within 14 days
All Sites	45%
Breast	39%
Central nervous system	76%
Gastrointestinal	39%
Genitourinary	43%
Gynecological	56%
Head and neck	62%
Hematology	50%
Lung	59%
Sarcoma	61%
Skin	38%
Other	37%

During April 2009

Nova Scotia Department of Health web site reports average wait times of 10 days and 21 days for a radiation cancer specialist, and of 14 days and 32 days for a medical cancer specialist at the province's two cancer centres in February, 2009.

Table 4: Median Patient Wait for Treatment after Appointment with Specialist, by Specialty, 2009 (weeks)

The **Saskatchewan Surgical Care Network** web site reports a 6.7 week median wait time for non-emergent surgeries between October 2008 and March 2009. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

Quebec Ministry of Health and Social Services web site reports an average wait time of 10 weeks for ambulatory surgery, and 7 weeks for inpatient surgery for the period ending on February 28, 2009. The site also reports that 79 percent of ambulatory surgery patients and 86 percent of inpatient surgery patients received treatment within 3 months, while 91 percent of ambulatory surgery patients and 94 percent of inpatient surgery patients received treatment within 6 months during the same time period.

New Brunswick Department of Health web site reports a median wait time of 35 days for surgeries performed between April and June 2009. The median wait time was 67 days for surgeries waiting at March 31, 2009, and 56 days for surgeries waiting at June 30, 2009.

The site also 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	34.7%	21.3%	21.0%	21.3%	1.1%	0.7%

From January 1, 2009 to June 30, 2009.
For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 5a: Plastic Surgery (2009)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

The **BC Ministry of Health** web site reports a 5.0 week median wait time for plastic surgery for the three months ending April 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

The **Saskatchewan Surgical Care Network** web site reports a 7.9 week median wait time for non-emergent plastic surgeries between October 2008 and March 2009. For an extensive explanation, please refer to "Verification of current data with governments— Saskatchewan."

The **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	37.9%	14.7%	19.3%	23.4%	3.2%	1.6%
Breast reduction surgery	21.5%	15.5%	16.7%	32.2%	9.8%	4.4%

From January 1, 2009 to June 30, 2009.
For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Nova Scotia Department of Health web site reports:

Surgeries performed within …	30 days	60 days	90 days	180 days	360 days
Carpal Tunnel Release	34%	54%	68%	87%	97%

From January 1, 2009 to March 31, 2009.

Table 5b: Gynecology (2009)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

The **BC Ministry of Health** web site reports a 4.9 week median wait time for gynecology for the three months ending April 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

The **Saskatchewan Surgical Care Network** web site reports a 5.7 week median wait time for non-emergent obstetric and gynecology surgeries between October 2008 and March 2009. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

The **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/Gynecology	27.6%	25.3%	30.2%	16.3%	0.5%	0.1%
Hysterectomy	24.2%	19.7%	32.3%	23.3%	0.2%	0.3%

From January 1, 2009 to June 30, 2009.
For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

The **Nova Scotia Department of Health** web site reports:

Percentage who received service by …	15 days	30 days	60 days	90 days	180 days
Tubal ligation	20%	38%	63%	78%	94%
Hysterectomy	10%	28%	58%	76%	95%
Laparoscopy	25%	48%	74%	86%	94%

From January 1, 2009 to March 31, 2009.

Table 5c: Ophthalmology (2009)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

The **BC Ministry of Health** web site reports median wait times of 6.4 weeks for eye surgery (ophthalmology), 7.0 weeks for cataract surgery, and 13.9 weeks for corneal transplant for the three months ending April 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

The **Saskatchewan Surgical Care Network** web site reports a 9.1 week median wait time for non-emergent ophthalmology surgeries, 37 days for high risk cataract surgery patients, and 105 days for lower risk cataract surgery patients between October 2008 and March 2009. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

The **Manitoba Health** web site reports median wait times of between 4 and 14 weeks for cataract surgery in 4 regional health authorities for April 2009.

The **Ontario Ministry of Health and Long Term Care** web site reports that 90 percent of ophthalmic surgeries were completed within 106 days in April 2009.

The site also reports:

Median Wait Time for Ophthalmic Surgery in Ontario	In days
Cataract	39
Cornea—Other	43
Cornea—Transplant	99
Glaucoma—Filter/Seton	24
Glaucoma—Other	21
Retina—Other	8
Retina—Vitrectomy	17
Strabismus	62

From April 2009, to June 2009.

The **Quebec Ministry of Health and Social Services** web site reports an average wait time of 9 weeks for cataract surgery for the period ending on February 28, 2009. The site also reports that 76 percent of cataract surgery patients were treated within 3 months, and 94 percent were treated within 6 months during the same time period.

The **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	21.1%	22.4%	26.6%	29.6%	0.2%	0.1%
Cataract surgery	20.9%	22.7%	26.6%	29.6%	0.2%	0.1%

From January 1, 2009 to June 30, 2009.
For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

The **Nova Scotia Department of Health** web site reports:

Percentage who received service by …	30 days	60 days	90 days	112 days	120 days	180 days	360 days
Cataract surgery	32%	51%	66%	74%	77%	89%	97%

From January 1, 2009 to March 31, 2009.

The **PEI Ministry of Health** web site reports a median wait time of 12 weeks for cataract surgery during the period January 1 to March 31, 2009.

The **Newfoundland & Labrador Department of Health and Community Services** web site reports that between 58.3 and 96 percent (depending on the region) of "high risk patient" cataract surgeries for the first eye were completed within 16 weeks (112 days) during the period July 1 to September 30, 2008.

Table 5d: Otolaryngology (2009)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

The **BC Ministry of Health** web site reports a 6.4 week median wait time for ear, nose, and throat surgery (otolaryngology) for the three months ending April 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments— British Columbia."

