Everyone deserves better health care

Five priorities for Canadian health system improvement from medical leaders and trainees in BC.

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ABSTRACT: Primary care, the doorway to Canada's publicly funded health system, has been eroded significantly over the past decade, leaving millions of people without consistent, timely services. In 2023, only 86% of Canadians had a regular family doctor—the lowest among peer OECD countries—with the greatest gaps among young, low-income, and racialized populations. This crisis in access has led to rising chronic disease complexity, worsening emergency department burden, hospital overcrowding, and system-wide strain, with the workforce shifting further away from longitudinal family practice. Despite mounting evidence of the need for reform, federal leadership debates have largely ignored health care, revealing a lack of a coordinated national strategy.

As medical trainees and health care leaders from across British Columbia, we call for urgent, collaborative action across the federal, provincial/territorial, and regional levels to rebuild Canada's health system. We highlight five priorities in this article: expanding team-based primary care; adopting national licensure for stronger workforce planning and retention; investing in infrastructure; accelerating digital integration; and advancing equity for rural, remote, and Indigenous communities.

Erosion of access to primary care

Over the past decade, Canada has witnessed a marked decline in access to primary care, a foundational element of its publicly funded health system. In 2023, only 86% of adults reported having a regular primary care provider, the lowest rate among 10 high-income countries surveyed, down from 93% in 2016.[1] This erosion translates to millions of Canadians without consistent access to essential health services, with the disparities most pronounced among young adults, those with lower incomes, and racialized groups. The situation is particularly acute in areas of Canada such as Nunavut and the Northwest Territories, where nearly 58% and 41% of adults, respectively, reported lacking a regular provider in 2023, compared with the national average of 17%.[2] The consequences of this access gap are profound. Individuals without a primary care provider are more likely to experience unmanaged chronic conditions, poorer health outcomes, increased reliance on emergency departments, and increased hospitalizations.[3] Even those who are attached to a provider often face lengthy waits for appointments, delaying timely care and further straining the system.[4]

Systemic strain and declining capacity

Canada's hospital infrastructure reflects a similar pattern of decline. In 2021, the country had just 2.6 hospital beds per 1000 people, far below the Organisation for Economic Co-operation and Development average of 4.3 beds per 1000, and significantly less than countries such as Japan (12.6 beds per 1000) and South Korea (12.8 beds per 1000).[5] This capacity has steadily decreased from about 7.0 beds per 1000 people in 1970.[6] As a result, hospitals are frequently overcrowded, creating backlogs and worsening the long waits for both emergency and elective care.

The primary care workforce is also under significant strain. Nearly 30% of family physicians now practise predominantly outside of primary care, further exacerbating access issues and leaving many communities underserved.[7] Despite some provincial reforms and efforts to expand training or broaden scopes of practice, the lack of a unified federal strategy has resulted in fragmented delivery, persistent inequities, and a growing burden of preventable suffering.[8]

Political inattention

Despite the mounting evidence of a crisis, there was a deafening silence on the topic of health system change in the 2025 Canadian leadership debate and election campaign. The dedicated topic of health care was excluded from both the English and French national leaders' debates, a decision that drew public criticism from health professionals, labor leaders, and advocacy organizations for failing to address one of Canadians' top concerns.[9,10] The Canadian Medical Association advocated through its Fighting for Care campaign with calls to keep health care at the forefront of the national political agenda, urging all parties to commit to system transformation and sustainable funding.[11] Simultaneously, the Canadian Nurses Association and the Canadian Health Coalition also expressed alarm, noting that previous campaigns, such as those in the early 2000s and 2015, featured explicit commitments to the Canada Health Act, national wait time strategies, and investments in primary care and pharmacare.[10] In contrast, the 2025 campaign offered only brief mentions of health care, with little substantive discussion of primary care reform, workforce planning, or hospital capacity.[2,9,10] This lack of focus stands in stark contrast to earlier eras, when federal campaigns featured robust debate and policy proposals on health care reform.

Although provinces and territories hold much of the responsibility for health service delivery, with some notable exceptions including the RCMP, most First Nations health services, and BC's First Nations Health Authority, that does not absolve the federal government of responsibility.[12] Current fragmented attention at the national level through Health Canada, the Public Health Agency of Canada, the Canadian Forces Health Services Group, and initiatives such as Canada Health Infoway is inadequate, risking further entrenchment of disparities in areas such as artificial intelligence innovation and adoption and health care workforce planning, and undermining coordinated responses to the urgent needs of Canadians.

Priorities for government action

We call on the federal government to prioritize the following areas in the next term to strengthen primary care and improve health for all Canadians. Coordinated action with federal prioritization, provincial/territorial recognition, and regional responsibility is required to facilitate necessary change in this ever-worsening primary care and health care crisis that threatens every Canadian.

Expanding team-based primary care

The federal and provincial/territorial governments should push for additional team-based models of care, suggests Dr Randeep Gill. Dr Gill asserts that in BC, an inadequate tertiary care system with overrun emergency departments, long wait times for specialist care, and inadequate bed spaces in hospitals requires a shift toward interprofessional team models that leverage the skills of physicians, nurses, social workers, and allied health professionals to provide comprehensive, coordinated primary care.

