

# FRASER FORUM



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## *Waiting Your Turn: Hospital Waiting Lists in Canada (7th edition)*

*by Cynthia Ramsay  
and Michael Walker*

*The Fraser Institute*

**1997**

# FRASER FORUM

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# **Waiting Your Turn: Hospital Waiting Lists in Canada (7th edition)**

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## Preface

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**Y**EARS AGO, LOCAL GOVERNMENTS IN THE UK began producing publications documenting hospital waiting lists for a selection of operations as a guide for health care consumers so that they would be aware of which hospitals had shorter waiting times. The lists were much longer than could be justified by the desire to avoid unused capacity or to permit patients time to arrange their affairs prior to admittance, indicating that waiting was being used to ration health care in the UK. One result of the health reforms that have been implemented in the UK has been a substantial reduction in the waiting times for surgical procedures.

With increased concern in Canada about the cost to government of continuing to supply the level of health care services that has been the norm, there is the possibility that waiting lists are being used in Canada as they were in the UK. This *Critical Issues Bulletin* is the Institute's seventh attempt to document the extent to which queues are being used to control health care expenses in a system where prices have been systematically eliminated and neither physicians nor patients have any economic incentive to consider the costs of their decisions.

When we began producing waiting list measures in 1990, there was anecdotal evidence that hospital waiting times were becoming significant. However, there were no systematic measurements of the extent of waiting. Partial waiting list measurements made by hospitals and government departments were seen as politically sensitive and were

not made generally available. While these "official" waiting lists are now more readily available, they are still incomplete and there are no comprehensive measures by which to measure the length of waiting lists in Canada other than those produced by The Fraser Institute.

The contents of the survey have been corroborated to the extent possible by recourse 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. Also, where there are facilities-based estimates of waiting times, such as in the case of cardiovascular surgery, we have used these to supplement the survey results.

Measurement is the key to finding solutions, as was revealed by the dramatic reorganization of the UK health care system. Waiting lists are now a component of any serious debate on the health care system in Canada, and we hope that the "official" interest in waiting lists continues and that Canadian policy makers begin to examine the health care systems and the reforms being discussed, and in some cases implemented, in other countries.

*While this study has been enthusiastically supported by The Fraser Institute, the work has been independently conducted, so the views expressed may or may not conform with those of the members and trustees of The Fraser Institute.*



## Acknowledgments

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**T**his edition of *Waiting Your Turn* draws extensively on previous editions. We are pleased to acknowledge the work of Professor Steven Globerman, Ms. Lorna Hoyer, and Ms. Joanna Miyake in the completion of earlier versions of the

survey and in building the base of knowledge which is incorporated in this publication. We also would like to acknowledge Ms. Liv Fredricksen who compiled the raw data for this edition of *Waiting Your Turn*.

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## Executive Summary

"Waiting Your Turn" presents the only comprehensive measure of hospital waiting lists across Canada. The survey measures the extent of health care rationing in the provinces from year to year. Information for the survey was provided by 2,694 specialists nation-wide during the latter part of 1996.

This year's survey results show that more Canadians were waiting to receive medical treatment in 1996 than in 1995. According to the study, 172,766 Canadians were waiting for surgical procedures, an increase from 1995's (updated) estimate of 155,969. Not only were there approximately 11 percent more people waiting for treatment than there were in 1995, but those waiting were waiting longer to receive their treatment—10.9 weeks from referral to a specialist by a general practitioner (GP) to the receipt of treatment, compared to 10 weeks in 1995. The total waiting time for Canadians to receive treatment in 1993 was 9.3 weeks (graphs 5 and 6).

### GP to specialist

The waiting times for appointments to see specialists are shown in table 2 and chart 2. Most waits for specialists' appointments were less than two months. However, there were a number of 3-month or longer waits. Manitoba had the shortest wait in the country for appointments with specialists, while Prince Edward Island had the longest. In almost every province, the waiting time to see a specialist increased from 1995. For Canada, the waiting time to see a specialist increased by over 9 percent from 1995 to 1996, and by 27 percent since 1993 (graphs 1 and 2). If a person cannot visit a specialist, they won't appear on the waiting list for medical treatment because only a specialist can put a patient on the waiting list for surgical proce-

dures. The rationing of health care in Canada is happening increasingly at the GP level.

Last year, a national survey by the College of Family Physicians of Canada<sup>1</sup> found that between 70 and 80 percent of family physicians were having to spend more time fighting for the care their patients need than they did five years ago because of the waiting times to see a specialist, hospital waiting lists, and waits for diagnostic tests.

### Specialist to treatment

Once patients have seen a specialist, they then have to wait to receive medical treatment. The number of people on surgical waiting lists and the amount of time they were waiting for treatment varied substantially from province to province. In British Columbia—the province with the longest median waiting times for treatment after having seen a specialist—patients waited more than 9 weeks (table 28a) for surgical procedures, a month longer than people in Quebec, where the median wait for treatment was 5.1 weeks—the shortest waiting time in the country for treatment after having seen a specialist. For Canada, the wait for treatment after having seen a specialist increased from 5.7 weeks in 1995 to 6.2 weeks in 1996 (chart 3). In 1993, the wait for treatment after having seen a specialist was 5.6 weeks (graphs 3 and 4).

### Total wait from GP to treatment

In Canada, patients waited more than two months after seeing their GP before receiving treatment for their ailments, from 9.6 weeks in Quebec to 19.7 weeks in Prince Edward Island (table 31 and chart 5). Across Canada, the longest waits for treatment tended to be for three specialties where the total

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

wait a patient could expect to face exceeds 4 months: ophthalmology (17.4 weeks), elective cardiovascular surgery (19.7 weeks), and orthopaedic surgery (20.5 weeks). The shortest wait was for cancer patients being treated with chemotherapy. These patients waited approximately 3.2 weeks to receive treatment.

### **Clinically reasonable waits from specialist to treatment**

The survey also measured what specialists consider to be clinically reasonable amounts of time to wait for surgical procedures. These estimates have remained constant since 1995, at 5.4 weeks. In 1994, the amount of time specialists thought to be a clinically reasonable wait was 5.2 weeks from specialist to treatment (graphs 7 and 8). In almost every instance, the responding specialists thought patients were waiting too long for treatment. Chart 4 compares the actual median waiting times to the clinically reasonable waiting times for the different specialties. The largest positive difference in these two periods was for orthopaedic surgery, where the actual waiting time was 5.1 weeks longer than what is considered to be reasonable by specialists. In only two specialties were the actual waiting times less than that considered to be reasonable by specialists. In cardiovascular surgery, and in medical oncology, the median actual waiting times were shorter than the clinically reasonable waiting times.

The comparison of actual waits with clinically acceptable waits in table 44 shows that a very large number of specialist physicians believed that Ca-

nadians were having to wait longer for care than is healthy.

### **The wait for diagnostic testing**

The wait to see a specialist and the wait to receive treatment are not the only delays that patients faced. Patients experienced an increase in the waiting times for various diagnostic technologies across Canada: computerized tomography (CT) scans, magnetic resonance imaging (MRI), and ultrasound (chart 9). The median wait for an MRI in Canada of 8.5 weeks was more than twice that for a CT scan (3.7 weeks). Ultrasound tests are quite common and many specialists have their own machines, which resulted in a median wait for ultrasound in Canada of only 1.9 weeks in 1996, a relatively short wait compared to those for CT scans and MRIs, but a 5.6 percent increase from 1995. The wait for an ultrasound increased by 11.8 percent from 1994, the wait for an MRI by 10.4 percent, and the wait for a CT scan by 5.7 percent.

### **Rationing through waiting**

One plausible explanation for the waiting times is that governments are using them as a way of controlling health care expenses by rationing access to health care. If this were the case, longer waits would be associated with lower rates of provincial spending on health care. An analysis of per capita costs adjusted for the age of the population and waiting times (chart 7) is consistent with this view, but the correlation is far from perfect.



## Waiting Your Turn: Hospital Waiting Lists in Canada (Seventh edition)

### Introduction

*"Waiting lists are not going to disappear in Canada. They're an accepted part of our system."<sup>2</sup>*

Such comments from government officials show how prevalent waiting lists have become in Canada. Generally, waiting lists are blamed on an aging population and costly new advances in technology, two trends which seem likely to continue. Preserving a universal health care system through a "reasonable" amount of rationing is openly discussed, as is the need to restrict the amount of new technology provided to hospitals in order to keep hospital costs down. What is not as openly discussed is how such an approach to health care management may adversely affect the health of Canadians, and the health of the Canadian economy.

The existence of waiting lists for medical procedures and treatments is one manifestation of the rationing of health sector resources which is taking place in Canada. To the extent that non-price rationing of hospital capacity is occurring, monetary and non-monetary costs may be 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 in those associated with running the health care system. Cancer patients needing radiation therapy who must drive long distances either to regional health centres or to the United States bear costs in terms of lost time that are not included in health costs nor in any way compensated 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 doesn't 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.<sup>3</sup>

In each of these cases, the savings to the government's budget are real and are matched by real though uncounted costs to Canadian health care consumers. While it is difficult or impossible to measure these costs, it is possible to measure the extent of queuing or the length of waiting lists to approximate the extent to which these costs may be mounting.

A number of 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.<sup>4</sup> An earlier Fraser Institute

- 2 Then Alberta Health Minister Shirley McClellan, quoted in R. Walker, "Waiting Lists are an Accepted Part of Canadian Health System," *The Medical Post*, February 20, 1996, p. 66.
- 3 All of the foregoing represent actual cases in Canadian health care experience. Details are available from the authors on request.
- 4 D.H.A. Amoko, R.E. Modrow, and J.K.H. Tan, "Surgical Waiting Lists II: Current Practices & Future Directions. Using the Province of British Columbia as a Test Study," *Healthcare Management FORUM*, vol. 5, no. 4, 1992.





publication evaluated various theoretical issues related to hospital waiting lists, including their relevance as measures of "excess demand."<sup>5</sup> The 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 five-province study similar to the initial BC study. Since 1992, all 10 provinces in Canada have been surveyed.

This report builds upon our earlier studies by updating waiting list estimates for all of the provinces. In the next section, we briefly review the relevant theoretical issues before turning to the 1996 survey results.

### Waiting lists as measures of excess demand

One interpretation of hospital waiting lists is that they are indices of excess demand for medical treatments performed in hospitals and that they represent the substitution of "non-price" rationing of scarce resources for rationing by price. The rationing, in this case, takes place through enforced waiting for the available capacity to perform a given treatment or procedure. That waiting is a form of rationing and not simply the "postponement" of a service can be seen by the fact that there are costs involved for those who are forced to wait. If the people waiting had their choice, they probably would not wait in most cases. To the extent that this is true, the wait amounts to a denial of service, and that means rationing. (It is, of course, difficult to know exactly the extent to which people are happy to wait. However, it can be presumed that those who are in physical pain or who are unable to work would prefer not 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."<sup>6</sup> 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 is clearly the direct result of waiting. More recent Statistics Canada data show that over a million Canadians felt that they needed care but did not receive it in 1994, and that approximately 30 percent of these people were in moderate or severe pain.<sup>7</sup>)

A 1993 study by the Institute for Clinical Evaluative Studies at the University of Toronto categorized all patients waiting for hip transplants according to their level of pain.<sup>8</sup> The study found that in Ontario 40 percent of those who were experiencing severe disability and 40 percent of those who had 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 four months. While some of these patients might have been postponing their surgeries for their own reasons, the fact that they were experiencing severe pain probably means that most were being denied prompt access to treatment.

To put the issue somewhat differently, war-time rationing of refrigerators or automobiles could be reinterpreted as simply waiting. Those who wanted "fridges" in 1940 but didn't get them until 1946 were not denied the fridges, they only had to wait. Obviously, the issue of time is an important one in the matter of goods provision. It is also important—in some cases crucial—in the case of waiting for medical services.

Economists generally believe that non-price rationing of scarce resources is less efficient than rationing through the price system. In particular, prices are efficient mechanisms for signalling the

- 5 Steven Globerman with Lorna Hoye, "Waiting Your Turn: Hospital Waiting Lists in Canada," *Fraser Forum*, May 1990.
- 6 Data taken from Statistics Canada's Public Use Microdata File, *General Social Survey—Health*, 1991.
- 7 Data taken from Statistics Canada's National Population Health Survey, 1994-95.
- 8 J. Ivan Williams and C. David Naylor, "Patterns of Healthcare in Ontario #5, Hip and Knee Replacement in Ontario," Institute for Clinical Evaluative Studies in Ontario, October 18, 1993.

relative scarcity of any good or service, thereby encouraging both producers and consumers to modify their behaviour accordingly. A rise in price occasioned by an increase in the demand for a particular medical procedure does cause some health care users to be deterred—effectively rationing the existing supply. The price rise also sends out the signal that not enough health care is being supplied. Assuming that the price rise makes additional profits possible, there will be an increase in the supply of health care as suppliers change their behaviour to take advantage of the new profit possibility. This supply response does not necessarily occur if 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. All other things being constant, efficiency is promoted when those consumers who most value a product obtain it. For example, while a non-working spouse and his wife may be equally rationed by a system of waiting lists, the working wife might be willing to pay a little more to be able to get back to work. This would be quite rational behaviour on her part even if she and her husband were suffering the same disability. The reason is that she is suffering the additional costs of lost wages, which are not included in the cost of health care and which are not compensated by the universal health care system. With identical illnesses, the wife and husband do not have the same intensity of cost, nor the same need for the medical service that they are both being denied by waiting.

At least two prominent qualifications can be raised about the social inefficiencies of rationing by waiting. One is the claim that many procedures and treatments are performed where the social costs outweigh the social benefits. In these cases, 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 and that government bureaucrats are better able to determine whether treatment is warranted at any cost of providing it.

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. If, for example, in a rationing circumstance, personal acquaintance with the head of surgery leads to less waiting, then rationing by waiting simply becomes a cover for a system of personal privilege. Even if the probability of knowing the chief of surgery were *not* related to income, the replacement of rationing by price with rationing by acquaintance will only create a different form of unequal access.

The fairness argument can be further qualified if we recognize the potential for providing direct cash transfers to poorer people to enable them to compete in the marketplace for any specific good or service. The argument against direct subsidies is that it is easier to target subsidies-in-kind to appropriate recipients. In the context of health management, this would mean that one would subsidize lower income people needing specific health care services. However, given the unexpected nature of many illnesses or accidents, it will be difficult to identify these people before the fact. Furthermore, given the potential for catastrophic illness and the associated high costs of treatment, some amount of direct subsidization might have to be extended to a large portion of the population and not just to low-income groups. In this case, the deadweight efficiency losses associated with a system that provides direct cash transfers to poorer people may not be significantly different from those associated with transferring income in-kind through non-price rationing.



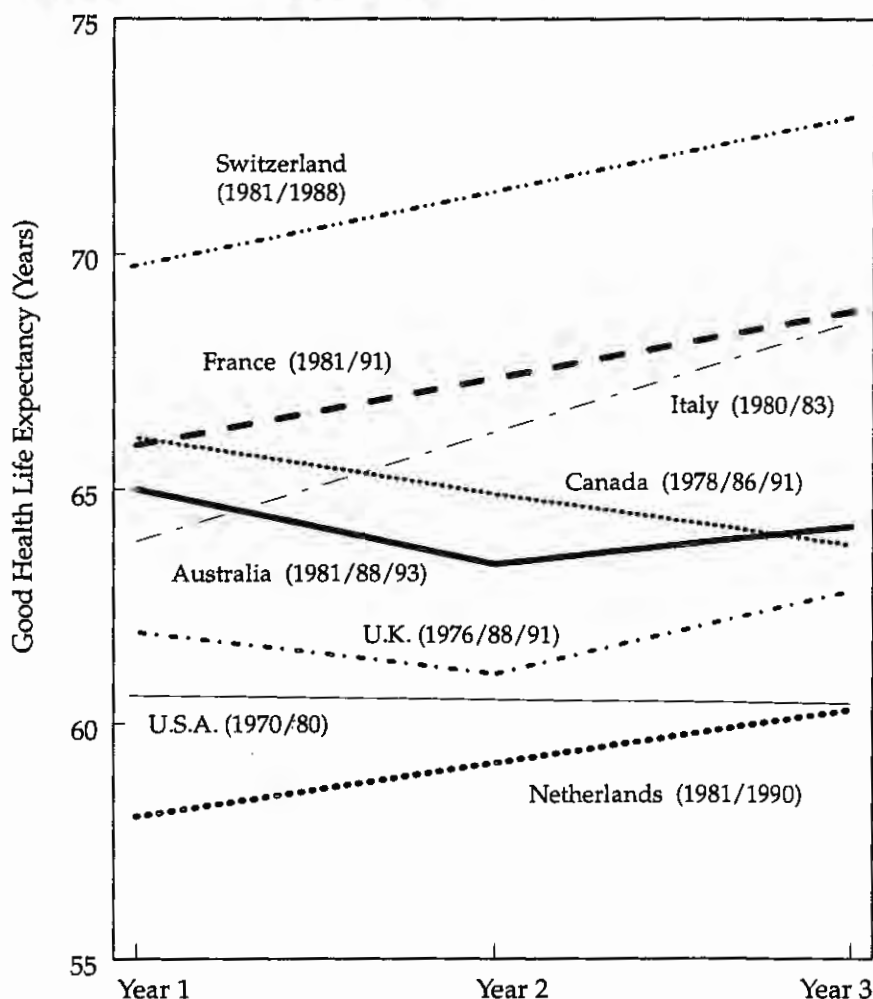
To take the analysis a step further, the government might consider subsidizing purchases of private health care insurance by lower-income individuals and families thereby indirectly "targeting" health care assistance. The subsidy could be geared to a family's ability to pay so that it could approximate the full cost of the insurance premium for some buyers. At the same time, prices would be relied upon to "clear" the market for medical services.

To be sure, there are many arguments that have been made both for and against private medical insurance systems.<sup>9</sup> For the purposes of this report, we accept that the 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, as well as how that excess demand is rationed, are relevant public policy issues, since the social costs associated with non-price rationing should be set against whatever benefits are seen to be associated with it.

### Non-price rationing and methods of adapting

There are several ways in which non-price rationing can take place under the current health care system and many ways by which individuals adapt to rationing. One form of non-price ration-

**Chart 1: Female Good Health Life Expectancy—OECD Reporting Countries**



Source: OECD Data, #3.6 (1995).

ing 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 need and will benefit from immediate care, and those who can wait for care.

In peacetime, there may also be a shortage of resources, which requires physicians to employ the triage system to make choices about the order in which people should be treated. In such a selec-

<sup>9</sup> These arguments are considered in The Fraser Institute books: Åke Blomqvist, *The Health Care Business*, 1979; and William McArthur, Cynthia Ramsay, and Michael Walker, eds., *Healthy Incentives: Canadian Health Reform in an International Context*, 1996.



tion process, physicians effectively ration access by implicitly or explicitly rejecting candidates for medical treatment whom they would otherwise treat. In the absence of well-defined criteria, doctors might be expected to reject those candidates least likely to suffer morbid consequences from non-treatment and those whose life expectancy would be least improved by treatment. The British experience suggests that some doctors use a foregone present value of earnings criterion for selecting patients for early treatment, thereby giving lower priority to critically ill patients.<sup>10</sup> The experience of Canada's largest cancer treatment centre suggests that doctors are giving priority for radiation treatment to people whose cancers may be curable, as opposed to using the radiation machines to provide palliative care or limited extensions to life expectancy.<sup>11</sup>

Although both males and females can expect to live, on average, about five years longer than they did 20 years ago, the number of years that Canadians can expect to live in good health has actually declined, by 2.3 years for females (chart 1) and 0.4 years for males between 1978 and 1991.<sup>12</sup> The reason for this decline is not obvious. However, it is consistent with the findings of recent surveys showing that there is an increasing amount of rationing in the health care system. It has long been known that when rationing emerges in a health care system, the elderly are the most likely to feel the impact.<sup>13</sup> The reason is that in a classic triage system, older patients tend to get placed at the end of the queue as they will benefit less from treatment (i.e. for fewer years).

It is unlikely that medical practitioners would acknowledge that they are, in effect, rejecting (as opposed to queuing) specific patients who, in their medical judgment, do need treatment, so it would

be difficult to identify this behaviour if it were occurring. Patients who have a lower priority or who are not destined to get the care they need simply find that their turn never comes as others take their place in the queue. In this regard, there is no persuasive evidence that mortality rates in Canada are increasing significantly owing to a failure to provide medical services. However, if one regards the elimination of pain and suffering as the objective of medical care, then any additional pain suffered by patients because of delays is medical treatment denied.

Canadians may be adapting to non-price rationing by substituting private medical services for unavailable public services, specifically by going outside the country for health care. Provincial health care plans cover emergency medical services and other services only available outside Canada. Possibly as a reflection of the increasing prevalence of waiting in the health care system, there are companies in Ontario which will facilitate a patient's receipt of diagnostic testing in the US, and US medical centres have advertised in Canadian newspapers. Our survey of specialists (reported later in this study), found that about one percent of patients inquired about treatment in another country.

### Measuring rationing by waiting

Observers who argue that hospital waiting lists are not a particularly important social issue believe that waiting lists tend to be inaccurate estimates of rationing and/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, waiting lists exist

10 See Henry J. Aaron and William B. Schwartz, *The Painful Prescription: Rationing Hospital Care*, Washington: D.C.: The Brookings Institution, 1984.

11 See "Cancer Patients Face Wait For Treatment," *Globe and Mail*, September 13, 1989, p. A1.

12 Organization for Economic Cooperation and Development Health Data, Electronic Version #3.6, released May 1995.

13 E. Binney and C. Estes, "The Retreat of the State and Its Transfer of Responsibility," *International Journal of Health Sciences*, vol. 18, 1988, pp. 83-96; A. McKinnon, "We've Got the Best Cared For Seniors in the Country," *Canadian Association on Gerontology Meeting*, Vancouver, BC, October 28, 1995; O. Agbayewa, "Suicides Among Elderly Linked to Societal Factors," *Medical Post*, vol. 7, no. 26, October 7, 1995.

for specific treatments. However, there may be 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 supplier-induced demand for medical services is, at best, ambiguous. 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. General practitioners usually stand as agents for patients in need of specialists. Specialists carry out the bulk of hospital procedures. General practitioners who can mitigate medical problems while sparing patients the pain and discomfort of hospital treatments are more likely to be perceived as doing a good job than those who 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 "overprescribe" painful and time-consuming hospital treatments.

Placing excessive numbers of patients on hospital waiting lists may also have direct costs for opportunistic specialists. For example, the latter may come to be seen as using a disproportionate share of hospital resources. This may make it more difficult for them to provide quick access to those resources for patients who are in more obvious (to themselves and to their general practitioners) need of hospital treatment. Similarly, patients facing the prospect of a relatively long waiting list may be tempted to search out other doctors with better connections to hospital facilities.

As an additional consideration, there is no concrete reason for any single physician or group of physicians to believe that an individual

physician's waiting lists will significantly affect government funding policies or that they will be net beneficiaries of any increased funding that does occur. In the face of obvious incentives to "free-ride" on the strategic behaviour of other physicians, there may be no significant bias for physicians to inflate hospital waiting lists or even to over-report the number of patients they have waiting for admission to hospital.

An often-mentioned concern about measuring waiting is that hospital waiting lists are biased upward by a failure of reporting authorities to identify individual patients listed by more than one doctor and by a failure to prune waiting lists of individuals who have either already received the requested treatment or who, for some reason, are no longer likely to require treatment. Our survey results indicate that doctors generally do not believe that their patients have been booked on waiting lists by other physicians.

In summary, while there are hypothetical reasons to expect that hospital waiting list parameters will overstate true excess demand for hospital treatments, the magnitude of any resulting bias is unclear and is probably relatively small, given countervailing factors that may reduce measured amounts of waiting.

### 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. Specialists were surveyed rather than hospital administrators because a substantial number of hospitals either do not collect waiting list data in a systematic manner or do not make such data publicly available.<sup>14</sup> In those instances where institutions-based data are available they have been used to corroborate the evidence from the survey data.

The survey was conducted in all 10 Canadian provinces. Mailing lists for the specialists polled

14 See Amoko, Modrow, and Tan, "Surgical Waiting Lists II," p. 36.



were provided by Southam Business Lists. The specialists on these lists are drawn from the Canadian Medical Association membership lists. Specialists were offered a chance to win a \$2,000 prize as an inducement to respond (without regard to whether they actually chose to complete the questionnaire). Though answering physicians were undoubtedly motivated in part by the lottery, the large percentage of answering specialists indicates concern about waiting lists for surgical procedures in Canada. Quite clearly, the medical profession has a collective interest in promoting an increased flow of financial and other resources to the health care sector. Nevertheless, it should not be assumed that the survey results are, therefore, unreliable. In particular, it should not be assumed (for reasons suggested earlier) that individual physicians responding to the survey have skewed their responses in a particular direction since physicians were not pre-selected as to their views about the adequacy of current funding or their views about current health care arrangements. There is a wide dispersion of views amongst physicians about the desirability of greater ease of access and there is no reason to believe that those who want to create the impression of longer lists are either more likely to distort their responses or more likely to respond to the survey than those who do not.

The authors chose to survey specialists rather than general practitioners because the former have primary responsibility for health care management of surgical candidates. Survey questionnaires were prepared for 12 different medical specialties: plastic surgery, gynaecology, ophthalmology, otolaryngology, general surgery, neurosurgery, orthopaedic surgery, cardiovascular surgery, urology, radiation oncology, medical oncology, and internal medicine. For the 1990 survey, the questionnaires were pre-tested on a sample of individual member specialists serving on the relevant British Columbia Medical Association specialty committee. In each subsequent use, suggestions for improvement have been made by responding physicians and these modifications have been made to the questionnaires. Adhering

to the questionnaire format of the 10 specialties originally surveyed, radiation oncology and medical oncology were added to the survey in 1994. The survey used for general surgery is included in Appendix 1 of this report. The questionnaires for all of the specialties follow this format, with only the procedures surveyed differing between specialties. The data were collected in December 1996.

For the most part, the survey was sent to all specialists in a category. In the case of internal medicine in Ontario, 500 names were randomly selected. The response rate of 31 percent overall is considered quite high for a mailed survey. The response rate in the five provinces initially surveyed (British Columbia, Manitoba, New Brunswick, Newfoundland, Nova Scotia) was 20 percent. This year, the response rate for these same provinces was 35 percent, an increase of 2 percent from last year. In Prince Edward Island, 52 percent of specialists responded to the survey (up from 38 percent last year). The response rate was 40 percent in Newfoundland this year (up from 35 percent), 43 percent in New Brunswick (up from 33 percent), and 35 percent in Nova Scotia (up from 33 percent).

## Methodology

The treatments identified in all of the specialist tables represent a cross-section of common procedures carried out in each specialty. They were suggested by the British Columbia Medical Association specialty boards in 1990, with some procedures being added since then (at the suggestion of survey participants).

At the suggestion of the Canadian Hospital Association, median measures of waiting have been used since 1995 rather than average measures.<sup>15</sup> In using average waiting times, there is the problem of outliers: the presence of a specialist whose patients must wait an especially long time will skew the specialty average upwards. If such a specialist responds to the survey one year and not the next, the difference between years will be large but will not necessarily be an indication of an actual



change in the province's waiting times. For the most part, the use of medians avoids this problem. A median is calculated by ranking specialists' responses in either ascending or descending order, and determining the middle value. When the middle of the ranking lies between 2 responses, the median is the average of these 2 responses. So, if the median wait reported is 5 weeks for a procedure, half of the specialists reported waits of longer than 5 weeks while half of the specialists reported waits of less than 5 weeks.

The major findings from the survey responses are summarized in tables 2 through 44. Table 2 reports the median time a patient waits for an appointment with a specialist. This period is measured from the time a general practitioner refers the patient to the specialist. The wait for an appointment with a specialist is calculated as the median of the weeks indicated by responding specialists. These appointment medians are then weighted by the ratio of the number of specialists surveyed in each specialty in a province to the total number of specialists surveyed in the province, to obtain the weighted median reported on the last line of table 2.

Tables 3 through 14 report the time a patient must wait for treatment after having seen a specialist, where the waiting time per patient is the median of the survey responses. The weighted medians reported in the last line of each table are calculated by summing the products of the median wait for each operation, and the ratio of the number of persons undergoing each operation and the total number of operations performed in each specialty by province.

Tables 15 through 26 report the estimated number of patients waiting for surgery. To allow for inter-provincial comparisons, these tables also report the number of people waiting for surgery per one hundred thousand population.

The number of people waiting for treatment is estimated using the average of the weeks waited for treatment as reported by responding specialists and the Statistics Canada's Health Report No. 82-216-XPB, "Hospital Morbidity and Surgical Procedures 1993-94." This report provides a count of the total number of surgical procedures per-

formed annually by each province. To estimate the number of individuals waiting for surgery at any given point, we divide the average weeks waited for a given operation by 52 and then multiply this number by the total number of persons undergoing this operation annually. Thus a waiting period of, say, one month, implies that on average, patients are waiting one twelfth of a year's total capacity to get their surgery. The next person added to the list would find one twelfth of a year's patients ahead of them 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.