The **Saskatchewan Surgical Care Network** web site reports a 6.3 week median wait time for non-emergent otolaryngology surgeries between October 2008 and

March 2009. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

The **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 (ENT)	29.7%	22.8%	23.6%	21.1%	1.2%	1.6%
Myringotomy	45.6%	26.8%	18.7%	9.0%	0.0%	0.0%
Tonsillectomy/ Adenoidectomy	26.5%	25.1%	24.1%	22.6%	1.5%	0.2%

From January 1, 2009 to June 30, 2009.
For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

The **Nova Scotia Department of Health** web site reports:

Percentage who received service by …	15 days	30 days	60 days	90 days
Myringotomy tubes	27%	53%	82%	93%

From January 1, 2009 to March 31, 2009.

Table 5e: General Surgery (2009)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

The **BC Ministry of Health** web site reports median wait times of 3.7 weeks for general surgery and 4.7 weeks for gall bladder surgery for the three months ending April 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

The **Saskatchewan Surgical Care Network** web site reports a 3.6 week median wait time for non-emergent general surgeries between October 2008 and March 2009. For an extensive explanation, please refer to "Verification of current data with governments— Saskatchewan."

The **Ontario Ministry of Health and Long Term Care** web site reports that 90 percent of General Surgeries were completed within 99 days in April 2009.

The site also reports:

Median Wait Time for General Surgery in Ontario	In days
Anal Disease	33
Benign Breast Disease	27
Digestive System—Colorectal	32
Digestive System—Gallbladder	33
Digestive System—Small Intestine	23
Hernia—Abdominal Wall	39
Hernia—Groin	36
Varicose Veins	52
Breast Cancer	15

From April 2009, to June 2009.

The **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	47.2%	23.6%	14.3%	13.2%	0.9%	0.8%
Breast excision surgery	78.7%	16.5%	4.0%	0.8%	0.0%	0.0%
Cholecystectomy	44.1%	23.7%	15.4%	13.7%	1.7%	1.4%
Hernia repair	33.8%	25.3%	17.7%	20.7%	1.5%	1.0%

From January 1, 2009 to June 30, 2009.
For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

The **Nova Scotia Department of Health** web site reports:

Percentage who received service by …	7 days	15 days	30 days	60 days	90 days	180 days	270 days	360 days
Groin hernia repair		12%	34%	67%	81%	95%		
Cholecystectomy		27%	49%	74%	84%	97%		
Breast biopsy		26%	60%	82%	88%			
Mastectomy	12%	45%	74%	92%				
Varicose veins			13%	37%	55%	79%	90%	94%

From January 1, 2009 to March 31, 2009.

Table 5f: Neurosurgery (2009)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

The **BC Ministry of Health** web site reports median wait times of 3.9 weeks for neurosurgery and 3.0 weeks for endarterectomy of the head/neck for the three months ending April 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

The **Saskatchewan Surgical Care Network** web site reports a 5.9 week median wait time for non-emergent neurosurgeries between October 2008 and March 2009. For an extensive explanation, please refer to "Verification of current data with governments— Saskatchewan."

The **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%	14.1%	8.1%	11.4%	2.7%	3.3%

From January 1, 2009 to June 30, 2009.
For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 5g: Orthopedic Surgery (2009)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

The **BC Ministry of Health** web site reports median wait times of 8.1 weeks for orthopedic surgery, 9.7 weeks for hip replacement, and 11.9 weeks for knee replacement for the three months ending April 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

Alberta Health Services web site reports a median wait time of 13.1 weeks for primary elective hip replacement, and 18.0 weeks for primary elective knee replacement between April 1 and June 30, 2009. The website also reports that 83 percent of primary elective hip replacements and 72 percent of primary elective knee replacements were performed within 26 weeks during the same period.

The **Saskatchewan Surgical Care Network** web site reports a 16.9 week median wait time for non-emergent orthopedic surgeries, 243 days for knee replacements, and 147 days for hip replacements between October 2008 and March 2009. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

The **Manitoba Health** web site reports a median wait time of 12 weeks for all hip and knee surgeries for April 2009. Manitoba Health web site also reports median wait times of between 13 and 14 weeks for total hip replacement in two regional health authorities, between 10 and 25 weeks for knee replacement in three regional health authorities, 11 weeks for hip replacement revision in one health authority, and 8 weeks for knee replacement revision in one health authority for April 2009.

The **Ontario Ministry of Health and Long Term Care** web site reports:

Median Wait Time for Orthopedic Surgery in Ontario	In days
Spine	51
Shoulder	58
Arm (Humerus)	25
Elbow	50
Forearm (Radius)	30
Forearm (Ulna)	57
Wrist	47
Hand	51
Pelvis	41
Hip Replacement	60
Other Hip Surgery	42
Knee Replacement	62
Other Knee Surgery	64
Femur	35
Tibia	32
Ankle	46
Foot	64

From April 2009 to June 2009.

The site also reports that 90 percent of orthopedic surgeries were completed within 186 days in April 2009.

The **Quebec Ministry of Health and Social Services** web site reports an average wait time of 13 weeks for hip surgery, and 15 weeks for knee surgery for the period ending on February 28, 2009. The site also reports that 61 percent of hip surgery patients and 51 percent of knee surgery patients were treated within 3 months, while 90 percent of hip surgery patients and 86 percent of knee surgery patients were treated within 6 months during the same time period.

