

Access Risk: The Foundational Threat Canadians Haven't Planned For

By Ingrid Gahsner

For decades, Canadians have relied on the public healthcare system to deliver care when needed. Today, that confidence is eroding. Waiting for care is now a structural reality — not just a possibility.

According to the Fraser Institute's *Waiting Your Turn 2024* report, the median wait from referral to treatment was **30 weeks** — the longest ever recorded, not including the delay to see a family doctor. With the next report expected in December, few expect improvement. Many Canadians have stopped hoping for shorter waits altogether — they now accept that this is the new reality.

Access Risk: The Overlooked Foundation of Personal Risk

Every household and business that values planning understands risk management: protect what you depend on — income, assets, and life — so that what you've built doesn't collapse from a single unexpected event.

Until recently, those risks were predictable — disability, job loss, retirement, or death. But the landscape has shifted, and few recognize the deeper, universal exposure that underlies everything else: the risk of not getting timely access to medical care.

This new exposure — *access risk* — has become the foundational risk. It supersedes all others, because when personal care is on the line, nothing else matters. No matter how carefully you've planned, a health crisis without timely access can instantly override every other objective.

Health, Time, and Wealth — The Three Dimensions of Access Risk

When a healthcare issue prevents you from functioning normally, the consequences ripple across every part of life. These three forces — **health, time, and wealth** — interact to undermine stability.

Health.

Long waits can turn manageable conditions into chronic ones. Pain worsens, stress builds,

and delayed diagnosis or treatment often leads to complications that never would have occurred with timely care. Waiting has become a health hazard in itself.

Time.

A 30 week wait isn't just a scheduling inconvenience — it's nearly eight months of uncertainty. Missed work, postponed plans, and stalled progress all take their toll. Time lost to waiting is more than inconvenience; it's an erosion of control and quality of life.

Wealth.

When people can't wait any longer, crisis decisions follow — paying privately, travelling for treatment, or stepping back from work to cope. Each choice carries financial consequences: lost income, unexpected expenses, and reduced productivity. The Fraser Institute estimates Canadians lost **\$5.2 billion in wages** while waiting for treatment in 2024 — proof that access delays translate directly into financial strain.

Together, declining health, lost time, and financial stress form the essence of access risk — a profound vulnerability because, when health falters and access is blocked, everything else becomes secondary.

The System Under Pressure — and the Burden on Individuals

Even as provincial governments introduce new initiatives, the problem remains structural. Ontario is using public funds to pay for procedures in private clinics. Alberta now allows residents to pay privately for diagnostic imaging. Québec's *Bill 2* tightens physician compensation rules to improve access.

These measures acknowledge the crisis but don't address its root cause. Canada's healthcare system was built for universal coverage in a smaller, younger population

— not for today's aging demographics, population growth, and decades of underinvestment in infrastructure. The result: too many patients, too few providers, and not enough capacity to deliver timely care.

For patients, this means guaranteed delay — lost time, diminished health, and potential financial crisis. Yet, despite how predictable this has become, Canadians still aren't planning for it.

A New Approach: Proactive Healthcare Access Planning

For decades, traditional risk management didn't need to consider this kind of exposure. But times have changed. **Healthcare Access Planning** is a proactive strategy that makes delayed care a core consideration in every plan.

This isn't about replacing the public system; it's about recognizing its limits and protecting yourself from predictable disruption. Timely access is the one area Canadians can no longer take for granted.

Connecting Personal Planning to Public Policy

Access risk reveals how our tax framework lags behind reality. When Canadians pay privately for medically necessary care because public access is delayed, they recover only a fraction of those costs through the non-refundable medical expense credit — a system built for another era.

Updating the tax framework won't solve healthcare delays, but it would make proactive planning more equitable. If Canadians must take responsibility for ensuring timely care, then the system should at least support — not punish — those efforts.

A National Conversation We Can't Postpone

When a 30 week wait becomes average, delay becomes normalized — and that normalization is dangerous. The next *Fraser Institute* report will likely confirm what Canadians already know: the waitlist isn't shrinking. It's structural.

Health, time, and wealth are interconnected. When access fails, they all fail. Recognizing *access risk* as the foundational threat of modern life is more than a statement — it's a call to action. Because waiting isn't a strategy. And hoping things will improve on their own? That isn't a strategy either.