Real-Time Virtual Support (RTVS) is a virtual service provided by specialist and primary care physicians across the province and supported by the Rural Coordination Centre of BC, the BC Ministry of Health, and the First Nations Health Authority. It was founded by Dr Kendall Ho, Dr John Pawlovich, Dr Ray Markham, and Mr John Mah. Dr Ho highlights that the current health care system is a bridge, but not a well-paved bridge—it is full of holes, and each patient's journey is interrupted by areas full of potential gaps. One solution to alleviate health care system pressure is to effectively triage patients virtually before they reach the emergency department via programs such as HealthLink BC 8-1-1. A 2021 study highlights that out of "7531 calls, 2548 (33.8%) callers were advised to attempt home treatment, 2885 (38.3%) to contact a primary care physician within 1 week, 1131 (15.0%) to attend an emergency department immediately, and 538 (7.1%) to attend their primary provider now."[13] By 2025, 176 000 callers were reached, representing all 231 of BC's Community Health Service Areas.[14] Other pathways within RTVS foster connections from provider to patient by "bringing the family physician, specialist, and patient together in [one] appointment via virtual care to facilitate timely referral and patient management,"[14] while also offering provider-to-provider support, including examples where urgent-care physicians "have supported overnight emergency department coverage to prevent diversions in [12] communities."[14] Not only do such models in critical and urgent care, maternity, and pediatrics improve patient outcomes by decreasing health care fragmentation, but, as Dr Pawlovich describes, they also democratize health care access for those who would otherwise not receive it. Team-based care on the ground alongside virtual models within RTVS reduces clinician burnout by offering provider-to-provider support, decreasing unnecessary emergency visits and improving early diagnosis and management.

Adopting national licensure for stronger workforce planning and retention

Canada faces a critical shortage of skilled health care workers, from physicians and nurses to technologists and support staff. The federal government must invest in provincial prioritization of increased training positions; strategic recruitment, including international talent; and retention strategies that prioritize fair compensation, safe working conditions, and meaningful expert provider involvement in effective system planning. Dr Gregory dePape emphasizes that a chronic lack of workforce planning has left long-term care, inpatient care, and emergency departments

understaffed. He cites that there is also a decrease in the recruitment of full-scope family physicians, where providers practise across outpatient and inpatient settings. More recently, a closure of the Port Alberni Diabetes Education Centre due to insufficient staffing left patients resorting to virtual care or having to drive to nearby cities. It is alarming that health care systems in BC and across Canada are facing chronic staffing shortages, despite expansion efforts, due to inadequate workforce planning, particularly in emergency and longitudinal primary care. National licensure for health care professionals would help address regional disparities in rural and remote locations and transfers between provinces and territories, ensuring that providers can work where they are most needed.

Investing in infrastructure

Targeted federal investment in infrastructure is essential, particularly in rapidly growing and historically underserved communities such as the Fraser Health region. Dr Gill emphasizes that this includes building new hospitals, diagnostic hubs, and urgent care centres, as the emergency department has become a microcosm of every systemic failure upstream. Not only are these communities growing, but they are also absorbing disproportionate health care burdens with insufficient capacity. Currently, Royal Columbian Hospital in New Westminster is operating at capacity, with up to 30% of patients awaiting long-term care; Dr Brian Yang also points out that his patients in the Fraser Health region are becoming more complex, with an ongoing need for preventive care. It is key to expand sub-acute and home-based care to transition patients who no longer require acute care out of hospitals. According to a local health review, "mortality rates have seen a large increase in Alberni-Clayoquot from 78.1 per 10 000 population in 2013–2017 to 97.6 per 10 000 population in years 2019–2023."[15] Addressing these capacity gaps is vital to meet the demands of a growing and aging population and to relieve pressure on existing facilities.

Accelerating digital integration

Digital innovation and health data interoperability must be accelerated federally to enable seamless sharing of patient information, support quality improvement, and drive system-wide efficiency. The federal government should also encourage research and development in artificial intelligence and health technology, supporting Canadian innovators through grants, start-up projects, health care technology investment funds, and prioritized procurement of homegrown solutions. Dr Kathleen Ross underscores that frameworks with measurable improvements, such as the Working Together to Improve Health Care for Canadians bilateral agreements,[16] should be used to share knowledge and facilitate a learning health care system, where successes can be rapidly scaled, accountable spending monitored, and effective solutions shared. As well, the Health Data Coalition encourages learning from community-based practices that host extensive data to address issues such as administrative burden.[17] These investments will not only improve care efficiency and decrease paperwork demands but also foster economic growth and job creation in the health care sector. Accountability and outcome-focused funding are crucial across the country. Funding at all levels of government must be tied to meaningful, targeted outcomes for both patients and providers.

Advancing equity for rural, remote, and Indigenous communities

The federal government must support the infrastructure needed for collaborative health care reform and ongoing reconciliation across provinces, territories, and unceded territories. This includes installing high-speed Internet to allow for technology adoption for timely care, alongside medical supply improvements in blood products, laboratory services, and health care facilities, and promoting connectivity to timely services that support rural, remote, and Indigenous groups. Dr Pawlovich highlights that despite enhancing telemedicine to minimize disparity in health care services, the country lacks connectedness due to a lack of broadband Internet, which worsens the challenges that disadvantaged individuals face in accessing telemedicine, primary care, acute care services, and even childbirth.

Conclusions

The next federal government must take a leadership role in rebuilding Canada's health care system, moving beyond incremental change to bold, coordinated action. By investing in primary care, workforce planning, infrastructure, digital innovation, and equity, and by holding the system accountable to outcomes, Canada can move toward a technologically advanced, sustainable, and equitable health care future for all its communities.

As a medical student, Ms Elsie Jiaxi Wang wants to begin her career in family medicine with hope, continuous policy response to Canadians' needs, and an ever-evolving health system. However, as described by Dr Joban Bal, the country is now the patient—delayed, deteriorating, and in need of lifesaving care. ■

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