POLICY BRIEF:
Died on a Waiting List

Colin Craig | **2025 Edition**

Second Street.org
Real People. Real Stories.

Executive Summary

In July 2024, Manitoba patient Debbie Fewster was told she needed heart surgery within three weeks. She languished on a government waiting list for more than two months before passing away on Thanksgiving Day, leaving behind three children and ten grandchildren.[1]

Debbie's story has been reported on publicly – not because the government was open and transparent about this tragedy that occurred under their watch – but because Debbie's family came forward. They spoke out because they didn't want other families to have to endure what their family has faced.

This kind of tragedy is not unique to Manitoba. Stories like Debbie's can be found across Canada. And whereas government health and safety inspections are quick to identify even minor problems at private businesses – including a missing paper towel holder at an Alberta daycare – the same governments are far less transparent about major problems in the health systems they themselves operate.[2] It is a case in point that no province proactively discloses annual data on patients dying on waiting lists.

Since 2019, SecondStreet.org has filed freedom of information (FOI) requests to gather government data on situations where surgeries and diagnostic scans were cancelled as the patient had died. Highlights from data collected for the fiscal year April 1, 2024 to March 31, 2025 include:

- At least 23,746 patients died in Canada while waiting for surgeries or diagnostic scans. This figure does not include Alberta and some parts of Manitoba, while some health bodies only had data on cancelled surgeries, not diagnostic scans. Most provinces have no data on patients dying while waiting for specialist appointments;
- Comparing data from health care bodies that provided information for both this year and last year shows a 3% increase in waiting list deaths;
- The 23,746 patients that died last year were waiting for a wide array of services – from heart surgery and diagnostic scans to help treat life-threatening issues to services which could have improved a patient's quality of life in their final years (e.g. knee surgery);
- Patients died after waiting anywhere from less than a week to nearly 9 years;
- New data from Ontario Health suggests 355 patients died while waiting for cardiac surgery or a cardiac procedure. While many cases did not include target wait times for providing treatment, there were at least 90 cases where patients died after waiting past targets that were stated or after waiting more than 90 days; and
- Since April 2018, SecondStreet.org has gathered government data showing more than 100,876 cases where Canadians died while waiting for care.

The figures gathered often represent stories of patients suffering in their final years – chronic pain while waiting for hip surgery, cloudy vision while waiting for cataract treatment and even deaths due to long wait times. By contrast, when SecondStreet.org has traveled to other countries to learn about their better-performing universal public health care systems – e.g. Sweden, France and Japan – the idea of patients dying on waiting lists was a foreign concept.

This finding suggests that with European-style health reform, patient suffering in Canada could be greatly reduced.

Introduction

On September 9, 2024, Alberta Health Services inspectors walked into a daycare in the city of Airdrie (just north of Calgary) and discovered a missing paper towel holder. As a result, the officials later posted details about the shortcoming on the government's health and safety inspections website.

Alberta is not unique with this practice. It is common for governments in Canada to inspect restaurants, daycares, swimming pools and other facilities for health and safety violations and to report the results publicly. Similarly, provincial workers compensation boards will investigate workplace accidents, sometimes naming the business where the violation occurred. For instance, WorkSafeBC noted in September of 2019 that a young worker in the Lower Mainland was "using stilts while applying drywall mud tripped and fell to the ground." This accident resulted in "bruising."[3]

Bruising and a missing a paper towel holder are, of course, relatively trivial problems. But considering governments require reports to be made whenever such issues are discovered in certain facilities and other workplaces, it's worth looking at the standards to which governments hold themselves – particularly where public health care is concerned and especially where a patient dies while waiting for the kinds of treatment that might have improved or saved their lives.

SecondStreet.org is not aware of any provincial health bodies that regularly disclose data on waiting list deaths in Canada although the Manitoba government has recently committed to release quarterly reports on cardiac waitlist deaths.[4]

As was the case with Debbie Fewster in Manitoba, Canadians learned that 19-year-old Laura Hillier and 16-year-old Finlay van der Werken died while waiting for treatment in Ontario not because the government disclosed these failures but because the patient (in the case of the former) and the patient's family (in the case of the latter) spoke out.[5] [6] The same is true for Alberta patient Jerry Dunham, who died in 2020 waiting for a pacemaker.[7]

