

have already been published,⁴⁻⁶ and others will appear in the Society's journal in the coming months.

The editorial is in error in suggesting that the new wait-time benchmarks are no better than the norm in some regions. Using patient-centred criteria, the CCS Access to Care Working Group has proposed a comprehensive inventory of wait time targets, including access to specialist consultation, stress testing, echocardiography, nuclear cardiac imaging, diagnostic catheterization, and revascularization, as well as access to disease modification services, such as heart failure clinics and cardiac rehabilitation. It is only through such initiatives that system capacity can ever improve.

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Clearly, from Mark Baerlocher and Allan Detsky's Pulse article on waiting times in richer provinces,¹ money and availability of specialists are not the determinants of waiting lists. But we knew this. Canada is one of the high-

est-spending countries within the Organisation for Economic Co-operation and Development, as measured by per capita spending on gross domestic product, but it is also the highest-spending country with waiting lists.²⁻⁴ Furthermore, it is probably the one country that has consistently failed to gain traction on health system reform over the past 15 years or so. The problem of waiting lists isn't about how much you have; rather, it is about what you do with what you have: whether the money is spent on high-cost hospitals or lower-cost and accessible primary care, for instance, or whether the regulation of health professions encourages a union shop approach to work flow, which can frustrate the reform of health care work itself.

Without appropriate answers to these questions, the problem of waiting for health care will continue to inconvenience and complicate the lives of Canadian citizens and bedevil policy-makers and health system decision-makers.

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"Medical waiting lists" appears to be not only a medical term but also a political one. Recently the lay press quoted the Canadian Institute for Health Information as having "identified a possible new reason for the wait-time problems plaguing health care — patients and medical staff tend to avoid surgery during Christmas, the summer and March Break."¹ Although the article also

quoted some surgeons refuting this general conclusion, it seems that hospitals often do rely on the drop in elective care during holiday periods to balance their budgets.

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DOI:10.1503/cmaj.1060086

Corrections

There was an error in the obituary notice for Dr. Adrian Ten Cate.¹ He died on Jan. 30, 2006, not Jan. 10 as indicated. The correct notice appears in the Apr. 25, 2006, issue of *CMAJ*.²

REFERENCES

1. Deaths. *CMAJ* 2006;174(7):1049.
2. Deaths. *CMAJ* 2006;174(9):1375.

DOI:10.1503/cmaj.060517


A family member was listed incorrectly in the obituary notice for Dr. William George Scrimgeour.¹ The correct notice appears in this issue.²

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1. Deaths. *CMAJ* 2006;174(6):891.
2. Deaths. *CMAJ* 2006;174(11):1677.

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