There are a number of minor problems matching Statistics Canada's operation categories to the ones reported in our survey. In several instances, an operation such as rhinoplasty is listed for more than one specialist. In these cases, average waiting times are identified with the classification of the responding specialist. Hence, the flow or number of patients annually undergoing this type of operation is divided between specialties according to the proportion of overall surgery performed in each specialty. In other instances, an operation polled in our study has no match in the Statistics Canada report. For example, there is no match for the urology operation, "ureteral reimplantation for reflux," in the Statistics Canada report. In these cases, we make no estimate of the number of patients waiting for these operations.

Tables 28a and 28b offer a comparison of median waiting times and the estimated number of patients waiting across specialties and provinces. Of course, *our calculation of the estimated number of patients waiting in each specialty includes only those patients waiting for the operations surveyed.* The operations we surveyed represent between 60 and 70 percent of non-emergency surgery performed in each of the provinces studied.

The final row of table 28a shows the weighted medians of the 12 specialties listed above. These weighted medians are calculated by summing the products of median waiting and the proportion of polled surgery.

To estimate the number of people waiting at any time for non-emergency surgeries that were *not* included in our survey, we found the residual operations for each province. The estimate of residual waiting is the product of the residual number of operations in each province and the provincial weighted averages divided by 52 (weeks). The estimates of residual waiting are reported in table 28b, as are the estimates of the total number of patients waiting in each province at any given time during the year.

Tables 32 through 43 report the median number of weeks that specialists consider to be clinically reasonable to wait for treatments. The methodology of these tables is comparable to that of tables 3 through 14.

### **Data verification with government, hospital, or other sources**

In April 1996, all of the data were sent across Canada to provincial ministries of health or the regional health authorities (where appropriate). Replies were received from British Columbia, the Calgary Regional Health Authority, Saskatchewan, Manitoba, Ontario, Newfoundland, Nova Scotia, and Prince Edward Island. Information from the Capital Health Authority (Edmonton) was taken from their internet site on which they post quarterly performance reports.

The Ministry of Health and the Ministry Responsible for Seniors in British Columbia recently committed to publishing the waitlists and waiting times for health services in the province, however, they felt that it would be premature to share any such information with the public at this time.

Our data show British Columbians waiting 12 weeks for urgent heart surgery and 36 weeks for elective. Data from the BC Cardiac Patient System show that patients generally wait less than a week for emergency surgeries and approximately 14 weeks for cardiovascular surgery in general. In 1996, about 50 percent of heart patients received their bypass or valve surgery within 12 weeks, 36.7 percent waited 12 to 24 weeks, 11.3 percent waited 24 weeks to a year for their surgery while 1.7

percent waited for more than a year. The longest wait for bypass or valve surgery was over 3 years.

Our survey found BC cancer patients waiting approximately 2.8 weeks to see a radiation oncologist and 3.7 weeks to begin radiotherapy treatment in 1996. The BC Cancer Agency's (BCCA's) standard for waiting times in the province is that patients should wait a maximum of 2 weeks from referral to specialist, and a maximum of 2 weeks to receive treatment after having seen a specialist. Data from the BCCA show that 66 percent of Lower Mainland patients received their radiotherapy within the 2 week time frame, and 57 percent of Vancouver Island patients received their treatment within this period. According to the BCCA, there were 377 people waiting for radiotherapy in the province as of April 1997 (table 25).

The Calgary Regional Health Authority (CRHA) has developed a centralized operating room management information database for its region. The CRHA provided data on the numbers of people waiting for surgery at hospitals within its jurisdiction, as well as the median number of weeks patients were waiting. Our waiting times for the province of Alberta tended to be longer than those kept by the CRHA.

The Capital Health Authority, which serves Edmonton and most of Northern Alberta, shows cardiovascular surgery patients waiting approximately 11.4 weeks for urgent surgery (inpatient and outpatient) and 28.6 weeks for elective in its most recent performance report. These numbers are comparable to our survey results which show patients in Alberta waiting 13.6 and 27 weeks for urgent and elective heart surgery, respectively.

Taking into account the numbers of people waiting in both the Edmonton and Calgary regions, our survey results most likely underestimate the numbers of people waiting for treatment in Alberta, with the exceptions of neurosurgery and cardiovascular surgery.

The department of health in Saskatchewan provided us with waiting list data for a number of



specialties.<sup>16</sup> In general, our survey tended to provide longer estimated waiting times (any large divergences are noted on the relevant specialty tables). While our survey underestimates the number of people waiting for ophthalmology in Saskatchewan, it accurately measures the amount of time most of these patients are waiting. Saskatchewan Health data for November 1996 showed that 2 of 18 physicians performed one-third of that month's ophthalmology procedures. The average wait time for patients of these two surgeons was about one year, while the average wait time for patients of all the other physicians was about 3 months. Our survey data record median wait times for most ophthalmology procedures in Saskatchewan of 12 weeks, although the weighted median for the specialty is 9.2 weeks.

The Manitoba Ministry of Health has begun developing a centralized waiting list system for cardiac and orthopaedic surgery. Its preliminary reports show patients waiting fewer weeks for joint replacement surgery than our survey result of 23 weeks. Data from the Manitoba Cardiac Sciences Program (MCSP) were used to supplement the survey data collected for cardiovascular surgery. The MCSP central waiting list provides a detailed description of the amount of time being waited for surgery by level of urgency. The program has been in effect since October 1996 and its goal is to create a managed list for cardiovascular surgery based on risk criteria.

The Ontario Ministry of Health does not collect waiting list information except in the area of cardiovascular surgery. It preferred not to comment on any of our survey results. However, information from the internet site of the Cardiac Care Network of Ontario indicated that there were approximately 1,580 patients waiting for open heart surgery in the province. The wait time for emergency/urgent surgery was 0.4 weeks, 1.6 weeks for semi-urgent surgery, and 11.1 weeks for elec-

tive. Our survey results have 629 patients waiting 0.1 weeks for emergent surgery, 1.7 weeks for urgent, and 15.9 weeks for elective.

The Newfoundland and Labrador Department of Health responded to our request for data verification but, unfortunately, it does not maintain waiting list data. The Health Care Corporation of St. John's, one of the province's regional authorities, did confirm that our survey underestimates the number of patients waiting for cardiovascular surgery in the province. There are approximately 200 people waiting for this type of surgery in Newfoundland. An informal survey conducted by a local physician found patients waiting approximately 22 weeks to see a cardiovascular surgeon, 15.5 weeks to see an orthopaedic surgeon, 6.5 weeks to see an internist, and 5 weeks to see a plastic surgeon.<sup>17</sup> Our data show these waits to be 8, 8, 4, and 10 weeks respectively.

Nova Scotia's Department of Health tabled a report on waiting times to the Legislature last year. It was a retrospective look at waiting times from specialist to treatment for the fiscal years 1992-93 to 1995-96. It does not measure the waiting times to see a specialist. In general, our survey results provide lower estimates of the waiting times for treatment in Nova Scotia, with the exception of otolaryngology procedures, for which our waiting times consistently are longer than those of the Department of Health. A detailed comparison of our survey results with the Department of Health data can be found in Appendix 2.

Prince Edward Island also responded to our request for provincial waiting list data. Overall, the province's Health and Community Services Agency felt the data accurately reflected the waiting list situation, with a few exceptions. The Agency provided us with data on plastic surgery,<sup>18</sup> urology, and internal medicine waiting times. Our survey found the wait time for hernia/

16 Saskatchewan is one of only two provinces well into the process of developing a provincial waiting list system with standardized data that will be as comprehensive as possible and accessible. The continuing project is a collaborative effort between the Saskatoon and Regina health districts and Saskatchewan Health (the health ministry).

17 Craig Jackson, "Waiting List Statistics Don't Add Up," *The Evening Telegram*, May 3, 1997.

18 We have used Agency data to supplement our survey results for the specialty of plastic surgery.



hydrocele to be 16 weeks for urology, and 3 weeks for general surgery, whereas the Agency's operating room scheduling office put the wait at 8 weeks. As well, our survey data show a waiting time of 5 weeks for angiography and/or angioplasty (patients must go out of province for angioplasty). Agency data show a waiting time of less than one week for the peripheral angiography done in PEL.

### Data comparability with other waiting list studies

In 1967, a survey of British Columbia hospitals was done by the British Columbia Hospital Insurance Service, the forerunner to MSA.<sup>19</sup> This study estimated that in 1967 the total number of people on hospital waiting lists in British Columbia exceeded 12,000—0.6 percent of the population in BC that year. Our estimate of 26,743 people waiting for surgery in BC, an increase of 1,868 from our updated 1995 estimate, represented 0.7 percent of the population in 1996. In 1996, not only were there more British Columbians waiting for hospital treatment after having seen a specialist but they were waiting 28 percent longer than they were in 1995.

A brief survey of Ontario hospitals undertaken in October 1990 for the General Accounting Office of the United States Government<sup>20</sup> suggests that patients waiting for elective orthopaedic surgery were waiting from 8.5 weeks to 51 weeks, that elective cardiovascular patients were waiting one to 25 weeks, and that elective ophthalmology patients were waiting 4.3 to 51 weeks. Our survey found Ontario patients waiting 10.6 weeks for orthopaedic surgery, 15.9 weeks for elective cardiovascular surgery, and 9.3 weeks for ophthalmology procedures in 1996.

A study of waiting times for radiotherapy in Ontario<sup>21</sup> found that the median waiting times between diagnosis 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. Our survey results for 1996 fall within 2.3 to 6.3 weeks of these estimates. We record a wait of 28 days for radiotherapy of larynx cancer, 30.1 days for cervix cancer, and 33.6 days for radiotherapy treatment of lung cancer in 1996 (waiting times from referral, to meeting with a specialist, to treatment). However, our estimate that prostate cancer patients were waiting a median of 42 days for radiotherapy is much lower than Mackillop's finding that patients with carcinoma of the prostate were waiting 93.3 days.

An international study of waiting times for selected cardiovascular procedures found that, in Canada, 13.3 percent of waiting times for elective coronary bypass surgery fell in the 2 to 6 week range, 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 (9 months) range.<sup>22</sup> For all of the heart procedures surveyed, the waiting times were longer in Canada, Sweden, and the United Kingdom than in the United States. Our survey found that the provincial waiting times for elective bypass surgery tended to be in the 24 to 36 week range in 1996, with the waiting time for elective cardiovascular surgery in Canada increasing from 9.8 weeks in 1993 to 16.2 weeks in 1996 (graph 4).

Lastly, a 1994 study on knee replacement surgery in Ontario found that the median wait for an initial appointment with an orthopaedic specialist was 2 weeks in the United States and 4 weeks in Ontario. The median waiting time to receive a knee opera-

19 Paul Pallan, *A study of hospital waiting lists*, Research Division, British Columbia Hospital Insurance Service: Department of Health Services and Hospital Insurance.

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

21 William J. Mackillop, FRCP, et al., *Waiting for Radiotherapy in Ontario*, The Radiation Research Unit, Queen's University, Kingston Regional Cancer Centre and Kingston General Hospital, 1993.

22 R.J. Carroll, et al., "International Comparison of Waiting Times for Selected Cardiovascular Procedures," *Journal of the American College of Cardiology* (March 1, 1995): pp. 557-563.



tion was 3 weeks in the US and 8 weeks in Ontario.<sup>23</sup> Our survey found that in Ontario in 1994, the wait to see an orthopaedic specialist was 9 weeks and the wait to receive hip or knee surgery was 15 weeks. By 1996, these wait times were 8 weeks and 12 weeks respectively.

### Focus on cardiovascular surgery

Cardiovascular disease is a degenerative process and the decay of the cardiac surgery candidate is gradual, therefore, under a system of rationed supply some cardiac surgery candidates tend to be bumped by patients with other conditions that require immediate care. This is not a direct process but rather a reflection of the fact that budgets for hospitals are set separately 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 on-going debate about whether cardiac bypass surgery actually extends life. If it *only* improves the quality of life there will be no statistics that point to a decay of health care in the population and, hence, no basis for increased funding.

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. In Newfoundland earlier this year, the long waiting list for heart procedures was blamed for at least one death. The result is that Newfoundland may send people to other provinces for their heart surgery. Across Canada though, many governments, including BC, Alberta, and Ontario, have had to provide additional funding for heart surgery in their provinces. In the past, US hospitals have also provided a convenient short term solution to excessive waiting lists for cardiac surgery. The British Columbia government contracted Washington state hospitals to perform some 200 operations in 1989 following a public outcry over the six-month waiting list for cardiac bypass surgery in the province.

Wealthy individuals are sometimes choosing to avoid the waiting lists by having their heart surgery performed in the US. A California heart surgery centre has advertised its services in a Vancouver newspaper. Our survey suggests that 5 percent of British Columbians with heart disease inquired about the possibility of treatment outside of the country in 1996. For Canada as a whole, about 1 percent of cardiac patients inquired about surgery outside of Canada.

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 on their classifications. Priorities are usually set based on the amount of pain or angina that patients are experiencing, the amount of blood flow through their arteries (usually determined by an angiogram test), and the "shape" their hearts are in.

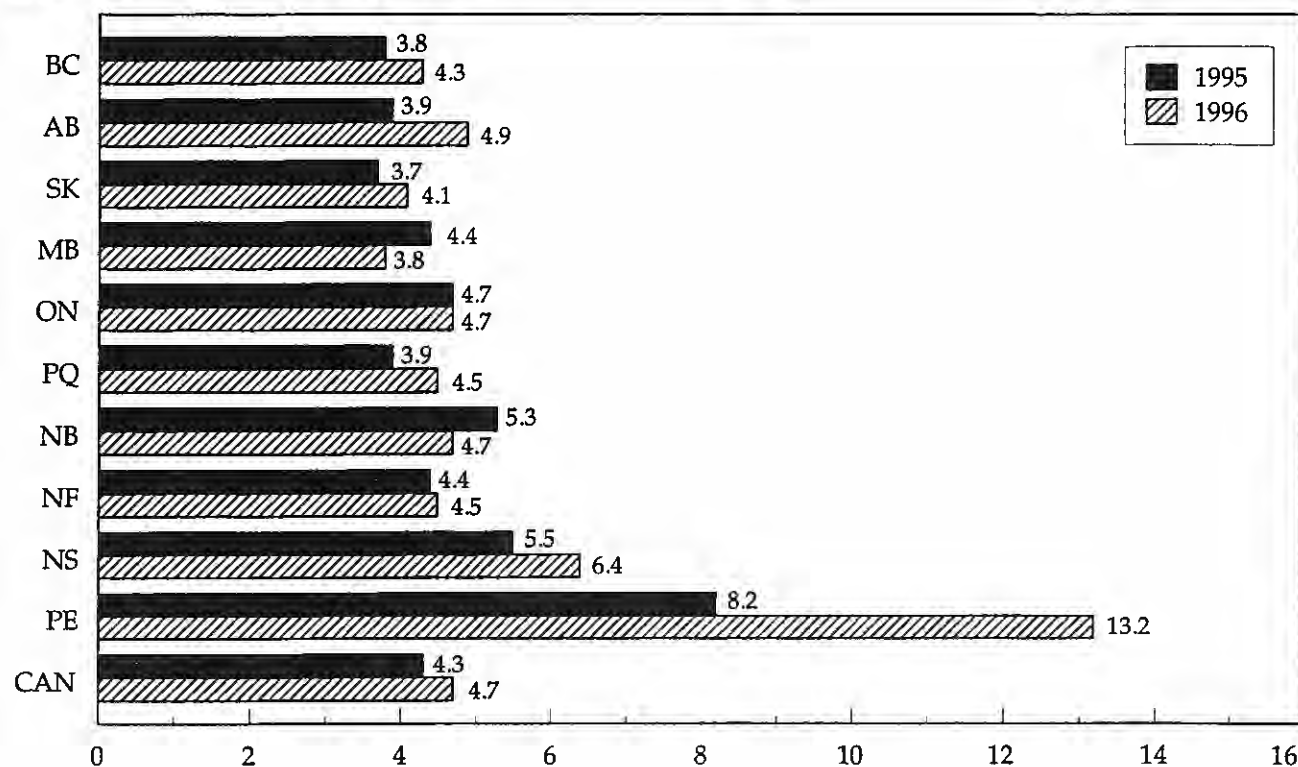
Since 1993, the cardiovascular surgery survey questionnaire has distinguished among emergent, urgent, and elective patients: the traditional classification by which patients are prioritized. However, in discussing the situation with physicians and by talking with hospital administrators, it has become clear that these classifications are not standardized across provinces. British Columbia and Ontario use a nine-level prioritization system developed in Ontario. Other provinces have a four-level system, with two urgent classifications. Decisions as to where to group patients was thus left to answering physicians and heart centres. Direct comparisons among provinces should, therefore, be made tentatively while recognizing that this survey provides the only comparative data available on the topic.

Efforts were made again this year to verify the cardiovascular surgery survey results specifically with hospital statistics and with data from provincial health ministries. We acquired the number of

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



**Chart 2: Waiting by Province in 1995 and 1996**  
**Weeks Waited from GP Referral to Appointment with Specialist**



Source: The Fraser Institute's annual waiting list survey, 1996 and 1997.

patients waiting by waiting time for cardiac surgery in BC from the province's Cardiac Patient System; our survey data are consistent with these data. Hospital officials in Nova Scotia provided us with provincial data. The Health Care Corporation of St. John's in Newfoundland provided us with information on their cardiovascular waiting lists. The numbers of people waiting and the number of weeks waited for bypass, valve and aneurysm surgery (at all urgency levels) in Manitoba were provided by the Manitoba Cardiac Sciences Program.

Estimates of the length of cardiac waiting lists were either taken directly from hospital or department of health information or were extrapolated from the survey results. The survey estimates of the numbers of people waiting for heart surgery were derived in the same manner as those for the other specialties,

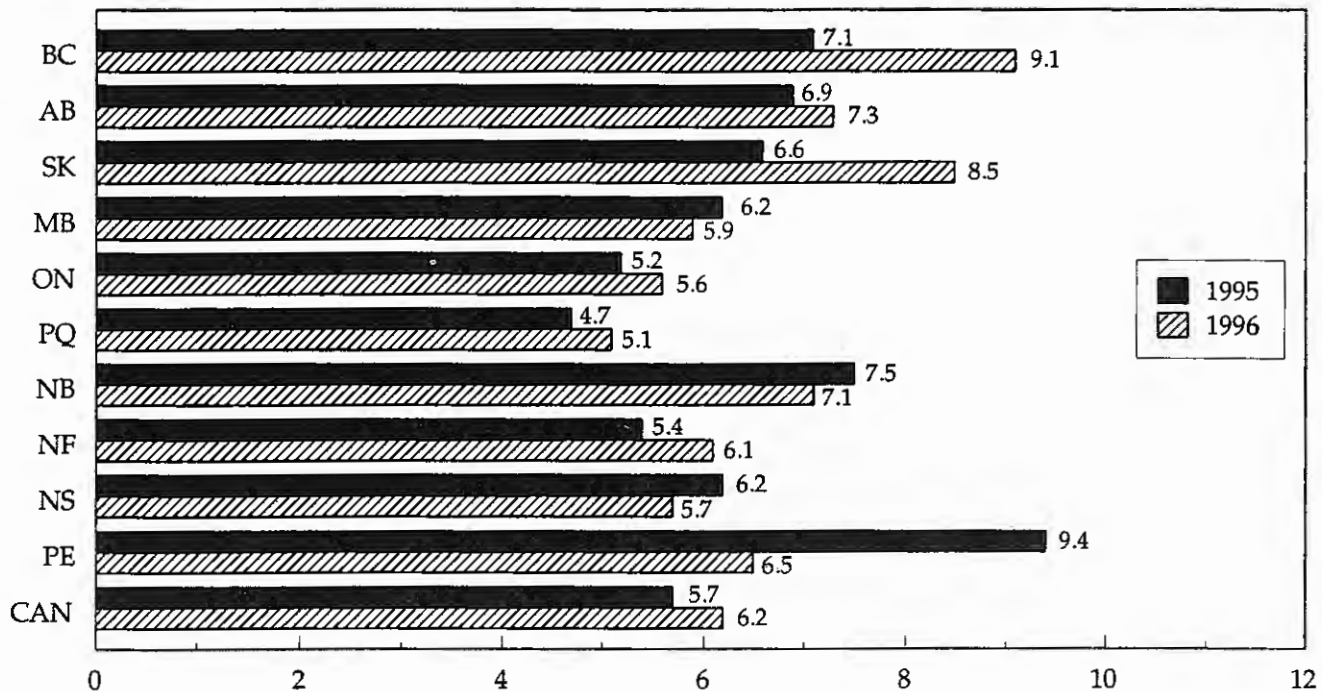
from the average wait times. The average waiting time for urgent patients was used in the calculation, rather than the emergent or elective wait times, because it provided a convenient middle measure. In provinces where the length of the waiting list was provided by the hospitals, it became clear that the average wait for elective surgery overestimated the length of the line while the emergent average waiting time underestimated it.

In a 1991 paper, an Ontario panel of sixteen cardiovascular surgeons attempted to outline explicit criteria for prioritizing patients.<sup>24</sup> They also suggested time frames considered safe waiting times for coronary surgery candidates. For comparative purposes, it was necessary to collapse their nine priority categories down to the three used in this study. Having done this, we found that they sug-

24 Naylor, C.D. et al., "Assigning priority to patients requiring coronary revascularization: Consensus principles from a panel of cardiologists and cardiac surgeons," *Canadian Journal of Cardiological Medicine*, June 1991, vol. 7, no. 5, pp. 207-213.



**Chart 3: Waiting by Province in 1995 and 1996**  
**Weeks Waited from Appointment with Specialist to Treatment**



Source: The Fraser Institute's annual waiting list survey, 1996 and 1997.

gest that emergent patients should be operated on within 3 days (or 0.43 of a week). Five of the nine provincial median emergent wait times for cardiovascular surgery fall outside of this range. However, physicians in these provinces may define emergent to include patients that might be considered urgent in other provinces. Urgent surgeries should, according to the Ontario surgeons, be performed within six weeks. The median waits for urgent cardiac surgery in British Columbia and Alberta fall outside of this range. The Ontario panel suggests that elective surgeries be performed within a period of six months. BC, Alberta, New Brunswick and Newfoundland fall outside of this time frame.

### **Survey results: estimated waiting in Canada**

#### ***Waiting for an appointment with a specialist***

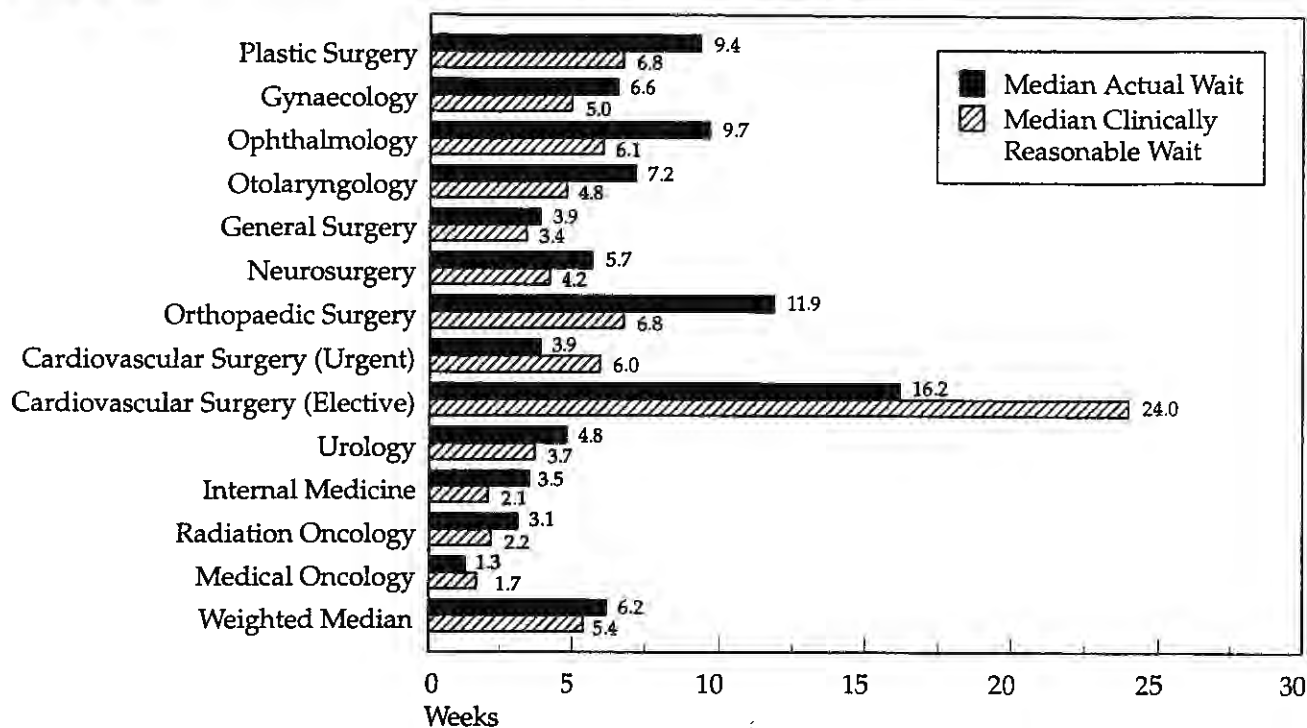
Table 2 indicates the median number of weeks that patients wait for initial appointments with spe-

cialists after referral from their general practitioners or from other specialists. Most waits for specialists' appointments are less than 2 months in duration. However, there are a number of three month waits (or longer): to see a plastic surgeon in British Columbia; an ophthalmologist in Nova Scotia or Prince Edward Island; a neurosurgeon in Alberta or Ontario; or a urologist in Prince Edward Island. The weighted medians, depicted in chart 2, suggest that Manitoba has the shortest wait in the country for appointments with specialists, while Prince Edward Island has the longest. In almost every province, the waiting time to see a specialist has increased since 1995. For Canada, the waiting time to see a specialist increased by over 9 percent from 1995 to 1996, and by 27 percent since 1993 (graphs 1 and 2).

#### ***Time spent waiting for treatment***

Several general observations can be made about tables 3 through 14 and tables 32 through 42. Residents of all provinces surveyed are waiting significant periods of time for hospital treatments.

**Chart 4: Actual versus Reasonable Waiting by Specialty for Canada  
Time from Appointment with Specialist to Treatment in 1996**



Source: The Fraser Institute's annual waiting list survey, 1997.

Note: The clinically reasonable waiting times for cardiovascular surgery are from an Ontario panel of specialists (see "Focus on cardiovascular surgery" in this report).

While some treatments have short waits, most procedures require waits of at least a month. Seventy-six percent of the actual weighted median waiting times are greater than the weighted median of what specialists considered to be reasonable waiting times. For example, the median wait for ophthalmology in Manitoba is 27.6 weeks. A clinically reasonable amount of time to wait, according to Manitoba specialists, is about 4.8 weeks. In PEI, the actual time to wait for an orthopaedic procedure is 29.3 weeks, whereas PEI specialists feel that a wait of 6.5 weeks is clinically reasonable. The differences between the median reasonable and median actual waits for the specialties are summarized in table 44.

Ranking the provinces according to the weighted medians reported in table 28a indicates that the longest median wait for surgery occurs in British Columbia and the shortest in Quebec. There is a 4 week difference between the shortest and the longest weighted median. Graphically, the median waits for treatment by province can be seen

in chart 3. For Canada, the wait for treatment after having seen a specialist increased from 5.7 weeks in 1995 to 6.2 weeks in 1996. In 1993, the wait for treatment after having seen a specialist was 5.6 weeks (graphs 3 and 4).