Based on partial data obtained via FOI requests to provincial and territorial governments throughout Canada, SecondStreet.org estimated in 2025 that there are nearly 6 million Canadians on a waiting list.[8] But it's not just that there are millions waiting; research from the Fraser Institute shows that wait times for elective (i.e. scheduled) treatment have been growing for decades – from 9.3 weeks to see a specialist and receive treatment in 1993 to 30.0 weeks as of 2024.[9] In some cases, these wait times come with tragic consequences – a loss of vision if cataract surgery isn't provided in time, permanent mobility problems without proper orthopaedic surgery, and even death if cardiac, cancer and other treatments aren't provided in an expedient manner. While provincial governments insist on maintaining what is essentially a monopoly on most health services, research by SecondStreet.org found they simply don't bother to examine the consequences their long wait times have on patients.[10]

It was stories like Laura Hillier's tragic experience in 2016 that led SecondStreet.org to examine just how many patients were dying on waiting lists. Since 2019, SecondStreet.org has annually collected and examined government data on situations where patients were dying on waiting lists.

Methodology and Considerations

In April 2025, SecondStreet.org filed FOI requests across Canada with over 40 government health departments, health authorities and health regions. The requests sought data for cases where patients were removed from surgical and diagnostic waiting lists during the 2024-25 fiscal year (April 1, 2024 to March 31, 2025) as a result of the patient dying. This mirrors the approach SecondStreet.org has taken since the first *"Died on a Waiting List"* report in 2020. An example of the language used in FOIs related to diagnostic scans is as follows:

> *"Please provide data on the number of patients that died while on a waiting list for either a diagnostic scan or a consultation with a specialist in fiscal year 2024-25. Please break the data out by procedure and case info – date the patient went on the waiting list, date for the meeting with a specialist or date for the diagnostic scan (if scheduled), and date of cancellation. Please also note the government's target time for providing the consultation or scan in question."*

As mentioned above, many provinces provided incomplete data. For example, Saskatchewan's Ministry of Health only provided figures for surgical waitlist deaths, not diagnostic scans. Most provinces indicated they did not have figures on situations where patients died while waiting to meet with a specialist. Further, when SecondStreet.org began this research in 2019, Alberta Health Services indicated its data was likely incomplete as staff were never trained to track this metric meticulously. We have also learned that despite providing data for five years in a row, Alberta no longer tracks this data.

In Ontario, the government provides province-wide data. However, a former senior health official indicated that the data, to his knowledge, was not tracked intentionally but is collected by chance due to the waiting list system software having "patient died" as a reason for cancelling a procedure.

Note that SecondStreet.org often has to pay health bodies thousands of dollars to gather the data each year and release it. If governments had been gathering the data regularly for internal analysis, there would be no charge to compile the information.

Further, readers should note this report does not cover situations where a patient did receive surgery but died during the procedure or shortly after due to conditions worsened by a long waiting period.

The data SecondStreet.org obtained from health bodies can generally be classified into two groups:

The first group includes cases where a patient may have died because of a long waiting period for treatment – for example, a patient dies from a heart attack after waiting too long for heart surgery or a diagnostic scan to identify a potentially fatal illness. The Nova Scotia Health Authority previously provided the most insightful data in the country when it comes to this category. For instance, their response for waiting list deaths during the fiscal year 2022-23 noted there were 532 total waiting list deaths, but only 50 were cases where patients were waiting for procedures that could have potentially saved their lives.[11] The Nova Scotia government noted:

> *Fifty deaths on the waiting list involved procedures where delays in treatment might reasonably be implicated causally. Among these are bowel resections; cancer resections and coronary artery bypass surgery. Among these, 19 patients were waiting beyond the recommended wait times for the procedure in question.*

This analysis is important, as it helps the public, and policymakers, understand how many patients may have died because the government simply took too long to provide treatment. Additional analysis could have examined those 19 cases to determine if any of those patients died for other reasons or if the government bore responsibility. Ideally, all

government health bodies should be able to note definitively how many patients died each year due to long waiting periods. Doing so would allow governments to identify problem areas and to take action to prevent future deaths. Such analysis and disclosure would increase accountability.

The second group included in the data involves patients dying while waiting for surgery or diagnostic scans that would appear to be non-life-saving services (e.g., a hip replacement, a cataract operation, an MRI to examine shoulder pain, etc.). Such cases should not be overlooked, however, as long waiting periods may have affected patients' quality of life before their passing. Indeed, people often value their eyesight and mobility as much as life itself.

