The politicization of the wait times issue – and how to rise above it

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Wait times for essential medical services remain a top concern for Canadians across the country. In every province and territory, some patients wait too long, causing anxiety, economic hardship, needless pain and suffering, and perhaps even unnecessary deaths.

Provincial and federal governments of every political stripe have acknowledged the problem. Doctors, other health care professionals, hospital administrators, policy experts, Ministry of Health officials and politicians have all joined in the chorus. There is unusual unanimity when it comes to the definition of the problem and in the conviction that we must do better.

So, what have we accomplished?

Well, plenty. Many medical professional groups, under the umbrella of the Canadian Medical Association Wait Time Alliance (WTA), have invested considerable time, expertise and resources in the development of medically acceptable wait time benchmarks. Benchmarks are now established and published for cardiac care, cancer, diagnostic imaging, joint replacement, sight restoration, emergency medicine, psychiatry, plastic surgery, gastroenterology and anesthesiology.

We have also had the Romanow and Kirby reports. We've had the "10-year plan to strengthen health care". We've had the "Final report of the federal advisor on wait times". We've had the former prime minister, Paul Martin, vow to "fix health care for a generation". We've had the current government move toward the promise of "wait time guarantees", including the 2007 announcement of an agreement between the federal government and the provinces and territories to commit to providing guarantees for one of the five so-called 'priority areas' (cancer, cardiac care, diagnostic imaging, joint replacement and sight restoration). We have had money poured into the effort – hundreds of millions of dollars.

However, the ultimate goal remains elusive. Patients, providers and payers remain underwhelmed by the efforts and accomplishments to date. Complaints about wait times continue unabated among patients and family members.

As we evaluate ourselves, we need to account for this 'effort-results mismatch' before we can continue to move forward.

First, it is important to recognize that there are no villains here. Everyone wants to do the right thing. Although progress has been made, hard action and tangible results have been slow to materialize.

The problem is simply this: the issue has become politicized. There are too many sound bites – too many early, easy and manufactured victories, an abundance of unrealistic expectations and, most importantly, no sense of collective responsibility or accountability.

In the rush to see progress, we have all gravitated to the easy answers. We have claimed progress and success in areas where there never was a problem. We have undersold and set aside the most difficult tasks. And we have laid blame at others' feet.

The reality, of course, is that this issue is not something that can be fixed overnight. Furthermore, no one person or group has the ability or resources to address this adequately or comprehensively. The solution has to come as the result of a massive effort from all stakeholders in the context of a profound cultural shift toward collective responsibility and accountability. Everyone has to believe that this is important, and everyone has to be committed to making a change. It is patently ridiculous to blame failures on the government. Does anyone

really believe that politicians in Ottawa, Regina, Fredericton, Victoria or Quebec City can fix this? It is not up to them. It is up to all of us – doctors, nurses, physiotherapists, pharmacists, occupational therapists, social workers, technologists, hospital managers, directors, administrators, bureaucrats, politicians and the public at large. This problem belongs to all of us, and the solution must come from all of us through an exercise in collective responsibility and accountability. We all have an important role to play. And we can only do it together.

To move forward, we need to depoliticize the wait times issue. To do this, we need to realize some basic concepts:

- We need to accept and believe that 'instant success' is not possible. We need to believe that the current challenge is a process challenge. We need to fix the way we think about things and the way we do things. This will not result in instantaneous results, and that has to be okay. We need to develop a long-term plan and be willing to forego the 'instant victories'. If we do not plan properly, we will never design the systems or train the health care professionals we need now and in the future.
- We need to reject the politics of component care. We need to stop thinking of wait times as a set of single numbers focused on a single surgical procedure. Wait time is fundamentally the continuum of the patient experience – from first symptom, to family doctor visit, to specialist consultation, to specialized testing, to surgery, procedure or treatment, to rehabilitation, to recovery. It is a patient journey through a cascade of diagnostic and therapeutic events that leads to a conclusion. Each component is as important as the others, and the sum total of these parts, with all their complex interactions and interdependencies, is the outcome of interest. Shortening a surgical wait time would be meaningless, for example, if, to accomplish it, a longer wait time to see the specialist in the first place were the consequence.
- We need to invert the political power relationship. The leadership on the wait times issue has to come from the grassroots – from patients and front-line providers, rather than from our elected officials. Political leadership can and will facilitate the institutional changes that are needed to move forward, but the heart and the ownership of the issue must rest with those who are closest to patients. This means that all of us, as providers and patient advocates, together with our patients, must seize the agenda.

The health care system in Canada is a rich tapestry of intricately related components. We must embrace this inter-relatedness as a strength, not a liability. By conceptualizing the wait times problem as a patient care continuum issue that necessarily draws from multiple components and dimensions, we can begin to create a cloak of considerable durability. The competitive political (and ultimately destructive) view of the issue to date has only encouraged the creation of isolated solutions to small pieces of the puzzle – parallel threads that cannot withstand the test of time because they compete with, rather than complement, each other.

Need clarification and motivation? It's easy. All you need to do is to remember one thing: it's not about doctors, nurses, hospitals, politicians, taxpayers, or money, or winners and losers.

It's about patients.

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