

# Access to surgery is not an election priority

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Access to surgery is not improving. Governments refer to physician wait lists as though we are responsible for them and, together with hospital administrations, have put the blame for delays on surgeons. I have had patients get angry at me about how long they have to wait for a consultation; yet, I have no control over the wait list. Although it can be difficult to generalize a national initiative to specific provinces, there seems to have been no improvement at the local level, at least from my perspective.

Despite two provincial elections this year in the populous centre of Canada, neither Quebec nor Ontario has planned for increased resources that aim to improve access to surgery. Their election platforms have not shown any hint that they will address the concerns of patients or those of surgeons.

The Quebec election has centred on the promise of more family doctors, which is a good goal but will not address surgical wait times. Quebec Liberal leader Philippe Couillard has pledged to increase the number of family doctors available to Quebecers — not with better management, but with a penalty for practising family physicians not increasing coverage. They will impose financial sanctions against doctors if the proportion of Quebecers with a family doctor doesn't climb to 85% by the end of this year. Yet, they have no methodology or proposal on how to accomplish this. More dangerously, the Coalition Avenir Québec (CAQ) party, who are leading in the polls for the October election, has discussed taking \$2 billion in funding away from specialists. Such a measure has been tried before and

resulted in worsening patient wait lists and in general unhappiness among physicians and patients.

Ontario and its new ruling party have no better plans to make surgery work for patients. Premier Doug Ford has vowed to “improve the system” while cutting 4% from every department's budget. In health care, that would amount to a decrease in funding of \$2.4 billion annually. That will not be an easy cut and will definitely affect patient care. The government would also like to encourage more doctors to move to northern Ontario by cutting their taxes, perhaps to zero. This may help — financial carrots sometimes work — and there is now a much more viable infrastructure for living in northern Ontario. However, there is no talk of adding surgical resources in any centre.

Looking at the plans of the two provinces in central Canada certainly leaves me with little hope for surgical patients waiting for years to see physicians and then months for surgery. This is not a physician issue; it is a systems issue. And the provincial governments unfortunately have no systems solutions. Under the proposed — or silently implied — health care conditions, there will be at least another half decade of surgical resource deficiencies in these provinces.

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**Competing interests:** E.J. Harvey is the Chief Medical Officer of Greybox Healthcare (Montreal) and Chairman of the Board of NXTSens Inc. (Montreal).

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