The story of late British Columbia patient Erma Krahn helps illustrate how lengthy waiting periods can affect a patient's quality of life. At 75 years of age, Krahn developed knee pain and spent five months waiting to see a specialist. The specialist informed her that she required surgery but that she would have to wait "years" to receive it. Considering she was also battling lung cancer and did not want her quality of life to diminish during the time she had left, Krahn visited a private clinic in B.C. and paid for the surgery (note: at the time, the government made it much easier for B.C. patients to pay for this surgery locally).[12]

While it seems unlikely that a patient would die due to not receiving something like a hip or knee operation in a timely manner, readers should consider that patients often have to live sedentary lives while waiting for such procedures. Inactivity can lead to other unrelated health problems that do lead to a patient's premature death. For example, a patient with a poor hip could die after falling off a ladder. Similarly, a patient with poor vision (while they wait for cataract surgery) could have some kind of tragic accident due to their failing eyesight.

It is also entirely possible that in both cases – that is, patients waiting for potentially life-saving treatment and those waiting for non-life-saving treatment – death occurred for reasons unrelated to the health care system or the patient's medical condition. For example, the system may have been timely about scheduling a procedure or appointment with a specialist, but, during the wait, the patient died in a motor vehicle accident.

All of the ambiguity surrounding waiting list deaths and suffering could of course be cleared up if governments took more care tracking, analyzing and reporting on these problems in the health care system.

One remedy would be for governments to hold themselves to the same standards they expect private businesses to meet. As noted, the British Columbia government's WorkSafeBC program requires incident reports from employers whenever accidents occur. Even the most minor of incidents are reported publicly.

In Manitoba, the government discloses names of restaurants and businesses that break public health rules. For instance, in 2019, the province noted the Wood Fired Pizza restaurant in Brandon was shut down for "extensively remodel[ing] a food handling establishment without first registering."[13] Conversely, there is no consolidated data released on patients dying in the health system. The province does release "critical incident reports" regularly, but these are unhelpful for analyzing waiting least deaths. For example, in the October-December period of 2024, the government noted a patient died because "opportunities for community collaboration during pre-hospital care were not realized."[14] Such language is of course vague and lacking details on what caused the problem, efforts to fix the issue and how the system was held accountable. Other reports on patient deaths are equally vague.

Considering these requirements for businesses, one could reasonably expect a provincial government to carefully track and disclose how many patients die each year due to its own public health care system taking too long to provide treatment.

Research Findings

Readers are reminded that because many health bodies in Canada provide incomplete data, the figures are almost certainly underreported. Most notably, very few health bodies provided data on the number of patients that died while waiting for initial appointments with specialists.

In Quebec, many health bodies provided data for the first time on surgical waiting list deaths but did not provide data on the number of patients that died while waiting for diagnostic scans. Saskatchewan's Ministry of Health and New Brunswick also only provided data for surgical waiting list deaths. Again this year the Alberta government provided no data and the same is true for many health regions in Manitoba.

Furthermore, it should be noted that SecondStreet.org has learned of several cases where a government health body does not learn that a patient has died until administrators call to schedule a surgery or diagnostic appointment, which may occur outside the 2024-25 fiscal year. For instance, the Centre Intégré de Santé et de Services Sociaux des Laurentides' FOI noted, “we often learn that the patient has died when we call to offer a possible surgery date.” Thus, some waitlist deaths may not be recorded in this data.

Based on the partial data obtained from health bodies across Canada, SecondStreet.org calculated there were 23,746 cases where patients died on health care waiting lists between April 1, 2024 and March 31, 2025. This figure is up significantly from the 18,026 waiting list deaths SecondStreet.org identified in 2023-24. (Note: The aforementioned 2023-24 figure includes data from multiple sources that arrived after last year’s report was published.)

For perspective, Scotiabank Arena in Toronto, home of the Toronto Maple Leafs, can only accommodate 18,800 fans for an NHL game.[15] Thus, more people died on waitlists in 2024-25 than that arena can hold.

Readers should note the following about the year-over-year increase: as SecondStreet.org was able to gather data from more health bodies in Quebec this year, as well as data from Newfoundland and Labrador for the first time, one could assume more data sources would naturally increase the national total. However, that does not necessarily mean the overall situation has deteriorated. It is important to compare data from health bodies that provided responses in both 2023-24 and 2024-25 to assess any possible trends. Doing so shows a 3% increase in the total waitlist deaths. This suggests the overall situation has, in fact, deteriorated.

As with past years, the waiting list deaths cover a wide array of health services – from those that could have improved quality of life (e.g. knee operations and cataract surgery) to procedures that could potentially have saved lives (e.g. heart surgery and cancer operations). Waitlist deaths ranged from patients waiting less than a week to nearly nine years.