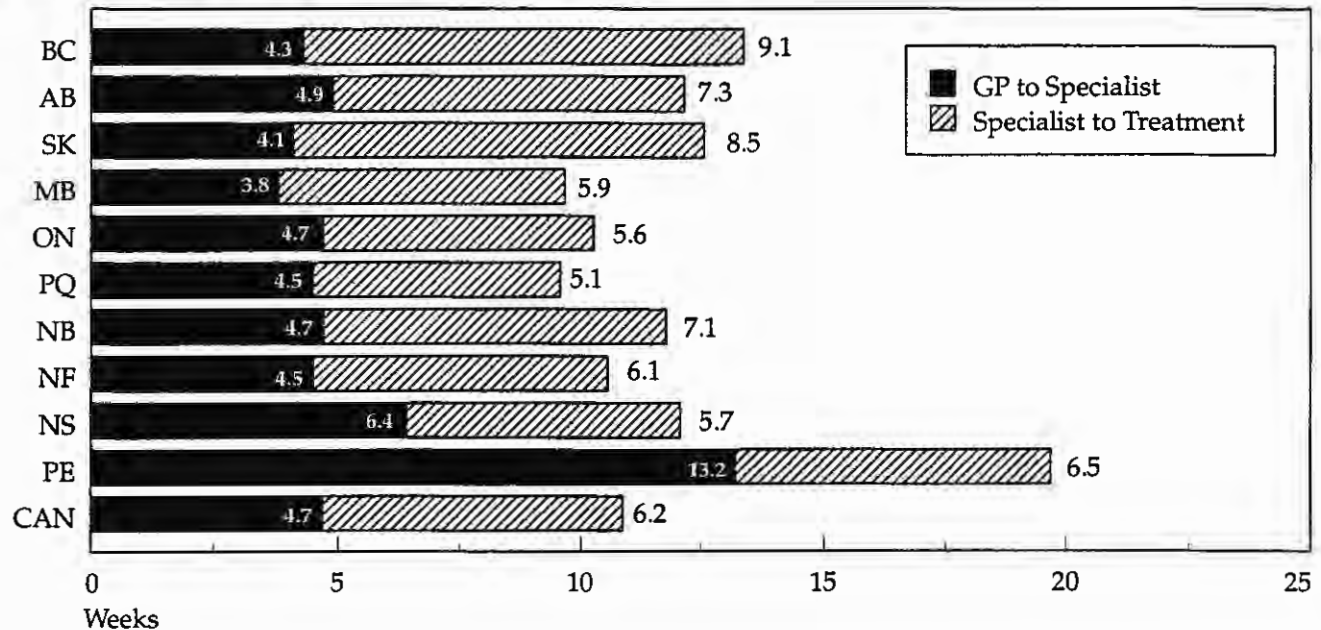
Table 30 presents a frequency distribution of the median waits for polled surgery by province and by region. In all provinces, the majority of polled operations have waiting lists of less than three months. The Prairie provinces collectively have the lowest proportion of waits under three months, while BC has the greatest proportion of median waiting times over six months. In contrast, 97 percent of Quebec's median waits and 92.2 percent of Ontario's median waits are under three months long and none are over six months.

#### **Number of people waiting for treatment**

In 1995, a new statistic was added to tables 15 through 26. Provincial populations vary greatly,



**Chart 5: Total Waiting by Province in 1996**  
**Weeks Waited from GP Referral to Treatment**



Source: The Fraser Institute's annual waiting list survey, 1997.

thus it is hard to gauge the differences in waiting list length based solely on pure numbers of people waiting. A couple of examples should illustrate this point. In Quebec, there are 1,645 people waiting for surgery by an otolaryngologist, while there are 268 people waiting for an otolaryngology procedure in Manitoba. The pure numbers of people waiting would imply that there are more people waiting for these types of treatments in Quebec. However, they translate into more people waiting per 100,000 in Manitoba; 23 people waiting per 100,000 population in Manitoba, and 22 people waiting per 100,000 in Quebec. In Ontario, there are 6,288 people awaiting orthopaedic surgery, or 56 per 100,000 population, while in Prince Edward Island, there are 89 people waiting, the equivalent of 65 per 100,000 population. Table 27 provides a summary of these statistics.

#### **Further comparison with last year's results**

In order to compare this year's data with last year's, it was necessary to update last year's calculations using Statistics Canada's Health Report No. 82-216-XPB, "Hospital Morbidity and Surgical Procedures 1993-94." The comparison of me-

dian waiting times is shown in table 29a. The number of people waiting for surgery or treatment in 1996 as compared to the number of people waiting in 1995 appears in table 29b.

Our study shows an overall increase in the waiting times for all provinces except Manitoba, New Brunswick, Nova Scotia, and Prince Edward Island. PEI shows the greatest improvement in waiting from specialist to treatment, but this improvement was more than matched by an increase in the waiting time to see a specialist (mainly due to a large increase in the wait to see an ophthalmologist). Meanwhile, the median wait in British Columbia increased by 28 percent, and in Saskatchewan by 29 percent between 1995 and 1996.

Most provinces experienced an increase in the number of people waiting as well. The only provinces that had fewer people waiting for surgery were Manitoba, New Brunswick, and Prince Edward Island. The number of people waiting for surgery in Canada increased from 155,969 in 1995 to 172,766 in 1996. There are 11 percent more people waiting for surgery in Canada, and they are waiting 8.8 percent longer to receive treatment

after having seen a specialist. Specialists were asked to attribute the change in their waiting lists to the availability of operating room nurses, technical staff, beds, operating room time, a change in patient load, or to other factors. The main factors influencing the change in waiting lists were the availability of operating room time (31.9 percent), a change in patient load (20.8 percent), and the availability of hospital beds (15.8 percent).

### ***Clinically reasonable waiting times***

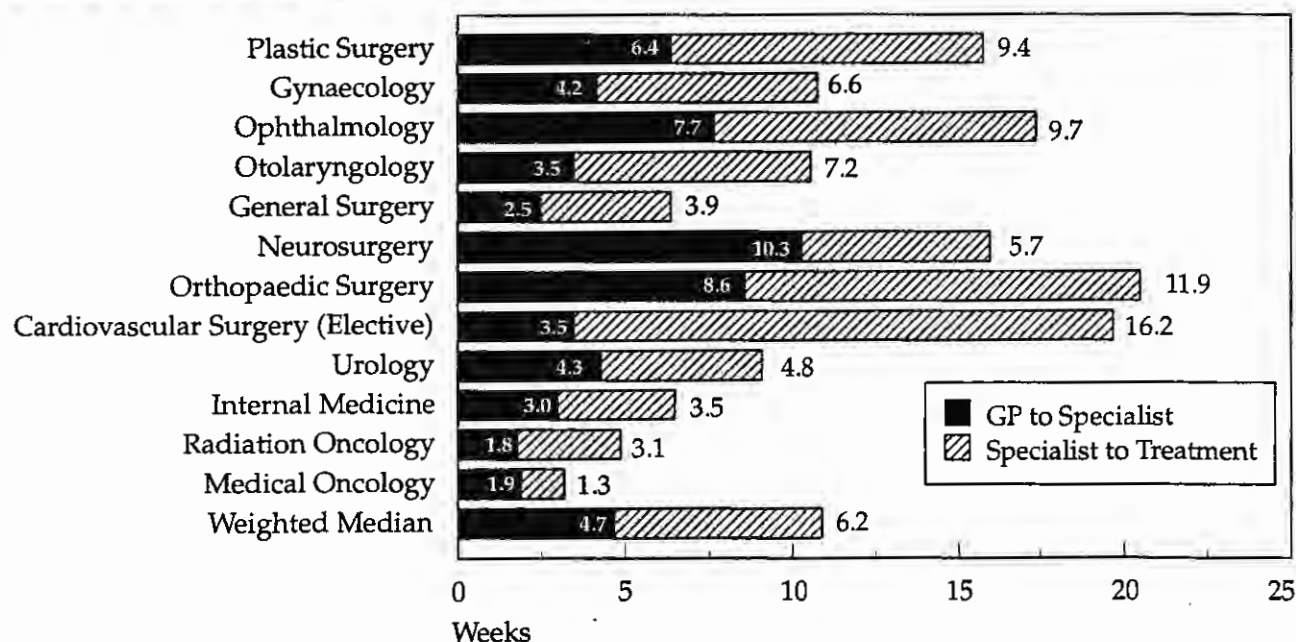
In almost every instance, the responding specialists felt that waiting times for treatment were excessive. When asked to indicate a clinically reasonable waiting time for the various procedures, specialists generally indicated a period of time substantially shorter than the median number of weeks patients were actually waiting for treatment. Table 43 summarizes the weighted medians for the specialties surveyed. These weighted medians were calculated in the same manner as those in table 28a. The variability among the provincial weighted medians is less than it was in table 28a.

Chart 4 compares the actual median number of weeks patients are waiting for treatment in Canada after having seen a specialist with the median number of weeks specialists feel are reasonable to have patients wait. The largest positive difference between these two periods is for orthopaedic surgery where the actual waiting time is 5.1 weeks longer than what is considered to be reasonable by specialists. The largest negative divergence is for elective cardiovascular surgery, where the median actual waiting time is 7.8 weeks shorter than the clinically reasonable waiting time.

### ***Estimated total waiting in Canada***

While waiting times for surgery convey a mixed impression about the apparent extent of health care rationing, there is much less ambiguity when the overall wait for health care is considered. This overall wait, which records the time between the referral by a general practitioner to the time that the required surgery is performed, includes an additional wait for the appointment to see the specialist. Table 31 and chart 5 present the combined waiting times. They indicate that patients wait more than two months for relief of their

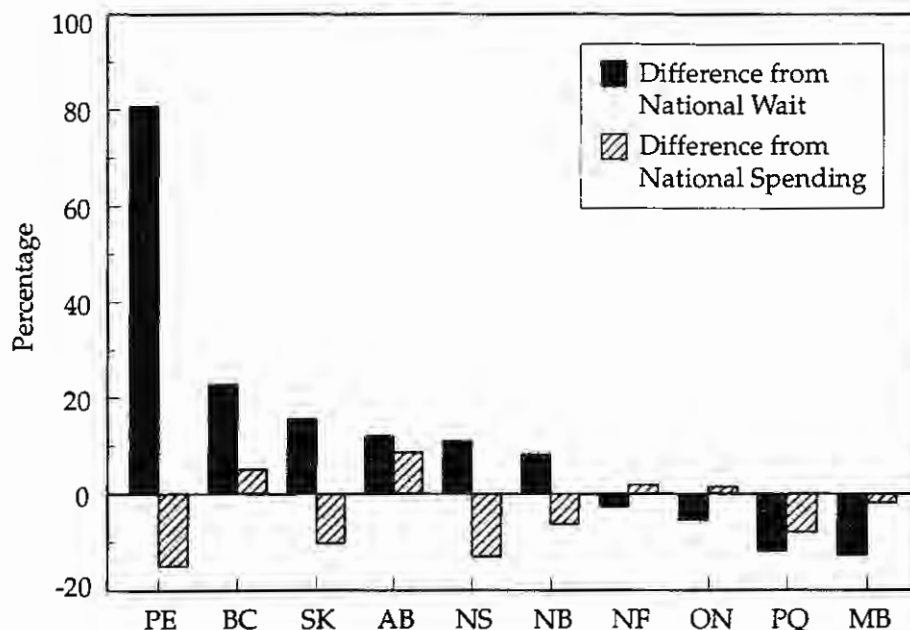
**Chart 6: Total Waiting by Specialty in Canada in 1996**  
**Weeks Waited from GP Referral to Treatment**



Source: The Fraser Institute's annual waiting list survey, 1997.



**Chart 7: Age-Adjusted per Capita Spending on Health Care and Weeks Waited from GP Referral to Treatment (Percent Difference from the Canadian Values)**



Source: Median wait for treatment data are from The Fraser Institute's annual waiting list survey, 1997. Expenditure data for 1994 are from Health Canada's *National Health Expenditures in Canada, 1975-1994* (1996).

ailments, from a weighted median of 9.6 weeks in Quebec to 19.7 weeks in Prince Edward Island.

Across Canada, the longest waits for treatment are for neurology, ophthalmology, orthopaedic surgery, and elective cardiovascular surgery. The median waits for these specialties are 4 months or longer. As is indicated in Chart 6, the median total wait for neurosurgery in Canada is 16 weeks, 17.4 weeks for ophthalmology, 19.7 weeks for elective cardiovascular surgery, and 20.5 weeks for orthopaedic surgery. The shortest wait in Canada is for cancer patients being treated with chemotherapy. These patients wait approximately 3.2 weeks to receive their treatment.

#### **Health expenditures and waiting times**

Consistently, Ontario performs better than most of the other provinces with regard to hospital waiting lists. The model of waiting lists that underlies our analysis, and which has been sketched out in this study, is that waiting is a manifestation of rationing. It would, therefore, seem to follow

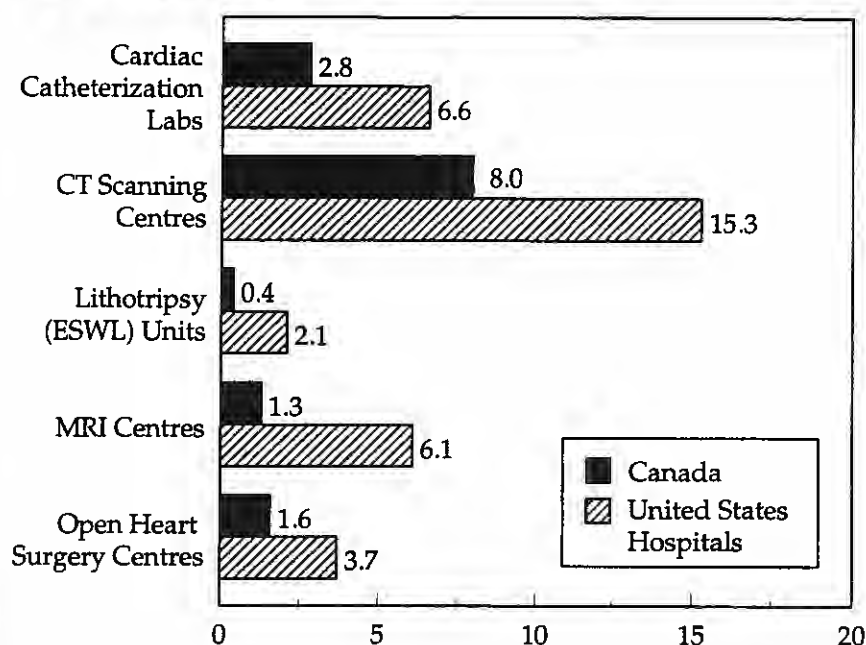
that one possible explanation for the result in Ontario is that the province is simply engaging in less rationing than are the other provinces. Rationing is not, of course, a necessary consequence of the way in which the health care system is organized, but merely a possible consequence of that organization if the budgetary allocations to the health care sector are insufficient to keep up with the demand. Budget constraint leads to constraints on the supply of health care services, to an excess of demand over available supply, and thus to the observed rationing by waiting.

It follows from this that one possible explanation for Ontario's superior performance is that Ontario simply

spends more money on health care than the other provinces and that this enables it to respond more fully to the demands of patients than is possible in other provinces.

In order to determine whether actual experience accords to this theory, we calculated a crude measure of public expenditures on health care in the form of adjusted per capita expenditure on health care in each province by the public sector. (We calculated how much each province would spend per capita on health care if they were to spend the national average on the various age groups, then subtracted this value from how much they are actually spending on health care per capita. The reason for using this method of weighting is that if a population in a particular province has more people in age cohorts that are more in need of health care, i.e. the elderly, the same dollar amount per capita spent on health care in that province would yield a less effective supply effort than it would in a province with fewer elderly citizens.) This is displayed in chart 7, which shows the differences from the national average in

**Chart 8: Selected Technologies per Million People in Canada and in US Hospitals**



Source: The American Hospital Association, *Hospital Statistics*, 1994-95 edition; The Canadian Coordinating Office for Health Technology Assessment, *Technology Brief*, February 1996.

weighted per capita expenditures for all provinces and the differences from the national median waiting time, by province. (Waiting time is measured from patients' appointments with their GP to the time they actually receive treatment.) Provinces spending more than the national average tend to have waiting times below the national wait. Conversely, those provinces that spend less than the national average generally have waiting times above the national median. However, Manitoba and Quebec have below average costs and waiting times while British Columbia and Alberta have above average costs and yet have waiting times greater than the national median.

Obviously, there are many factors that influence the waiting times in the provinces and that operate in conjunction with the supply of resources, for example: the age of the population and, therefore, the underlying demand for health care (for which we have tried to make adjustments); the management of resources, including the extent of effort to decrease the number of patients on specific doctors' waiting lists; the extent of same-day sur-

gery; the average length of hospital stays; and the extent of reliance on private clinics.

### A note on Newfoundland

Anecdotal evidence indicates that Newfoundland's waiting times should be longer than those experienced in other provinces. However, Newfoundland has had below national waiting times for the last few years of our waiting list survey. This anomaly is partially the result of the small sample size. With a larger sample size, such as that of Ontario for example, there is little chance that one doctor with a very long or very short waiting list will influence the median waiting time. With smaller sample sizes though, the length of each respondent's waiting list has a greater influence on the

median. For example, although the survey response rate in Newfoundland was quite high for plastic surgery at 50 percent, this represented just one of the two plastic surgeons in the province. As discussed earlier, using a median measure will usually eliminate the problem of outliers which occurs when measuring waiting times using averages: a specialist whose patients must wait an especially long time will skew the specialty average upwards. However, when surveying one of two, or two of three specialists, the median measure will suffer from the same problem as the average. If a specialist with an especially long waiting list responds to the survey one year and not the next, the difference between years will be large but it will not necessarily be an indication of an actual change in the waiting times for a province.

Another part of the explanation for Newfoundland's apparently superior performance is that the rate of joint replacement in Newfoundland is the second lowest in the country. For many procedures, Newfoundland has lower major surgery



rates than the other provinces.<sup>25</sup> The effect of this is to produce lower apparent waiting times since some patients in need of an operation do not receive it, and hence do not appear on a waiting list.<sup>26</sup> This theory was somewhat corroborated by the administrators of several Newfoundland hospitals who revealed in interviews with the authors in 1996 that there were not lengthy waiting lists at the hospital stage, i.e., from specialist to treatment. Waiting lists for hip replacement surgery, for example, were approximately 6 weeks long, and the waiting list for cataract surgery was about 3 to 4 weeks long.<sup>27</sup>

One might expect that in healthier societies less hospital services would be used, and thus there would be lower rates of major surgery. However, health indicators show that Newfoundlanders are not inherently more healthy than their fellow Canadians. In fact, the reverse seems to be true. Newfoundland has the highest provincial age-standardized death rate, at 7.6 deaths per 1,000 population versus that of 6.4 deaths per 1,000 in Saskatchewan, and a Canadian average of 6.9.<sup>28</sup> Although life expectancy in Newfoundland increased in 1995 to 77.3 years from 76.7 in 1994, Newfoundland's life expectancy was the lowest of any province. Newfoundlanders can be expected to live a year less, on average, than other Canadians. Canadian life expectancy was 78.3 years in 1995, up from 78.2 years in 1994.<sup>29</sup>

For the most part, "Waiting Your Turn" measures waiting lists from the time patients see a specialist to the time they receive treatment. If there are

problems in acquiring the services of a specialist, or if the route to surgical care becomes the emergency room,<sup>30</sup> then our survey will underestimate the amount of rationing taking place within a province.

### 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 8 gives an indication of the difficulties that specialists in Canada have in gaining access to modern medical technologies compared to their counterparts in the United States. In 1995, there were 234 computerized tomography (CT) scanning centres in Canada, about half as many per million people as there were in the United States (in 1993), and there were almost 5 times as many magnetic resonance imagers (MRI) in the United States per million people than in Canada.

Our study looked at the wait for various diagnostic technologies across Canada. Chart 9 shows the median number of weeks patients must wait for access to a CT scanner, an MRI, or an ultrasound machine. The median wait for an MRI in Canada (8.5 weeks) is more than twice that for a CT scan (3.7 weeks) and is probably an underestimate of the actual waiting time since specialists who do not prescribe MRI tests because of the lengthy waits for access to a machine are not included in the calculation of the median. The longest wait for

25 Statistics Canada's Health Report No. 82-216-XPB, "Hospital Morbidity and Surgical Procedures 1993-94."

26 A similar situation exists in Quebec. The above-cited paper by Dr. C.D. Naylor of the Institute for Clinical Evaluative Sciences regarding hip replacement notes that the rate of joint replacement in Quebec is only one third that in the other provinces. This, Naylor remarks, is due to the fact that the Quebec government has a policy limiting the extent of joint replacement. The effect of such a policy is to produce lower apparent waiting times since patients in need of this operation in Quebec are denied it, and hence do not appear on a waiting list. If there are other such policies in Quebec or elsewhere, they would affect the comparative length of waiting times without leaving any trace in our survey.

27 These are approximate waiting times only. They are from the Health Care Corporation of St. John's and were determined from a brief analysis of their waiting lists and an informal survey of physicians.

28 Statistics Canada, *Births and Deaths*, 1993, Cat. No. 84-210, pp. 4-5.

29 Statistics Canada, *The Daily*, January 16, 1997.

30 The number of visits to emergency rooms in the 10 largest medical facilities in Newfoundland and Labrador have increased by approximately 8.6 percent since 1991/92. Department of Health, St. John's Newfoundland, 1996.

an MRI is in Ontario (11.1 weeks). Ultrasound tests are quite common and many specialists have their own machines, which resulted in a median wait for ultrasound in Canada of only 1.9 weeks in 1996, which is a relatively short wait compared to those for CT scans and MRIs, but which is a 5.6 percent increase from 1995.

### Conclusion

The 1997 "Waiting Your Turn" survey indicates that the waiting list situation has deteriorated since 1995; waiting for health services in Canada is a reality. On average, in all specialties, less than 10 percent of patients are on waiting lists because they requested a delay or postponement of their treatment. The responses range from a low of 1.9 percent of internal medicine patients requesting a delay of treatment, to a high of 9.9 percent of medical oncology patients requesting a delay of treatment. Conversely, the percentage of patients who would have their surgeries within the week if there were an operating room available is greater than 50 percent in all specialties. Cardiovascular surgery patients are the most anxious to receive treatment, with 90 percent of patients willing to receive their treatment within the week. Internal medicine and radiation oncology patients are the next most anxious, with 88.5 and 84.7 percent of these patients willing to have their surgery or treatment within the week respectively.

As well, even if one debates the reliability of waiting list data, our survey reveals that specialists feel

**Chart 9: Waiting for Technology**  
**Median Number of Weeks Waited to Receive**  
**Selected Diagnostic Tests in 1994, 1995 and 1996**

|        | Computerized Tomography |      |      | Magnetic Resonance Imaging |      |      | Ultrasound |      |      |
|--------|-------------------------|------|------|----------------------------|------|------|------------|------|------|
|        | 1996                    | 1995 | 1994 | 1996                       | 1995 | 1994 | 1996       | 1995 | 1994 |
| BC     | 4.2                     | 4.3  | 4.2  | 7.9                        | 7.1  | 8.7  | 1.4        | 1.8  | 1.5  |
| AB     | 3.5                     | 3.1  | 2.5  | 8.6                        | 9.9  | 10.6 | 1.7        | 1.4  | 1.0  |
| SK     | 2.9                     | 3.4  | 2.9  | 7.2                        | 9.6  | 5.1  | 1.1        | 1.1  | 1.3  |
| MB     | 5.1                     | 5.2  | 4.6  | 9.6                        | 8.9  | 7.4  | 5.2        | 5.0  | 4.1  |
| ON     | 3.8                     | 3.6  | 3.6  | 11.1                       | 11.1 | 9.5  | 1.1        | 1.2  | 1.2  |
| PQ     | 3.5                     | 3.8  | 3.4  | 7.0                        | 5.6  | 5.6  | 2.3        | 2.2  | 2.1  |
| NB     | 3.1                     | 2.7  | 2.8  | 3.7                        | 4.5  | —    | 3.6        | 2.4  | 2.4  |
| NF     | 4.3                     | 4.5  | 5.3  | 5.3                        | 4.9  | 7.6  | 3.6        | 2.5  | 4.1  |
| NS     | 2.4                     | 2.2  | 2.2  | 4.3                        | 3.7  | 6.8  | 2.1        | 2.0  | 1.6  |
| PE     | 4.7                     | 4.5  | 3.3  | —                          | —    | —    | 3.3        | 3.6  | 2.6  |
| Canada | 3.7                     | 3.7  | 3.5  | 8.5                        | 8.2  | 7.7  | 1.9        | 1.8  | 1.7  |

Source: The Fraser Institute's annual waiting list survey, 1995, 1996, and 1997.

their patients are waiting too long to receive treatment. A recent national survey by the College of Family Physicians of Canada shows that general practitioners are also concerned about the effects of waiting on the health of their patients.<sup>31</sup> Between 70 and 80 percent of family physicians cited waiting times to see a specialist, hospital waiting lists, and waits for diagnostic tests as reasons why they were having to spend more time "fighting for the care their patients need"<sup>32</sup> than they did 5 years ago. Almost 70 percent of family physicians felt that the waiting times being experienced by their patients were not acceptable.

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

32 *Ibid.*, p. 1.



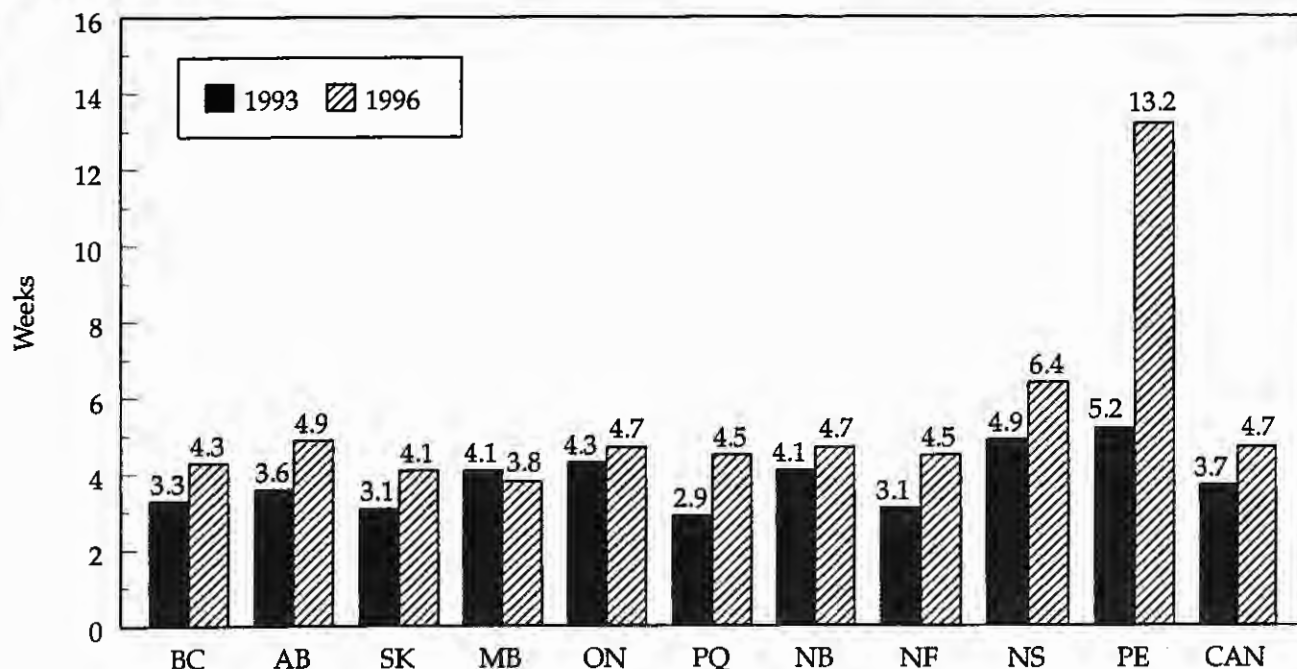
## **Selected Graphs**

**Actual Waiting , 1993 to 1996**

**Reasonable Waits, 1994 to 1996**

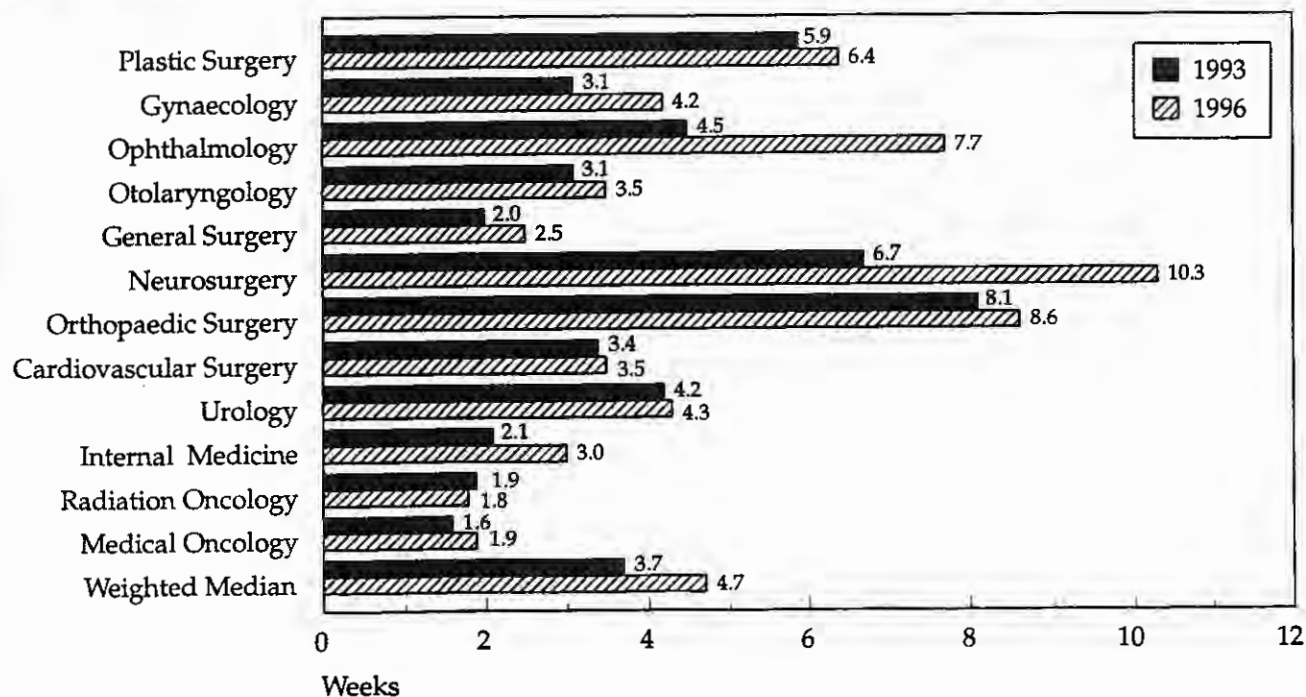
**Actual versus Reasonable Waits, 1994 to 1996**

**Graph 1: Median Wait from GP Referral to Appointment with Specialist, by Province, 1993 to 1996**



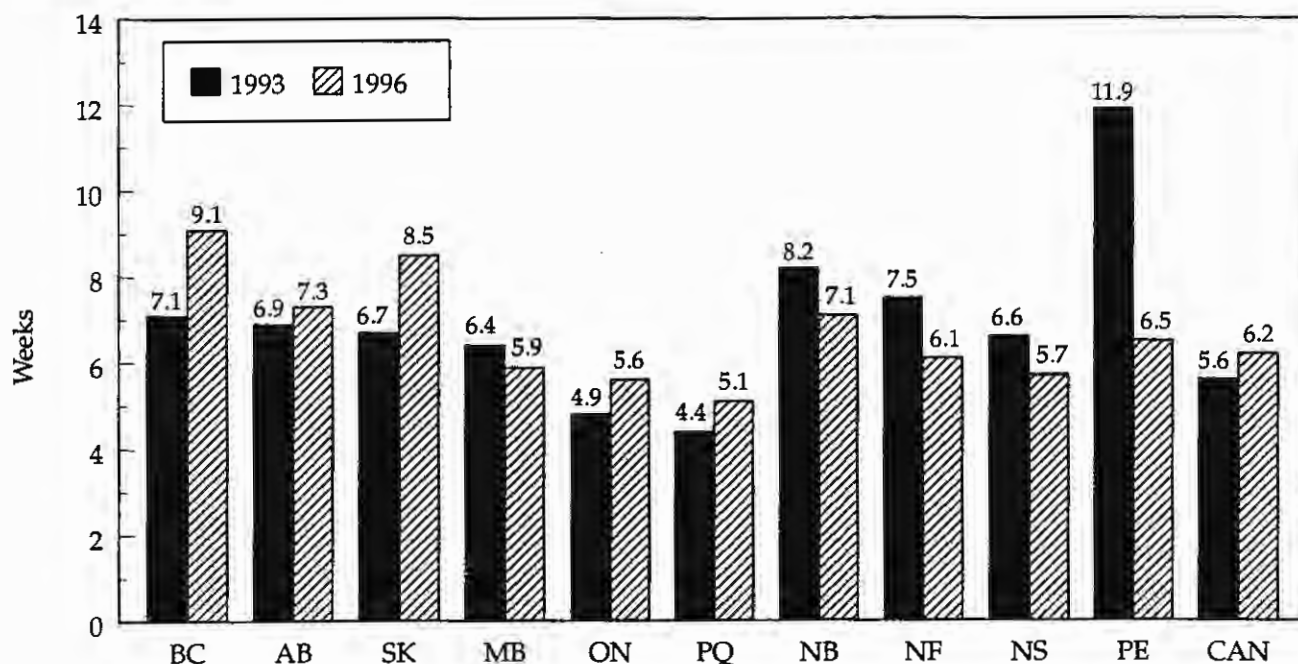
Source: The Fraser Institute's annual waiting list survey, 1994 and 1997.

