



## A time to be bold

It's no secret that the inability of patients to access appropriate care in a timely way is a source of constant stress in our health care system. Whether it's for mental health services, medical imaging, consultations, or surgical care, Canadians wait longer than many other jurisdictions. For a myriad of reasons, wait times for specialist care and access to acute care continue to increase, exacerbated further by the COVID-19 pandemic. These delays are not without consequence. Longer wait times significantly impact cancer outcomes, community outpatient care, and mental health. Delays in at-home specialist care lead to an increase in patients using emergency department services for non-emergency issues, creating further challenges in an already overburdened system.

A health care system with reasonable wait times needs appropriate resources, capacity, and processes that prioritize patient access. But Canada—and specifically BC—lags behind many jurisdictions in areas such as hospital beds and health human resources. Canada has 2.6 hospital beds for every 1000 people, which is behind almost every Organisation for Economic Co-operation and Development (OECD) nation. BC has even less—a mere 1.95 hospital beds per 1000 people. Canada also has significantly fewer physicians compared with other jurisdictions and is graduating fewer medical school students than almost all other OECD countries. These are significant and major shortfalls in overall infrastructure. While changes won't happen overnight, we need to address these issues through significant investments.

Doctors of BC continues to raise this concern. In the 2011 BC Medical Association policy statement *Improving Access to Acute Care Services*, we called on the provincial government to model acute care beds on the principle of getting patients care in a timely fashion. Yet this continues

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to be an ongoing challenge, with hospitals often functioning at or over 100% capacity and emergency rooms housing admitted patients in hallways and alcoves for days.

How, then, could we increase patient access to specialist care? I have some ideas that are perhaps idealistic—but if you don't aim high, you'll never know what can be achieved. In BC, we have an advantage given our collaborative health care relationships and our reputation for leading change. What if British Columbia committed to reaching the OECD average of 4.3 hospital beds per 1000 people by 2035, doubling our current operating room capacity, tripling seniors' community resources, and greatly increasing training, recruitment, and retention efforts to double the number of doctors in BC? What a wonderful world that would be.

Yes, these are bold proposals, but we have partially walked down this road already. Government announcements of a new hospital and cancer centre in Surrey; a new tower for Surrey Memorial Hospital; and new BC Cancer sites in Kamloops, Nanaimo, and Burnaby are all steps in this direction. The more than 2500 new long-term care beds announced over the last few years will also help.

Addressing the ongoing issues of lengthy waits to access specialty care, surgical procedures, diagnostic tests, and emergency care requires collective effort from all health care stakeholders. It requires bold initiatives. And it requires us to be better, together, to build on the steps already taken and continue on the path of resolving our health care challenges. ■

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Doctors of BC President