It appears a large majority of waitlist deaths were for procedures that could have improved a patient’s quality of life in their final years rather than life-saving treatment. Again, if governments took the time to analyze the data more closely, the ambiguity around waitlist deaths could be cleared up. Governments could report how many patients may have died because lifesaving treatment was not provided in time. Such analysis could also potentially determine how many patient deaths were potentially connected to delays for non-lifesaving treatments. (Again, a situation where a patient waiting for treatment had no choice but to adopt a sedentary lifestyle which contributed to a disease that could lead to death.)

The following table outlines the results by province and health region:

Table 1 Patient Deaths While Waiting for Surgeries and Diagnostic Scans (2024-25)

Province	Deaths (Surgery)	Deaths (Diagnostic)	Total
British Columbia	**839**	**3,781**	**4,620**
• Interior Health	222	1,364	
• Fraser Health	202	1,602	
• Northern Health	63	17	
• Island Health	137	339	
• Vancouver Coastal Health	215	459	
Alberta	**-**	**-**	**-**
Saskatchewan	**333**	**86**	**419**
• Ministry of Health	333		
• Saskatchewan Cancer Agency*		86	
Manitoba	**215**	**-**	**215**
• Prairie Mountain	39		
• Southern Health	13		
• Shared Health	163		
Ontario	**1,483**	**9,151**	**10,634**
Quebec	**3,365**	**2,925**	**6,290**
• Chum University of Montreal	131	-	
• CIUSS Capitale-Nationale*	4	203	
• CIUSSS du Nord-de-l'île-de-Montréal	86	-	
• CISSS Bas-Saint Laurent	46	-	
• Quebec Heart & Lung Institute at Laval University	13	-	
• CISSS South Centre Montreal Island	67	1,320	
• CISSS Chaudière-Appalaches*	2,111	-	
• CISSS Outaouais	145	-	
• CISSS Abitibi-Temiscamingue*	153	-	
• CISSS Laurentides	134	-	
• CISSS East Montreal	175	23	
• CISSS Montérégie -Centre	39	-	
• CISSS Montérégie -East	39	-	
• CIUSSS Estrie-Centre Sherbrooke*	193	1,349	
• CHU de Québec-Université Laval	29	-	
• CISSS des Îles		30	
New Brunswick	**121**	**-**	**121**
• Horizon Health	121	-	
Nova Scotia	**287**	**440**	**727**
Prince Edward Island	**15**	**163**	**178**
Newfoundland and Labrador	**260**	**282**	**542**
TOTAL	**6,918**	**16,828**	**23,746**

**This response was unclear or had data that was not easily categorized. See response for greater details.*

Ontario – Canada's most populous province – saw a decline in the annual number of surgical waitlist deaths (452) but saw an even larger increase in diagnostic scan waitlist deaths (1,204). This likely means that many patients are passing away before even reaching the stage where it's determined they require surgery.

Data from Ontario also shows there were 355 cases where patients died while waiting for cardiac surgery or a cardiac procedure. A majority of the cases did not have target wait times assigned to them, making it impossible to know how many patients passed away after waiting longer than the recommended wait time. However, the data showed there were at least 90 cases where a patient was removed from the waitlist (due to death) after a period that was longer than the target for their situation and/or their wait exceeded 90 days. These cases included two situations where patients decided to move forward with a heart procedure in 2019, but were removed in 2025. In one situation, the patient was waiting for an ablation; the other was seeking a transcatheter aortic valve implantation.

While just one health body from Quebec provided data for 2023-24, over a dozen entities provided data for 2024-25. Almost all of the Quebec data for this year's report pertained to cases where patients died while waiting for surgical procedures. In one particularly noteworthy data set, the University of Laval's cardiac and pulmonology unit noted there were 14 cases where patients were removed from the waitlist after dying, ten of which had waited longer than the recommended wait time.

On the West Coast, British Columbia saw a 2.3% year-over-year increase in waitlist deaths: from 4,516 to 4,620 cases. Similarly to Ontario, an increase in diagnostic scan waitlist deaths was larger than the decrease in surgical waitlist deaths. While some health regions like Vancouver Coastal and Northern Health provided detailed information on each waitlist death, the others clumped many cases together as "other." For example, Island Health noted there were 71 "other surgical procedures" that patients were waiting for when they died. The health region suggested providing a breakdown would break patient confidentiality (although other health regions had no problem providing the data.)

While Nova Scotia was once a leader in terms of disclosure and analysis of waiting list deaths, their most recent response is again quite disappointing. They have since embraced the substandard response format used by other provinces that lacks analysis. Multiple emails to their government about this change were not returned.

