



Two minutes with the Justice Centre

The health care crisis: too few hospital beds

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Where are all the hospital beds? Since March of 2020, Canada's response to Covid has been less focused on protecting people¹ than on not running out of beds. But Canada considers its health system world-class: Why should running out of beds ever have been a problem?

The answer is that relative to population, Canada's hospital-bed inventory has significantly shrunk over the last 50 years. According to World Bank data,² in 1970 Canada had seven hospital beds per 1,000 of population. Today, it's just 2.5 beds per 1,000 people. The Canadian health-care

¹ See Two Minutes, 'Protecting an inadequate health care system by locking down the healthy.'

² <https://data.worldbank.org/indicator/SH.MED.BEDS.ZS?locations=CA>

system has substantially less capacity and ability than it once did. This is a situation Covid revealed but did not cause.

Unsurprisingly then, when confronted by an alarming (though ultimately unfounded) warning³ from well-known UK epidemiologist Dr. Neil Ferguson – that hospitals would be swamped with victims of a deadly new virus – public health authorities panicked and accepted his ‘flatten-the-curve’ recommendation. By keeping people apart, he argued, the infection-rate might be sufficiently decelerated that hospitals might be able to cope with the anticipated surge of patients that might need beds. But despite ruinous expense, the initial two weeks became two years, and Non-Pharmaceutical Interventions – otherwise known as lockdowns, mandates and restrictions – became policy.

The problems faced by health administrators must be acknowledged. Hospital beds are expensive. Nursing staff are in short supply. The pressure is both to minimize spare capacity and to record high bed-utilization, accomplished by rationing service. Hence Canada’s infamous waiting lists.⁴

Covid just exposed the risks of obtaining high bed-utilization rates. When the system was challenged, surge capacity was only possible by making long waiting lists even longer. As we have seen, this brings its own costs: deaths from delayed surgeries and diagnostic procedures, widespread chronic suffering, and shockingly high rates of mental illness.⁵

The reason Canadian hospitals are short of beds is not Covid. It is past policy choices. If recurring viral diseases are to challenge us in the future, it is the number of hospital beds available that must be reconsidered. Those who believe in the superiority of Canadian health-care should remember that at 6.2 beds per thousand population in 1960⁶, this country had a better beds/population ratio before universal healthcare was introduced. As our health officials and politicians keep repeating, the issue is our healthcare capacity. We cannot afford to neglect it.

And certainly, we cannot afford more lockdowns. We cannot lock up healthy people to save a system that was already inadequate for people who might get sick.

³ <https://www.imperial.ac.uk/mrc-global-infectious-disease-analysis/covid-19/report-9-impact-of-npis-on-covid-19/>

⁴ <https://www.fraserinstitute.org/categories/health-care-wait-times> (*Inter alia.*)

⁵ “From March 2020 to June 2021, approximately 560,000 fewer surgeries were performed, compared with the pre-pandemic period (January to December 2019.) Canadian Institute for Health Information.
<https://www.cihi.ca/en/covid-19-resources/impact-of-covid-19-on-canadas-health-care-systems/hospital-services>

⁶ Universal health care was established by three pieces of federal legislation, in 1957, 1966 and 1983.
<https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-system/canada.html>