

# Alberta Doctors' Digest

## Tackling long surgical wait times

The underfunding of primary health care has been a prominent issue in Canadian social media – rightfully so – with the large number of Albertans left without primary care physicians. However, this problem isn't unique to primary care.

Part of the crisis in emergency and surgical services stems from lack of care accessibility to primary physicians due to shortages. This has resulted in our emergency and surgical systems becoming further bogged down. It is widely known that Canada suffers from long surgical wait times due to lack of staff and resources. For many patients across Alberta and Canada, their quality of life hinges on how long they must wait for surgeries in various specialties. The core of the issue is that surgery doesn't just depend on the number of surgeons; rather the problem is also lack of support staff and operating rooms available.

Speaking as second-year medical students considering a future in surgery, we find ourselves frequently discussing the impact of long surgical wait times on patients and health care professionals. Even at this early stage in our training, our clinical experience has shown us how these delays affect patients' lives. Our conversations often focus on how we, as future surgeons and health care leaders, can contribute to reducing these wait times and improving patient outcomes. We hope to bring more attention to the current state of surgical wait times and inspire new discussions on how the health care system can effectively tackle these challenges.

It is clear how this situation affects patients, surgeons and health care support staff; a natural next question when considering a medical students' perspective during this ongoing crisis is: How does this affect medical students and their potential future residency decisions?"

Medical students often enter the field with a desire to make a positive impact on patient outcomes. Witnessing long surgical wait times can be disheartening because delayed surgeries can lead to worsening conditions, increased patient suffering and poorer outcomes. This may deter students passionate about patient care from choosing a surgical specialty if they feel that systemic issues will impede their ability to provide effective care. Medical students often speak to current physicians to get their wisdom on the field that they are practicing. It has been clear to many that witnessing lack of patient care is emotionally burdening and contributes to physician burnout.

As students and future leaders in health care, we sought potential solutions to help address this ongoing issue. One key aspect vital to reducing surgical wait times and alleviating pressure on the health care system is proactive engagement in preventative strategies. As medical students, we are instilled with the importance of becoming champions and advocates for these strategies, encouraging patients to adopt healthier lifestyles that can significantly reduce the likelihood of developing prevalent conditions impacting their quality of life. It is crucial to focus on curbing the common risk factors such as sedentary behaviours, smoking, excessive drinking and unhealthy eating habits to prevent the onset of cardiovascular conditions in patients.

Beyond preventative strategies, it is possible to take cross-cultural adoption – learning from the approaches and strategies used by international health systems to reduce surgical wait times – as a valuable avenue to explore. Further research and discussion on these topics can reveal how the Albertan and Canadian health care systems might adapt these strategies to serve patients better and support health care workers in future years.

Research from Chile offers a compelling example of an innovative approach that could be adopted to help patients receive the surgical care they need. The approach entails a decision-support grading system that considers the biopsychosocial aspects of a patient's journey while waiting for elective surgeries. In Chile, prioritization strategies have typically focused solely on clinical criteria – a practice that may also be common in Canada. However, by modifying the framework to account for the unique biopsychosocial factors intertwined with each patient's health, the approach recognizes that a patient's condition can change. At the same time, on a waitlist, the system becomes more dynamic and responsive. This approach in Chile led to a significant reduction in wait times over two years, from 462 to 282 days.

From another lens, engaging in international dialogue through research reviews brings to light a range of suggestions and active approaches being implemented worldwide to tackle long surgical wait time. For instance, in a study involving 14 countries including Canada, the most supported and evidence-based approaches centered on targeted funding, the allocation of financial resources, patient prioritization, same-day surgeries and discharges, and the need to streamline the pre-admission process.

By working alongside experienced practitioners within and outside of Alberta, we can bring fresh perspectives and innovative ideas to the table to ensure that the strategies we advocate for are grounded in both academic learning and practical experience.

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## Recommended Reading

Stafinski, T., Fernanda, Brindle, M. E., White, J., Young, A., Sanjay Beesoon, Cleary, S., & Menon, D. (2022). [Reducing wait times to surgery—an international review](#). *Journal of Hospital Management and Health Policy*, 6, 29–29.

Fabián Silva-Aravena, Álvarez-Miranda, E., Astudillo, C. A., González-Martínez, L., & Ledezma, J. G. (2021). [Patients' Prioritization on Surgical Waiting Lists: A Decision Support System](#). *Mathematics*, 9 (10), 1097–1097.

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