Overall, government data provided to SecondStreet.org since the 2018-19 fiscal year shows more than 100,876 patients have died while waiting for surgery, diagnostic scans and appointments with specialists.

If governments took the same interest in examining waitlist deaths that they do with reporting on missing paper towel holders and workplace accidents that result in bruising, they could better identify problem areas and make changes to reduce patient suffering and lives.

Note: Readers interested in reviewing the government data provided are encouraged to visit www.secondstreet.org as all responses received from the government are posted publicly.

Funding is Not the Problem

At $244 billion, government spending on health care in Canada reached an all-time high in 2024-25 – a level that is on track to be surpassed by 2025-26 spending levels.[16] On a per person basis, Canadian Institute for Health Information (CIHI) data shows that provincial governments spent an average of $5,943 per person on health care in 2024-25 – up

from $1,684 in 1994-95. Spending, on a per person basis, has increased at double the rate of inflation over the last 30 years. Had spending increased merely at the rate of inflation, governments would only have spent $3,248 per person in 2024-25.[17]

For much of the past 30 years, Canada has been one of the top spenders on health care in the world. Canada ranked third highest on spending as a share of GDP (adjusted for age) compared to other universal health care countries in 2023.[18] Despite this, it is well-known that our system has fallen behind many other developed nations in terms of results.[19] To be sure, some areas of the health system may require more funding to improve services for patients. Overall, however, it is clear that the system doesn't lack money. Health providers need to do a better job with the funds provided.

For example, while some have suggested administrative costs only represent a small portion of health spending, research shows otherwise. Despite claims that only one per cent of costs in British Columbia are for administration, the true total is closer to 11%.[20] Their provincial government has committed to find ways to make sure a greater percentage of health care dollars are actually spent on services that help patients.

Policy Options

To address the large number of patients dying on waiting lists in Canada, governments should consider the following five policy options:

1) Better Tracking and Disclosure: Governments could, at the very least, track, analyze and disclose data on waiting list deaths each year. This could remove ambiguity around waiting list deaths while improving accountability. Such analysis could also help policymakers identify problem areas and work to improve shortcomings within the system.

A 2021 poll commissioned by SecondStreet.org found that 79% of Canadians think governments should carefully track and disclose data on how long patients wait for care, how that compares with maximum recommended waiting periods and what the eventual patient outcome is – including situations whereby patients die while waiting.[21] A 2022 poll commissioned by SecondStreet.org found 66% of Canadians believe governments should have to go further – by not only tracking waiting list deaths, but also holding a press conference each year and announcing the number of patients that died due to long waiting lists.[22]

It would be remarkable if governments disclosed more information on patient suffering and thereby held themselves to the same standard to which they hold private companies.

2) Activity-Based Funding: The Montreal Economic Institute, Fraser Institute and many others have, for years, recommended reforming the way hospitals are funded in order to incentivize higher output and better results for patients.[23] "Activity-based funding" is a tool they have recommended as a possible solution.

This model sees hospitals funded based on services provided to patients instead of annual cheques to cover almost everything (global budgets). In practice, this would mean that a government might decide to pay, say, $20,000 for providing a knee operation. All providers would know they would receive that amount of money each time they provided such a service. This means that patients are no longer thought of as people "to *have* to help" but rather as customers that should be welcomed as they represent additional funding for the hospital.

Thus, this approach incentivizes output, as every patient that receives treatment results in more funding for the hospital. Not only does activity-based funding incentivize output and customer service, but it also helps hospitals focus on patient care rather than on some of the distractions that hospitals sometimes pursue. For example, the Windsor Regional Hospital has lost over $3 million through owning and operating two money-losing Tim Hortons franchises over

the past decade. Under an activity-based funding model, the hospital would have more of an incentive to focus on providing surgery for patients rather than continuing to subsidize double doubles.

A 2021 Fraser Institute report notes that "nearly all of the world's developed nations with universal-access health-care systems have moved away over the last three decades from global budgets towards at least partially having money follow patients for hospital care."[24]

Considering Canada would be a late adopter of activity-based funding, one benefit is that our country could learn from mistakes other nations made when they implemented this model decades ago.

3) Partner With the Private Sector: Governments in Canada and around the world have found that they can often deliver better care for patients by hiring private clinics (non-profit and for-profit) to provide treatment to patients in the public system. This relationship is similar to how family doctors' offices operate – a patient presents their health care card and receives surgery, and the clinic then bills the government once the patient leaves. Thus, patients do not receive a bill for these services.