The **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 Orthopedic	21.4%	16.8%	24.0%	34.4%	2.0%	1.4%
Hip replacement	9.9%	12.9%	24.8%	50.5%	1.3%	0.7%
Knee replacement	3.8%	7.2%	19.8%	61.2%	6.0%	1.9%

From January 1, 2009 to June 30, 2009.
For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

The **Nova Scotia Department of Health** web site reports:

Percentage who received service by …	30 days	60 days	90 days	180 days	270 days	360 days	540 days
Hip replacement		9%		45%	61%	75%	88%
Hip revision		29%		60%	69%	83%	91%
Knee Arthroscopy	24%	46%	59%	82%	92%	95%	
Knee Replacement		6%		32%	46%	64%	84%
Knee Revision		21%		64%	73%	85%	91%

From January 1, 2009 to March 31, 2009.

The **PEI Ministry of Health** web site reports a median wait time of 13 and 18 weeks for hip and knee replacement respectively during the period January 1 to March 31, 2009.

The **Newfoundland & Labrador Department of Health and Community Services** web site reports that between 65.8 and 100 percent of hip replacements and between 52.1 and 95.2 percent of knee replacements (depending on the region) were completed within 26 weeks (182 days) during the period July 1 to September 30, 2008.

Table 5h: Cardiovascular Surgery (2009)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

The **BC Ministry of Health** web site reports median wait times of 4.0 weeks for cardiac surgery, 3.3 weeks for vascular surgery, and 3.0 weeks for endarterectomy of the head/neck for the three months ending April 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

Alberta Health Services web site reports median wait times of 0.4 and 1.1 weeks for urgent, 1.9 and 3.3 weeks for semi-urgent, and 8.0 and 9.0 weeks for non-urgent coronary artery bypass graft surgeries at the province's 2 facilities between April 1 and June 30, 2009. The website also reports that 49 percent of the patients were cared for within the targeted timeframes (1, 2, and 6 weeks respectively) during the same period.

The **Saskatchewan Surgical Care Network** web site reports a 1.0 week median wait time for non-emergent cardiovascular surgeries, and 3.3 weeks for vascular surgeries between October 2008 and March 2009. The website also reported a median wait time of 4 days for all coronary artery bypass graft surgeries, 1 day for Level I patients, 4 days for Level II patients, and 7 days for Level III patients for the same time period. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

The **Manitoba Health** web site reports a median wait time of 12 days for all cardiac surgery combined, 4 days for level 1 (emergent and urgent) coronary arterial bypass graft surgery patients, 9 days for level 2 (semi-urgent) coronary arterial bypass graft surgery patients, 13 days for level 3 (elective) coronary arterial bypass graft surgery patients and 11 days for all levels of coronary arterial bypass graft surgery combined for April 2009.

The **Ontario Ministry of Health and Long Term Care** web site reports a median wait time of 15 days for bypass surgeries during the period April to June 2009.

The **Quebec Ministry of Health and Social Services** web site reports

Percentage of patients treated within …	24 hours Priority 1	72 hours Priority 2	2 weeks Priority 3	6 weeks Priority 4	3 months Priority 5	Recommended Time Frame All Priorities
Cardiac surgery	20% to 100%	20% to 100%	89% to 100%	0% to 100%	38% to 100%	32% to 100%

From June 21 to July 18, 2009

The **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	46.8%	6.8%	22.9%	23.5%	0.0%	0.0%
Non-emergent Vascular Surgery	55.2%	17.3%	14.0%	13.5%	0.0%	0.0%
Non-emergent Thoracic Surgery	69.4%	21.8%	6.2%	1.8%	0.6%	0.3%
Coronary Artery Bypass Graft (CABG)	52.2%	6.6%	20.6%	20.6%	0.0%	0.0%

From January 1, 2009 to June 30, 2009.
For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

The **Nova Scotia Department of Health** web site reports:

Average wait times for …	Priority I	Priority II	Priority III	Priority IV
Cardiovascular surgery	5 days	54 days	65 days	N/A

In February 2009

The **Newfoundland & Labrador Department of Health and Community Services** web site reports that 93.9 percent of coronary artery bypass surgery (CABG) cases were completed within 182 days during the period July 1 to September 30, 2008.

Table 5i: Urology (2009)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

The **BC Ministry of Health** web site reports a 4.0 week median wait time for urology for the three months ending April 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

The **Saskatchewan Surgical Care Network** web site reports a 4.7 week median wait time for non-emergent urology surgeries between October 2008 and March 2009. For an extensive explanation, please refer to "Verification of current data with governments— Saskatchewan."

The **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	43.5%	22.3%	17.4%	15.7%	1.0%	0.1%
Prostatectomy	41.6%	26.2%	22.0%	9.9%	0.2%	0.0%

From January 1, 2009 to June 30, 2009.
For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 5j: Internal Medicine (2009)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

The **Ontario Ministry of Health and Long Term Care** web site reports median wait times of 11 days for angiographies, and of 3 days for angioplasties during the period April to June 2009.

The **Quebec Ministry of Health and Social Services** web site reports:

Percentage of patients treated within …	Immediately Priority 1	24 hours Priority 2	72 hours Priority 3.1	1 weeks Priority 3.2	2 weeks Priority 4	1 month Priority 5.1	2 month Priority 5.2	Recommended Time Frame All Priorities
Hemodynamics	98% to 100%	67% to 100%	75% to 100%	87% to 100%	61% to 100%	58% to 100%	62% to 100%	80% to 100%

From June 21 to July 18, 2009.

The **Nova Scotia Department of Health** web site reports:

Average wait times for …	Priority I	Priority II	Priority III
Average wait times for cardiac catheterization	8 days	18 days	30 days
Average wait times for percutaneous coronary interventions	9 days	19 days	23 days

In July 2009

Table 5k: Radiation Oncology (2009)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

The **BC Ministry of Health** web site reports a 1.1 week median wait time for radiotherapy for the three months ending April 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

The **Saskatchewan Cancer Agency** reported that 95 percent of patients received radiation therapy within 4 weeks of being ready to treat between April 1, 2008 and December 31, 2009.