**Graph 2: Median Wait from GP Referral to Appointment with Specialist, by Specialty, 1993 to 1996**

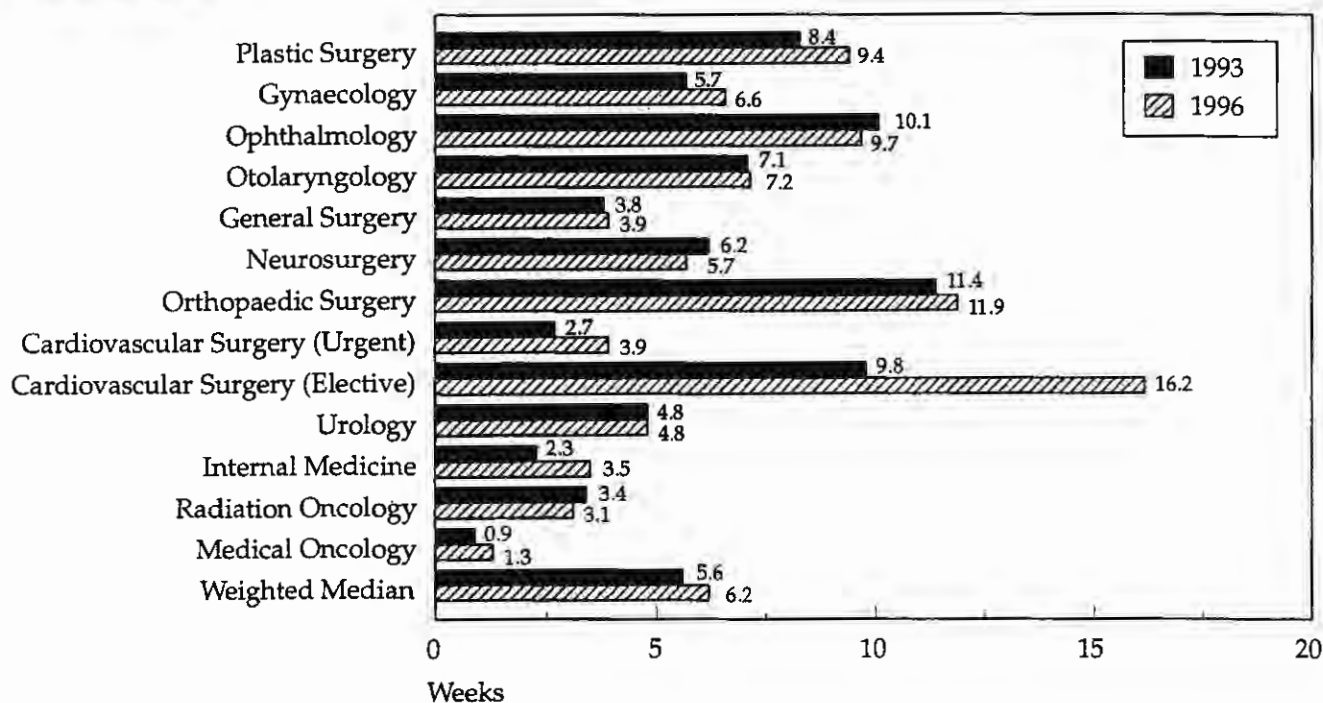


Source: The Fraser Institute's annual waiting list survey, 1994 and 1997.

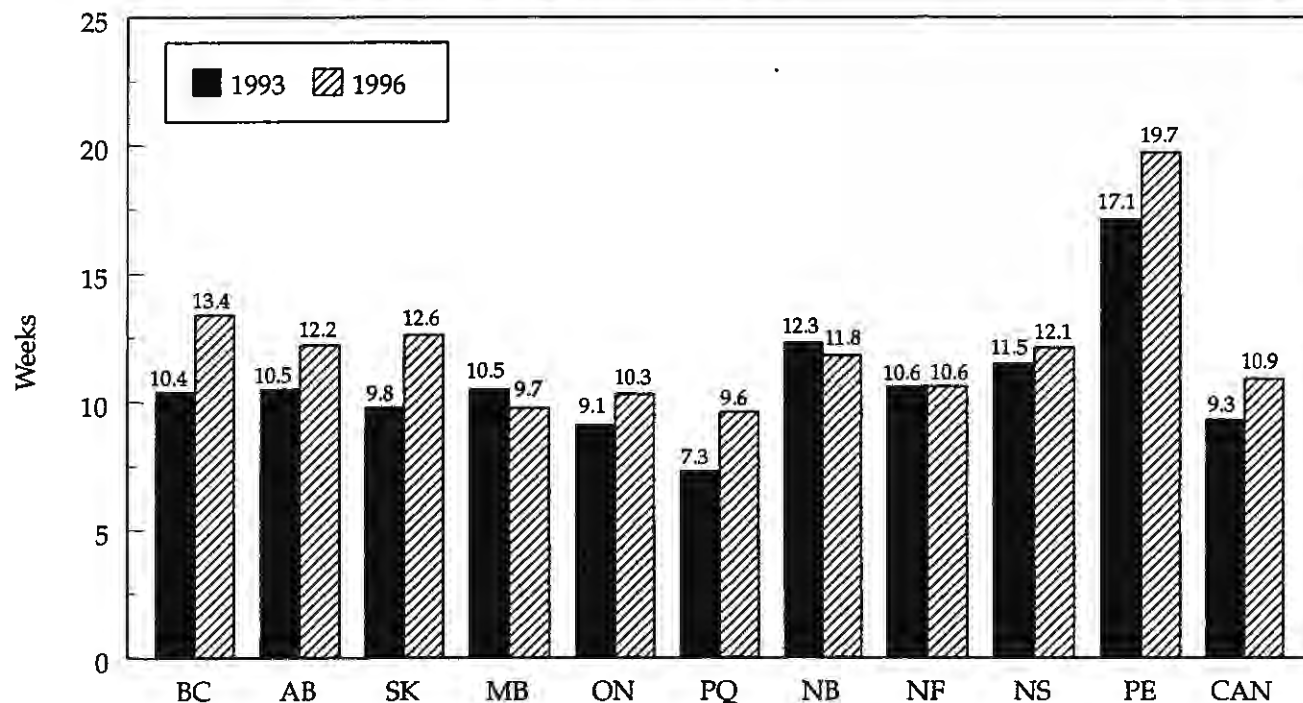


**Graph 3: Median Wait from Appointment with Specialist to Treatment, by Province, 1993 to 1996**

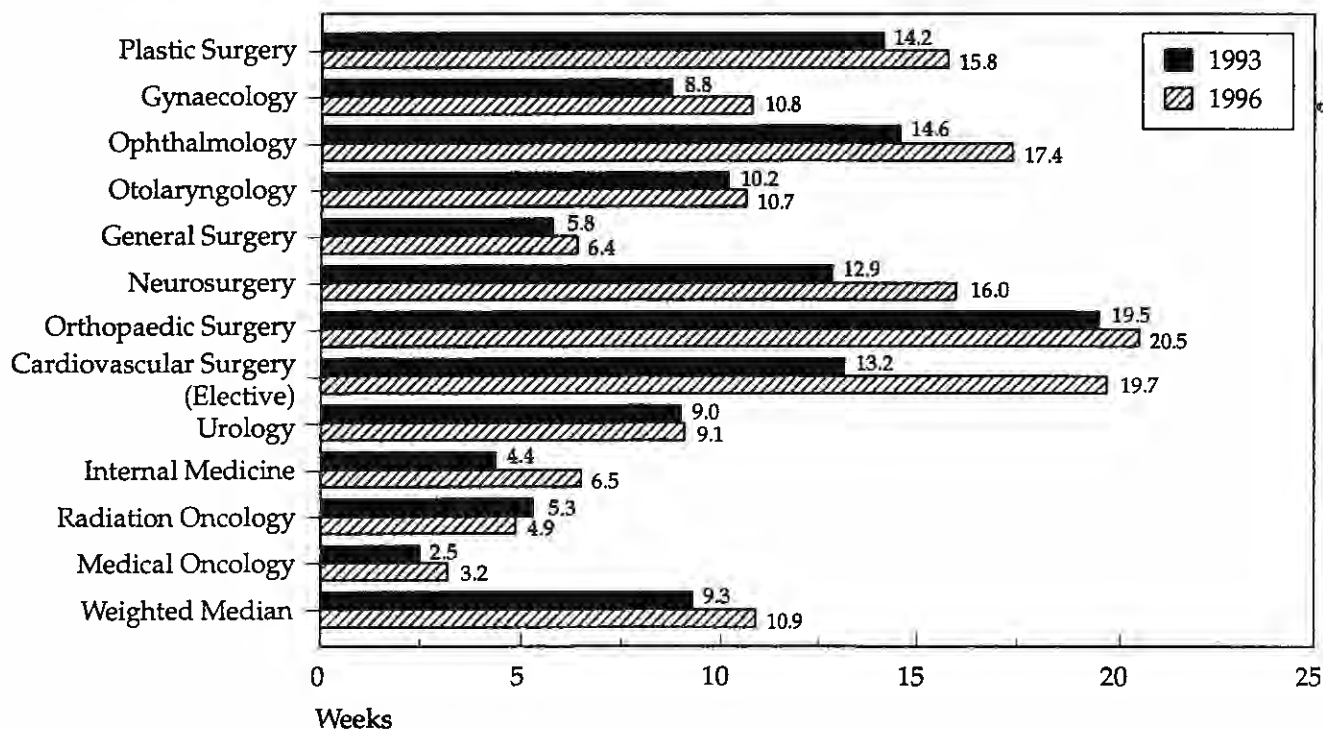
Source: The Fraser Institute's annual waiting list survey, 1994 and 1997.

**Graph 4: Median Wait from Appointment with Specialist to Treatment, by Specialty, 1993 to 1996**

Source: The Fraser Institute's annual waiting list survey, 1994 and 1997.

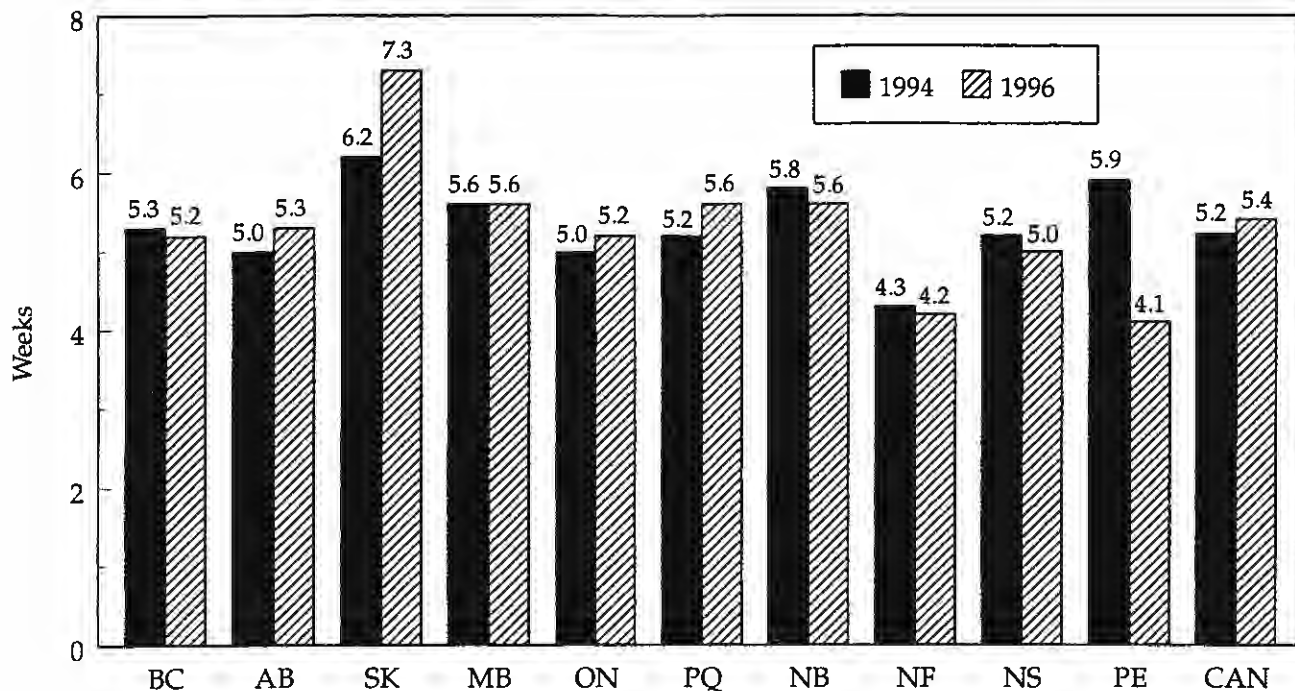
**Graph 5: Median Total Wait from GP Referral to Treatment, by Province, 1993 to 1996**

Source: The Fraser Institute's annual waiting list survey, 1994 and 1997.

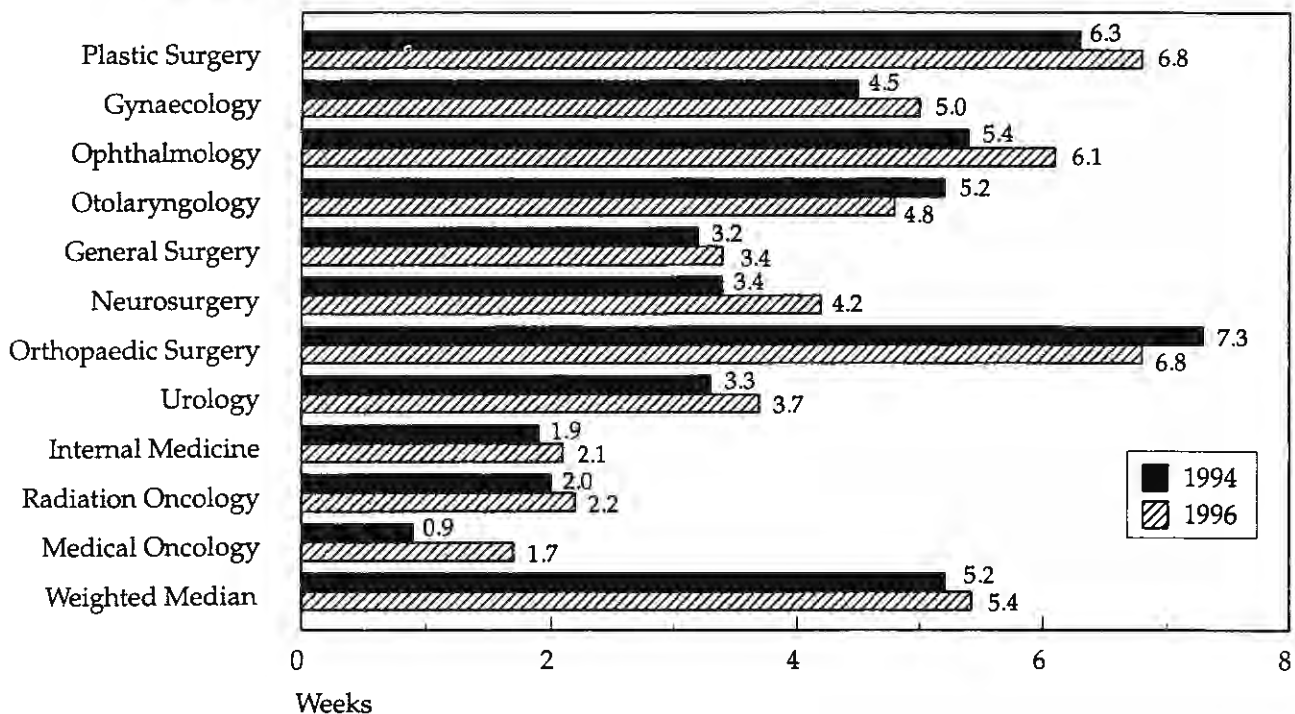
**Graph 6: Median Total Wait from GP Referral to Treatment, by Specialty, 1993 to 1996**

Source: The Fraser Institute's annual waiting list survey, 1994 and 1997.



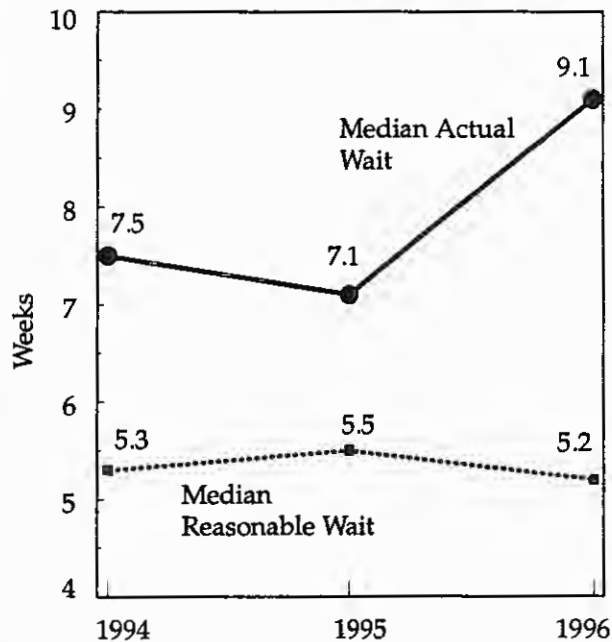
**Graph 7: Median Reasonable Wait from Appointment with Specialist to Treatment, by Province, 1994 to 1996**

Source: The Fraser Institute's annual waiting list survey, 1995 and 1997.

**Graph 8: Median Reasonable Wait from Appointment with Specialist to Treatment, by Specialty, 1994 to 1996**

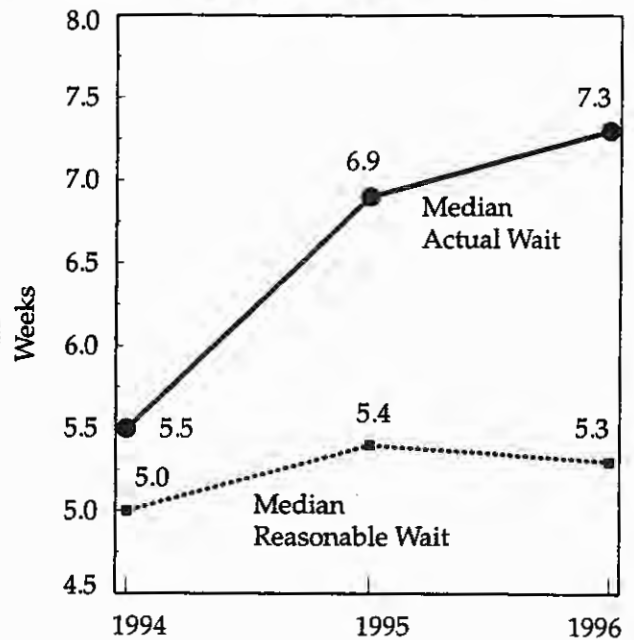
Source: The Fraser Institute's annual waiting list survey, 1995 and 1997.

**Graph 9: British Columbia—Actual versus Reasonable Waits from Specialist to Treatment, 1994 to 1996**



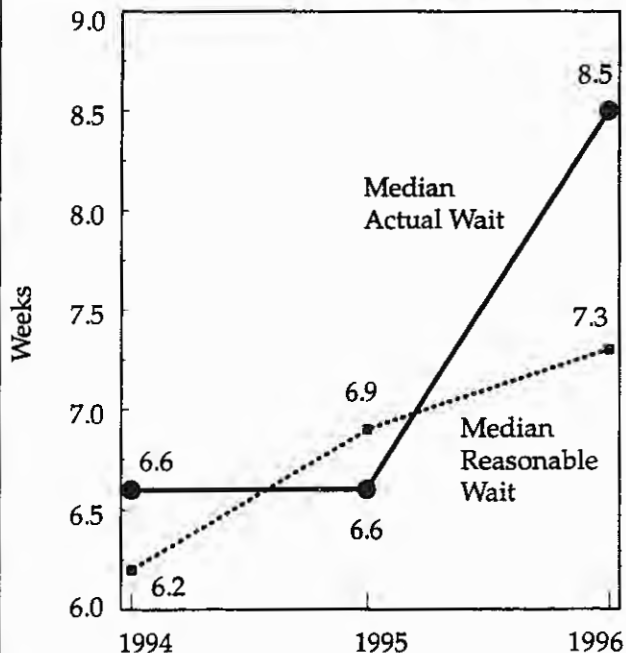
Source: The Fraser Institute's annual waiting list survey, 1995 and 1997.

**Graph 10: Alberta—Actual versus Reasonable Waits from Specialist to Treatment, 1994 to 1996**



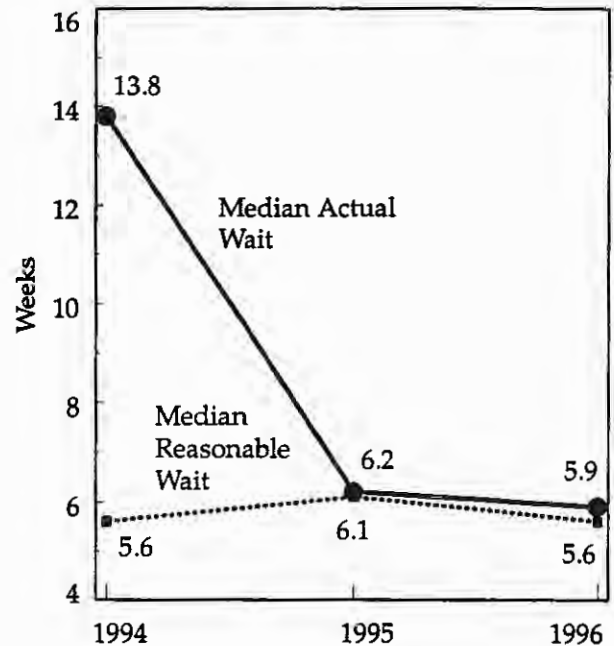
Source: The Fraser Institute's annual waiting list survey, 1995 and 1997.

**Graph 11: Saskatchewan—Actual versus Reasonable Waits from Specialist to Treatment, 1994 to 1996**



Source: The Fraser Institute's annual waiting list survey, 1995 and 1997.

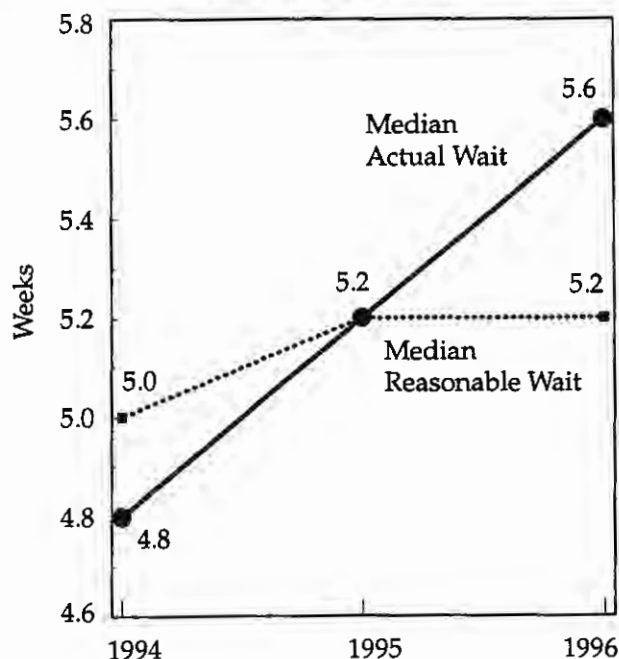
**Graph 12: Manitoba—Actual versus Reasonable Waits from Specialist to Treatment, 1994 to 1996**



Source: The Fraser Institute's annual waiting list survey, 1995 and 1997.

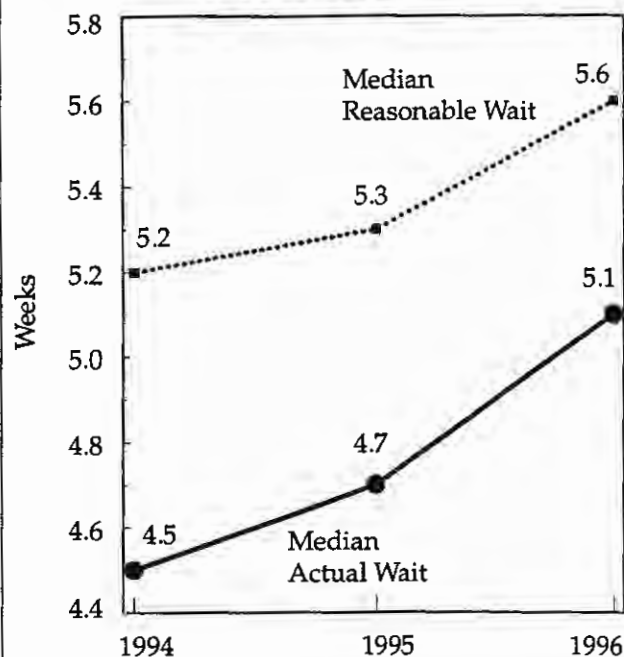


**Graph 13: Ontario—Actual versus Reasonable Waits from Specialist to Treatment, 1994 to 1996**



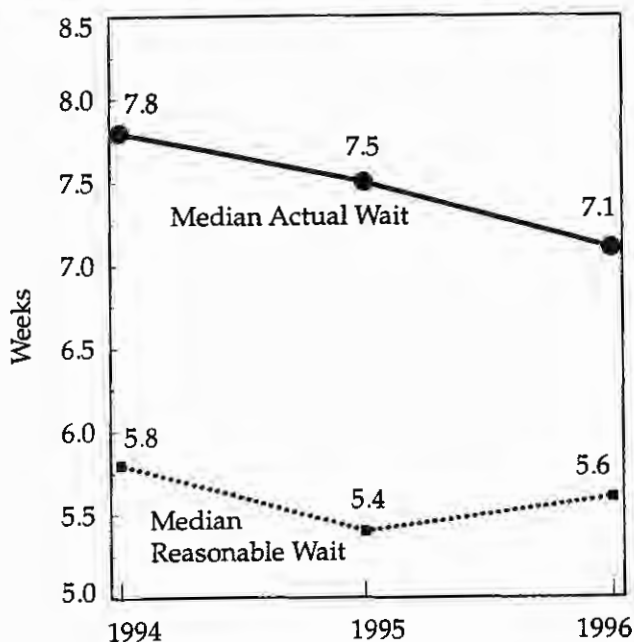
Source: The Fraser Institute's annual waiting list survey, 1995 and 1997.

