

# About the Canadian and United Kingdom Health Care Systems

## ACCESS TO CARE

### Canada Has Fewer Medical Personnel Providing Care To Its Residents Than The U.S.

- According to statistics compiled by the Organization for Economic Cooperation and Development (OECD), in 2006 there were 2.1 practicing physicians per 1,000 people in Canada compared to 2.4 per 1,000 in the United States.
- Canada had 8.8 practicing nurses per 1,000 people while the U.S. had 10.5.

### Canada And The United Kingdom Have Far Less Medical Technology Available To Diagnose Patients In Their Countries

- The OECD also reports that in 2006 the United States had approximately 26.5 magnetic resonance imaging (MRI) machines per one million people. The United Kingdom had approximately 5.6 MRI machines per million population and Canada had 6.2.
- The U.S. had 33.9 computed tomography (CT) scanners per one million people compared to Canada's 12.0 and the U.K.'s 7.6 per million.

### Coronary Bypass Surgery And Angioplasties Are Performed Far More Often In The United States Than In Canada And The United Kingdom.

- According to the OECD, in 2004 145.4 coronary bypass surgeries were performed per 100,000 people in the United States. In the same year, 47.1 bypasses were performed per 100,000 population in the U.K. and 91.4 per 100,000 per performed in Canada.
- In Canada, 137.5 angioplasties were performed per 100,000 population and

81.2 per 100,000 were performed in the United Kingdom. In the United States, 433.7 angioplasties were performed per 100,000 people in 2004.

### Both Canada And The United Kingdom Had A Higher Rate Of Heart Attack Deaths Than The United States.

- As reported by the OECD, in 2004 there were 40.3 deaths caused by acute myocardial infarction per 100,000 people in the United States. That same year there were 49.3 heart attack deaths per 100,000 in the U.K. and 41.5 per 100,000 in Canada.

### There Is A Much Higher Rate Of Stroke Deaths In The United Kingdom Compared To The United States.

- The OECD: In 2005, there were 55.9 deaths caused by cerebrovascular disease per 100,000 people in the United Kingdom; there were 35.7 per 100,000 cerebrovascular disease deaths in the United States.

### Cancer Deaths Occur At A Higher Rate In Canada And The U.K. Compared To The U.S.

- Also according to the OECD, in 2004 there were 157.8 cancer deaths per 100,000 population in the United States. In Canada, the rate was 169.0 and in the United Kingdom it was 175.6.
- 61% of cancer treatments (27 of the 44 appraised) have been denied by U.K.'s National Institute for Clinical Effectiveness (NICE)

**As Noted By The Cato Institute, "According To A Study Published In The British Medical Journal The Lancet, the United States is at the top of the charts when it comes to surviving cancer."**

- The Cato Institute continues, "Among men, roughly 62.9 percent of those diagnosed with cancer survive for at least five years. The news is even better for women: the five year-survival rate is 66.3 percent, or two-thirds. The countries with the next best results are Iceland for men (61.8 percent) and Sweden for women (60.3 percent). Most countries with national health care fare far worse. For example, in Italy, 59.7 percent of men and 49.8 percent of women survive five years. In Spain, just 59 percent of men and 49.5 percent of women do. And in Great Britain, a dismal 44.8 percent of men and only a slightly better 52.7 percent of women live for five years after diagnosis."

## WAIT TIMES

### The Percentage Of People Having To Wait More Than Four Months For Elective Surgery Was Much Higher In Canada And The United Kingdom Than In The United States In 2001.

- In 2001, approximately 5% of individuals in the United States undergoing elective surgery had to wait longer than four months; in Canada 27% had to wait longer than four months for elective surgery, and in the U.K. 38% had to wait.

### According To Statistics Canada, "Waiting For Care Remains The Number One Barrier To Access."

- Statistics Canada noted that in 2005 "Among those who experienced difficulties accessing a specialist consultation, 68% indicated that waiting was the problem followed by 32% who indicated that they had difficulties getting an appointment.
- "Among those who had difficulties accessing non-emergency surgery, 66% indicated that it was because they had to

wait too long. Over one in five individuals reporting difficulties indicated that they experienced difficulties getting an appointment, a rate similar to 2003 results.

- “Similarly, among those with difficulties accessing diagnostic tests such as an MRI or CT scan, 59% reported that they waited too long to get an appointment and 36% reported that they waited too long to get the test.”
- According to a 2007 survey conducted by the Fraser Institute, “The waiting time between referral by a [general practitioner] and consultation with a specialist rose from 8.8 weeks in 2006 to 9.2 weeks in 2007.”