The Saskatchewan government credits their decision to hire private clinics with helping to reduce wait times and their surgical backlog beginning in 2010. The Fraser Institute concluded that private clinics hired by the Saskatchewan government cost 26 per cent less per procedure – even though these clinics had to meet the same standards as government-run facilities.[25]

Data provided by the Saskatchewan government, however, indicated that hiring private clinics to provide care resulted in even larger savings: "… assessments showed that the difference between per procedure costs in public hospitals and private surgical centres are roughly 35 per cent in plastic surgery and general surgery day procedures, and up to 45 per cent in orthopedic day procedures."[26] Regardless of which study is correct, it was a positive outcome for patients.

Saskatchewan was not the only province to find cost savings through private partnerships. Ontario's auditor noted in 2014: "The Ministry estimated that certain services—such as MRIs, dialysis and colonoscopies—were about 20% to 40% less expensive if delivered in community clinics, including independent health facilities, rather than in hospitals."[27]

In Sweden, the government has gone one step further and hired a private company to manage one of their hospitals in Stockholm: Saint Göran Hospital. During a conversation with the hospital's CEO, Gustaf Storm, SecondStreet.org was told that the privately-run hospital provides the same level of care for "30 per cent" less than nearby government-run hospitals.[28]

Ultimately, providing the same quality of services for a lower cost allows governments to use the savings to provide even more care to patients.

However, how these arrangements are structured is important. In a 2025 policy brief, SecondStreet.org research director Bacchus Barua recommends a level playing field and transparent approach that is free of politics: an activity-based funding structure.[29]

By using this approach, Barua argues, not only would governments allot funding to providers based on output (and the complexity of the case) but the funds would also be allowed to flow to whichever facility a patient chooses for treatment: a government-run health facility, non-profit facility or for-profit facility.

If the government decided to pay, say, $20,000 for providing a knee operation, all providers would know they would receive that amount of money each time they provided such a service. This approach is transparent and puts patients first, as it wouldn't matter which type of facility a patient chose. In turn, this would see providers compete for patients and would have the incentive to spend health care dollars on expenses that help deliver care for patients (e.g. doctors and nurses) rather than expenses that do not (e.g. health care bureaucracy).

4) More Health Care Choices: A fourth policy option that governments could pursue – and one that would give more Canadians dignity during their final years – would be to increase the choices available to patients. Instead of forcing these patients to decide either to wait for the provincial government to provide a particular health procedure or to leave their province (or country) for care somewhere else, the government could keep the public health care system but allow non-government clinics in Canada to provide the same procedures.

This approach would be similar to how parents across Canada can choose to put their children in public schools or pay out-of-pocket and send their children to non-government schools. As the number of non-government health care clinics increases in Canada, they would not only increase patient choice but also take pressure off our public health care system.

Equally important, they would provide more patients with an alternative to pain and suffering. In some cases, access to private treatment in their own province would allow some patients to avoid dying while waiting for medically necessary care. Countries with higher-performing universal health care systems than Canada allow patients a choice between public and private health care services. This is something the Commonwealth Fund's international health care reports have routinely shown. In fact, an October 2025 poll commissioned by SecondStreet.org shows that a majority (59%) of Canadians support allowing such a choice while only 28% oppose it.[30]

5) Copy the EU's Cross Border Directive: According to October 2024 public opinion research procured by SecondStreet.org, 73% of Canadians support copying a European Union (EU) policy called the "Cross Border Directive."[31] This policy gives EU patients the right to travel to other EU countries for health care, pay for the procedure, and then be reimbursed by their home government. Reimbursements cover up to the same amount their government would have spent to provide the surgery locally.

This policy could immediately help provincial governments in Canada reduce waiting list backlogs in Canada at the same cost per procedure to the public purse, as some patients would decide to travel outside the province for health care instead of depending on local health care. Not only would this benefit patients who decide to travel for health care, but it would also benefit those who remain in Canada. This is due to the fact that patients remaining in Canada for health care would move up a spot on the waiting list each time someone ahead of them chose to travel for health care.

Conclusion

Government data obtained by SecondStreet.org shows at least 100,876 Canadians have died on waiting lists since 2018-19. Again, this figure is greatly understated as most health bodies do not provide complete data.

As noted in this report, it would be inappropriate to lay the blame for all of these waitlist deaths on the government's shoulders. But the patient suffering that is occurring in Canada is well-documented, and the data provided by governments shows a system in crisis.