**Graph 14: Quebec—Actual versus Reasonable Waits from Specialist to Treatment, 1994 to 1996**



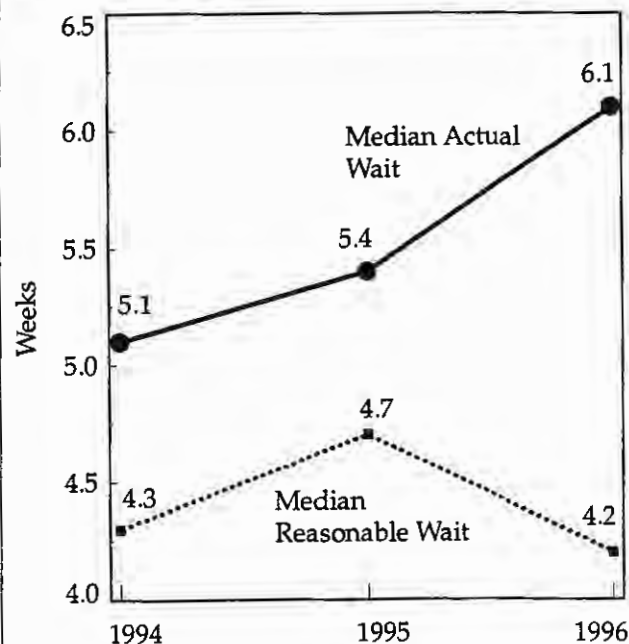
Source: The Fraser Institute's annual waiting list survey, 1995 and 1997.

**Graph 15: New Brunswick—Actual versus Reasonable Waits from Specialist to Treatment, 1994 to 1996**



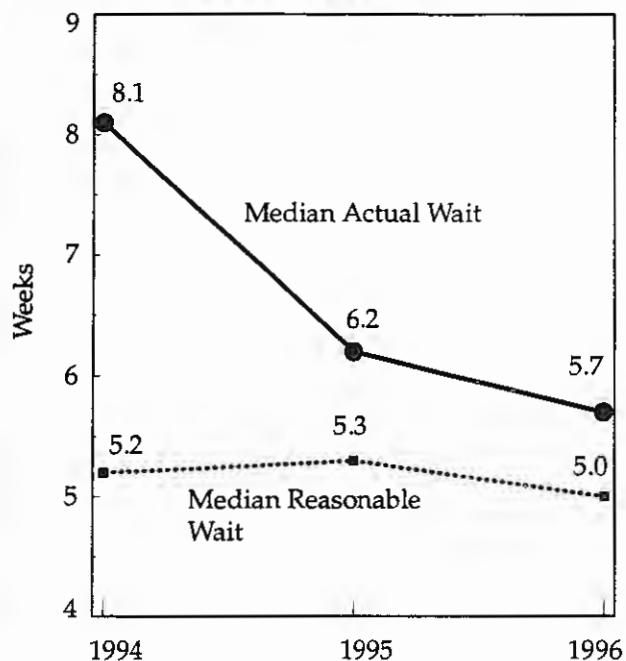
Source: The Fraser Institute's annual waiting list survey, 1995 and 1997.

**Graph 16: Newfoundland—Actual versus Reasonable Waits from Specialist to Treatment, 1994 to 1996**



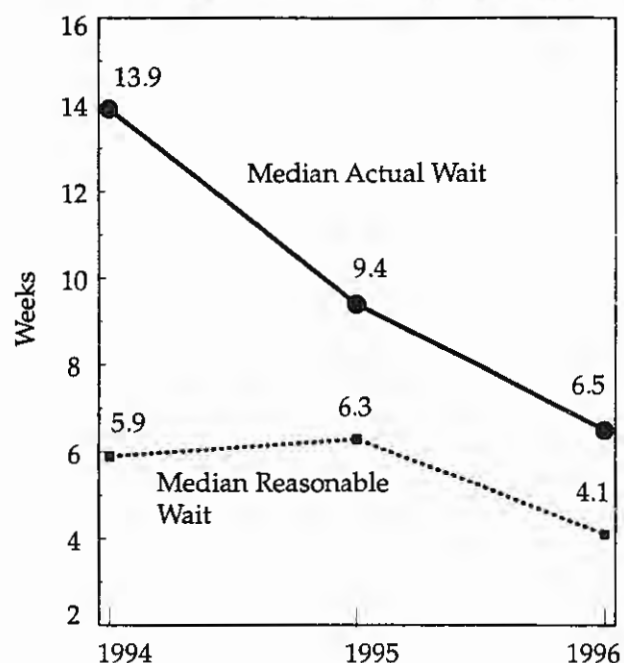
Source: The Fraser Institute's annual waiting list survey, 1995 and 1997.

**Graph 17: Nova Scotia—Actual versus Reasonable Waits from Specialist to Treatment, 1994 to 1996**



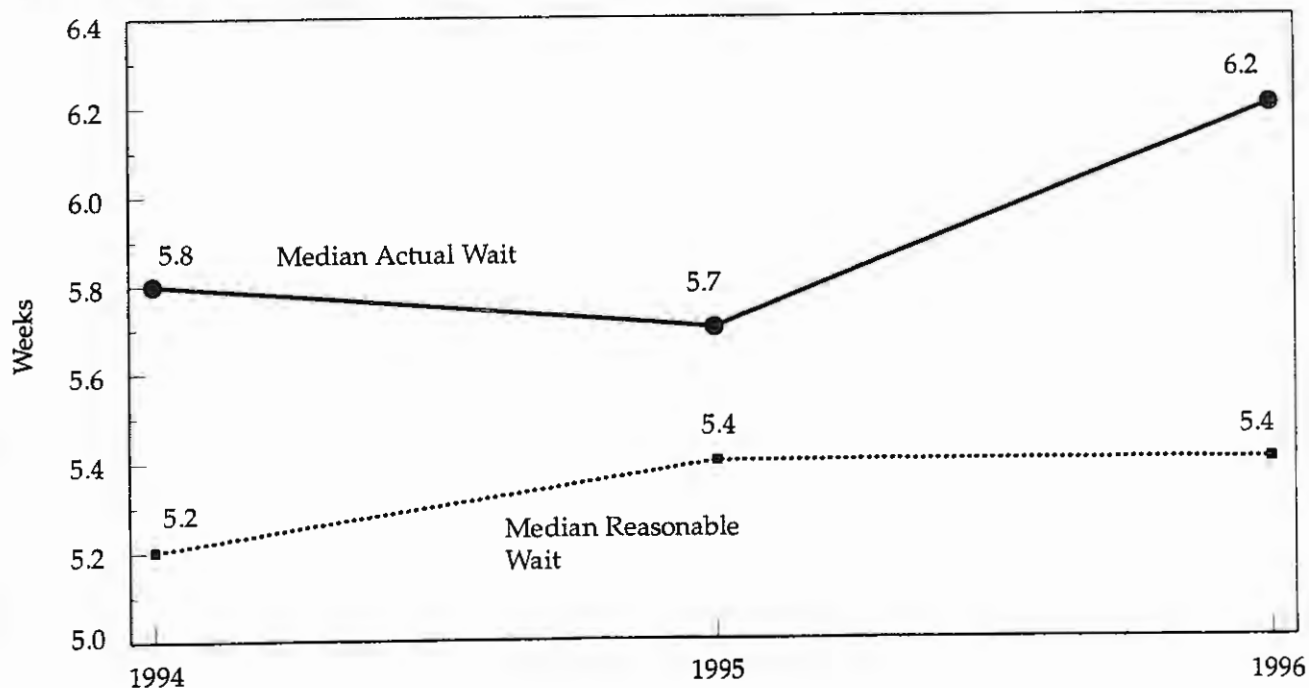
Source: The Fraser Institute's annual waiting list survey, 1995 and 1997.

**Graph 18: Prince Edward Island—Actual versus Reasonable Waits from Specialist to Treatment, 1994 to 1996**



Source: The Fraser Institute's annual waiting list survey, 1995 and 1997.

**Graph 19: Canada—Actual versus Reasonable Waits from Specialist to Treatment, 1994 to 1996**



Source: The Fraser Institute's annual waiting list survey, 1995 and 1997.



**Table 1: Summary of Responses, 1996****Response Rate (Percentages)**

|                        | BC  | AB  | SK  | MB   | ON  | PQ  | NB   | NF   | NS    | PE   | Total |
|------------------------|-----|-----|-----|------|-----|-----|------|------|-------|------|-------|
| Plastic Surgery        | 52% | 28% | 42% | 21%  | 32% | 35% | 46%  | 50%  | 22%   | 50%* | 36%   |
| Gynaecology            | 37% | 27% | 33% | 38%  | 32% | 23% | 39%  | 35%  | 21%   | 40%  | 30%   |
| Ophthalmology          | 45% | 35% | 32% | 38%  | 36% | 33% | 56%  | 45%  | 38%   | 67%  | 37%   |
| Otolaryngology         | 34% | 40% | 50% | 29%  | 38% | 30% | 31%  | 100% | 44%   | 100% | 36%   |
| General Surgery        | 31% | 30% | 26% | 27%  | 33% | 26% | 33%  | 37%  | 29%   | 43%  | 30%   |
| Neurosurgery           | 37% | 25% | 60% | 50%  | 25% | 38% | 25%  | 100% | 50%   | —    | 34%   |
| Orthopaedic Surgery    | 38% | 35% | 46% | 35%  | 38% | 24% | 70%  | 36%  | 54%   | 100% | 35%   |
| Cardiovascular Surgery | 22% | 47% | 20% | 20%* | 37% | 22% | 100% | 50%* | 100%* | —    | 31%   |
| Urology                | 43% | 41% | 43% | 50%  | 32% | 27% | 58%  | 38%  | 42%   | 50%  | 35%   |
| Internal Medicine      | 25% | 21% | 20% | 26%  | 25% | 17% | 23%  | 29%  | 33%   | 29%  | 23%   |
| Radiation Oncology     | 5%* | 29% | 50% | 67%  | 29% | 31% | 50%  | 100% | 38%   | —    | 28%   |
| Medical Oncology       | 35% | 36% | 50% | 50%  | 29% | 29% | 50%  | —    | 60%   | 100% | 32%   |
| Total                  | 34% | 29% | 32% | 32%  | 32% | 26% | 43%  | 40%  | 35%   | 52%  | 31%   |

**Number of Responses**

|                        | BC  | AB  | SK | MB  | ON  | PQ  | NB | NF | NS  | PE | Total |
|------------------------|-----|-----|----|-----|-----|-----|----|----|-----|----|-------|
| Plastic Surgery        | 27  | 9   | 5  | 3   | 49  | 41  | 6  | 1  | 2   | 1  | 144   |
| Gynaecology            | 60  | 29  | 10 | 21  | 154 | 91  | 11 | 8  | 10  | 2  | 396   |
| Ophthalmology          | 73  | 28  | 7  | 10  | 135 | 93  | 15 | 5  | 15  | 2  | 383   |
| Otolaryngology         | 22  | 12  | 5  | 5   | 72  | 54  | 4  | 6  | 8   | 1  | 189   |
| General Surgery        | 48  | 34  | 14 | 17  | 154 | 125 | 11 | 10 | 13  | 3  | 429   |
| Neurosurgery           | 10  | 4   | 3  | 3   | 17  | 21  | 1  | 2  | 3   | —  | 64    |
| Orthopaedic Surgery    | 53  | 28  | 11 | 12  | 131 | 70  | 14 | 5  | 13  | 3  | 340   |
| Cardiovascular Surgery | 5   | 7   | 1  | 1   | 22  | 12  | 4  | 1  | 1   | —  | 54    |
| Urology                | 26  | 11  | 6  | 9   | 63  | 36  | 11 | 3  | 8   | 1  | 174   |
| Internal Medicine      | 67  | 41  | 13 | 29  | 115 | 68  | 9  | 12 | 27  | 2  | 383   |
| Radiation Oncology     | 2   | 6   | 2  | 2   | 28  | 18  | 3  | 3  | 3   | —  | 67    |
| Medical Oncology       | 7   | 4   | 2  | 1   | 20  | 31  | 2  | —  | 3   | 1  | 71    |
| Total                  | 400 | 213 | 79 | 113 | 960 | 660 | 91 | 56 | 106 | 16 | 2,694 |

**Table 1: Summary of Responses, 1996****Number of Questionnaires Mailed Out**

|                        | BC    | AB  | SK  | MB  | ON    | PQ    | NB  | NF  | NS  | PE | Total |
|------------------------|-------|-----|-----|-----|-------|-------|-----|-----|-----|----|-------|
| Plastic Surgery        | 52    | 32  | 12  | 14  | 151   | 117   | 13  | 2   | 9   | 2  | 404   |
| Gynaecology            | 163   | 108 | 30  | 56  | 484   | 390   | 28  | 23  | 48  | 5  | 1,335 |
| Ophthalmology          | 163   | 81  | 22  | 26  | 380   | 282   | 27  | 11  | 39  | 3  | 1,034 |
| Otolaryngology         | 64    | 30  | 10  | 17  | 190   | 179   | 13  | 6   | 18  | 1  | 528   |
| General Surgery        | 156   | 114 | 54  | 62  | 466   | 483   | 33  | 27  | 45  | 7  | 1,447 |
| Neurosurgery           | 27    | 16  | 5   | 6   | 68    | 56    | 4   | 2   | 6   | 0  | 190   |
| Orthopaedic Surgery    | 138   | 80  | 24  | 34  | 341   | 288   | 20  | 14  | 24  | 3  | 966   |
| Cardiovascular Surgery | 23    | 15  | 5   | 5   | 59    | 54    | 4   | 2   | 4   | 0  | 171   |
| Urology                | 60    | 27  | 14  | 18  | 197   | 132   | 19  | 8   | 19  | 2  | 496   |
| Internal Medicine      | 266   | 197 | 65  | 112 | 469   | 396   | 39  | 41  | 81  | 7  | 1,673 |
| Radiation Oncology     | 38    | 21  | 4   | 3   | 96    | 59    | 6   | 3   | 8   | 0  | 238   |
| Medical Oncology       | 20    | 11  | 4   | 2   | 69    | 107   | 4   | 0   | 5   | 1  | 223   |
| Total                  | 1,170 | 732 | 249 | 355 | 2,970 | 2,543 | 210 | 139 | 306 | 31 | 8,705 |

\*BC oncology data supplemented with B.C. Cancer Agency data. PEI plastic surgery data supplemented with health ministry data. Cardiovascular surgery data for Nova Scotia, hospital or based on hospital data; for Newfoundland, supplemented with regional health authority data; for Manitoba, supplemented with Manitoba Cardiac Sciences Program data.

**Table 2: Median 1996 Patient Wait to see a Specialist after Referral from a GP (in Weeks)**

|                        | BC   | AB   | SK   | MB   | ON   | PQ  | NB  | NF   | NS   | PE    | CAN  |
|------------------------|------|------|------|------|------|-----|-----|------|------|-------|------|
| Plastic Surgery        | 12.0 | 8.0  | 6.0  | 9.0  | 4.0  | 6.0 | 7.0 | 10.0 | 9.5  | 10.5  | 6.4  |
| Gynaecology            | 2.0  | 5.0  | 3.0  | 3.0  | 4.0  | 4.5 | 7.0 | 4.0  | 10.0 | 6.0   | 4.2  |
| Ophthalmology          | 5.0  | 3.0  | 11.0 | 10.0 | 8.0  | 8.0 | 8.5 | 6.0  | 12.0 | 104.0 | 7.7  |
| Otolaryngology         | 2.0  | 6.0  | 3.0  | 2.0  | 4.0  | 3.0 | 2.5 | 1.3  | 7.5  | 5.0   | 3.5  |
| General Surgery        | 2.0  | 2.0  | 2.5  | 2.0  | 2.5  | 3.0 | 2.0 | 3.3  | 2.0  | 1.0   | 2.5  |
| Neurosurgery           | 6.5  | 26.0 | 8.0  | 8.0  | 15.0 | 4.0 | —   | 7.5  | 3.5  | —     | 10.3 |
| Orthopaedic Surgery    | 11.5 | 10.0 | 8.0  | 6.0  | 8.0  | 8.0 | 7.5 | 8.0  | 9.0  | 3.5   | 8.6  |
| Cardiovascular Surgery | 2.0  | 5.0  | 1.5  | 1.0  | 4.0  | 3.8 | 4.0 | 8.0  | —    | —     | 3.5  |
| Urology                | 4.0  | 7.0  | 4.0  | 2.5  | 4.0  | 4.0 | 5.0 | 6.0  | 6.5  | 12.0  | 4.3  |
| Internal Medicine      | 2.5  | 3.0  | 2.0  | 3.0  | 3.0  | 3.3 | 2.5 | 4.0  | 4.0  | —     | 3.0  |
| Radiation Oncology     | 2.8  | 1.5  | 1.8  | 2.0  | 2.0  | 1.0 | 1.0 | 1.0  | 1.0  | —     | 1.8  |
| Medical Oncology       | 1.0  | 2.0  | 2.5  | 2.0  | 2.0  | 2.0 | 1.5 | —    | 3.0  | 1.0   | 1.9  |
| Weighted Median        | 4.3  | 4.9  | 4.1  | 3.8  | 4.7  | 4.5 | 4.7 | 4.5  | 6.4  | 13.2  | 4.7  |



**Table 3: Plastic Surgery (1996)****Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)**

|                               | BC   | AB   | SK** | MB   | ON  | PQ  | NB   | NF    | NS   | PE*** |
|-------------------------------|------|------|------|------|-----|-----|------|-------|------|-------|
| Mammoplasty                   | 30.0 | 10.0 | 20.0 | 16.0 | 8.0 | 9.0 | 14.0 | 234.0 | 50.5 | 48.5  |
| Neurolysis                    | 8.0  | 10.0 | 28.0 | 12.0 | 5.0 | 4.5 | 7.5  | 3.5   | 16.0 | —     |
| Blepharoplasty                | 8.0  | 9.0  | 10.0 | 7.0  | 4.0 | 4.0 | 8.0  | —     | 14.0 | 9.0   |
| Rhinoplasty                   | 12.0 | 9.0  | 16.0 | 7.0  | 4.5 | 5.0 | 9.0  | 104.0 | 16.0 | —     |
| Scar Revision                 | 14.0 | 9.0  | 8.0  | 12.0 | 6.0 | 8.0 | 14.0 | 53.0  | 27.0 | 11.0  |
| Hand Surgery                  | 12.0 | 7.3  | 20.0 | 8.0  | 5.0 | 6.0 | 13.0 | —     | 16.0 | 16.0  |
| Craniofacial Procedures       | 27.0 | 9.3  | 12.0 | 20.0 | 4.0 | 8.0 | 5.0  | 0.0   | 20.0 | —     |
| Skin Cancers and Other Tumors | 5.0  | 3.0  | 4.0  | 3.0  | 3.0 | 3.0 | 6.0  | 1.5   | 3.3  | 0.9   |
| Weighted Median*              | 14.6 | 9.3  | 17.7 | 10.5 | 5.7 | 6.0 | 11.2 | 62.0  | 22.0 | 22.9  |

\*Weighted median does not include craniofacial procedures or skin cancers and other tumors.

\*\*Saskatchewan Health average wait data show patients waiting 14.7 weeks for plastic surgery in 1996.

\*\*\*Supplemented with health ministry data.

**Table 4: Gynaecology (1996)****Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)**

|                                  | BC   | AB  | SK** | MB  | ON  | PQ  | NB   | NF  | NS  | PE  |
|----------------------------------|------|-----|------|-----|-----|-----|------|-----|-----|-----|
| D & C                            | 3.5  | 4.0 | 11.0 | 3.0 | 3.0 | 4.0 | 8.0  | 2.0 | 6.0 | 3.8 |
| Tubal Ligation                   | 6.0  | 5.0 | 14.0 | 4.0 | 4.0 | 6.0 | 12.0 | 2.5 | 6.0 | 6.5 |
| Hysterectomy (Vaginal/Abdominal) | 8.0  | 7.0 | 18.0 | 6.0 | 6.0 | 6.0 | 12.0 | 3.5 | 8.5 | 7.8 |
| Vaginal Repair                   | 8.0  | 7.5 | 18.0 | 6.0 | 6.0 | 6.0 | 12.0 | 4.0 | 8.0 | 7.8 |
| Tuboplasty                       | 10.8 | 7.5 | 22.5 | 6.0 | 6.0 | 6.5 | 12.0 | 6.5 | 9.5 | —   |
| Laparoscopic Procedures          | 6.0  | 6.0 | 12.0 | 4.0 | 4.0 | 4.0 | 9.0  | 2.0 | 7.0 | 3.8 |
| Hysteroscopic Procedures         | 5.0  | 7.5 | 16.0 | 3.8 | 4.0 | 4.0 | 8.0  | 2.0 | 6.0 | 4.0 |
| Weighted Median*                 | 7.8  | 6.5 | 16.8 | 5.2 | 5.6 | 5.6 | 11.6 | 3.3 | 8.2 | 6.6 |

\*Weighted median does not include hysteroscopic procedures.

**Table 5: Ophthalmology (1996)****Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)**

|   | BC   | AB   | SK   | MB   | ON   | PQ   | NB   | NF   | NS   | PE   |
|---|------|------|------|------|------|------|------|------|------|------|
| Cataract Removal                                | 12.0 | 5.0  | 12.0 | 37.0 | 13.5 | 12.0 | 10.0 | 3.3  | 8.0  | 5.0  |
| Cornea—Transplant                               | 52.0 | 16.0 | 55.0 | 30.0 | 16.0 | 22.0 | 46.0 | 10.8 | 32.5 | 26.0 |
| Cornea—Pterygium                                | 6.0  | 5.0  | 12.0 | 4.0  | 12.0 | 7.5  | 7.5  | 3.0  | 5.0  | 10.0 |
| Iris, Ciliary Body, Sclera,<br>Anterior Chamber | 8.0  | 4.5  | 12.0 | 21.0 | 8.0  | 8.0  | 7.5  | 4.0  | 10.5 | 10.0 |
| Retina, Choroid, Vitreous                       | 2.0  | 1.0  | 1.0  | —    | 2.8  | 4.0  | 2.5  | 0.8  | 3.5  | 4.0  |
| Lacrimal Duct                                   | 10.0 | 4.5  | 12.0 | 8.0  | 11.0 | 10.0 | 16.0 | 7.5  | 8.0  | —    |
| Strabismus                                      | 10.0 | 5.0  | 12.0 | 16.0 | 12.0 | 10.0 | 12.0 | 6.8  | 8.0  | 14.0 |
| Eyelids   | 6.0  | 4.0  | 11.0 | 4.0  | 8.0  | 4.0  | 4.0  | 6.5  | 7.5  | 8.0  |
| Glaucoma  | 6.0  | 4.0  | 12.0 | 10.0 | 8.0  | 4.8  | 6.0  | 3.5  | 5.0  | 10.0 |
| Weighted Median*                                | 6.8  | 3.5  | 9.2  | 27.6 | 9.3  | 10.6 | 9.5  | 3.7  | 6.8  | 6.3  |

\*Weighted median does not include cornea transplant or operations for glaucoma.

**Table 6: Otolaryngology (1996)****Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)**

|                                     | BC   | AB  | SK*  | MB  | ON  | PQ  | NB   | NF   | NS   | PE   |
|-------------------------------------|------|-----|------|-----|-----|-----|------|------|------|------|
| Myringotomy                         | 6.0  | 4.0 | 6.0  | 3.0 | 5.0 | 3.0 | 9.0  | 5.0  | 5.0  | 2.5  |
| Tympanoplasty                       | 10.0 | 6.0 | 14.0 | 4.0 | 7.0 | 5.0 | 14.0 | 6.0  | 9.0  | 8.0  |
| Thyroid & Other<br>Endocrine Glands | 8.0  | 6.0 | 7.5  | —   | 6.0 | 4.0 | 8.0  | 4.0  | 8.0  | 10.0 |
| Tonsillectomy &/or<br>Adenoidectomy | 8.0  | 7.5 | 16.0 | 4.0 | 7.0 | 4.0 | 11.0 | 9.0  | 8.0  | 6.0  |
| Rhinoplasty &/or<br>Septal Surgery  | 10.0 | 7.0 | 16.0 | 3.5 | 7.5 | 5.0 | 16.0 | 18.0 | 16.3 | 10.0 |
| Nasal Sinuses                       | 10.0 | 7.5 | 16.0 | 3.5 | 7.0 | 4.0 | 14.0 | 6.0  | 16.3 | 10.0 |
| Weighted Median                     | 8.5  | 7.2 | 14.9 | 3.9 | 6.8 | 4.2 | 11.2 | 9.2  | 9.4  | 7.0  |

\*Saskatchewan Health average wait data show patients waiting 9.1 weeks for otolaryngology in 1996.



**Table 7: General Surgery (1996)****Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)**

|                       | BC  | AB  | SK  | MB  | ON  | PQ  | NB  | NF  | NS  | PE  |
|-----------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Hernia/Hydrocele      | 8.0 | 6.0 | 6.0 | 4.0 | 4.0 | 5.0 | 4.0 | 3.8 | 4.0 | 3.0 |
| Cholecystectomy       | 8.0 | 6.0 | 5.0 | 3.0 | 4.0 | 4.0 | 3.0 | 4.3 | 4.0 | 2.5 |
| Colonoscopy           | 4.0 | 4.0 | 3.5 | 4.0 | 2.5 | 3.8 | 2.0 | 2.0 | 3.0 | 1.5 |
| Intestinal Operations | 4.0 | 3.0 | 3.0 | 2.8 | 2.5 | 3.0 | 2.0 | 2.0 | 2.5 | 1.5 |
| Haemorrhoidectomy     | 7.0 | 6.0 | 6.0 | 4.0 | 4.0 | 6.0 | 4.0 | 5.0 | 3.3 | 2.3 |
| Breast Biopsy         | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 1.5 | 1.5 | 1.5 |
| Mastectomy            | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 1.3 | 1.3 | 1.5 |
| Bronchus & Lung       | 3.5 | —   | 2.0 | 2.0 | 3.0 | 4.0 | 2.0 | 1.5 | 1.5 | 3.0 |
| Aneurysm Surgery      | 4.5 | 7.0 | 4.0 | 2.0 | 2.5 | 6.0 | —   | 1.0 | 2.5 | —   |
| Varicose Veins        | 8.0 | 6.0 | 8.0 | 4.0 | 4.0 | 6.5 | 2.0 | 6.0 | 3.5 | 3.0 |
| Weighted Median*      | 5.7 | 4.8 | 4.3 | 3.1 | 3.3 | 4.0 | 2.7 | 3.2 | 3.1 | 2.2 |

\*Weighted median does not include aneurysm surgery.

**Table 8: Neurosurgery (1996)****Median Patient Wait for Treatment After Appointment with Specialist (in Weeks)**

|                               | BC  | AB   | SK  | MB  | ON  | PQ  | NB   | NF  | NS  | PE |
|-------------------------------|-----|------|-----|-----|-----|-----|------|-----|-----|----|
| Peripheral Nerve              | 4.0 | 10.0 | 7.0 | 5.0 | 5.0 | 4.0 | 12.5 | 6.0 | 5.0 | —  |
| Disc Surgery /<br>Laminectomy | 5.0 | 10.0 | 7.0 | 7.0 | 7.0 | 4.0 | 9.0  | 4.5 | 4.5 | —  |
| Elective Cranial Bone Flap    | 4.5 | 7.0  | 4.8 | 4.0 | 6.0 | 3.0 | 5.0  | 1.3 | 5.0 | —  |
| Aneurysm Surgery              | 4.3 | 4.0  | 6.0 | 5.0 | 5.0 | 3.5 | 3.0  | 1.0 | 3.3 | —  |
| Carotid Endarterectomy        | 4.0 | 6.0  | 4.3 | 2.0 | 3.5 | 2.5 | 5.0  | 1.0 | 4.0 | —  |
| Weighted Median*              | 4.8 | 8.9  | 6.5 | 5.9 | 6.6 | 3.7 | 8.0  | 4.1 | 4.7 | —  |

\*Weighted median does not include aneurysm surgery or carotid endarterectomy.

