

Take waiting list horror stories with a grain of salt

The Winnipeg Free Press and Straightgoods – March 16, 2004

By Dr. Gordon Guyatt

(Winnipeg Free Press Headline: Health Care Wait is Worth It)

Canadians are upset about waiting times for health care. Perhaps their distress would diminish if they realized that substantial waits for service are a necessary and valuable part of any health-care system.

Why does efficient health care rely on making patients wait? Much of health care is discretionary. In other words, while the patient might like to receive the service, and the doctor might like to provide it, the service might not improve the patient's health.

What would happen if each of us ran to the doctor with every minor snuffle, or every new ache? Some might appreciate the reassurance that their problem isn't serious, but the cost in terms of health-care expenses and lost productivity would be enormous.

What if doctors ordered sophisticated tests such as MRI or CT for any headache with a one in 10,000 chance of a brain tumour? What if physicians ordered heart catheterizations that involve injecting dye into the arteries of the heart for every chest pain that might remotely be related to the heart?

High technology tests carry obvious burdens of expense and inconvenience and, for tests such as heart catheterizations, small risks of serious adverse events such as heart attacks or strokes.

No test is perfect, so testing also carries hidden risks. Abnormal results that require further testing, or even surgical procedures, may turn out to be either incorrect or irrelevant.

The large volume of discretionary activity -- probably most of what doctors do -- emphasizes that medical care is potentially a bottomless pit that could consume a huge chunk of our national wealth. Thus, the need for rationing.

So, how should we ration? We could restrict access to health services by ability to pay. That would be unfair and inefficient. The discretionary nature of medical care tells us that some people paying to get to the front of the queue wouldn't benefit from the services they receive while those pushed back may be poor and needy.

We could develop a series of rules, and have auditors make sure doctors stick to the rules. That would create an administrative burden, with resources going to monitoring instead of patient care.

These two strategies are popular in the U.S., which helps explain why their system is disastrously inefficient.

In Canada, we ration largely by limiting availability. We have only so many hospital beds, operating rooms, and MRI and CT scanners.

This leaves doctors to decide which patients need care the most. Whether in the emergency room or the testing wait list, the patients who most urgently need the service jump to the head of the queue, and the rest of us wait.

In general, this rationing by need works well. But, in a number of areas, Canadians feel they are waiting too long.

There are, however, several reasons we should be cautious about assuming the waiting lists themselves -- rather than Canadians' perceptions about waiting lists -- are a serious problem.

First, we have little reliable information about waiting lists. The Fraser Institute, a right-wing lobby group, releases much-publicized waiting time information each year. Based on unreliable reports from physicians, with a very poor response rate to their surveys, the Fraser statistics are not trustworthy.

When researchers do look carefully at waiting lists, surprises emerge. While a 1997 poll found that two-thirds of Canadians believed waiting lists were increasing, a formal study of wait-times for eight elective surgical procedures in Manitoba found that, between 1991 and 1996, wait times actually remained the same or decreased.

Second, just because you are on a waiting list doesn't mean you really need care. Audits of waiting lists in Britain and New Zealand have found that between 25 per cent and 50 per cent of patients on surgical waiting lists either don't warrant the procedure, or turn it down when finally offered a chance at surgery. The new Canada Health Council has set one of its goals to produce accurate waiting time information -- ideally including documentation of need. Hopefully, the council will be up to this very large challenge.

Third, British experience indicates that if we open up more emergency room beds, train more specialists, purchase more MRI and CT machines, or open up more operating rooms, waiting lists may well not decrease. The reason is, once again, the discretionary nature of care. When waits are long, doctors don't refer patients who may not need the test or procedure. As patients and doctors hear of shorter waits, these borderline patients start appearing on waiting lists, which once again fill up.

It is likely that there are areas of Canada in which certain patients -- possibly those with cancer, heart disease, or needing elective surgery -- wait too long. But the complexities of the waiting list issue suggest careful study and planning before we try to solve a problem that may be much smaller than we imagine.