### In 2005, Nearly 60% Of Individuals In Canada Electing To Have Non-Emergency Cardiac Or Cancer Surgery Had To Wait Longer Than One Month.

- According to Statistics Canada, only 41.8% of individuals having non-emergency cardiac or cancer surgery waited less than one month for surgery.
- In 2005, 12.9% of Canadians waited longer than three months to get an appointment with a specialist, 19.1% waited longer than three months for non-emergency surgery, and 10.2% waited



### Median wait times (weeks) in Canada by specialty

Specialty	Wait time from General Practitioner to Specialist (weeks)	Wait time from Specialist to Treatment (weeks)
Plastic Surgery	15.8	19.0
Gynecology	9.4	7.0
Ophthalmology	14.1	10.6
Otolaryngology	7.3	11.7
General Surgery	4.0	5.5
Neurosurgery	18.1	9.1
Orthopedic Surgery	16.7	21.4
Cardiovascular Surgery (Elective)	3.8	4.6
Urology	7.4	5.9
Internal Medicine	7.0	9.4
Radiation Oncology	1.8	3.9
Medical Oncology	2.4	1.9
Weighted Median	9.2	9.1

longer than three months to receive a diagnostic test.

### Nearly One In Four Canadians Reported Having To Wait More Than Four Hours To Be Seen In An Emergency Room.

- According to a survey of sicker adults conducted in 2005, 24% of Canadians reported wait times of more than four hours to be seen in an emergency room,



### Wait times (days) in England for elective hospital admissions in 2006-07:

Procedure	Median wait time (days)
Cataract Surgery	70
Angiography	56
Bypass Surgery	68
Endoscope of Upper Gastro Intestinal Tract	26
Hernia Repair	99
Hip Replacement	151
Knee Replacement	157
Endoscope of Bladder	31
Angioplasty	51
Tonsillectomy	113
Varicose Surgery	127

compared to 14% in the U.K. and 12% in the U.S.

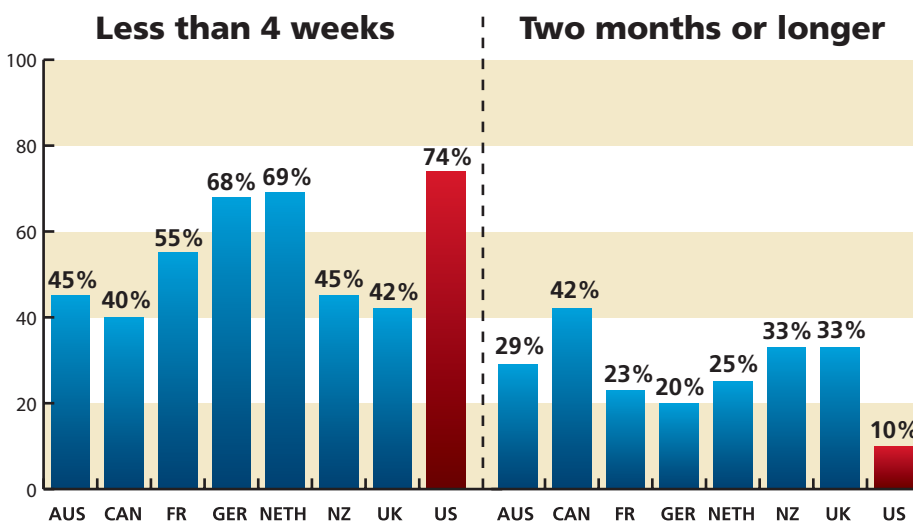
### In Great Britain, Many Hospitals Have Been Required To Implement Lengthy Waiting Periods For Non-Emergency Care.

As reported by the Daily Telegraph in 2006:

- “In May, Staffordshire Moorlands PCT [primary care trust], which funds services at two hospitals and is more than £5 million in the red, introduced a 19-week minimum wait for in-patients and 10 weeks for out-patients.”
- “In March, Eastbourne Downs PCT, expected to overspend by £7 million this year, ordered a six-month minimum wait for non-urgent operations.”
- “Also in March, it was revealed that Medway PCT, with a deficit of £12.4 million, brought in a nine-week wait for out-patient appointments and 20 weeks for non-urgent operations.”
- “Since January, West Hertfordshire NHS Trust, with a deficit of £41 million, has used a 10-week minimum wait for routine GP referrals to hospital.”
- “Watford and Three Rivers PCT, £13.2 million in the red, has introduced ‘demand management’: no in-patient or day case is admitted before five months.”

## Wait Time for Specialist Appointment

Base: Adults with any chronic condition who needed to see a specialist in past 2 years



Data collection: Harris Interactive, Inc.

Source: 2008 Commonwealth Fund International Health Policy Survey of Sicker Adults

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