**Table 9: Orthopaedic Surgery (1996)****Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)**

|                                | BC   | AB   | SK** | MB   | ON   | PQ   | NB   | NF  | NS   | PE   |
|--------------------------------|------|------|------|------|------|------|------|-----|------|------|
| Meniscectomy / Arthroscopy     | 10.0 | 11.0 | 12.0 | 10.0 | 8.0  | 6.0  | 7.0  | 4.0 | 9.0  | 10.0 |
| Removal of Pins                | 10.0 | 10.0 | 12.0 | 8.0  | 8.0  | 8.0  | 9.5  | 4.5 | 9.0  | 18.0 |
| Arthroplasty (Hip, Knee, Etc.) | 18.8 | 16.0 | 25.5 | 23.0 | 12.0 | 16.0 | 9.0  | 5.0 | 16.0 | 36.0 |
| Arthroplasty (Interphalangeal) | 12.0 | 11.0 | 14.0 | 10.0 | 10.0 | 8.0  | 18.0 | 6.0 | 10.0 | 17.0 |
| Hallux Valgus/Hammer Toe       | 12.0 | 10.0 | 14.0 | 10.0 | 8.0  | 8.0  | 11.0 | 5.5 | 9.0  | 24.0 |
| Digit Neuroma                  | 10.0 | 12.0 | 12.0 | 10.0 | 8.0  | 8.0  | 12.0 | —   | 9.0  | 22.0 |
| Rotator Cuff Repair            | 12.0 | 12.0 | 12.0 | 10.0 | 8.0  | 8.0  | 8.5  | 5.0 | 9.0  | 12.0 |
| Ostectomy (All Types)          | 12.0 | 12.0 | 12.0 | 10.0 | 10.0 | 10.0 | 9.5  | 5.0 | 9.0  | —    |
| Routine Spinal Instability     | 17.5 | 14.6 | 15.9 | 11.7 | 15.1 | 16.2 | 16.6 | 5.0 | 18.1 | 21.3 |
| Weighted Median*               | 14.9 | 13.4 | 17.9 | 15.6 | 10.6 | 10.6 | 10.2 | 4.7 | 13.1 | 29.3 |

\*Weighted median does not include routine spinal instability.

\*\*Saskatchewan Health average wait data show patients waiting 13.2 weeks for orthopaedic surgery in 1996.

**Table 10: Cardiovascular Surgery\*\* (1996)****Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)**

|                             | BC   | AB   | SK   | MB*  | ON   | PQ  | NB   | NF*  | NS* | PE |
|-----------------------------|------|------|------|------|------|-----|------|------|-----|----|
| <b>Emergent</b>             |      |      |      |      |      |     |      |      |     |    |
| Coronary Artery Bypass      | 0.9  | 0.1  | 0.5  | 0.3  | 0.1  | 1.0 | 0.9  | 0.2  | 0.9 | —  |
| Valves & Septa of the Heart | 0.9  | 0.1  | 0.5  | 0.4  | 0.1  | 0.5 | 0.9  | 0.2  | 0.9 | —  |
| Aneurysm Surgery            | 1.0  | 0.1  | —    | —    | 0.2  | 0.0 | 0.9  | 0.0  | 0.9 | —  |
| Carotid Endarterectomy      | 1.3  | 0.1  | —    | —    | 0.9  | 1.0 | 1.5  | 0.3  | 0.9 | —  |
| Pacemaker Operations        | 0.7  | 0.1  | —    | —    | 0.9  | 0.2 | 0.9  | —    | 0.9 | —  |
| <b>Urgent</b>               |      |      |      |      |      |     |      |      |     |    |
| Coronary Artery Bypass      | 12.0 | 13.6 | 5.0  | 0.5  | 1.8  | 1.5 | 6.0  | 5.8  | 3.0 | —  |
| Valves & Septa of the Heart | 12.0 | 13.6 | 5.0  | 1.0  | 1.5  | 1.5 | 6.0  | 5.8  | 3.0 | —  |
| Aneurysm Surgery            | 11.0 | 16.1 | —    | 5.1  | 1.0  | 1.3 | 4.3  | 1.5  | 3.0 | —  |
| Carotid Endarterectomy      | 9.0  | —    | —    | 10.0 | 1.0  | 1.0 | —    | 3.0  | 3.0 | —  |
| Pacemaker Operations        | 2.0  | 1.0  | —    | —    | 1.0  | 1.3 | —    | —    | 3.0 | —  |
| <b>Elective</b>             |      |      |      |      |      |     |      |      |     |    |
| Coronary Artery Bypass      | 36.0 | 27.0 | 10.0 | 14.0 | 16.0 | 7.5 | 26.0 | 40.0 | 9.0 | —  |
| Valves & Septa of the Heart | 36.0 | 27.0 | 10.0 | 13.4 | 15.0 | 6.0 | 26.0 | 52.0 | 9.0 | —  |
| Aneurysm Surgery            | 31.0 | 25.0 | —    | 17.0 | 9.5  | 7.0 | 14.0 | 7.0  | 9.0 | —  |
| Carotid Endarterectomy      | 25.0 | —    | —    | 18.0 | 2.0  | 6.0 | 32.0 | 10.0 | 9.0 | —  |
| Pacemaker Operations        | 4.5  | 3.5  | —    | —    | 2.0  | 4.0 | 2.5  | —    | 9.0 | —  |

\*Hospital data and survey data for Nova Scotia. Survey data supplemented with regional health authority data for Newfoundland. Survey and Cardiac Sciences Program data for Manitoba.

\*\*Please see the "Focus on cardiovascular surgery" section in this report before making interprovincial comparisons of waiting times.



**Table 11: Urology (1996)****Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)**

|                                    | BC   | AB  | SK   | MB  | ON  | PQ  | NB   | NF  | NS  | PE   |
|------------------------------------|------|-----|------|-----|-----|-----|------|-----|-----|------|
| Prostatectomy                      | 11.0 | 3.0 | 9.0  | 3.3 | 5.0 | 5.0 | 8.0  | 2.0 | 4.0 | 8.0  |
| TUR Bladder                        | 4.0  | 3.0 | 3.3  | 3.3 | 3.5 | 2.3 | 4.0  | 2.5 | 2.5 | 3.5  |
| Cystoscopy                         | 5.5  | 2.0 | 1.8  | 1.8 | 4.0 | 2.3 | 6.0  | 3.0 | 4.0 | 0.0  |
| Hernia/Hydrocele                   | 10.0 | 4.0 | 11.0 | 3.3 | 5.5 | 5.0 | 8.0  | 4.0 | 4.3 | 16.0 |
| Bladder Fulguration                | 4.0  | 2.0 | 2.8  | 2.3 | 3.5 | 2.0 | 4.0  | 1.5 | 3.5 | 3.5  |
| Ureteral Reimplantation for Reflux | 12.0 | 4.0 | 6.5  | 6.0 | 5.0 | 3.3 | 10.0 | 3.3 | 4.5 | 8.0  |
| Weighted Median*                   | 8.5  | 2.8 | 6.2  | 2.9 | 4.6 | 3.9 | 6.6  | 2.5 | 3.8 | 6.7  |

\*Weighted median does not include ureteral reimplantation for reflux.

**Table 12: Internal Medicine (1996)****Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)**

|                         | BC  | AB  | SK  | MB  | ON  | PQ  | NB  | NF  | NS  | PE  |
|-------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Colonoscopy             | 3.0 | 3.8 | 3.3 | 2.5 | 3.0 | 2.0 | 3.0 | 1.0 | 2.3 | 7.0 |
| Angiography/Angioplasty | 7.0 | 4.0 | 5.0 | 8.0 | 6.5 | 4.0 | 5.0 | 6.0 | 6.0 | 5.0 |
| Bronchoscopy            | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 3.0 | 1.0 | 2.0 | 3.0 |
| Gastroscopy             | 3.0 | 3.0 | 2.8 | 2.0 | 2.0 | 2.0 | 3.0 | 1.0 | 2.0 | 3.5 |
| Weighted Median         | 4.9 | 3.6 | 3.7 | 3.5 | 3.5 | 2.7 | 3.8 | 2.9 | 4.1 | 3.9 |

**Table 13: Radiation Oncology (1996)****Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)**

|                                   | BC  | AB  | SK  | MB  | ON  | PQ  | NB  | NF  | NS  | PE |
|-----------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|
| Cancer of the Larynx              | 3.8 | 2.0 | 1.8 | 4.0 | 2.0 | 2.0 | 1.5 | 2.0 | 3.0 | —  |
| Cancer of the Cervix              | 3.8 | 1.5 | 2.0 | 5.0 | 2.3 | 3.0 | 2.0 | 1.0 | 1.5 | —  |
| Lung Cancer                       | 3.3 | 1.5 | 2.3 | 7.3 | 2.8 | 4.0 | 2.3 | 1.0 | 1.0 | —  |
| Prostate Cancer                   | 4.5 | 2.0 | 1.8 | 9.0 | 4.0 | 6.0 | 2.3 | 2.0 | 3.0 | —  |
| Breast Cancer                     | 3.0 | 2.3 | 2.3 | 6.8 | 3.0 | 8.0 | 2.3 | 2.0 | 2.0 | —  |
| Early Side Effects from Treatment | 0.8 | 0.5 | 0.7 | 1.0 | 0.9 | 0.9 | 0.1 | 0.9 | 1.0 | —  |
| Late Side Effects from Treatment  | 1.3 | 1.0 | 1.3 | 2.0 | 1.5 | 0.9 | 0.2 | 2.0 | 2.0 | —  |
| Average Median*                   | 3.7 | 1.9 | 2.0 | 6.4 | 2.8 | 4.6 | 2.1 | 1.6 | 2.1 | —  |

\*Average median does not include early or late side effects from treatment.

**Table 14: Medical Oncology (1996)****Median Patient Wait for Treatment after Appointment with Specialist (in Weeks)**

|                             | BC  | AB  | SK  | MB  | ON  | PQ  | NB  | NF | NS  | PE  |
|-----------------------------|-----|-----|-----|-----|-----|-----|-----|----|-----|-----|
| Cancer of the Larynx        | 1.3 | 2.0 | 0.5 | 0.9 | 1.0 | 2.0 | 2.0 | —  | 1.0 | —   |
| Cancer of the Cervix        | 1.3 | 2.0 | 0.5 | —   | 1.0 | 2.0 | 1.0 | —  | 1.0 | —   |
| Lung Cancer                 | 1.5 | 2.0 | 1.0 | 0.9 | 1.0 | 1.0 | 2.0 | —  | 1.0 | 1.0 |
| Breast Cancer               | 1.5 | 2.0 | 3.3 | 1.0 | 1.0 | 1.0 | 1.5 | —  | 1.0 | 1.0 |
| Side Effects from Treatment | 0.1 | 0.3 | 0.0 | 0.9 | 0.1 | 0.0 | 0.1 | —  | 0.2 | 0.1 |
| Average Median*             | 1.4 | 2.0 | 1.3 | 0.9 | 1.0 | 1.5 | 1.6 | —  | 1.0 | 1.0 |

\*Average median does not include side effects from treatment.

**Table 15: Plastic Surgery (1996)****Estimated Number of Patients Waiting for Treatment after Appointment with Specialist**

|                | BC    | AB  | SK  | MB  | ON  | PQ  | NB  | NF  | NS  | PE |
|----------------|-------|-----|-----|-----|-----|-----|-----|-----|-----|----|
| Mammoplasty    | 271   | 71  | 23  | 29  | 241 | 233 | 116 | 26  | 49  | 12 |
| Neurolysis     | 140   | 81  | 75  | 30  | 171 | 166 | 43  | 4   | 31  | —  |
| Blepharoplasty | 26    | 10  | 11  | 7   | 20  | 17  | 11  | —   | 4   | 1  |
| Rhinoplasty    | 273   | 68  | 103 | 44  | 157 | 273 | 92  | 157 | 48  | —  |
| Scar Revision  | 217   | 74  | 18  | 59  | 179 | 145 | 74  | 63  | 40  | 4  |
| Hand Surgery   | 81    | 30  | 39  | 22  | 57  | 56  | 16  | —   | 8   | 2  |
| Total          | 1,007 | 335 | 269 | 191 | 825 | 891 | 351 | 251 | 180 | 18 |
| Total/100,000  | 26    | 12  | 26  | 17  | 7   | 12  | 46  | 44  | 19  | 13 |

Note: Figures may not add up due to rounding.



**Table 16: Gynaecology (1996)****Estimated Number of Patients Waiting for Treatment after Appointment with Specialist**

|                                     | BC    | AB    | SK    | MB  | ON    | PQ    | NB  | NF  | NS  | PE |
|-------------------------------------|-------|-------|-------|-----|-------|-------|-----|-----|-----|----|
| D & C                               | 68    | 90    | 101   | 17  | 135   | 262   | 30  | 10  | 17  | 8  |
| Tubal Ligation                      | 61    | 100   | 163   | 80  | 113   | 281   | 36  | 21  | 12  | 13 |
| Hysterectomy<br>(Vaginal/Abdominal) | 1,186 | 872   | 766   | 219 | 2,654 | 1,759 | 418 | 119 | 375 | 49 |
| Vaginal Repair                      | 69    | 52    | 68    | 11  | 147   | 123   | 24  | 6   | 25  | 2  |
| Tuboplasty                          | 347   | 187   | 197   | 45  | 670   | 245   | 37  | 19  | 38  | —  |
| Laparoscopic Procedures             | 74    | 72    | 30    | 24  | 176   | 200   | 20  | 7   | 30  | 2  |
| Total                               | 1,804 | 1,373 | 1,326 | 396 | 3,896 | 2,869 | 565 | 181 | 498 | 74 |
| Total/100,000                       | 46    | 49    | 129   | 35  | 34    | 39    | 74  | 32  | 53  | 53 |

Note: Figures may not add up due to rounding.

**Table 17: Ophthalmology (1996)****Estimated Number of Patients Waiting for Treatment after Appointment with Specialist**

|   | BC  | AB  | SK  | MB  | ON    | PQ    | NB  | NF | NS  | PE |
|---|-----|-----|-----|-----|-------|-------|-----|----|-----|----|
| Cataract Removal                                | 364 | 85  | 184 | 388 | 1,877 | 5,341 | 484 | 34 | 251 | 7  |
| Cornea—Pterygium                                | 75  | 27  | 18  | 11  | 250   | 106   | 12  | 5  | 22  | 2  |
| Iris, Ciliary Body, Sclera,<br>Anterior Chamber | 45  | 23  | 35  | 74  | 289   | 186   | 16  | 5  | 49  | 2  |
| Retina, Choroid, Vitreous                       | 118 | 26  | 7   | —   | 414   | 205   | 4   | 1  | 48  | 0  |
| Lacrimal Duct                                   | 50  | 8   | 15  | 7   | 148   | 115   | 5   | 9  | 9   | —  |
| Strabismus                                      | 36  | 4   | 18  | 3   | 46    | 139   | 5   | 5  | 11  | 1  |
| Eyelids   | 52  | 13  | 18  | 4   | 103   | 65    | 5   | 5  | 11  | 1  |
| Total   | 739 | 186 | 295 | 488 | 3,127 | 6,159 | 531 | 65 | 400 | 12 |
| Total/100,000                                   | 19  | 7   | 29  | 43  | 28    | 83    | 70  | 11 | 42  | 9  |

Note: Figures may not add up due to rounding.

**Table 18: Otolaryngology (1996)****Estimated Number of Patients Waiting for Treatment after Appointment with Specialist**

|                                     | BC    | AB    | SK  | MB  | ON    | PQ    | NB  | NF  | NS  | PE |
|-------------------------------------|-------|-------|-----|-----|-------|-------|-----|-----|-----|----|
| Myringotomy                         | 32    | 15    | 6   | 2   | 127   | 111   | 20  | 4   | 10  | 1  |
| Tympanoplasty                       | 99    | 36    | 19  | 10  | 163   | 140   | 37  | 12  | 34  | 3  |
| Thyroid & Other<br>Endocrine Glands | 161   | 105   | 17  | —   | 607   | 207   | 29  | 13  | 51  | 7  |
| Tonsillectomy &/or<br>Adenoidectomy | 1,080 | 956   | 460 | 223 | 2,725 | 594   | 471 | 160 | 563 | 26 |
| Rhinoplasty &/or Septal<br>Surgery  | 296   | 48    | 71  | 26  | 385   | 411   | 40  | 54  | 141 | 6  |
| Nasal Sinuses                       | 183   | 83    | 31  | 7   | 313   | 182   | 22  | 8   | 65  | 5  |
| Total                               | 1,851 | 1,243 | 603 | 268 | 4,322 | 1,645 | 619 | 251 | 865 | 47 |
| Total/100,000                       | 47    | 44    | 59  | 23  | 38    | 22    | 81  | 44  | 91  | 34 |

Note: Figures may not add up due to rounding.

**Table 19: General Surgery (1996)****Estimated Number of Patients Waiting for Treatment after Appointment with Specialist**

|                       | BC    | AB    | SK    | MB  | ON    | PQ    | NB  | NF  | NS  | PE  |
|-----------------------|-------|-------|-------|-----|-------|-------|-----|-----|-----|-----|
| Hernia/Hydrocele      | 994   | 550   | 733   | 170 | 1,680 | 2,185 | 237 | 79  | 182 | 42  |
| Cholecystectomy       | 1,447 | 831   | 832   | 230 | 2,324 | 2,268 | 335 | 111 | 252 | 53  |
| Colonoscopy           | 51    | 31    | 21    | 14  | 182   | 227   | 20  | 10  | 17  | 1   |
| Intestinal Operations | 678   | 429   | 148   | 118 | 958   | 646   | 121 | 33  | 158 | 11  |
| Haemorrhoidectomy     | 240   | 163   | 115   | 31  | 270   | 452   | 38  | 13  | 32  | 2   |
| Breast Biopsy         | 61    | 48    | 12    | 16  | 157   | 198   | 17  | 2   | 8   | 2   |
| Mastectomy            | 109   | 59    | 46    | 27  | 285   | 230   | 16  | 10  | 16  | 2   |
| Bronchus & Lung       | 158   | —     | 22    | 56  | 345   | 282   | 20  | 14  | 23  | 3   |
| Varicose Veins        | 185   | 90    | 92    | 19  | 272   | 806   | 9   | 19  | 22  | 2   |
| Total                 | 3,923 | 2,202 | 2,022 | 682 | 6,473 | 7,295 | 812 | 290 | 709 | 118 |
| Total/100,000         | 101   | 78    | 197   | 59  | 57    | 98    | 106 | 51  | 75  | 86  |

Note: Figures may not add up due to rounding.

**Table 20: Neurosurgery (1996)****Estimated Number of Patients Waiting for Treatment after Appointment with Specialist**

|                            | BC  | AB  | SK  | MB  | ON    | PQ    | NB  | NF | NS  | PE |
|----------------------------|-----|-----|-----|-----|-------|-------|-----|----|-----|----|
| Peripheral Nerve           | 25  | 76  | 10  | 6   | 78    | 140   | 12  | 7  | 7   | —  |
| Disc Surgery/Laminectomy   | 355 | 530 | 174 | 97  | 1,264 | 1,408 | 126 | 78 | 67  | —  |
| Elective Cranial Bone Flap | 134 | 232 | 39  | 43  | 594   | 276   | 30  | 4  | 35  | —  |
| Total                      | 514 | 838 | 224 | 146 | 1,936 | 1,823 | 169 | 90 | 109 | —  |
| Total/100,000              | 13  | 30  | 22  | 13  | 17    | 25    | 22  | 16 | 11  | —  |

Note: Figures may not add up due to rounding.

**Table 21: Orthopaedic Surgery (1996)****Estimated Number of Patients Waiting for Treatment after Appointment with Specialist**

|                                | BC    | AB    | SK  | MB  | ON    | PQ    | NB  | NF | NS  | PE |
|--------------------------------|-------|-------|-----|-----|-------|-------|-----|----|-----|----|
| Menisectomy/Arthroscopy        | 120   | 86    | 77  | 27  | 212   | 124   | 25  | 10 | 6   | 5  |
| Arthroplasty (Hip, Knee, Etc.) | 1,482 | 676   | 604 | 427 | 3,175 | 1,836 | 177 | 35 | 351 | 67 |
| Arthroplasty (Interphalageal)  | 248   | 186   | 110 | 53  | 826   | 896   | 75  | 24 | 57  | 12 |
| Hallux Valgus/Hammer Toe       | 34    | 3     | 4   | 3   | 77    | 43    | 5   | 1  | 3   | 1  |
| Digit Neuroma                  | 129   | 98    | 51  | 47  | 251   | 232   | 24  | —  | 14  | 3  |
| Rotator Cuff Repair            | 52    | 31    | 21  | 14  | 118   | 136   | 7   | 3  | 11  | —  |
| Ostectomy (All Types)          | 389   | 246   | 121 | 136 | 1,630 | 1,160 | 87  | 24 | 78  | —  |
| Total                          | 2,454 | 1,325 | 988 | 706 | 6,288 | 4,425 | 400 | 95 | 520 | 89 |
| Total/100,000                  | 63    | 47    | 96  | 62  | 56    | 60    | 52  | 17 | 55  | 65 |

Note: Figures may not add up due to rounding.

**Table 22: Cardiovascular Surgery (1996)****Estimated Number of Patients Waiting for Treatment after Appointment with Specialist**

|                             | BC    | AB  | SK  | MB* | ON  | PQ  | NB  | NF** | NS* | PE |
|-----------------------------|-------|-----|-----|-----|-----|-----|-----|------|-----|----|
| Coronary Artery Bypass      | 917   | 758 | 113 | 100 | 539 | 395 | 101 | 54   | 81  | —  |
| Valves & Septa of the Heart | 206   | 133 | 27  | 36  | 91  | 40  | 13  | 8    | 16  | —  |
| Pacemaker Operations        | 177   | 41  | —   | —   | 150 | 55  | —   | —    | 34  | —  |
| Total                       | 1,123 | 892 | 140 | 136 | 629 | 434 | 115 | 62   | 97  | —  |
| Total/100,000               | 29    | 32  | 14  | 12  | 6   | 6   | 15  | 11   | 10  | —  |

\*Nova Scotia figures estimated using hospital waiting data. Manitoba figures are *preliminary* estimates from the Manitoba Cardiac Sciences Program.

\*\*Figures from the Health Care Corporation of St. John's show over 200 people waiting for cardiovascular surgery in Newfoundland.

Note: Figures may not add up due to rounding.



**Table 23: Urology (1996)****Estimated Number of Patients Waiting for Treatment after Appointment with Specialist**

|                    | BC    | AB  | SK  | MB  | ON    | PQ    | NB  | NF  | NS  | PE |
|--------------------|-------|-----|-----|-----|-------|-------|-----|-----|-----|----|
| Prostatectomy      | 1,021 | 224 | 258 | 99  | 1,313 | 1,100 | 316 | 76  | 85  | 32 |
| TUR Bladder        | 119   | 48  | 24  | 18  | 391   | 171   | 38  | 11  | 27  | 3  |
| Cystoscopy         | 128   | 60  | 72  | 14  | 437   | 0     | 101 | 24  | 78  | 0  |
| Hernia/Hydrocele   | 447   | 117 | 124 | 43  | 935   | 1,151 | 228 | 18  | 74  | 20 |
| Bladder Fulgration | 103   | 68  | 32  | 20  | 244   | 119   | 36  | 5   | 27  | 4  |
| Total              | 1,819 | 517 | 510 | 195 | 3,320 | 2,540 | 719 | 133 | 291 | 58 |
| Total/100,000      | 47    | 18  | 50  | 17  | 29    | 34    | 94  | 23  | 31  | 42 |

Note: Figures may not add up due to rounding.

**Table 24: Internal Medicine (1996)****Estimated Number of Patients Waiting for Treatment after Appointment with Specialist**

|                         | BC  | AB  | SK  | MB  | ON    | PQ    | NB  | NF  | NS  | PE |
|-------------------------|-----|-----|-----|-----|-------|-------|-----|-----|-----|----|
| Colonoscopy             | 70  | 70  | 33  | 18  | 149   | 138   | 30  | 16  | 27  | 6  |
| Angiography/Angioplasty | 621 | 401 | 182 | 79  | 1,286 | 869   | 166 | 119 | 246 | —  |
| Bronchoscopy            | 19  | 13  | 11  | 5   | 90    | 109   | 10  | 7   | 13  | 3  |
| Gastroscopy             | 201 | 171 | 144 | 53  | 659   | 512   | 109 | 38  | 83  | 14 |
| Total                   | 912 | 656 | 370 | 155 | 2,184 | 1,628 | 315 | 180 | 369 | 23 |
| Total/100,000           | 23  | 23  | 36  | 14  | 19    | 22    | 41  | 32  | 39  | 17 |

Note: Figures may not add up due to rounding.

**Table 25: Radiation Oncology (1996)****Estimated Number of Patients Waiting for Treatment after Appointment with Specialist\***

|               | BC* | AB | SK | MB | ON  | PQ  | NB | NF | NS | PE |
|---------------|-----|----|----|----|-----|-----|----|----|----|----|
| Radiotherapy  | 377 | 26 | 9  | 17 | 169 | 128 | 17 | 4  | 18 | —  |
| Total/100,000 | 10  | 1  | 1  | 1  | 1   | 2   | 2  | 1  | 2  | —  |

\*British Columbia Cancer Agency data.

Note: Figures may not add up due to rounding.

**Table 26: Medical Oncology (1996)****Estimated Number of Patients Waiting for Treatment after Appointment with Specialist\***

|               | BC  | AB | SK | MB | ON  | PQ  | NB | NF | NS | PE |
|---------------|-----|----|----|----|-----|-----|----|----|----|----|
| Chemotherapy  | 104 | 40 | 15 | 6  | 151 | 153 | 46 | —  | 19 | 1  |
| Total/100,000 | 3   | 1  | 2  | 1  | 1   | 2   | 6  | —  | 2  | 0  |

Note: Figures may not add up due to rounding.