The **Manitoba Health** web site reports median wait times of 1 week for lung cancer, 3 weeks for prostate cancer, 2 weeks for breast cancer, and 1 week for all body sites combined for April 2009.

The **Cancer Care Ontario** reports that:

Disease Site	Percentage of patients seen within 1, 7, or 14 days
All Sites	73%
Breast	75%
Central nervous system	72%
Gastrointestinal	78%
Genitourinary	57%
Gynecological	76%
Head and neck	61%
Hematology	81%
Lung	82%
Sarcoma	92%
Skin	63%
Other	83%
During April 2009	

The **Quebec Ministry of Health and Social Services** web site reports that between 93 and 100 percent of patients began radiotherapy treatment within 4 weeks in health regions across Quebec for the period ending on February 28, 2009.

The **New Brunswick Department of Health** web site reports that 95.1 percent of patients were receiving radiation therapy within 4 weeks of being ready to treat in April 2009.

The **Nova Scotia Department of Health** web site reports:

Average wait times for …	Priority I	Priority II	Priority III	Priority IV
Average wait times for radiation therapy (Cape Breton cancer centre)	0 days	4 days	18 days	25 days
Average wait times for radiation therapy (Capital Health cancer centre)	1 day	9 days	27 days	35 days
In July 2009				

The **PEI Ministry of Health** web site reports a median wait time of 7 days for radiotherapy treatment during the period January 1 to March 31, 2009.

The **Newfoundland & Labrador Department of Health and Community Services** web site reports that 90.3 percent of patients waiting for curative radiotherapy began treatment within 30 days during the period July 1 to September 30, 2008.

Table 5l: Medical Oncology (2009)—Median Patient Wait for Treatment after Appointment with Specialist (weeks)

The **Cancer Care Ontario** reports:

Disease Site	Percentage of patients seen within 14 days
All Sites	42%
Breast	42%
Central nervous system	67%
Gastrointestinal	42%
Genitourinary	31%
Gynecological	63%
Head and neck	50%
Hematology	33%
Lung	43%
Sarcoma	25%
Skin	26%
Other	33%
During April 2009	

Table 12: Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist, by Specialty, 2009

The **BC Ministry of Health** web site reports 70,029 patients waiting for surgery at April 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

The **Saskatchewan Surgical Care Network** web site reports 27,177 patients on wait lists for non-emergent surgery at March 31, 2009. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

The **Quebec Ministry of Health and Social Services** web site reports 59,335 patients waiting for ambulatory surgery (19,896 for more than 6 months) and 19,738 patients waiting for inpatient surgery (6,546 for more than 6 months) for the period ending on February 28, 2009.

The **New Brunswick Department of Health** web site reports 14,554 non-emergent surgeries waiting at March 31, 2009 and 14,672 non-emergent surgeries waiting at June 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 13a: Plastic Surgery (2009)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

The **BC Ministry of Health** web site reports 4,389 patients waiting for plastic surgery at April 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

The **Saskatchewan Surgical Care Network** web site reports 1,432 patients on wait lists for plastic and reconstructive surgery at March 31, 2009. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

The **New Brunswick Department of Health** web site reports 1,253 non-emergent plastic surgeries, and 343 breast reduction surgeries waiting at June 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 13b: Gynecology (2009)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

The **BC Ministry of Health** web site reports 6,588 patients waiting for gynecology at April 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

The **Saskatchewan Surgical Care Network** web site reports 3,048 patients on wait lists for obstetrics and gynecology surgery at March 31, 2009. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

The **New Brunswick Department of Health** web site reports 1,216 non-emergent obstetrics and gynecology surgeries, and 288 hysterectomy surgeries waiting at June 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 13c: Ophthalmology (2009)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

The **BC Ministry of Health** web site reports 13,821 patients waiting for eye surgery (ophthalmology), 11,999 waiting for cataract surgery, and 471 waiting for corneal transplant at April 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

The **Saskatchewan Surgical Care Network** web site reports 5,082 patients on wait lists for ophthalmology surgery, 1,509 high risk patients waiting for cataract surgeries, and 2,823 low risk patients waiting for cataract surgeries at March 31, 2009. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

The **Quebec Ministry of Health and Social Services** web site reports 15,498 patients waiting for cataract surgery (752 for more than 6 months) for the period ending on February 28, 2009.

The **New Brunswick Department of Health** web site reports 2,409 non-emergent ophthalmology surgeries and 2,282 cataract surgeries waiting at June 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 13d: Otolaryngology (2009)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

The **BC Ministry of Health** web site reports 6,216 patients waiting for ear, nose, and throat surgery (otolaryngology) at April 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

The **Saskatchewan Surgical Care Network** web site reports 3,252 patients on wait lists for otolaryngology surgery at March 31, 2009. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

The **New Brunswick Department of Health** web site reports 1,319 non-emergent otolaryngology surgeries, 174 myringotomy surgeries and 361 tonsillectomy/adenoidectomy surgeries waiting at June 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments— New Brunswick."