The situation is unacceptable and unbecoming for a developed nation. The lack of accountability concerning waitlist deaths is equally unacceptable.

Behind the figures in this report are stories of patients coping with chronic pain while they sit on the sidelines of life: parents who are unable to provide for their families while they're off work and waiting for surgery, seniors who are unable to see their grandkids because of cloudy vision while they wait long periods for cataract surgery and more. Too many family dinners have empty seats as loved ones have passed away while waiting for lifesaving surgery.

Data shows that Canada spends a considerable amount when it comes to health care. While there are many talented and hardworking staff working in the health care sector, the system itself needs to be much more efficient and accountable.

A first step would be for all health regions to not only track the number of patients dying while waiting for health care services each year, but also examine how many of those patients died specifically because the government took too long to provide treatment. This would remove ambiguity over waiting list deaths and help officials identify problem areas and measure improvements once changes are made

As this brief identifies, there are several other ways the system could improve to reduce patient suffering: giving patients more choice (both inside and outside of Canada), partnering with the private sector and funding output – not bureaucracies – to name a few. In closing, unless reform measures are implemented, Canadians should expect to see this problem continue for years to come.

About the Author

Colin Craig is President of SecondStreet.org. He has an MBA and a BA (Economics) from the University of Manitoba and is the author of *The Government Wears Prada*, a book that examines how governments could be more cost-effective and prepare for the nation's aging population. Most recently, Colin authored several chapters for the eBooks, *Life After COVID: What's next for Canada?* And *Healthcare Choice in Canada*. He has contributed to public policy changes at the federal, provincial and municipal levels in Canada. In 2022, he was awarded the Queen Elizabeth II's Platinum Jubilee medal for his work on improving public policy in Canada.

