



**To waitlist or not to
waitlist – That is a
(hard) question!!**

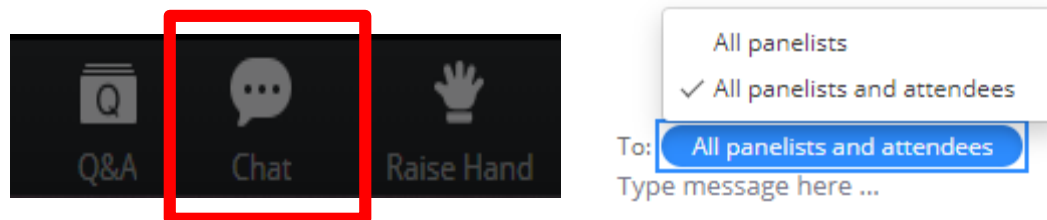
**Date: Friday, February 23, 2022
Time : 12:00 – 1:00 pm**

Presenter: Dr. Julija Kelecevic



Webinar Housekeeping

- ▶ Everyone will be muted except the host and moderator
- ▶ Ask questions through the Zoom chat box



- ▶ All webinars will be recorded and posted on [Regional Ethics Network](#) website
- ▶ Evaluation to follow
- ▶ Next month's speaker



We are privileged to provide care on lands that Indigenous peoples have called home for thousands of years.





- ▶ [City of Hamilton resources](#)
- ▶ [McMaster University resources](#)

Objectives

After today' session, you will be able to

- Describe the criteria considering for creating waitlists
- Discuss ethical consideration in both creating and managing waitlists



“Ontario is facing a backlog of more than 1 million surgeries and a group of doctors has an idea to fix it”

'I feel forgotten': Patients in Ontario wait for surgeries postponed due to COVID-19

Sudbury woman waited a year for a biopsy due to COVID-19

Newly Released Public Opinion Poll States: Canadians Support Investment to Reduce Medical Imaging Wait Times



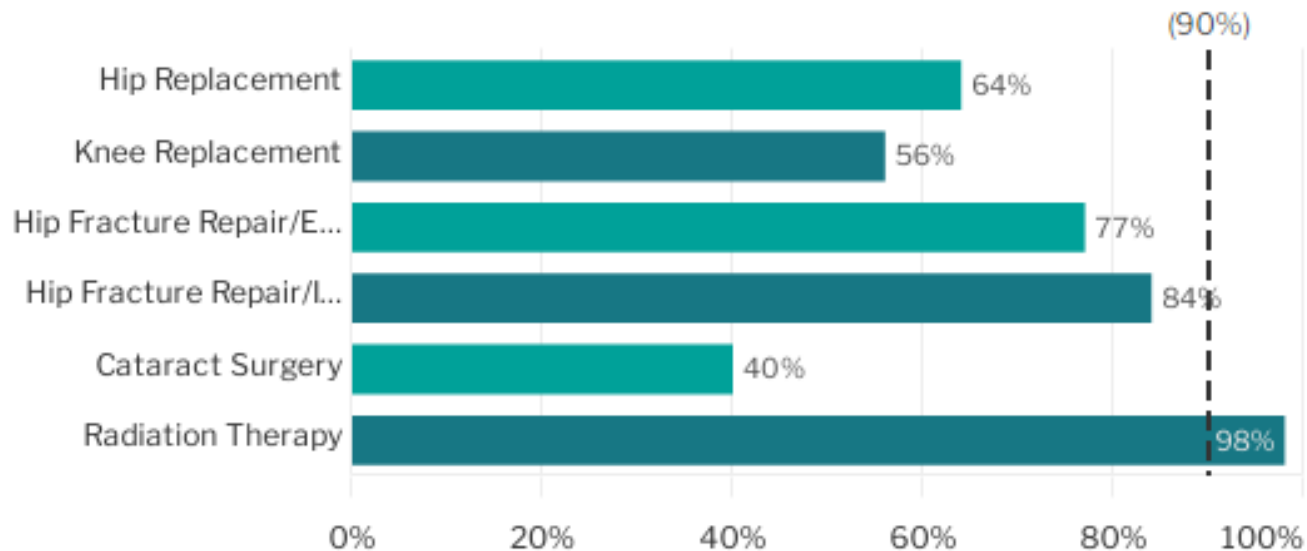
First Ministers (2004) Communiqué: a 10-year plan to strengthen health care. 16 September.

- ▶ “Foremost on this agenda is the need to make timely access to quality care a reality for all Canadians. First Ministers remain committed to the dual objectives of better management of wait times and the measurable reduction of wait times where they are longer than medically acceptable.”