**Table 27: Estimated Number of Patients Waiting for Treatment after Appointment with Specialist (1996)****People Waiting Per 100,000 Population**

|                        | BC  | AB | SK  | MB | ON | PQ | NB  | NF | NS | PE |
|------------------------|-----|----|-----|----|----|----|-----|----|----|----|
| Plastic Surgery        | 26  | 12 | 26  | 17 | 7  | 12 | 46  | 44 | 19 | 13 |
| Gynaecology            | 46  | 49 | 129 | 35 | 34 | 39 | 74  | 32 | 53 | 53 |
| Ophthalmology          | 19  | 7  | 29  | 43 | 28 | 83 | 70  | 11 | 42 | 9  |
| Otolaryngology         | 47  | 44 | 59  | 23 | 38 | 22 | 81  | 44 | 91 | 34 |
| General Surgery        | 101 | 78 | 197 | 59 | 57 | 98 | 106 | 51 | 75 | 86 |
| Neurosurgery           | 13  | 30 | 22  | 13 | 17 | 25 | 22  | 16 | 11 | —  |
| Orthopaedic Surgery    | 63  | 47 | 96  | 62 | 56 | 60 | 52  | 17 | 55 | 65 |
| Cardiovascular Surgery | 29  | 32 | 14  | 12 | 6  | 6  | 15  | 11 | 10 | —  |
| Urology                | 47  | 18 | 50  | 17 | 29 | 34 | 94  | 23 | 31 | 42 |
| Internal Medicine      | 23  | 23 | 36  | 14 | 19 | 22 | 41  | 32 | 39 | 17 |
| Radiation Oncology     | 10  | 1  | 1   | 1  | 1  | 2  | 2   | 1  | 2  | —  |
| Medical Oncology       | 3   | 1  | 2   | 1  | 1  | 2  | 6   | —  | 2  | 0  |

**Table 28a: Median Wait to Receive Treatment by Specialty in 1996 (in Weeks)**

|                                   | BC   | AB   | SK   | MB   | ON   | PQ   | NB   | NF   | NS   | PE   | CAN  |
|-----------------------------------|------|------|------|------|------|------|------|------|------|------|------|
| Plastic Surgery                   | 14.6 | 9.3  | 17.7 | 10.5 | 5.7  | 6.0  | 11.2 | 62.0 | 22.0 | 22.9 | 9.4  |
| Gynaecology                       | 7.8  | 6.5  | 16.8 | 5.2  | 5.6  | 5.6  | 11.6 | 3.3  | 8.2  | 6.6  | 6.6  |
| Ophthalmology                     | 6.8  | 3.5  | 9.2  | 27.6 | 9.3  | 10.6 | 9.5  | 3.7  | 6.8  | 6.3  | 9.7  |
| Otolaryngology                    | 8.5  | 7.2  | 14.9 | 3.9  | 6.8  | 4.2  | 11.2 | 9.2  | 9.4  | 7.0  | 7.2  |
| General Surgery                   | 5.7  | 4.8  | 4.3  | 3.1  | 3.3  | 4.0  | 2.7  | 3.2  | 3.1  | 2.2  | 3.9  |
| Neurosurgery                      | 4.8  | 8.9  | 6.5  | 5.9  | 6.6  | 3.7  | 8.0  | 4.1  | 4.7  | —    | 5.7  |
| Orthopaedic Surgery               | 14.9 | 13.4 | 17.9 | 15.6 | 10.6 | 10.6 | 10.2 | 4.7  | 13.1 | 29.3 | 11.9 |
| Cardiovascular Surgery (Urgent)   | 12.0 | 13.6 | 5.0  | 0.5  | 1.7  | 1.5  | 6.0  | 5.8  | 3.0  | —    | 3.9  |
| Cardiovascular Surgery (Elective) | 36.0 | 27.0 | 10.0 | 13.9 | 15.9 | 7.4  | 26.0 | 41.5 | 9.0  | —    | 16.2 |
| Urology                           | 8.5  | 2.8  | 6.2  | 2.9  | 4.6  | 3.9  | 6.6  | 2.5  | 3.8  | 6.7  | 4.8  |
| Internal Medicine                 | 4.9  | 3.6  | 3.7  | 3.5  | 3.5  | 2.7  | 3.8  | 2.9  | 4.1  | 3.9  | 3.5  |
| Radiation Oncology                | 3.7  | 1.9  | 2.0  | 6.4  | 2.8  | 4.6  | 2.1  | 1.6  | 2.1  | —    | 3.1  |
| Medical Oncology                  | 1.4  | 2.0  | 1.3  | 0.9  | 1.0  | 1.5  | 1.6  | —    | 1.0  | 1.0  | 1.3  |
| Weighted Median                   | 9.1  | 7.3  | 8.5  | 5.9  | 5.6  | 5.1  | 7.1  | 6.1  | 5.7  | 6.5  | 6.2  |

**Table 28b: Estimated Number of Patients Waiting for Treatment by Specialty in 1996**

|                          | BC      | AB     | SK     | MB    | ON     | PQ     | NB    | NF    | NS    | PE   |
|--------------------------|---------|--------|--------|-------|--------|--------|-------|-------|-------|------|
| Plastic Surgery          | 1,007   | 335    | 269    | 191   | 825    | 891    | 351   | 251   | 180   | 18   |
| Gynaecology              | 1,804   | 1,373  | 1,326  | 396   | 3,896  | 2,869  | 565   | 181   | 498   | 74   |
| Ophthalmology            | 739     | 186    | 295    | 488   | 3,127  | 6,159  | 531   | 65    | 400   | 12   |
| Otolaryngology           | 1,851   | 1,243  | 603    | 268   | 4,322  | 1,645  | 619   | 251   | 865   | 47   |
| General Surgery          | 3,923   | 2,202  | 2,022  | 682   | 6,473  | 7,295  | 812   | 290   | 709   | 118  |
| Neurosurgery             | 514     | 838    | 224    | 146   | 1,936  | 1,823  | 169   | 90    | 109   | —    |
| Orthopaedic Surgery      | 2,454   | 1,325  | 988    | 706   | 6,288  | 4,425  | 400   | 95    | 520   | 89   |
| Cardiovascular Surgery   | 1,123   | 892    | 140    | 136   | 629    | 434    | 115   | 62    | 97    | —    |
| Urology                  | 1,819   | 517    | 510    | 195   | 3,320  | 2,540  | 719   | 133   | 291   | 58   |
| Internal Medicine        | 912     | 656    | 370    | 155   | 2,184  | 1,628  | 315   | 180   | 369   | 23   |
| Radiation Oncology       | 377     | 26     | 9      | 17    | 169    | 128    | 17    | 4     | 18    | —    |
| Medical Oncology         | 104     | 40     | 15     | 6     | 151    | 153    | 46    | —     | 19    | 1    |
| Residual                 | 10,115  | 6,046  | 3,709  | 1,770 | 18,932 | 16,324 | 2,057 | 871   | 2,145 | 293  |
| Total                    | 26,743  | 15,679 | 10,479 | 5,155 | 52,251 | 46,314 | 6,714 | 2,474 | 6,220 | 733  |
| Proportion of Population | 0.7%    | 0.6%   | 1.0%   | 0.4%  | 0.5%   | 0.6%   | 0.9%  | 0.4%  | 0.7%  | 0.5% |
| Canada Totals            | 172,766 |        | 0.6%   |       |        |        |       |       |       |      |

Note: Figures may not add up due to rounding.



**Table 29a: Comparison of Median Weeks Waited to Receive Treatment by Specialty, 1995 and 1996**

|                                   | British Columbia |      |       | Alberta |      |       | Saskatchewan |      |       | Manitoba |      |       | Ontario |      |       |
|-----------------------------------|------------------|------|-------|---------|------|-------|--------------|------|-------|----------|------|-------|---------|------|-------|
|                                   | '96              | '95  | % chg | '96     | '95  | % chg | '96          | '95  | % chg | '96      | '95  | % chg | '96     | '95  | % chg |
| Plastic Surgery                   | 14.6             | 12.7 | 15%   | 9.3     | 10.6 | -12%  | 17.7         | 7.5  | 136%  | 10.5     | 13.8 | -24%  | 5.7     | 5.4  | 6%    |
| Gynaecology                       | 7.8              | 7.3  | 7%    | 6.5     | 7.4  | -12%  | 16.8         | 10.0 | 68%   | 5.2      | 7.8  | -33%  | 5.6     | 5.6  | 0%    |
| Ophthalmology                     | 6.8              | 8.2  | -17%  | 3.5     | 3.7  | -5%   | 9.2          | 16.8 | -45%  | 27.6     | 12.7 | 117%  | 9.3     | 10.4 | -11%  |
| Otolaryngology                    | 8.5              | 10.4 | -18%  | 7.2     | 9.4  | -23%  | 14.9         | 10.7 | 39%   | 3.9      | 5.8  | -33%  | 6.8     | 5.7  | 19%   |
| General Surgery                   | 5.7              | 5.2  | 10%   | 4.8     | 4.3  | 12%   | 4.3          | 3.7  | 16%   | 3.1      | 3.3  | -6%   | 3.3     | 2.9  | 14%   |
| Neurosurgery                      | 4.8              | 5.7  | -16%  | 8.9     | 5.2  | 71%   | 6.5          | 5.5  | 18%   | 5.9      | 8.1  | -27%  | 6.6     | 5.7  | 16%   |
| Orthopaedic Surgery               | 14.9             | 13.5 | 10%   | 13.4    | 13.2 | 2%    | 17.9         | 10.4 | 72%   | 15.6     | 14.7 | 6%    | 10.6    | 10.0 | 6%    |
| Cardiovascular Surgery (Urgent)   | 12.0             | 4.8  | 150%  | 13.6    | 9.8  | 39%   | 5.0          | 2.1  | 138%  | 0.5      | 7.0  | -93%  | 1.7     | 2.0  | -15%  |
| Cardiovascular Surgery (Elective) | 36.0             | 10.4 | 246%  | 27.0    | 21.8 | 24%   | 10.0         | 9.3  | 8%    | 13.9     | 10.0 | 39%   | 15.9    | 14.7 | 8%    |
| Urology                           | 8.5              | 7.3  | 16%   | 2.8     | 3.4  | -18%  | 6.2          | 6.8  | -9%   | 2.9      | 3.5  | -17%  | 4.6     | 3.6  | 28%   |
| Internal Medicine                 | 4.9              | 4.0  | 23%   | 3.6     | 3.3  | 9%    | 3.7          | 2.8  | 32%   | 3.5      | 2.3  | 52%   | 3.5     | 4.0  | -13%  |
| Radiation Oncology                | 3.7              | 4.1  | -10%  | 1.9     | 2.1  | -10%  | 2.0          | 1.0  | 100%  | 6.4      | 4.4  | 45%   | 2.8     | 2.6  | 8%    |
| Medical Oncology                  | 1.4              | 1.0  | 40%   | 2.0     | 1.3  | 54%   | 1.3          | 3.0  | -57%  | 0.9      | 2.0  | -55%  | 1.0     | 1.1  | -9%   |
| Weighted Median                   | 9.1              | 7.1  | 28%   | 7.3     | 6.9  | 6%    | 8.5          | 6.6  | 29%   | 5.9      | 6.2  | -5%   | 5.6     | 5.2  | 8%    |

Table 29a continued

|                                   | Quebec |      |       | New Brunswick |      |       | Newfoundland |      |       | Nova Scotia |      |       | Prince Edward Island |      |       |
|-----------------------------------|--------|------|-------|---------------|------|-------|--------------|------|-------|-------------|------|-------|----------------------|------|-------|
|                                   | '96    | '95  | % chg | '96           | '95  | % chg | '96          | '95  | % chg | '96         | '95  | % chg | '96                  | '95  | % chg |
| Plastic Surgery                   | 6.0    | 4.6  | 30%   | 11.2          | 9.5  | 18%   | 62.0         | —    | —     | 22.0        | 31.0 | -29%  | 22.9                 | 38.0 | -40%  |
| Gynaecology                       | 5.6    | 4.7  | 19%   | 11.6          | 11.9 | -3%   | 3.3          | 5.8  | -43%  | 8.2         | 5.9  | 39%   | 6.6                  | 8.8  | -25%  |
| Ophthalmology                     | 10.6   | 10.5 | 1%    | 9.5           | 7.4  | 28%   | 3.7          | 5.0  | -26%  | 6.8         | 8.6  | -21%  | 6.3                  | 6.2  | 2%    |
| Otolaryngology                    | 4.2    | 4.1  | 2%    | 11.2          | 10.2 | 10%   | 9.2          | 7.6  | 21%   | 9.4         | 16.8 | -44%  | 7.0                  | 15.8 | -56%  |
| General Surgery                   | 4.0    | 3.2  | 25%   | 2.7           | 2.7  | 0%    | 3.2          | 2.9  | 10%   | 3.1         | 3.2  | -3%   | 2.2                  | 2.1  | 5%    |
| Neurosurgery                      | 3.7    | 5.9  | -37%  | 8.0           | 10.8 | -26%  | 4.1          | 3.6  | 14%   | 4.7         | 4.6  | 2%    | —                    | —    | —     |
| Orthopaedic Surgery               | 10.6   | 8.7  | 22%   | 10.2          | 18.5 | -45%  | 4.7          | 4.7  | 0%    | 13.1        | 14.7 | -11%  | 29.3                 | 34.7 | -16%  |
| Cardiovascular Surgery (Urgent)   | 1.5    | 1.7  | -12%  | 6.0           | 8.0  | -25%  | 5.8          | 4.0  | 45%   | 3.0         | 2.5  | 20%   | —                    | —    | —     |
| Cardiovascular Surgery (Elective) | 7.4    | 8.6  | -14%  | 26.0          | 28.0 | -7%   | 41.5         | 41.5 | 0%    | 9.0         | 4.0  | 125%  | —                    | —    | —     |
| Urology                           | 3.9    | 3.4  | 15%   | 6.6           | 6.9  | -4%   | 2.5          | 3.2  | -22%  | 3.8         | 6.4  | -41%  | 6.7                  | 7.8  | -14%  |
| Internal Medicine                 | 2.7    | 2.7  | 0%    | 3.8           | 3.7  | 3%    | 2.9          | 2.4  | 21%   | 4.1         | 2.9  | 41%   | 3.9                  | 3.6  | 8%    |
| Radiation Oncology                | 4.6    | 3.8  | 21%   | 2.1           | 4.7  | -55%  | 1.6          | 2.4  | -33%  | 2.1         | 3.1  | -32%  | —                    | —    | —     |
| Medical Oncology                  | 1.5    | 1.5  | 0%    | 1.6           | 0.5  | 220%  | —            | —    | —     | 1.0         | 0.8  | 25%   | 1.0                  | 1.0  | 0%    |
| Weighted Median                   | 5.1    | 4.7  | 9%    | 7.1           | 7.5  | -5%   | 6.1          | 5.4  | 13%   | 5.7         | 6.2  | -8%   | 6.5                  | 9.4  | -31%  |

**Table 29b: Comparison of Estimated Number of Patients Waiting by Specialty, 1995 and 1996**

|                        | British Columbia |        |       | Alberta |        |       | Saskatchewan |       |       | Manitoba |       |       | Ontario |        |       |
|------------------------|------------------|--------|-------|---------|--------|-------|--------------|-------|-------|----------|-------|-------|---------|--------|-------|
|                        | '96              | '95    | % chg | '96     | '95    | % chg | '96          | '95   | % chg | '96      | '95   | % chg | '96     | '95    | % chg |
| Plastic Surgery        | 1,007            | 823    | 22%   | 335     | 379    | -12%  | 269          | 168   | 60%   | 191      | 217   | -12%  | 825     | 869    | -5%   |
| Gynaecology            | 1,804            | 1,523  | 18%   | 1,373   | 1,241  | 11%   | 1,326        | 707   | 88%   | 396      | 552   | -28%  | 3,896   | 3,569  | 9%    |
| Ophthalmology          | 739              | 844    | -12%  | 186     | 231    | -19%  | 295          | 559   | -47%  | 488      | 383   | 28%   | 3,127   | 3,101  | 1%    |
| Otolaryngology         | 1,851            | 2,024  | -9%   | 1,243   | 1,421  | -12%  | 603          | 323   | 87%   | 268      | 310   | -14%  | 4,322   | 3,473  | 24%   |
| General Surgery        | 3,923            | 3,759  | 4%    | 2,202   | 2,177  | 1%    | 2,022        | 1,245 | 62%   | 682      | 736   | -7%   | 6,473   | 5,786  | 12%   |
| Neurosurgery           | 514              | 676    | -24%  | 838     | 364    | 131%  | 224          | 194   | 15%   | 146      | 269   | -46%  | 1,936   | 1,867  | 4%    |
| Orthopaedic Surgery    | 2,454            | 2,200  | 12%   | 1,325   | 1,494  | -11%  | 988          | 524   | 89%   | 706      | 767   | -8%   | 6,288   | 5,940  | 6%    |
| Cardiovascular Surgery | 1,123            | 516    | 118%  | 892     | 570    | 57%   | 140          | 197   | -29%  | 136      | 251   | -46%  | 629     | 859    | -27%  |
| Urology                | 1,819            | 2,191  | -17%  | 517     | 482    | 7%    | 510          | 174   | 193%  | 195      | 193   | 1%    | 3,320   | 2,618  | 27%   |
| Internal Medicine      | 912              | 669    | 36%   | 656     | 602    | 9%    | 370          | 202   | 83%   | 155      | 129   | 20%   | 2,184   | 2,056  | 6%    |
| Radiation Oncology     | 377              | 66     | 469%  | 26      | 42     | -37%  | 9            | 4     | 100%  | 17       | 15    | 16%   | 169     | 169    | 0%    |
| Medical Oncology       | 104              | 98     | 6%    | 40      | 35     | 14%   | 15           | 36    | -57%  | 6        | 13    | -55%  | 151     | 151    | 0%    |
| Residual               | 10,115           | 9,487  | 7%    | 6,046   | 5,386  | 12%   | 3,709        | 2,636 | 41%   | 1,770    | 1,928 | -8%   | 18,932  | 17,261 | 10%   |
| Total                  | 26,743           | 24,875 | 8%    | 15,679  | 14,422 | 9%    | 10,479       | 6,969 | 50%   | 5,155    | 5,763 | -11%  | 52,251  | 47,720 | 9%    |



[illegible]

**Table 30: Frequency Distribution of Waiting Times (Specialist to Treatment) by Province in 1996****Percent of Median Waiting Times that Fall in the Following Ranges\***

|               | BC   | AB   | SK   | MB   | ON   | PQ   | NB   | NF   | NS   | PE   |
|---------------|------|------|------|------|------|------|------|------|------|------|
| 0-3.9 weeks   | 26.5 | 36.4 | 31.2 | 37.9 | 41.2 | 38.2 | 34.3 | 54.4 | 42.2 | 37.5 |
| 4-7.9 weeks   | 27.5 | 36.4 | 20.4 | 29.5 | 36.3 | 43.1 | 20.2 | 33.3 | 21.6 | 20.3 |
| 8-11.9 weeks  | 24.5 | 14.1 | 10.8 | 15.8 | 14.7 | 15.7 | 24.2 | 4.4  | 22.5 | 20.3 |
| 12-23.9 weeks | 14.7 | 10.1 | 34.4 | 13.7 | 7.8  | 2.9  | 17.2 | 1.1  | 10.8 | 12.5 |
| 24-51.9 weeks | 5.9  | 3.0  | 2.2  | 3.2  | —    | —    | 4.0  | 1.1  | 2.9  | 9.4  |
| 1 year plus   | 1.0  | —    | 1.1  | —    | —    | —    | —    | 5.6  | —    | —    |

**Frequency Distribution of Waiting Times (Specialist to Treatment) by Region in 1996****Percent of Median Waiting Times that Fall in the Following Ranges\***

|               | BC   | Prairies | ON   | PQ   | Atlantic |
|---------------|------|----------|------|------|----------|
| 0-3.9 weeks   | 26.5 | 35.2     | 41.2 | 38.2 | 42.3     |
| 4-7.9 weeks   | 27.5 | 28.9     | 36.3 | 43.1 | 23.9     |
| 8-11.9 weeks  | 24.5 | 13.6     | 14.7 | 15.7 | 18.0     |
| 12-23.9 weeks | 14.7 | 19.2     | 7.8  | 2.9  | 10.4     |
| 24-51.9 weeks | 5.9  | 2.8      | —    | —    | 3.1      |
| 1 year plus   | 1.0  | 0.3      | —    | —    | 1.4      |

\*Procedures for which no data were obtained are not included.

Note: Figures may not add up due to rounding.

**Table 31: Total Expected Waiting Time from GP Referral to Treatment, 1996 (in Weeks)**

|                                   | BC   | AB   | SK   | MB   | ON   | PQ   | NB   | NF   | NS   | PE    | CAN  |
|-----------------------------------|------|------|------|------|------|------|------|------|------|-------|------|
| Plastic Surgery                   | 26.6 | 17.3 | 23.7 | 19.5 | 9.7  | 12.0 | 18.2 | 72.0 | 31.5 | 33.4  | 15.8 |
| Gynaecology                       | 9.8  | 11.5 | 19.8 | 8.2  | 9.6  | 10.1 | 18.6 | 7.3  | 18.2 | 12.6  | 10.8 |
| Ophthalmology                     | 11.8 | 6.5  | 20.2 | 37.6 | 17.3 | 18.6 | 18.0 | 9.7  | 18.8 | 110.3 | 17.4 |
| Otolaryngology                    | 10.5 | 13.2 | 17.9 | 5.9  | 10.8 | 7.2  | 13.7 | 10.5 | 16.9 | 12.0  | 10.7 |
| General Surgery                   | 7.7  | 6.8  | 6.8  | 5.1  | 5.8  | 7.0  | 4.7  | 6.5  | 5.1  | 3.2   | 6.4  |
| Neurosurgery                      | 11.3 | 34.9 | 14.5 | 13.9 | 21.6 | 7.7  | —    | 11.6 | 8.2  | —     | 16.0 |
| Orthopaedic Surgery               | 26.4 | 23.4 | 25.9 | 21.6 | 18.6 | 18.6 | 17.7 | 12.7 | 22.1 | 32.8  | 20.5 |
| Cardiovascular Surgery (Elective) | 38.0 | 32.0 | 11.5 | 14.9 | 19.9 | 11.2 | 30.0 | 49.5 | —    | —     | 19.7 |
| Urology                           | 12.5 | 9.8  | 10.2 | 5.4  | 8.6  | 7.9  | 11.6 | 8.5  | 10.3 | 18.7  | 9.1  |
| Internal Medicine                 | 7.4  | 6.6  | 5.7  | 6.5  | 6.5  | 6.0  | 6.3  | 6.9  | 8.1  | —     | 6.5  |
| Radiation Oncology                | 6.5  | 3.4  | 3.8  | 8.4  | 4.8  | 5.6  | 3.1  | 2.6  | 3.1  | —     | 4.9  |
| Medical Oncology                  | 2.4  | 4.0  | 3.8  | 2.9  | 3.0  | 3.5  | 3.1  | —    | 4.0  | 2.0   | 3.2  |
| Weighted Median                   | 13.4 | 12.2 | 12.6 | 9.7  | 10.3 | 9.6  | 11.8 | 10.6 | 12.1 | 19.7  | 10.9 |

**Table 32: Plastic Surgery (1996)****Median Reasonable Patient Wait for Treatment after Appointment with Specialist (in Weeks)**

|                               | BC  | AB   | SK   | MB   | ON  | PQ  | NB  | NF  | NS   | PE |
|-------------------------------|-----|------|------|------|-----|-----|-----|-----|------|----|
| Mammoplasty                   | 8.0 | 9.0  | 12.0 | 8.0  | 7.5 | 8.0 | 7.0 | 2.0 | 52.0 | —  |
| Neurolysis                    | 6.0 | 10.0 | 4.0  | 2.0  | 4.0 | 4.0 | 4.0 | 3.5 | 8.0  | —  |
| Blepharoplasty                | 6.0 | 9.0  | 12.0 | 8.0  | 4.0 | 4.0 | 6.5 | —   | 26.0 | —  |
| Rhinoplasty                   | 8.0 | 10.0 | 8.0  | 8.0  | 6.0 | 5.5 | 7.0 | —   | 26.0 | —  |
| Scar Revision                 | 8.0 | 13.5 | 8.0  | 10.0 | 6.0 | 8.0 | 7.5 | —   | 12.0 | —  |
| Hand Surgery                  | 7.0 | 7.0  | 12.0 | 3.0  | 4.0 | 4.0 | 7.0 | —   | 10.0 | —  |
| Craniofacial Procedures       | 7.0 | 5.0  | 6.0  | 6.0  | 6.0 | 5.0 | 6.0 | —   | —    | —  |
| Skin Cancers and Other Tumors | 2.0 | 3.0  | 2.0  | 3.0  | 3.0 | 2.0 | 2.5 | —   | 4.0  | —  |
| Weighted Median*              | 7.5 | 10.3 | 8.0  | 6.8  | 5.6 | 5.7 | 6.4 | 3.4 | 21.3 | —  |

\*Weighted median does not include craniofacial procedures or skin cancers and other tumors.

**Table 33: Gynaecology (1996)****Median Reasonable Patient Wait for Treatment after Appointment with Specialist (in Weeks)**

|                                  | BC  | AB  | SK   | MB  | ON  | PQ  | NB  | NF  | NS  | PE  |
|----------------------------------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|
| D & C                            | 3.0 | 4.0 | 2.5  | 2.5 | 2.0 | 4.0 | 4.0 | 2.3 | 4.0 | 3.8 |
| Tubal Ligation                   | 6.5 | 6.0 | 7.0  | 4.0 | 5.0 | 6.0 | 7.0 | 2.5 | 6.0 | 5.0 |
| Hysterectomy (Vaginal/Abdominal) | 6.0 | 6.0 | 8.0  | 5.0 | 4.0 | 5.5 | 6.0 | 3.3 | 4.0 | 5.3 |
| Vaginal Repair                   | 6.0 | 6.0 | 8.0  | 4.5 | 5.0 | 5.0 | 7.0 | 4.0 | 4.0 | 5.3 |
| Tuboplasty                       | 8.0 | 6.0 | 10.0 | 7.0 | 6.0 | 6.5 | 8.0 | 4.8 | 8.0 | —   |
| Laparoscopic Procedures          | 4.3 | 4.0 | 6.0  | 4.5 | 4.0 | 4.0 | 5.0 | 2.5 | 5.0 | 3.8 |
| Hysteroscopic Procedures         | 4.0 | 4.0 | 6.0  | 4.0 | 4.0 | 4.0 | 5.0 | 3.0 | 4.0 | 4.0 |
| Weighted Median*                 | 5.9 | 5.7 | 7.3  | 4.7 | 4.3 | 5.3 | 6.0 | 3.1 | 4.4 | 4.9 |

\*Weighted median does not include hysteroscopic procedures.



**Table 34: Ophthalmology (1996)****Median Reasonable Patient Wait for Treatment after Appointment with Specialist (in Weeks)**

|   | BC  | AB  | SK   | MB   | ON  | PQ   | NB  | NF  | NS   | PE   |
|---|-----|-----|------|------|-----|------|-----|-----|------|------|
| Cataract Removal                                | 6.5 | 6.0 | 6.0  | 7.0  | 8.0 | 8.0  | 9.0 | 5.0 | 8.0  | 7.0  |
| Cornea—Transplant                               | 7.0 | 8.0 | 11.0 | 10.0 | 7.0 | 10.0 | 6.5 | 4.0 | 12.0 | 12.0 |
| Cornea—Pterygium                                | 5.5 | 7.0 | 6.5  | 4.0  | 7.0 | 4.0  | 4.5 | 3.8 | 5.0  | 7.0  |
| Iris, Ciliary Body, Sclera,<br>Anterior Chamber | 5.5 | 5.0 | 5.5  | 7.0  | 5.5 | 4.0  | 4.0 | 3.5 | 7.0  | 7.0  |
| Retina, Choroid, Vitreous                       | 1.5 | 1.0 | 1.0  | 0.0  | 1.8 | 4.0  | 4.0 | 2.5 | 2.0  | 6.0  |
| Lacrimal Duct                                   | 5.5 | 6.0 | 5.5  | 8.0  | 6.0 | 5.5  | 7.0 | 5.0 | 8.0  | —    |
| Strabismus                                      | 8.0 | 7.5 | 5.5  | 7.0  | 6.0 | 6.0  | 7.5 | 6.0 | 8.0  | 7.0  |
| Eyelids   | 5.0 | 7.0 | 4.0  | 4.0  | 5.0 | 6.0  | 4.0 | 5.0 | 8.0  | 8.0  |
| Glaucoma  | 4.0 | 4.0 | 4.0  | 5.0  | 3.0 | 4.0  | 4.0 | 3.8 | 4.0  | 6.0  |
| Weighted Median*                                | 4.4 | 4.3 | 4.6  | 4.8  | 5.6 | 7.1  | 8.3 | 4.5 | 6.1  | 7.0  |

\*Weighted median does not include cornea transplant or operations for glaucoma.

**Table 35: Otolaryngology (1996)****Median Reasonable Patient Wait for Treatment after Appointment with Specialist (in Weeks)**

|                                     | BC  | AB  | SK   | MB  | ON  | PQ  | NB  | NF | NS  | PE |
|-------------------------------------|-----|-----|------|-----|-----|-----|-----|----|-----|----|
| Myringotomy                         | 3.0 | 4.0 | 3.0  | 4.0 | 3.5 | 3.0 | 5.0 | —  | 3.0 | —  |
| Tympanoplasty                       | 6.0 | 4.0 | 12.0 | 5.0 | 5.0 | 4.0 | 8.0 | —  | 6.0 | —  |
| Thyroid & Other<br>Endocrine Glands | 3.5 | 4.5 | 2.0  | —   | 4.0 | 3.0 | 4.0 | —  | 5.0 | —  |
| Tonsillectomy &/or<br>Adenoidectomy | 4.0 | 6.0 | 12.0 | 4.5 | 5.0 | 4.0 | 7.0 | —  | 4.5 | —  |
| Rhinoplasty &/or Septal<br>Surgery  | 5.0 | 6.0 | 12.0 | 4.8 | 6.0 | 4.0 | 8.0 | —  | 6.5 | —  |
| Nasal Sinuses                       | 4.0 | 5.0 | 8.0  | 4.8 | 6.0 | 4.0 | 6.0 | —  | 6.5 | —  |
| Weighted Median                     | 4.1 | 5.6 | 10.6 | 4.5 | 4.9 | 3.8 | 6.7 | —  | 4.9 | —  |

**Table 36: General Surgery (1996)****Median Reasonable Patient Wait for Treatment after Appointment with Specialist (in Weeks)**

|                       | BC  | AB  | SK   | MB  | ON  | PQ  | NB   | NF  | NS  | PE   |
|-----------------------|-----|-----|------|-----|-----|-----|------|-----|-----|------|
| Hernia/Hydrocele      | 5.0 | 4.0 | 8.0  | 4.5 | 4.0 | 4.0 | 5.0  | 5.0 | 3.5 | 4.0  |
| Cholecystectomy       | 4.0 | 4.0 | 8.0  | 4.0 | 4.0 | 4.0 | 5.0  | 4.5 | 2.3 | 4.0  |
| Colonoscopy           | 2.3 | 2.0 | 2.0  | 2.0 | 2.5 | 2.8 | 3.0  | 2.3 | 2.0 | 2.8  |
| Intestinal Operations | 2.5 | 2.0 | 2.5  | 3.0 | 2.5 | 2.0 | 2.5  | 1.3 | 2.0 | 2.0  |
| Haemorrhoidectomy     | 6.0 | 4.0 | 8.0  | 6.0 | 4.0 | 4.0 | 4.3  | 5.0 | 4.0 | 3.8  |
| Breast Biopsy         | 1.5 | 1.5 | 2.0  | 2.0 | 1.9 | 2.0 | 2.0  | 1.0 | 1.0 | 2.0  |
| Mastectomy            | 1.3 | 1.5 | 1.8  | 2.0 | 1.5 | 2.0 | 1.5  | 1.0 | 1.0 | 2.0  |
| Bronchus & Lung       | 2.0 | 4.0 | 2.5  | 2.0 | 2.5 | 3.0 | 2.5  | 2.0 | 2.3 | 3.0  |
| Aneurysm Surgery      | 2.5 | 4.0 | 3.0  | 3.5 | 4.0 | 4.0 | 12.0 | 1.8 | 2.5 | —    |
| Varicose Veins        | 6.8 | 6.0 | 12.0 | 6.0 | 6.0 | 6.0 | 8.0  | 6.8 | 7.0 | 14.0 |
| Weighted Median*      | 3.4 | 3.3 | 5.6  | 3.6 | 3.3 | 3.4 | 3.8  | 3.4 | 2.4 | 3.2  |

\*Weighted median does not include aneurysm surgery.