Table 13e: General Surgery (2009)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

The **BC Ministry of Health** web site reports 10,128 patients waiting for general surgery and 1,552 waiting for gall bladder surgery, at April 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

The **Saskatchewan Surgical Care Network** web site reports 2,608 patients on wait lists for general surgery at March 31, 2009. The site also reports that there were 16 patients waiting for cancer surgery breast biopsies at the same date. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

The **New Brunswick Department of Health** web site reports 2,133 non-emergent general surgeries, 38 breast excision surgeries, 306 cholecystectomy surgeries, and 643 hernia repair surgeries waiting at June 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 13f: Neurosurgery (2009)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

The **BC Ministry of Health** web site reports 1,759 patients waiting for neurosurgery and 94 waiting for endarterectomy of the head/neck at April 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

The **Saskatchewan Surgical Care Network** web site reports 692 patients on wait lists for neurosurgery at March 31, 2009. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

The **New Brunswick Department of Health** web site reports 167 non-emergent surgeries waiting in the area of neurosurgery at June 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 13g: Orthopedic Surgery (2009)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

The **BC Ministry of Health** web site reports 15,799 patients waiting for orthopedic surgery, 1,510 waiting for hip replacement, and 3,031 waiting for knee replacement at April 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

The **Saskatchewan Surgical Care Network** web site reports 6,587 patients on wait lists for orthopedic surgery, 719 patients waiting for hip replacements, and 1,910 cases waiting for knee replacements at March 31, 2009. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

The **Quebec Ministry of Health and Social Services** web site reports 1,526 patients waiting for hip arthroplasty (118 for more than 6 months) and 2,674 patients waiting for knee arthroplasty (374 for more than 6 months) for the period ending on February 28, 2009.

The **New Brunswick Department of Health** web site reports 3,169 non-emergent orthopedic surgeries, 212 hip replacement surgeries, and 650 knee replacement surgeries waiting at June 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 13h: Cardiovascular Surgery (2009)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

The **BC Ministry of Health** web site reports 128 patients waiting for cardiac surgery, 2,087 waiting for vascular surgery, and 94 waiting for endarterectomy of the head/neck at April 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

The **Saskatchewan Surgical Care Network** web site reports 148 patients on wait lists for cardiovascular surgery, 171 patients on wait lists for vascular surgery, and 75 patients on wait lists for coronary artery bypass graft surgeries at March 31, 2009. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

The **Quebec Ministry of Health and Social Services** web site reports 535 patients waiting for cardiac surgery for the period ending on February 28, 2009.

The **New Brunswick Department of Health** web site reports 101 non-emergent cardiac surgeries, 66 thoracic surgeries, 118 vascular surgeries, and 63 coronary artery bypass graft (CABG) surgeries waiting at June 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 13i: Urology (2009)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

The **BC Ministry of Health** web site reports 5,874 patients waiting for urology surgeries at April 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—British Columbia."

The **Saskatchewan Surgical Care Network** web site reports 1,345 patients on wait lists for urology surgery at March 31, 2009. For an extensive explanation, please refer to "Verification of current data with governments—Saskatchewan."

The **New Brunswick Department of Health** web site reports 2,157 non-emergent urology surgeries, and 90 prostatectomy surgeries waiting at June 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments—New Brunswick."

Table 13j: Internal Medicine (2009)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

The **Quebec Ministry of Health and Social Services** web site reports 848 patients waiting for hemodynamic surgery for the period ending on February 28, 2009.

Table 13k: Radiation Oncology (2009)—Estimated Number of Procedures for which Patients are Waiting after Appointment with Specialist

The **BC Ministry of Health** web site reports 376 patients waiting for radiotherapy at April 30, 2009. For an extensive explanation, please refer to "Verification of current data with governments British Columbia."

The **Quebec Ministry of Health and Social Services** web site reports that 18 patients were waiting for more than 4 weeks for radiotherapy at February 28, 2009.

Appendix B: Psychiatry Waiting List Survey, 2009 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, nor to the twelve medical specialties examined in the main text of *Waiting Your Turn*. In particular, there has been increasing 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 want the same access to information that is available to 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 12 and April 21, 2009. Surveys were sent out to all of the specialists in the psychiatry category of the Canadian Medical Association's membership rolls who have allowed their names to be provided by Cornerstone List Fulfillment. As is the practice with the traditional 12 specialties surveyed in *Waiting Your Turn*, psychiatrists in Quebec and New Brunswick who indicate that their language of preference is French were sent French-lan-

Table B1: Summary of Responses, 2009

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Mailed	586	328	54	144	1,720	997	41	122	11	41	4,044
Number of Responses	69	53	6	14	202	82	10	12	2	8	458
Response Rates	12%	16%	11%	10%	12%	8%	24%	10%	18%	20%	11%

Table B2: Psychiatry—Median Patient Wait to See a Specialist after Referral from a GP, 2009

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Urgent	2.0	2.3	2.5	1.5	2.0	2.0	1.5	1.5	1.8	1.0	2.0
Elective	6.0	12.0	5.5	6.0	6.0	8.0	10.0	6.0	6.0	8.0	7.0

Table B3: Psychiatry—Median Patient Wait for Treatment after Appointment with Specialist, 2009

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Initiate a course of brief psychotherapy	4.0	6.0	9.0	6.0	8.0	6.0	16.0	5.0	5.5	30.0	6.9
Initiate a course of long-term psychotherapy	8.0	12.0	8.0	12.0	12.0	14.0	27.0	12.0	7.0	51.0	12.4
Initiate a course of pharmacotherapy	3.0	5.0	2.8	6.0	4.0	4.0	7.5	2.0	5.5	12.0	4.1
Initiate a course of couple/marital therapy	7.5	8.0	5.5	7.0	10.0	12.0	18.0	7.0	—	26.0	10.0
Initiate cognitive behavior therapy	6.0	11.0	8.0	6.0	10.0	10.0	18.0	5.0	7.5	42.0	9.6
Access a day program	6.5	8.0	6.0	3.0	6.0	4.0	12.0	18.0	—	12.0	6.1
Access an eating disorders program	14.0	16.0	8.5	4.0	12.0	11.0	1.5	4.0	12.0	8.0	11.6
Access a housing program	12.0	27.0	3.0	14.0	12.0	8.0	14.0	52.0	4.0	8.0	13.3
Access an evening program	5.0	8.0	4.0	8.0	7.0	6.0	14.0	4.0	4.0	16.0	6.6
Access a sleep disorders program	13.0	35.0	52.0	52.0	7.0	24.0	52.0	52.0	—	20.0	18.5
Access assertive community treatment or similar program	4.8	9.0	5.0	12.0	10.0	5.0	40.0	8.0	2.5	12.0	8.2
Unweighted median	7.6	13.2	10.2	11.8	8.9	9.5	20.0	15.4	6.0	21.5	9.8

guage surveys. The response rate to the psychiatry survey was 11 percent overall in 2009, slightly lower than in 2008 (14%), and ranged from 24 percent in New Brunswick to 8 percent in Quebec (table B1).