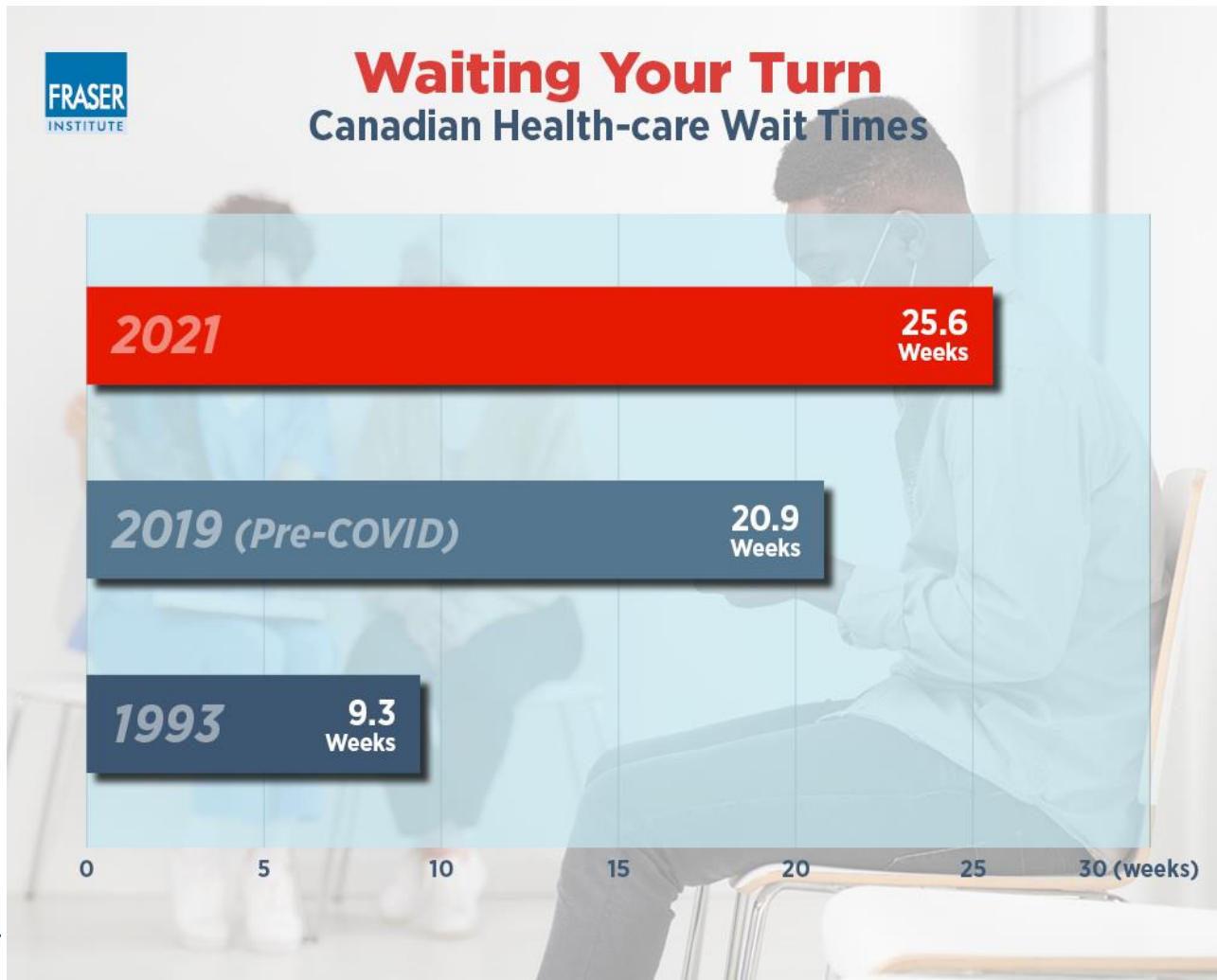


Canadian Institute for Health Information - Wait Times for Priority Procedures across Canada

Ontario



“Waiting Your Turn”



Honorable mentions

- ▶ [Wait Time Alliance](#)
- ▶ [Western Canada Waiting List Project](#)
- ▶ [Trillium Gift of Life Wait List, Organ Offers and Allocation](#)



Wait Time Alliance



Cancer Care



Cardiac Care



Diagnostic
Imaging



Joint
Replacement



Sight
Restoration

Federal funding alone included a \$5.5 billion Wait Times Reduction Fund over the course of the 10-year agreement for the provinces, followed by up to \$612 million in 2007 to accelerate the implementation of patient wait-time guarantees. However, these reductions have been minimal and/or temporary—wait times continue to be an issue. There hasn't been enough focus on all areas of care, and on all aspects of a patient's journey through the system, and funding has not bought sustained system change.

