

## Welcome to Canada ... but don't get sick

**M**aki Ueyema and her husband arrived in Toronto from India in September 2010. Upon arrival, they were informed that Maki had to wait three months before she was entitled to health coverage under the Ontario Health Insurance Plan, despite being three months' pregnant. At five months, she went into labour with twins and required an emergency Cesarean section, leaving the family with a \$22 000 bill.<sup>1</sup>

Maki's case is by no means unique. Canada accepts around 250 000 landed immigrants a year, the largest proportion going to Quebec, Ontario and British Columbia. Despite paying taxes immediately upon arrival, in these three provinces new immigrants are callously greeted by a three-month waiting period before they can access health care services. New Brunswick discontinued a similar policy in 2010 with a public statement from then-health minister Mary Schryer stating, "Removing the three-month waiting period is the right thing to do."<sup>2</sup> So too would be removal of this policy in the remaining three provinces.

It is shameful that despite a cherished "universal" health care system, thousands of people in Canada are unable to access care. As physicians, we are responsible to our patients as well as the community. The removal of the three-month waiting period makes sense for individuals and our broader society from a public health, personal health, financial and, most importantly, social justice perspective.

New immigrants face multiple social and economic barriers to health on arrival. Many have spent their personal savings immigrating to Canada, and a medical bill can deplete remaining resources. Medical insurance is often inadequate or denied.<sup>3</sup> If we provide further barriers to seeking care, newcomers will be less likely to seek necessary care leading, eventually, to increased personal and system-wide costs.

The health of new immigrants is known to be better than that of their

Canadian counterparts — a phenomenon referred to as the "healthy immigrant effect."<sup>4</sup> This suggests that it would likely cost significantly less to cover this group's health care costs than for their Canadian-born peers.

There is also a strong public health argument for coverage, particularly as it pertains to infectious diseases. Multidrug-resistant tuberculosis is just one plane ride away and reactivation of tuberculosis is highest in the first two years after exposure. Creating barriers to the early diagnosis and treatment of such diseases is the last thing we need; one undiagnosed and untreated case could be devastating.

The three-month wait was instituted in Ontario in 1994 for unfounded reasons such as fears of medical tourism and cost savings to the province. Given the extensive immigration process, requiring several years, immigration seems an unlikely avenue for medical tourism. As for cost savings, it is possible that this policy is costing taxpayers more in downstream medical costs.

Finally, this issue must be put into the context of access to health services for those without insurance on a national scale. An estimated 250 000–500 000 people live without any access to health insurance in Canada. These include denied refugee claimants fleeing persecution and undocumented labourers, families and children. Canada must uphold its international obligations and ensure the right to health that is enshrined in the 1948 UN Declaration of Human Rights, which delineates the right of everyone to "a standard of living adequate for the health and well-being of himself and of his family, including (...) medical care and necessary social services." We should do this by providing equal access to health care for all people who live in Canada, regardless of immigration status.

The issue of the three-month waiting period has been heating up in Ontario



in recent months. The Right to Healthcare Coalition, which both authors belong to, has been running a campaign to eliminate this policy in Ontario. Recently, the Ontario Medical Association published a position paper advocating for the elimination of the three-month waiting period.<sup>5</sup> As the Right to Healthcare Coalition states, we should eliminate the three-month waiting period because: it's the right thing to do. It makes financial sense. It's healthier for everyone.

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### References

1. Babies couldn't wait. Mom billed \$22k. *CBC News* 2011 Apr. 20. Available: [www.cbc.ca/news/canada/toronto/story/2011/04/20/ontario-ohip-waiting.html](http://www.cbc.ca/news/canada/toronto/story/2011/04/20/ontario-ohip-waiting.html) (accessed 2011 Aug. 11).
2. Waiting period for medicare coverage to be lifted. Fredericton (NB): New Brunswick Government; 2010. Available: [www.gnb.ca/cnb/news/pg/2010/e0289he.htm](http://www.gnb.ca/cnb/news/pg/2010/e0289he.htm) (accessed 2011 Aug. 11).
3. Elgersma S. Immigration status and legal entitlement to insured health services. Ottawa (ON): Parliamentary Information and Research Service; 2008. Report No.: PRB 08-28E.
4. Ng E, Wilkins R, Gendron F, et al. *Dynamics of immigrants' health in Canada: Evidence from the National Population Health Survey*. Ottawa (ON): Statistics Canada; 2005.
5. Ontario Medical Association. OMA policy paper. Reviewing the OHIP three-month wait: an unreasonable barrier to accessing health care. *Ont Med Rev* 2011;73:13-8.

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