The treatments identified in the following tables represent a cross-section of common services carried out by psychiatrists. The list 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, 2009 and 2008

	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	2009	2008	% chg	2009	2008	% chg	2009	2008	% chg	2009	2008	% chg	2009	2008	% chg
Psychiatry	7.6	8.3	-8%	13.2	17.8	-26%	10.2	11.6	-13%	11.8	11.3	4%	8.9	10.0	-11%

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

Table B4ii: Comparison of Median Weeks Waited to Receive Psychiatric Treatment after Appointment with Specialist, by Province, 2009 and 2008

	Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland & Labrador		
	2009	2008	% chg	2009	2008	% chg	2009	2008	% chg	2009	2008	% chg	2009	2008	% chg
Psychiatry	9.5	9.2	3%	20.0	11.0	83%	15.4	19.2	-20%	6.0	48.0	-88%	21.5	21.3	1%

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 appointment with a specialist between the years 2008 and 2009.

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, 2009

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Initiate a course of brief psychotherapy	3.0	4.0	5.5	4.0	4.0	4.0	4.0	3.5	6.0	4.0	3.9
Initiate a course of long-term psychotherapy	6.0	5.5	11.0	8.0	6.0	6.0	9.0	8.0	6.0	5.5	6.2
Initiate a course of pharmacotherapy	2.0	2.0	1.3	3.0	2.0	2.0	4.0	2.0	6.0	2.0	2.1
Initiate a course of couple/marital therapy	4.0	4.0	4.0	6.0	4.0	4.0	5.0	4.0	—	6.0	4.1
Initiate cognitive behavior therapy	4.0	4.0	5.5	4.0	4.0	4.0	4.0	4.0	4.0	6.0	4.0
Access a day program	4.0	3.5	4.0	2.3	4.0	2.0	5.0	6.0	—	5.0	3.5
Access an eating disorders program	4.0	3.0	4.0	3.5	4.0	4.0	—	3.5	8.0	4.0	3.9
Access a housing program	4.0	3.8	2.0	5.0	4.0	4.0	5.0	4.0	4.0	4.0	4.0
Access an evening program	4.0	4.0	4.5	4.0	4.0	4.0	5.0	4.0	—	8.0	4.1
Access a sleep disorders program	4.0	4.0	5.0	8.0	4.0	4.0	8.0	9.0	—	8.0	4.4
Access assertive community treatment or similar program	2.0	2.0	4.0	4.0	4.0	3.0	7.0	4.0	1.0	4.0	3.3
Unweighted median	3.7	3.6	4.6	4.7	4.0	3.7	5.6	4.7	5.0	5.1	3.9

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 (computed tomography (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 have been presented separately in order to allow for any fundamental differences that may exist in the wait times between physical and mental health services.[5]

5 For comparison, the overall Canadian median waiting time for CT scans was 4.6 weeks in the traditional 12 specialties and 4.1 weeks in the psychiatry survey, with a mean absolute difference (the average of absolute differences between the two measures in each province) of 0.9 weeks for 10 provinces. The overall Canadian median waiting time for MRIs in the psychiatry survey was 10.5 weeks, compared to 8.9 weeks for the other 12 specialties. The mean absolute difference in this case, again for 10 provinces, was 5.4 weeks.

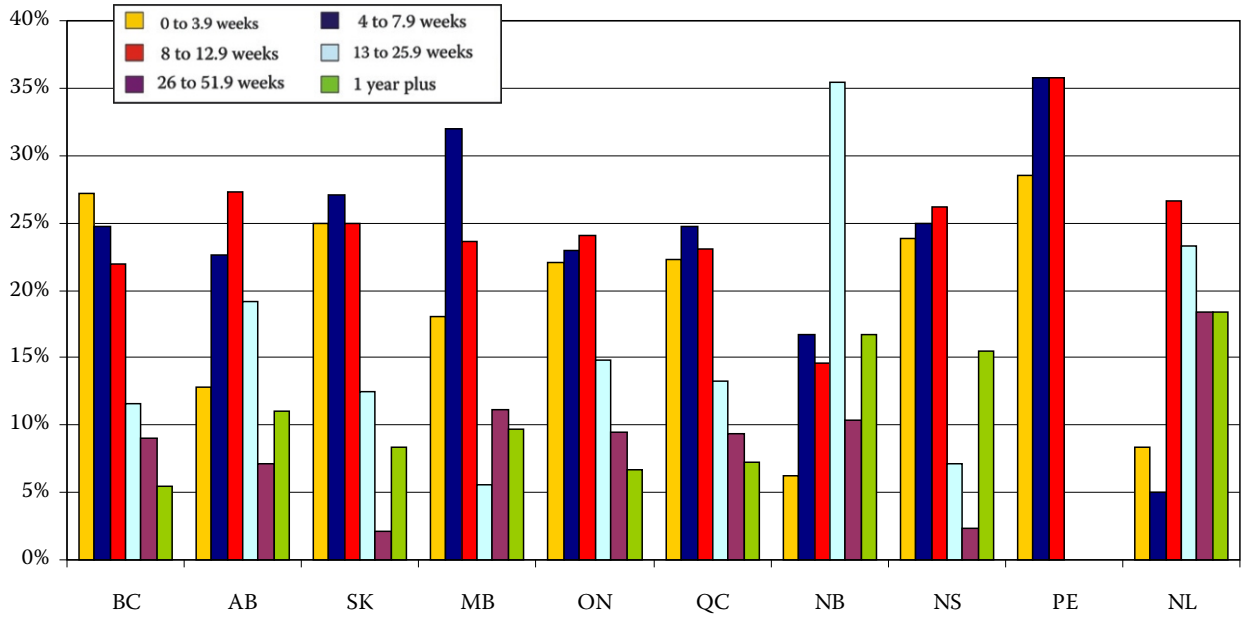
Survey results: estimated waiting in Canada