That is why the Wait Time Alliance has created benchmarks for an additional 12 specialty areas, including:

- Arthritis Care
- Chronic Pain
- Digestive Health
- Emergency Departments
- Family Doctors
- General Surgery
- Nuclear Medicine
- Obstetrics and Gynaecology
- Paediatric Surgery
- Plastic Surgery
- Psychiatric Care



The Western Canada Waiting List Project

- ▶ valid, reliable, standardized prioritization tool for use by primary care providers in making referrals to specialists
- ▶ development and testing of a priority-setting tool
- ▶ the purpose – to fairly sort patients waiting for the intervention



NUMBER OF PERSONS WAITING AS AT FEBRUARY 22, 2022

ORGAN	FEMALE	MALE
Heart	9	19
Heart/Lung	0	0
Kidney	438	609
Kidney/Pancreas	17	22
Liver	88	181
Lung	49	29
Pancreas (Whole)	5	5
Small Bowel	2	1
Other	8	4
TOTAL	616	870

Preliminary Data

<https://www.giftoflife.on.ca/en/publicreporting.htm#waitinglistbyage>



What about non-medical wait-times?

- ▶ Access to allied health (PT, OT, SW, *etc.*)
- ▶ Access to PSW
- ▶ Access to shelter



Table 1 Top 10 ethical challenges facing Canadians in health care

From: [Top 10 health care ethics challenges facing the public: views of Toronto bioethicists](#)

Rank	Scenario	Score
1	Disagreement between patients/families and health care professionals about treatment decisions	113
2	Waiting lists	102
3	Access to needed health care resources for the aged, chronically ill and mentally ill	89
4	Shortage of family physicians or primary care teams in both rural and urban settings	82
5	Medical error	76
6	Withholding/withdrawing life sustaining treatment in the context of terminal or serious illness	56
7	Achieving informed consent	43
8	Ethical issues related to subject participation in research	40
9	Substitute decision-making	38
10	The ethics of surgical innovation and incorporating new technologies for patient care	21

Breslin, J.M., MacRae, S.K., Bell, J. et al. [Top 10 health care ethics challenges facing the public: views of Toronto bioethicists](#). BMC Med Ethics 6, 5 (2005)



Prioritization in reverse

- ▶ Had to ramp down the services during COVID-19 pandemic



How can Canada improve worsening wait times?

▶ McGee:

- “profound failures of understanding and communication”
- “Error is rife [referrals]- errors in process, in communication, and in practice

▶ Dr. Premji:

- “poorly integrated health information technology that creates a lot of administrative burdens and decreases the number of patients we can take on”

▶ Dr. Simpson:

- The interconnectedness of all the sectors in healthcare has been underappreciated
- “I’m not sure we’re ever going to catch up”



What Do Wait Lists Try to Answer?

