



No Band-Aid Solution Will Fix Nova Scotia's Healthcare System

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The healthcare crisis in Canada is not far from our minds. The conversation about our current system is familiar by now. We see breaking headlines in our news feeds or hear more stories where the healthcare system has failed another person. Across Canada, we are not blind to seeing how our current “free healthcare” approach is crumbling and leaving Canadians to pay the price. Now, two families in Nova Scotia and their communities are paying the price after losing their loved ones to the Canadian healthcare crisis.

Within 24 hours of each other on December 30th and 31st, 2022, two Nova Scotian women, [Charlene Snow and Alison Holthoff](#), died after waiting hours for care in their local emergency departments. Their deaths have sparked a conversation within communities, media, and governments about the reality of the current healthcare crisis.

The concern and frustration are felt beyond just Nova Scotia, it reflects our broken healthcare system across Canada. There needs to be action-oriented plans and strategies in place to not only make lasting changes and avoid hospital wait room deaths but also to address the other factors that are part of the much larger issue. People are tired of waiting for something to change. Our outdated healthcare system contributed to the tragic losses of Charlene Snow and Alison Holthoff, and there needs to be accountability and drastic changes from the provincial government.

People should not be scared of dying in their local emergency departments due to wait times, overcrowding, or understaffing.

On January 18th, the Government of Nova Scotia released their plans to improve emergency care in response to the growing frustration and urgency from communities and healthcare workers. Although the actions will help fix many broken pieces of our healthcare system, they only provide a band-aid solution if they are actually implemented.

Canada's healthcare system is thought of as being one of the best in the world, but for those who actually live here, it is inaccessible. Canada's healthcare system has the potential to be great, but it has not been prioritized enough by our government to ensure lasting and effective changes are made. The flaws in our emergency departments are only one of the domino effects caused by a much bigger issue.

The recent attention and outrage about Nova Scotia's healthcare system have revealed harrowing provincial statistics. Recent numbers from [Nova Scotia Health](#) (January 2023) show over 129,000 people are waiting for a family doctor. Due to staffing shortages, [Nova Scotia Health](#) acknowledged that some provincial 24-hour emergency departments were temporarily closed for a total of [31,698 hours](#) from March 2021 to March 2022. After a freedom of information request from the [Nova Scotia NDP](#), it was revealed that 558 people died in Nova Scotia emergency departments in 2022 — the highest death toll in over five years.

Our healthcare workers are already overworked, disappointed, and burned out from working during the [COVID-19 pandemic](#), and now they are continuing to work within a system that doesn't support them. Nova Scotia is facing a critical shortage of healthcare workers resulting in current healthcare workers having an increased workload and working unreasonable hours. The working conditions deter qualified workers and result in workers leaving healthcare altogether. Rates released by [Nova Scotia Health](#) show that vacancies in the province's hospitals are almost 80 percent.

This situation is not unique to Nova Scotia, it is happening across Canada. Although hiring more staff would improve shortages, it wouldn't change the fact that the healthcare conditions are not good enough to reflect the needs of the healthcare workers and communities. Some of the top recommendations for both provincial and federal governments should prioritize hiring more healthcare workers and simultaneously supporting them, and improving working conditions. If we also prioritized and actively promoted and incorporated virtual healthcare into current systems, it could help reduce overcrowding in hospital waiting rooms and provide access to family physicians and nurses for non-emergent needs. Without acting on recommendations like these, we will continue to only reach the bare minimum for healthcare.

How many more deaths, protests, negative headlines, or calls for action will it take before governments make effective and drastic changes? We are waiting for family doctors. We are waiting for ambulances. We are waiting in emergency departments. We are waiting for more healthcare jobs. We are waiting for better pay for healthcare workers. We are waiting for more resources.

We are done waiting for the healthcare system to change.