Breaking News: Over 23,000 patients died on medical waitlists over the past year according to government data we obtained.
The total since we started counting has surpassed 100,000.
Another tragic year of the broken Canadian health care system letting patients down.
We need health reform now.

NB BROKEN HEALTHCARE

WHITE PAPER

Why Canadians Accept a Broken Healthcare System
A Comprehensive, Evidence-Based Assessment

Prepared by:

Peter Phillips

NB Broken HealthCare
Date: November 26, 2025



Table of Contents

1. Introduction

2. National System Overview

3. Current State of Canadian Healthcare

4. Structural Causes of Systemic Under-performance

5. Cultural and Behavioral Drivers of Public Acceptance

6. Federal–Provincial Accountability Failures

7. Government Communication and Public Perception

8. International Benchmarks and Comparative Systems

9. Case Study: New Brunswick as a National Warning Signal

10. Human Consequences of Normalized Decline

11. Policy Opportunities and System Reform Options

12. Road-map for Action

Conclusion

References

Summary

Canada's healthcare system is in a prolonged state of structural failure characterized by growing wait times, critical workforce shortages, inaccessible primary care, and deteriorating patient outcomes. We also failed to heed the warnings 20 - 25 years ago that we needed to start building senior homes. Despite these well-documented issues, public outrage remains significantly lower than expected, this is baffling.

This white paper—designed for policymakers, media, and the public — explores the cultural, structural, and political reasons Canadians continue to tolerate worsening healthcare performance. It provides a comparative analysis against international systems, highlights the human consequences of delayed reform, and outlines feasible, actionable steps for modernizing the system within Canada's federal–provincial framework.

1. Introduction

Healthcare has long been central to Canadian identity. The phrase "**universal healthcare**" is often spoken with pride, even when universality and accessibility have eroded. Today, Canada ranks among the worst in the developed world for timely access to care, despite high spending levels.

Yet political resistance to reform remains strong and we have to wonder why. If we are spending more than most countries with universal healthcare, but our outcomes are at the bottom, why don't we fix it? Public pressure is inconsistent—partly due to cultural norms, **fear of privatization**, and limited access to transparent performance data. While many Canadians realize there are issues with our healthcare, they don't realize how truly broken the system is. This section introduces the paradox of Canada's healthcare pride and the realities facing patients nationwide.

2. National System Overview

Canada's healthcare system is a blend of federal financing and provincial administration. The federal government establishes broad principles under the Canada Health Act, while provinces are responsible for delivery.

This dual-responsibility structure creates gaps in accountability, inconsistent performance metrics, and limited national coordination. In contrast, peer nations such as Denmark, France, and Australia maintain integrated national health strategies with explicit performance standards and defined wait-time guarantees. Why can't Canada?

The absence of national benchmarks and real-time public reporting has allowed our healthcare system to underperform consistently.

3. Current State of Canadian Healthcare

Key validated indicators:

• Over 6.5 million Canadians lack a family physician[1]

• Canada ranks last among 11 comparable countries for timely access[2]

• ER wait times often exceed 12 hours, with extreme cases surpassing 24 hours[3]

• Surgical wait times exceed recommended clinical benchmarks in nearly all provinces[4]

• Canada spends more per capita than most OECD nations while achieving worse outcomes[5]

These indicators point toward a structural access crisis rather than isolated regional issues.

4. Structural Causes of Systemic Under-performance

Several long-standing systemic issues contribute to Canada's declining performance:

• Insufficient primary care infrastructure

• Fragmented digital systems and poor interoperability

• Very underdeveloped and neglected urgent care and community-care networks

• Low system agility and slow adoption of international best practices, as well as a **lack of will** to create change

• Financial models that reward status quo rather than performance. Why aren't we paying for services provided, clearly bulk funding doesn't work.

Modern healthcare systems require integrated data environments, real-time analytics, and outcome-based funding—areas where Canada lags significantly.