**Table 37: Neurosurgery (1996)****Median Reasonable Patient Wait for Treatment after Appointment with Specialist (in Weeks)**

|                              | BC  | AB  | SK  | MB  | ON  | PQ  | NB  | NF  | NS  | PE |
|------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|
| Peripheral Nerve             | 4.0 | 6.0 | 4.0 | 5.0 | 4.0 | 4.0 | 5.5 | 4.0 | 4.0 | —  |
| Disc Surgery/<br>Laminectomy | 4.0 | 6.0 | 4.0 | 4.0 | 4.0 | 4.0 | 5.5 | 6.0 | 4.0 | —  |
| Elective Cranial Bone Flap   | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 5.5 | 4.0 | 4.0 | —  |
| Aneurysm Surgery             | 5.0 | 4.0 | 4.5 | 8.0 | 4.0 | 3.8 | 5.5 | 2.0 | 4.0 | —  |
| Carotid Endarterectomy       | 3.8 | 2.0 | 2.3 | 1.0 | 2.0 | 2.0 | 5.5 | 2.0 | 3.0 | —  |
| Weighted Median*             | 4.0 | 5.3 | 4.0 | 4.0 | 4.0 | 4.0 | 5.5 | 5.6 | 4.0 | —  |

\*Weighted median does not include aneurysm surgery or carotid endarterectomy.

**Table 38: Orthopaedic Surgery (1996)****Median Reasonable Patient Wait for Treatment after Appointment with Specialist (in Weeks)**

|                                | BC  | AB  | SK   | MB   | ON  | PQ  | NB   | NF  | NS  | PE   |
|--------------------------------|-----|-----|------|------|-----|-----|------|-----|-----|------|
| Menisectomy/<br>Arthroscopy    | 4.0 | 4.5 | 4.0  | 5.0  | 4.0 | 4.0 | 5.0  | 2.0 | 4.5 | 10.0 |
| Removal of Pins                | 5.0 | 6.0 | 8.0  | 6.0  | 6.0 | 6.0 | 7.0  | —   | 6.0 | 2.5  |
| Arthroplasty (Hip, Knee, etc.) | 8.0 | 8.0 | 12.0 | 10.0 | 8.0 | 8.0 | 12.0 | —   | 6.5 | 6.0  |
| Arthroplasty (Interphalageal)  | 6.0 | 6.0 | 12.0 | 8.0  | 6.0 | 6.0 | 9.0  | —   | 6.0 | 6.0  |
| Hallux Valgus/Hammer Toe       | 6.0 | 6.0 | 12.0 | 8.5  | 7.5 | 6.0 | 11.5 | —   | 6.0 | 12.0 |
| Digit Neuroma                  | 6.0 | 6.0 | 12.0 | 7.5  | 6.0 | 5.0 | 8.0  | —   | 6.0 | —    |
| Rotator Cuff Repair            | 5.0 | 6.0 | 8.0  | 4.0  | 6.0 | 4.0 | 10.0 | —   | 6.0 | 4.0  |
| Ostectomy (All Types)          | 6.0 | 6.0 | 12.0 | 6.5  | 6.0 | 6.0 | 10.0 | —   | 6.0 | —    |
| Routine Spinal Instability     | 7.0 | 8.0 | 12.0 | 7.5  | 6.0 | 8.0 | 10.0 | —   | 6.0 | 10.0 |
| Weighted Median*               | 6.8 | 6.7 | 10.9 | 8.2  | 6.8 | 6.2 | 10.1 | 2.0 | 6.3 | 6.5  |

\*Weighted median does not include routine spinal instability.

**Table 39: Urology (1996)****Median Reasonable Patient Wait for Treatment after Appointment with Specialist (in Weeks)**

|                                       | BC  | AB  | SK   | MB  | ON  | PQ  | NB  | NF  | NS  | PE   |
|---------------------------------------|-----|-----|------|-----|-----|-----|-----|-----|-----|------|
| Prostatectomy                         | 4.0 | 3.0 | 12.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 4.0 | 3.5  |
| TUR Bladder                           | 2.0 | 2.5 | 7.0  | 1.8 | 2.0 | 2.0 | 2.5 | 1.5 | 2.5 | 1.5  |
| Cystoscopy                            | 2.0 | 2.0 | 7.0  | 2.3 | 2.3 | 2.0 | 4.0 | 3.5 | 3.8 | —    |
| Hernia/Hydrocele                      | 6.0 | 4.0 | 12.0 | 6.0 | 4.0 | 5.0 | 4.0 | 4.5 | 4.0 | 16.0 |
| Bladder Fulguration                   | 2.0 | 2.0 | 7.0  | 4.0 | 2.5 | 2.0 | 3.0 | 0.5 | 3.0 | 1.5  |
| Ureteral Reimplantation for<br>Reflux | 6.0 | 4.0 | 9.0  | 8.0 | 4.0 | 4.0 | 5.5 | 4.0 | 4.5 | 8.0  |
| Weighted Median*                      | 3.7 | 2.8 | 9.6  | 4.0 | 3.3 | 3.4 | 3.7 | 3.2 | 3.6 | 5.1  |

\*Weighted median does not include ureteral reimplantation for reflux.



**Table 40: Internal Medicine (1996)****Median Reasonable Patient Wait for Treatment after Appointment with Specialist (in Weeks)**

|                         | BC  | AB  | SK  | MB  | ON  | PQ  | NB  | NF  | NS  | PE  |
|-------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Colonoscopy             | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.5 | 2.0 | 2.0 | 4.0 |
| Angiography/Angioplasty | 2.0 | 2.0 | 2.5 | 2.0 | 2.5 | 2.3 | 4.0 | 1.8 | 2.8 | 3.0 |
| Bronchoscopy            | 1.5 | 1.5 | 1.8 | 2.0 | 1.5 | 2.0 | 2.0 | 1.5 | 2.0 | 2.0 |
| Gastroscopy             | 2.0 | 2.0 | 1.5 | 2.0 | 2.0 | 2.0 | 3.0 | 2.0 | 2.0 | 2.0 |
| Weighted Median         | 2.0 | 2.0 | 2.0 | 2.0 | 2.1 | 2.1 | 3.3 | 1.9 | 2.4 | 2.3 |

**Table 41: Radiation Oncology (1996)****Median Reasonable Patient Wait for Treatment after Appointment with Specialist (in Weeks)**

|                                   | BC  | AB  | SK  | MB  | ON  | PQ  | NB  | NF  | NS  | PE |
|-----------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|
| Cancer of the Larynx              | 2.0 | 2.8 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.5 | 2.0 | —  |
| Cancer of the Cervix              | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 | 1.5 | 1.0 | —  |
| Lung Cancer                       | 1.5 | 2.0 | 2.0 | 3.0 | 2.0 | 2.0 | 2.3 | 1.5 | 1.0 | —  |
| Prostate Cancer                   | 3.0 | 3.0 | 2.0 | 3.0 | 2.0 | 4.0 | 2.3 | 2.5 | 3.0 | —  |
| Breast Cancer                     | 2.0 | 2.0 | 2.0 | 3.0 | 2.0 | 4.0 | 2.3 | 2.5 | 2.0 | —  |
| Early Side Effects from Treatment | 0.5 | 1.0 | 0.7 | 1.0 | 0.9 | 0.9 | 0.5 | 0.7 | 1.8 | —  |
| Late Side Effects from Treatment  | 2.0 | 1.0 | 1.5 | 2.0 | 1.5 | 1.0 | 0.9 | 1.2 | 4.0 | —  |
| Average Median*                   | 2.1 | 2.4 | 2.0 | 2.6 | 2.0 | 2.8 | 2.1 | 2.1 | 1.8 | —  |

\*Average median does not include early or late side effects from treatment.

**Table 42: Medical Oncology (1996)****Median Reasonable Patient Wait for Treatment after Appointment with Specialist (in Weeks)**

|                             | BC  | AB  | SK  | MB  | ON  | PQ  | NB  | NF | NS  | PE  |
|-----------------------------|-----|-----|-----|-----|-----|-----|-----|----|-----|-----|
| Cancer of the Larynx        | 1.0 | 2.0 | 2.0 | 1.9 | 1.5 | 2.0 | 1.5 | —  | 1.5 | 2.0 |
| Cancer of the Cervix        | 1.0 | 2.0 | 2.0 | —   | 2.0 | 1.8 | 1.5 | —  | 1.5 | 2.0 |
| Lung Cancer                 | 1.0 | 2.0 | 1.8 | 2.9 | 1.8 | 2.0 | 1.8 | —  | 1.5 | 3.0 |
| Breast Cancer               | 1.0 | 2.0 | 4.0 | 1.9 | 2.0 | 1.5 | 1.8 | —  | 1.0 | 2.0 |
| Side Effects from Treatment | 0.1 | 0.3 | 0.0 | 0.9 | 0.2 | 0.0 | 0.0 | —  | 0.0 | 0.1 |
| Average Median*             | 1.0 | 2.0 | 2.4 | 2.2 | 1.8 | 1.8 | 1.6 | —  | 1.4 | 2.3 |

\*Average median does not include side effects from treatment.

**Table 43: Reasonable Number of Weeks to Wait to Receive Treatment by Specialty in 1996**

|                     | BC  | AB   | SK   | MB  | ON  | PQ  | NB   | NF  | NS   | PE  | CAN |
|---------------------|-----|------|------|-----|-----|-----|------|-----|------|-----|-----|
| Plastic Surgery     | 7.5 | 10.3 | 8.0  | 6.8 | 5.6 | 5.7 | 6.4  | 3.4 | 21.3 | —   | 6.8 |
| Gynaecology         | 5.9 | 5.7  | 7.3  | 4.7 | 4.3 | 5.3 | 6.0  | 3.1 | 4.4  | 4.9 | 5.0 |
| Ophthalmology       | 4.4 | 4.3  | 4.6  | 4.8 | 5.6 | 7.1 | 8.3  | 4.5 | 6.1  | 7.0 | 6.1 |
| Otolaryngology      | 4.1 | 5.6  | 10.6 | 4.5 | 4.9 | 3.8 | 6.7  | —   | 4.9  | —   | 4.8 |
| General Surgery     | 3.4 | 3.3  | 5.6  | 3.6 | 3.3 | 3.4 | 3.8  | 3.4 | 2.4  | 3.2 | 3.4 |
| Neurosurgery        | 4.0 | 5.3  | 4.0  | 4.0 | 4.0 | 4.0 | 5.5  | 5.6 | 4.0  | —   | 4.2 |
| Orthopaedic Surgery | 6.8 | 6.7  | 10.9 | 8.2 | 6.8 | 6.2 | 10.1 | 2.0 | 6.3  | 6.5 | 6.8 |
| Urology             | 3.7 | 2.8  | 9.6  | 4.0 | 3.3 | 3.4 | 3.7  | 3.2 | 3.6  | 5.1 | 3.7 |
| Internal Medicine   | 2.0 | 2.0  | 2.0  | 2.0 | 2.1 | 2.1 | 3.3  | 1.9 | 2.4  | 2.3 | 2.1 |
| Radiation Oncology  | 2.1 | 2.4  | 2.0  | 2.6 | 2.0 | 2.8 | 2.1  | 2.1 | 1.8  | —   | 2.2 |
| Medical Oncology    | 1.0 | 2.0  | 2.4  | 2.2 | 1.8 | 1.8 | 1.6  | —   | 1.4  | 2.3 | 1.7 |
| Weighted Median*    | 5.2 | 5.3  | 7.3  | 5.6 | 5.2 | 5.6 | 5.6  | 4.2 | 5.0  | 4.1 | 5.4 |

\*Weighted median calculation includes the clinically reasonable waiting times for cardiovascular surgery (urgent and elective) as determined by an Ontario panel of specialists. See "Focus on cardiovascular surgery" in this report for more information.

**Table 44: Comparison Between the Median Actual Number of Weeks Waited for Treatment and the Median Reasonable Number of Weeks to Wait for Treatment after Appointment with Specialist in 1996**

|                                    | British Columbia |      |      | Alberta |      |      | Saskatchewan |      |      | Manitoba |      |      | Ontario |      |      |
|------------------------------------|------------------|------|------|---------|------|------|--------------|------|------|----------|------|------|---------|------|------|
|                                    | A                | R    | D    | A       | R    | D    | A            | R    | D    | A        | R    | D    | A       | R    | D    |
| Plastic Surgery                    | 14.6             | 7.5  | 95%  | 9.3     | 10.3 | -10% | 17.7         | 8.0  | 121% | 10.5     | 6.8  | 54%  | 5.7     | 5.6  | 2%   |
| Gynaecology                        | 7.8              | 5.9  | 32%  | 6.5     | 5.7  | 14%  | 16.8         | 7.3  | 130% | 5.2      | 4.7  | 11%  | 5.6     | 4.3  | 30%  |
| Ophthalmology                      | 6.8              | 4.4  | 55%  | 3.5     | 4.3  | -19% | 9.2          | 4.6  | 100% | 27.6     | 4.8  | 475% | 9.3     | 5.6  | 66%  |
| Otolaryngology                     | 8.5              | 4.1  | 107% | 7.2     | 5.6  | 29%  | 14.9         | 10.6 | 41%  | 3.9      | 4.5  | -13% | 6.8     | 4.9  | 39%  |
| General Surgery                    | 5.7              | 3.4  | 68%  | 4.8     | 3.3  | 45%  | 4.3          | 5.6  | -23% | 3.1      | 3.6  | -14% | 3.3     | 3.3  | 0%   |
| Neurosurgery                       | 4.8              | 4.0  | 20%  | 8.9     | 5.3  | 68%  | 6.5          | 4.0  | 63%  | 5.9      | 4.0  | 48%  | 6.6     | 4.0  | 65%  |
| Orthopaedic Surgery                | 14.9             | 6.8  | 119% | 13.4    | 6.7  | 100% | 17.9         | 10.9 | 64%  | 15.6     | 8.2  | 90%  | 10.6    | 6.8  | 56%  |
| Cardiovascular Surgery (Urgent)*   | 12.0             | 6.0  | 100% | 13.6    | 6.0  | 127% | 5.0          | 6.0  | -17% | 0.5      | 6.0  | -92% | 1.7     | 6.0  | -72% |
| Cardiovascular Surgery (Elective)* | 36.0             | 24.0 | 50%  | 27.0    | 24.0 | 13%  | 10.0         | 24.0 | -58% | 13.9     | 24.0 | -42% | 15.9    | 24.0 | -34% |
| Urology                            | 8.5              | 3.7  | 130% | 2.8     | 2.8  | 0%   | 6.2          | 9.6  | -35% | 2.9      | 4.0  | -28% | 4.6     | 3.3  | 39%  |
| Internal Medicine                  | 4.9              | 2.0  | 145% | 3.6     | 2.0  | 80%  | 3.7          | 2.0  | 85%  | 3.5      | 2.0  | 75%  | 3.5     | 2.1  | 67%  |
| Radiation Oncology                 | 3.7              | 2.1  | 76%  | 1.9     | 2.4  | -21% | 2.0          | 2.0  | 0%   | 6.4      | 2.6  | 146% | 2.8     | 2.0  | 40%  |
| Medical Oncology                   | 1.4              | 1.0  | 40%  | 2.0     | 2.0  | 0%   | 1.3          | 2.4  | -46% | 0.9      | 2.2  | -59% | 1.0     | 1.8  | -44% |
| Weighted Median                    | 9.1              | 5.2  | 75%  | 7.3     | 5.3  | 38%  | 8.5          | 7.3  | 16%  | 5.9      | 5.6  | 5%   | 5.6     | 5.2  | 8%   |

A=Median Actual Wait, R=Median Clinically Reasonable Wait, D=Difference

\*The clinically reasonable waiting times for cardiovascular surgery are from an Ontario panel of specialists. See the "Focus on cardiovascular surgery" section of this report for more details.



Table 44 continued

|                                    | Quebec |      |      | New Brunswick |      |      | Newfoundland |      |       | Nova Scotia |      |      | Prince Edward Island |     |      |
|------------------------------------|--------|------|------|---------------|------|------|--------------|------|-------|-------------|------|------|----------------------|-----|------|
|                                    | A      | R    | D    | A             | R    | D    | A            | R    | D     | A           | R    | D    | A                    | R   | D    |
| Plastic Surgery                    | 6.0    | 5.7  | 5%   | 11.2          | 6.4  | 75%  | 62.0         | 3.4  | 1724% | 22.0        | 21.3 | 3%   | 22.9                 | —   | —    |
| Gynaecology                        | 5.6    | 5.3  | 6%   | 11.6          | 6.0  | 93%  | 3.3          | 3.1  | 6%    | 8.2         | 4.4  | 86%  | 6.6                  | 4.9 | 35%  |
| Ophthalmology                      | 10.6   | 7.1  | 49%  | 9.5           | 8.3  | 14%  | 3.7          | 4.5  | -18%  | 6.8         | 6.1  | 11%  | 6.3                  | 7.0 | -10% |
| Otolaryngology                     | 4.2    | 3.8  | 11%  | 11.2          | 6.7  | 67%  | 9.2          | —    | —     | 9.4         | 4.9  | 92%  | 7.0                  | —   | —    |
| General Surgery                    | 4.0    | 3.4  | 18%  | 2.7           | 3.8  | -29% | 3.2          | 3.4  | -6%   | 3.1         | 2.4  | 29%  | 2.2                  | 3.2 | -31% |
| Neurosurgery                       | 3.7    | 4.0  | -8%  | 8.0           | 5.5  | 45%  | 4.1          | 5.6  | -27%  | 4.7         | 4.0  | 18%  | —                    | —   | —    |
| Orthopaedic Surgery                | 10.6   | 6.2  | 71%  | 10.2          | 10.1 | 1%   | 4.7          | 2.0  | 135%  | 13.1        | 6.3  | 108% | 29.3                 | 6.5 | 351% |
| Cardiovascular Surgery (Urgent)*   | 1.5    | 6.0  | -75% | 6.0           | 6.0  | 0%   | 5.8          | 6.0  | -3%   | 3.0         | 6.0  | -50% | —                    | —   | —    |
| Cardiovascular Surgery (Elective)* | 7.4    | 24.0 | -69% | 26.0          | 24.0 | 8%   | 41.5         | 24.0 | 73%   | 9.0         | 24.0 | -63% | —                    | —   | —    |
| Urology                            | 3.9    | 3.4  | 15%  | 6.6           | 3.7  | 78%  | 2.5          | 3.2  | -22%  | 3.8         | 3.6  | 6%   | 6.7                  | 5.1 | 31%  |
| Internal Medicine                  | 2.7    | 2.1  | 29%  | 3.8           | 3.3  | 15%  | 2.9          | 1.9  | 53%   | 4.1         | 2.4  | 71%  | 3.9                  | 2.3 | 70%  |
| Radiation Oncology                 | 4.6    | 2.8  | 64%  | 2.1           | 2.1  | 0%   | 1.6          | 2.1  | -24%  | 2.1         | 1.8  | 17%  | —                    | —   | —    |
| Medical Oncology                   | 1.5    | 1.8  | -17% | 1.6           | 1.6  | 0%   | —            | —    | —     | 1.0         | 1.4  | -29% | 1.0                  | 2.3 | -57% |
| Weighted Median                    | 5.1    | 5.6  | -9%  | 7.1           | 5.6  | 27%  | 6.1          | 4.2  | 45%   | 5.7         | 5.0  | 14%  | 6.5                  | 4.1 | 59%  |

A=Median Actual Wait, R=Median Clinically Reasonable Wait, D=Difference

\*The clinically reasonable waiting times for cardiovascular surgery are from an Ontario panel of specialists. See the "Focus on cardiovascular surgery" section of this report for more details.

## Appendix 1: The Fraser Institute National Hospital Waiting List Survey

### General Surgery

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

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

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

☐ Increased    ☐ Decreased    ☐ Remained the Same

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

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

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

\_\_\_\_\_ %

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

\_\_\_\_\_ %

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

\_\_\_\_\_ %

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

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

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

Outside of the province? \_\_\_\_\_ %    Outside of Canada? \_\_\_\_\_ %

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

Outside of the province? \_\_\_\_\_ %    Outside of Canada? \_\_\_\_\_ %

***Thank you very much for your cooperation.***



## Appendix 2: A Comparison of "Waiting Your Turn" Figures With Nova Scotia Department of Health Data, 1993 to 1996 (Average Weeks Waited are Compared)\*

| By Specialty                   | "Waiting Your Turn" 1993 | Department of Health Fiscal 1992-1993 | Difference | "Waiting Your Turn" 1994 | Department of Health Fiscal 1993-1994 | Difference | "Waiting Your Turn" 1995 | Department of Health Fiscal 1994-1995 | Difference | "Waiting Your Turn" 1996 | Department of Health Fiscal 1995-1996 | Difference |
|--------------------------------|--------------------------|---------------------------------------|------------|--------------------------|---------------------------------------|------------|--------------------------|---------------------------------------|------------|--------------------------|---------------------------------------|------------|
| Plastic Surgery                | 36.2                     | 11.4                                  | 216.4%     | 35.2                     | 11.9                                  | 196.7%     | 31.0                     | 11.7                                  | 164.8%     | 22.0                     | 10.1                                  | 116.9%     |
| Gynaecology                    | 5.9                      | 9.7                                   | -39.4%     | 7.0                      | 10.3                                  | -31.5%     | 5.9                      | 9.7                                   | -38.9%     | 8.2                      | 9.4                                   | -12.5%     |
| Ophthalmology                  | 11.2                     | 15.4                                  | -27.2%     | 10.7                     | 15.4                                  | -30.9%     | 8.6                      | 14.3                                  | -39.6%     | 6.8                      | 15.1                                  | -54.8%     |
| Otolaryngology                 | 9.0                      | 8.1                                   | 10.7%      | 11.7                     | 7.9                                   | 48.6%      | 16.8                     | 8.7                                   | 92.5%      | 9.4                      | 8.6                                   | 9.4%       |
| General Surgery                | 3.1                      | 7.7                                   | -60.0%     | 3.4                      | 7.7                                   | -55.8%     | 3.2                      | 6.9                                   | -53.8%     | 3.1                      | 6.1                                   | -50.3%     |
| Neurosurgery                   | 4.6                      | 7.6                                   | -38.9%     | 4.5                      | 5.7                                   | -21.3%     | 4.6                      | 7.4                                   | -37.7%     | 4.7                      | 12.9                                  | -63.6%     |
| Orthopaedic Surgery            | 15.7                     | 15.3                                  | 2.4%       | 28.9                     | 17.3                                  | 67.0%      | 14.7                     | 16.1                                  | -8.8%      | 13.1                     | 14.6                                  | -10.3%     |
| Urology                        | 5.6                      | 9.4                                   | -41.0%     | 4.5                      | 7.7                                   | -42.1%     | 6.4                      | 7.1                                   | -10.3%     | 3.8                      | 8.0                                   | -52.3%     |
| By Selected Procedures         | "Waiting Your Turn" 1993 | Department of Health Fiscal 1992-1993 | Difference | "Waiting Your Turn" 1994 | Department of Health Fiscal 1993-1994 | Difference | "Waiting Your Turn" 1995 | Department of Health Fiscal 1994-1995 | Difference | "Waiting Your Turn" 1996 | Department of Health Fiscal 1995-1996 | Difference |
| Reduction Mammoplasty          | 100.0                    | 33.3                                  | 200.4%     | 51.3                     | 37.9                                  | 35.5%      | 98.0                     | 41.7                                  | 134.9%     | 50.5                     | 32.6                                  | 55.0%      |
| Dilatation and Curettage       | 4.6                      | 7.3                                   | -36.9%     | 5.2                      | 6.9                                   | -24.2%     | 4.7                      | 6.3                                   | -25.2%     | 5.7                      | 6.4                                   | -11.3%     |
| Hysterectomy                   | 10.0                     | 9.5                                   | 5.3%       | 8.9                      | 9.5                                   | -6.3%      | 6.3                      | 8.0                                   | -21.3%     | 8.0                      | 7.9                                   | 1.8%       |
| Laparoscopy                    | 6.1                      | 9.4                                   | -35.3%     | 7.6                      | 9.0                                   | -15.6%     | 5.4                      | 7.3                                   | -25.9%     | 7.2                      | 7.9                                   | -8.4%      |
| Cataract Extraction            | 15.6                     | 15.9                                  | -1.6%      | 17.4                     | 16.3                                  | 6.8%       | 11.9                     | 15.9                                  | -25.0%     | 12.1                     | 17.3                                  | -30.0%     |
| Tympanoplasty                  | 14.5                     | 13.9                                  | 4.6%       | 9.3                      | 10.1                                  | -7.7%      | 11.9                     | 10.9                                  | 9.6%       | 14.1                     | 11.3                                  | 24.9%      |
| Tonsils and/or Adenoids        | 16.6                     | 10.9                                  | 52.9%      | 21.6                     | 11.0                                  | 96.4%      | 16.4                     | 12.0                                  | 36.7%      | 16.9                     | 11.6                                  | 45.2%      |
| Rhinoplasty/Septal Surgery     | 25.6                     | 13.9                                  | 84.7%      | 19.5                     | 14.1                                  | 37.9%      | 16.3                     | 15.1                                  | 8.2%       | 23.3                     | 15.0                                  | 55.3%      |
| Hernia/Hydrocele               | 4.7                      | 9.5                                   | -50.3%     | 4.7                      | 9.5                                   | -50.3%     | 5.0                      | 7.6                                   | -34.2%     | 6.2                      | 6.9                                   | -10.0%     |
| Cholecystectomy                | 4.5                      | 7.6                                   | -40.9%     | 5.0                      | 7.0                                   | -28.6%     | 4.9                      | 8.4                                   | -41.9%     | 5.2                      | 10.1                                  | -48.5%     |
| Haemorrhoidectomy              | 3.9                      | 8.7                                   | -55.2%     | 4.8                      | 8.7                                   | -44.9%     | 4.8                      | 7.9                                   | -38.9%     | 5.2                      | 6.6                                   | -20.9%     |
| Breast Biopsy                  | 2.0                      | 4.0                                   | -50.0%     | 2.1                      | 4.4                                   | -52.6%     | 2.4                      | 4.1                                   | -42.1%     | 1.6                      | 4.4                                   | -63.9%     |
| Mastectomy (Lumpectomy)        | 1.7                      | 3.4                                   | -50.4%     | 2.0                      | 3.7                                   | -46.2%     | 2.0                      | 2.4                                   | -17.6%     | 1.5                      | 1.7                                   | -12.5%     |
| Disc Surgery/Laminectomy       | 6.0                      | 7.0                                   | -14.3%     | 4.5                      | 6.6                                   | -31.5%     | 4.0                      | 5.3                                   | -24.3%     | 4.8                      | 6.4                                   | -25.3%     |
| Arthroplasty (Hip, Knee, Etc.) | 19.1                     | 15.3                                  | 25.0%      | 30.3                     | 18.5                                  | 63.6%      | 20.3                     | 16.5                                  | 23.2%      | 19.9                     | 15.8                                  | 25.9%      |
| Arthroplasty (Interphalangeal) | 12.8                     | 22.0                                  | -41.8%     | 31.5                     | 21.7                                  | 45.1%      | 16.8                     | 23.4                                  | -28.3%     | 13.8                     | 21.7                                  | -36.4%     |
| Prostatectomy                  | 8.6                      | 5.4                                   | 58.4%      | 5.3                      | 6.4                                   | -17.6%     | 7.3                      | 6.6                                   | 11.1%      | 4.9                      | 4.4                                   | 10.6%      |
| Cystoscopy                     | 8.4                      | 10.7                                  | -21.6%     | 7.8                      | 7.9                                   | -0.7%      | 5.8                      | 7.6                                   | -24.1%     | 4.9                      | 6.9                                   | -29.3%     |

\*"Waiting Your Turn" data are rounded and Nova Scotia data were converted into weeks from days, therefore, the percent differences may not be exactly as written due to rounding.