References

1. *"Waiting List Death in Manitoba – Family Speaks Out"*. March 12, 2025 SecondStreet.org news release. https://secondstreet.org/2025/03/12/waiting-list-death-in-manitoba-%e2%80%92-family-speaks-out/
2. Government of Alberta Environmental Health Inspection Report for 100 Worlds Preschool - Kitchen (Airdrie). Inspection from September 9, 2024. https://ephisahs.albertahealthservices.ca/inspections/all/
3. WorkplaceBC Website, incident investigations reporting. ID # 2019165370050. https://www.worksafebc.com/en/health-safety/create-manage/incident-investigations/reporting-incidents-worksafebc/recent-incidents/search-for-incidents
4. *"Manitoba formalizing protocol to tell cardiac patients of surgical wait times."* CBC News, April 11, 2025. https://www.cbc.ca/news/canada/manitoba/manitoba-cardiac-surgery-procedures-patient-communication-1.7508762#
5. Zlomislic, Diana. *"Plea from dying teen: Please help."* Toronto Star, April 23, 2016. https://www.thestar.com/life/health-wellness/plea-from-dying-teen-please-help/article_57573565-553e-5d90-848f-3ed8e8f27e92.html
6. Lim, Rianna. *"Ontario couple whose teenage son died after 8-hour wait in ER calls for law reform."* Story from The Canadian Press, posted by Global News, August 22, 2025. https://globalnews.ca/news/11346268/finlay-van-der-werken/
7. Corbella, Licia. *"Alberta man died from the lockdown, not from COVID-19"*. Calgary Herald, June 30, 2020. https://calgaryherald.com/opinion/columnists/corbella-alberta-man-died-from-the-lockdown-not-covid-19
8. *"Medical Waitlists Grow Beyond COVID Backlog"*. SecondStreet.org news release, September 24, 2025. https://calgaryherald.com/opinion/columnists/corbella-alberta-man-died-from-the-lockdown-not-covid-19
9. Moir, Mackenzie and Bacchus Barua. "*Waiting Your Turn: Wait Times for Health Care in Canada, 2024 Report*". Fraser Institute, December 12, 2024. https://www.fraserinstitute.org/studies/waiting-your-turn-wait-times-for-health-care-in-canada-2024
10. *"Governments in the Dark on Patient Suffering"*. SecondStreet.org, April 4, 2023. https://secondstreet.org/2023/04/04/governments-in-the-dark-on-patient-suffering/
11. June 16, 2023 Nova Scotia Health Freedom of Information response to SecondStreet.org. https://secondstreet.org/wp-content/uploads/2023/12/NS-Surgery-DOWL.pdf
12. Krahn, Erma. Affidavit for Supreme Court of British Columbia, September 24, 2012. https://d3n8a8pro7vhmx.cloudfront.net/bchealthcoalition/pages/234/attachments/original/1473040682/1_of_Erma_Krahn.pdf?1473040682
13. Manitoba Health website. *"Critical Incidents Reported to Manitoba Health"*. July 1, 2019 – September 30, 2019 report. https://www.gov.mb.ca/health/patientsafety/docs/ciq21920.pdf
14. *"Critical Incidents Reported to Manitoba Health."* Manitoba Health website. File is for October 2024 to December 2024. https://www.gov.mb.ca/health/patientsafety/docs/ciq32425.pdf
15. Scotiabank Arena website, Seating Capacity section. https://www.scotiabankarena.com/venue-information/about
16. *"Provincial/territorial government health expenditures."* Canadian Institute for Health Information, "Series F" data file. https://www.cihi.ca/sites/default/files/document/nhex-series-f-2024-data-tables-en.xlsx
17. Calculation using CIHI expenditure figure, Bank of Canada Inflation Calculator – https://www.cihi.ca/sites/default/files/document/nhex-series-f-2024-data-tables-en.xlsx
18. Moir, Mackenzie. *"Comparing Performance of Universal Health Care Countries, 2025"* Fraser Institute. https://www.fraserinstitute.org/sites/default/files/2025-10/comparing-performance-of-universal-health-care-countries-2025.pdf
19. Moir, Mackenzie. *"Canada has fewer doctors, hospital beds, MRI machines–and longer wait times– than most other countries with universal health care."* Fraser Institute report, October 21, 2025. https://www.fraserinstitute.org/studies/comparing-performance-universal-health-care-countries-2025
20. Barua, Bacchus. *"Bureaucratic bloat in B.C.'s health care system."* SecondStreet.org column for The Hub, September 25, 2025. https://secondstreet.org/2025/09/25/the-hub-column-bureaucratic-bloat-in-b-c-s-health-care-system/
21. Craig, Colin. *"Policy Brief: Poll Shows Canadians Warm to Health Reforms."* SecondStreet.org, December 2021. https://secondstreet.org/wp-content/uploads/2021/12/Second-Street-Canadians-Warm-to-Health-Reform.pdf
22. Craig, Colin. *"Policy Brief: Poll Shows Canadians Continue to Want Health Reform."* SecondStreet.org October 2022. https://secondstreet.org/wp-content/uploads/2022/10/Policy-Brief-%E2%80%93-Canadians-Want-Health-Reform.pdf
23. Esmail, Nadeem. *"Money following patients: A better way to pay for universally accessible hospital care."* Fraser Institute report, June 2015. Accessed June 15, 2021. https://www.fraserinstitute.org/sites/default/files/money-following-patients.pdf
24. Labrie, Yanick. *"Activity-based Hospital Funding: We've Waited Long Enough."* Montreal Economic Institute, 2012. https://www.iedm.org/files/note0612_en.pdf
25. Ibid
26. *"A look at the Saskatchewan Surgical Initiative."* SecondStreet.org blog post, November 5, 2022. https://secondstreet.org/2022/11/05/a-look-at-the-saskatchewan-surgical-initiative/
27. *"Independent Health Facilities – Follow-up to VFM Section 3.06, 2012 Annual Report"*. Ontario Government, 2014 Auditor's Report, Page 481. https://www.auditor.on.ca/en/content/annualreports/arreports/en14/406en14.pdf
28. *"A Tale of Two Hospitals: What Canada can Learn from Sweden."* SecondStreet.org interview with Gustaf Storm, CEO of Capio Saint Göran Hospital. November, 2023. https://www.youtube.com/watch?v=MpNWMlgty-Q
29. Barua, Bacchus. *"Policy Brief: Health Care Partnerships and Hospital Funding."* SecondStreet.org October 2025. https://secondstreet.org/wp-content/uploads/2025/09/SS-Policy-Brief-Better-Health-Care-Through-Partnerships-V3-Sep-29-2025.pdf
30. Craig, Colin and Bacchus Barua. *"Policy Brief: Another Poll Shows Canadians Support Health Care Reform."* November 2025. https://secondstreet.org/wp-content/uploads/2025/11/Policy-Brief-Another-Poll-Shows-Canadians-Support-Health-Reform.pdf
31. Fleming, Harrison. *"Policy Brief: Another Poll Shows Canadians Want Health Care Reform."* https://secondstreet.org/wp-content/uploads/2024/11/Policy-Brief-Another-Poll-Shows-Canadians-Want-Health-Reform-final.pdf

---

Photo credit: Anna Shvets