5. Cultural and Behavioral Drivers of Public Acceptance

Canadians have been conditioned to accept long waits as an inevitable consequence of universal care. Much like the frog in boiling water. This belief is reinforced by:

• Reliance on U.S. comparisons, which lowers expectations. This is a large factor I believe

• Cultural aversion to confrontation

• The perception that criticizing the system undermines national values

• Limited media literacy regarding international alternatives. Our media has let us down in this area

As a result, Canadians often view systemic failure as unavoidable rather than fixable.

6. Federal–Provincial Accountability Failures

Canada's dual governance model diffuses responsibility:

• Provinces control delivery but blame federal under-funding

• Federal government funds transfers but avoids operational responsibility

• Each party points to each other, neither accepting blame. Without a single accountable authority, performance declines persist without meaningful consequences.

7. Government Communication and Public Perception

Governments frequently rely on "**record spending**" announcements, pilot projects, and strategic messaging to frame crises as temporary or expected. This creates a perception of action without necessarily improving outcomes. Canada spends more than most countries so we can assume spending isn't the issue.

ER overcrowding, surgical backlogs, and diagnostic delays have been labeled "normal pressures" for decades, desensitizing the public to systemic failure.

8. International Benchmarks and Comparative Systems

Countries such as Denmark, the Netherlands, Australia, and the UK have implemented:

• National wait-time guarantees

• Mandatory performance transparency

• Digital triage and centralized intake systems

• Strong primary-care networks

• **Outcome-based funding models**

These models demonstrate that universal healthcare does not require long waits or chronic system strain. Canada's refusal to modernize is a policy choice, not an inevitability.

9. Case Study: New Brunswick as a National Warning Signal

New Brunswick demonstrates the risks of sustained inaction:

• Rural ER closures

• Extreme wait times in major hospitals

• Lack of primary care access

• Diagnostic delays stretching months to a year

• Workforce shortages in nursing, family medicine, and emergency medicine

The province's challenges reflect national trends and foreshadow the future of healthcare in other regions if systemic reform continues to stall.

10. Human Consequences of Normalized Decline

Systemic delays have measurable human impacts:

• Delayed cancer diagnoses leading to worse survival outcomes. People are dying.

• Patients dying in waiting rooms, a case just settled in Fredericton

• Seniors stuck in hospital beds with no nursing home to go to.

• Increased mental-health deterioration due to delayed care

• Clinician burnout and workforce attrition

These are not abstract statistics—they represent preventable harms faced by Canadian citizens.

11. Policy Opportunities and System Reform Options

Canada has viable options for modernization:

• National reporting standards

• Centralized surgical and diagnostic intake. This would work well in New Brunswick

• Expanded urgent-care and after-hours clinics

• Digital triage and booking systems

• **Reallocation of administrative resources to frontline capacity**

• Modernization of long-term care infrastructure, as well as increasing new construction

These reforms are achievable within existing budgets if system inefficiencies are addressed.

12. Road map for Action

A phased transformation approach is recommended:

Phase 1: Transparency

• Publish real-time wait times. They should be accurate, not 5 - 10 hours, that helps no one.

• Standardize reporting across provinces, this is a must

Phase 2: Access

• Expand urgent-care networks

• Implement centralized referral systems

Phase 3: Modernization

• Digitally integrate booking, triage, and records

• **Use activity-based funding to increase capacity**

Phase 4: Accountability

• Tie federal transfers to measurable outcomes

• Publish national scorecards for hospitals and regional health authorities

Conclusion

Canada's healthcare challenges are well understood and solvable. What is lacking is not knowledge, but urgency. Without modernizing the system, Canadians will continue to experience worsening outcomes, demoralized healthcare workers, and avoidable harm.

This white paper calls upon political leaders, policymakers, and the public to demand and implement meaningful reform now.

References

1. Angus Reid Institute, 2024

2. Commonwealth Fund International Health Performance Report, 2023

3. Canadian Institute for Health Information (CIHI), 2024

4. CIHI Wait Time Benchmarks Report, 2024

5. OECD Health Statistics, 2023