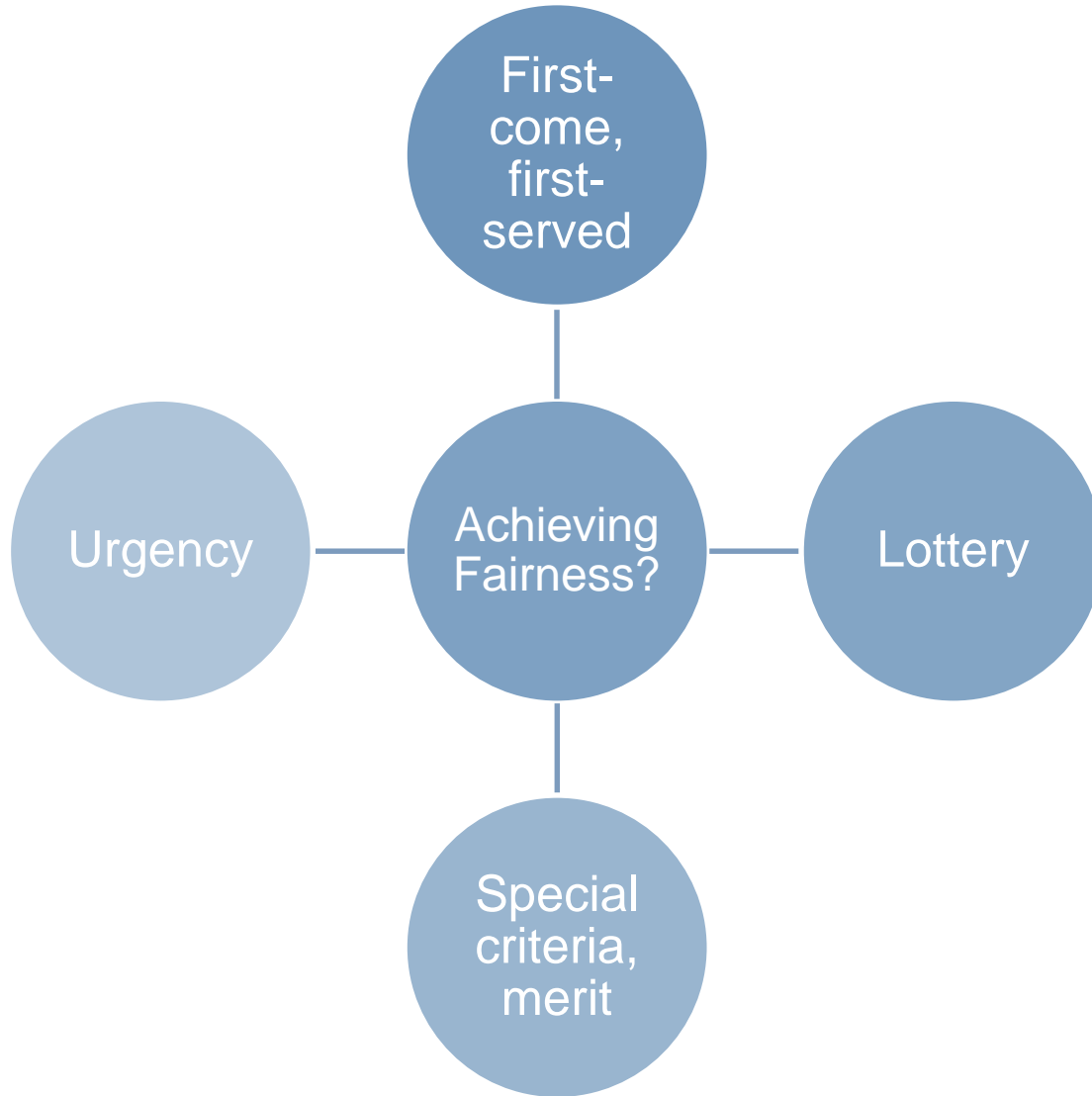
- ▶ What do we try to manage – resources or patients or waiting times....?
- ▶ How do we order the line(s)? Who should come next?
- ▶ How long to wait is medically acceptable? When should the intervention be done?
- ▶ How long must I, as a patient wait for this? When it is done?
- ▶ Can we make the waiting more fair? Can we make waiting timelier?
Can we align how people get to the wait lists with the needs and potential for benefits?



When does the waiting begin?

- ▶ Since the person first see primary care provider about the underlying issues?
- ▶ After the patient and specialist agree upon an intervention?
- ▶ Does it restart when the intervention is cancelled?





Assumptions re: urgency

- ▶ The patient/client needs to be on the wait list
- ▶ Benefit – what will happen to the patient if they receive this service/what if the don't?
- ▶ We are balancing the evidence-informed approach with patient centeredness
- ▶ Benchmarking has been done
- ▶ There are tools that order the waiting queues correct



First Ministers (2004) Communiqué: a 10-year plan to strengthen health care. 16 September.

- ▶ “require cooperation among governments; the participation of health care providers and patients; and strategic investments in areas such as: increasing the supply of health professionals (e.g. doctors, nurses and pharmacists); effective community based services, including home care; a pharmaceuticals strategy; effective health promotion and disease prevention, and adequate financial resources.”



Accountability for reasonableness (A4R)

- RELEVANCE** Decisions should be based on reasons (i.e., evidence, principles, values) that fair-minded people can agree are relevant under the circumstances.
- PUBLICITY** Decisions and their rationales should be made publicly accessible.
- REVISION** There should be opportunities to revisit and revise decisions and a mechanism to resolve disputes.
- EMPOWERMENT** Efforts should be made to minimize power differences and to ensure *effective* stakeholder participation.
- ENFORCEMENT** There should be voluntary or public regulation to ensure the other four conditions are met.



Considerations

- a. Ensure that wait lists as a concept still support the fundamental purpose of the Canadian healthcare system
- b. Wait list creation and management should be informed by those who use the services (patient centered)
- c. Wait lists are everyone's responsibility
- d. Develop practical skills to create, manage and evaluate wait lists
- e. Assure pursuit of equity
- f. Recognize the total patient journey and interconnectedness of the system
- g. Address moral burden of decision-makers
- h. It is darn complicated!



Ethics Education Series for Community Service Providers



- ▶ Use “Raise Hand” feature, *or* type question in chat box
- ▶ If we didn’t get to your question, please forward to:
regionalethics@HHSC.CA