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 2009 psychiatry survey provides details of waiting for each segment.

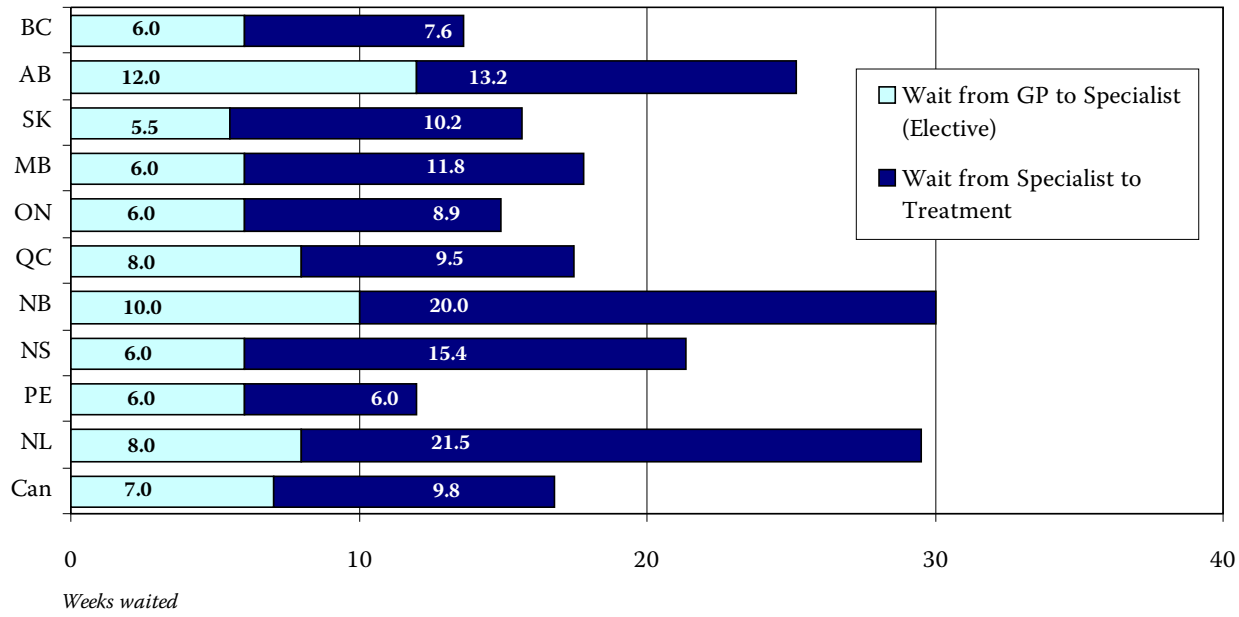
Table B2 indicates the number of weeks that patients wait for initial appointments with psychiatrists after referral from their general practitioners or from other specialists. The waiting time to see a psychiatrist on an urgent basis was 2.0 weeks in Canada, ranging from 1.0 week in Newfoundland & Labrador to 2.5 weeks in Saskatchewan. The waiting time for referrals on an elective basis for Canada as a whole was 7.0 weeks. The longest waiting time for elective referrals was in Alberta (12.0 weeks), followed by New Brunswick (10.0 weeks) and Newfoundland & Labrador and Quebec (8.0 weeks). The shortest wait for an elective referral was in Saskatchewan (5.5 weeks), followed by British Columbia, Manitoba, Ontario, Nova Scotia, and Prince Edward Island (6.0 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 in Newfoundland & Labrador (21.5 weeks), New Brunswick (20.0 weeks), and Nova Scotia (15.4 weeks), while the shortest waits were in

Graph B1: Frequency Distribution of Survey Waiting Times from Specialist to Treatment, by Province, 2009



Graph B2: Weeks Waited from Referral by GP to Treatment, by Province, 2009



Prince Edward Island (6.0 weeks), British Columbia (7.6 weeks), and Ontario (8.9 weeks). Among the treatments, patients waited longest to enter a sleep disorders program (18.5 weeks) or a housing program (13.3 weeks), while the wait times were shortest for pharmacotherapy (4.1 weeks), and admission to a day program (6.1 weeks).

Graph B1 presents a frequency distribution of the survey responses by province and by region. In all provinces except New Brunswick and Newfoundland & Labrador, the wait for the majority of treatments is less than 13 weeks. Prince Edward Island performs the highest proportion of treatments within 13 weeks (100 percent) and within 8 weeks (64.3%). Waits of 26 weeks or more are least frequent in Prince Edward Island (0%) and Saskatchewan (10.4%), and most frequent in Newfoundland & Labrador (36.7%).

Table B4 compares the 2008 and 2009 waiting times for treatment. This year's study indicates an overall increase in the waiting time between consultation with a specialist and treatment in 4 provinces, with decreases in British Columbia (8%), Alberta (26%), Saskatchewan (13%), Ontario (11%), Nova Scotia (20%), and Prince Edward Island (88%). At the same time, between 2008 and 2009, the median wait increased by 4 percent in Manitoba, 3 percent in Quebec, 83 percent in New Brunswick, and 1 percent in Newfoundland & Labrador.

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 the sum of these two segments, the total waiting time. This overall wait records the time between

Table B6: Psychiatry—Difference Between Actual and Reasonable Patient Waits for Treatment after Appointment with Specialist, 2009

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Initiate a course of brief psychotherapy	33%	50%	64%	50%	100%	50%	300%	43%	-8%	650%	79%
Initiate a course of long-term psychotherapy	33%	118%	-27%	50%	100%	133%	200%	50%	17%	827%	100%
Initiate a course of pharmacotherapy	50%	150%	120%	100%	100%	100%	88%	0%	-8%	500%	97%
Initiate a course of couple/ marital therapy	88%	100%	38%	17%	150%	200%	260%	75%	—	333%	143%
Initiate cognitive behaviour therapy	50%	175%	45%	50%	150%	150%	350%	25%	88%	600%	137%
Access a day program	63%	129%	50%	33%	50%	100%	140%	200%	—	140%	76%
Access an eating disorders program	250%	433%	113%	14%	200%	175%	—	14%	50%	100%	199%
Access a housing program	200%	620%	50%	180%	200%	100%	180%	1,200%	0%	100%	234%
Access an evening program	25%	100%	-11%	100%	75%	50%	180%	0%	—	100%	63%
Access a sleep disorders program	225%	775%	940%	550%	75%	500%	550%	478%	—	150%	322%
Access assertive community treatment or similar program	138%	350%	25%	200%	150%	67%	471%	100%	150%	200%	146%
Weighted Median	104%	265%	120%	151%	123%	154%	257%	225%	20%	319%	147%

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 2009 for psychiatry fell from 18.6 weeks in 2008 to 16.8 weeks in 2009 (Graph B2). The shortest waiting times were recorded in Prince Edward Island (12.0 weeks), British Columbia (13.6 weeks), and Ontario (14.9 weeks). The longest total waits were found in New Brunswick (30.0 weeks), Newfoundland & Labrador (29.5 weeks), and Alberta (25.2 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 93 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, Prince Edward

Island and British Columbia came closest to meeting the standard of "reasonable," in that the actual overall median specialist-to-treatment waits only exceeded the corresponding "reasonable" values by 20 and 104 percent respectively, 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 4.4 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 tomorrow if it were available is 74.8 percent (Fraser Institute, national hospital waiting list survey, 2009).

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 2008, the national waiting time for MRI scans and CT scans fell in 2009, while the waiting time for EEGs increased. The median wait for a CT scan across Canada was 4.1 weeks,

Table B7: Waiting for Technology: Weeks Waited to Receive Selected Diagnostic Tests in 2009, 2008, and 2007

Province	CT-Scan			MRI			EEG		
	2009	2008	2007	2009	2008	2007	2009	2008	2007
British Columbia	4.0	4.0	6.0	12.0	12.0	12.0	3.8	3.0	3.0
Alberta	4.0	4.0	4.0	10.0	10.0	12.0	4.0	4.0	4.0
Saskatchewan	8.0	4.5	4.0	18.0	8.5	12.5	8.5	3.0	3.0
Manitoba	4.5	4.5	3.5	5.0	7.0	6.3	2.8	4.5	1.9
Ontario	4.0	4.0	5.0	8.0	10.0	10.0	4.0	3.5	4.0
Quebec	4.0	8.0	5.5	14.0	12.0	12.0	4.0	4.0	4.0
New Brunswick	4.5	4.0	4.5	8.0	7.0	6.0	6.5	4.0	3.0
Nova Scotia	2.3	4.0	2.5	4.0	3.0	7.0	4.0	4.5	3.0
P.E.I.	7.5	4.0	4.3	14.5	12.0	13.0	3.0	4.0	2.3
Newfoundland & Labrador	6.0	5.3	4.5	46.0	52.0	38.0	4.5	3.5	3.0
Canada	4.1	5.0	5.0	10.5	10.9	11.0	4.0	3.7	3.7

Note: For wait times data published by provincial government agencies pertinent to this table, see Chart 19.

ranging from a high of 8.0 weeks (Saskatchewan), to a low of 2.3 weeks (Nova Scotia). The median wait for an MRI across Canada was 10.5 weeks. Patients in Newfoundland & Labrador waited the longest (46.0 weeks), while patients in Nova Scotia waited the least amount of time (4.0 weeks). Finally, the median wait for an EEG across Canada was 4.0 weeks. Residents of Manitoba faced the shortest waits for an EEG (2.8 weeks), while residents of Saskatchewan waited longest (8.5 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 nearing 17 weeks from a general practitioner to treatment, and with wait times from a meeting with a specialist to treatment that are nearly 150 percent longer than specialists feel is appropriate, it is clear that a great many patients in need of psychiatric attention are facing the effects of rationing in our health care system and experiencing a deterioration of their condition before they get the care they need.

Appendix C: The Fraser Institute National Waiting List Survey questionnaire

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		
Hemorrhoidectomy/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.

Hemorrhoidectomy: the removal of hemorrhoids 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 hemorrhoid.

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 colored contractile membrane suspended between the lens and the cornea in the aqueous humor 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 humor): 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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<www.healthservices.gov.bc.ca/cpa/mediasite/waittimes.html> and
<http://www.health.gov.bc.ca/waitlist/>

Alberta Health Services <http://www.albertahealthservices.ca/750.asp>

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>

Prince Edward Island Department of Health
< http://www.gov.pe.ca/health/index.php3?number=1023554&lang=E>

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