

Why Is Emergency Care Still the Top Public Priority?

Recent public opinion surveys we completed, whether on system-wide health reform or for single hospitals, provided findings that are surprising to some and frustrating to others. Despite all the activity, discussion and deliberation fostered in Canada by provincial and federal health commissions, the public indicates that its top priority for increased funding and reform is still typically emergency care. The numbers are higher during the peak flu season, but regardless of the time of year, emergency comes out at number one.

This is surprising to some because emergency care did not have a prominent role in much of the deliberations over the future of the system over the past couple of years. It is frustrating to some policy analysts who seek to enlist public support for building alternatives to relieve the pressure on emergency wards.

It is true that the public's relationship with healthcare is evolving rapidly. Patients are increasingly empowered and seek greater control over their health. So why does the public cling so stubbornly to this priority? And why has it done so for more than a decade?

To understand this, simply do what all of you have done many times — visit an emergency ward and observe patients awaiting treatment, particularly for serious illness or injury. The look on their faces shows loss of control, vulnerability and fear, until the reassurance that only medical attention can bring replaces that fear with understanding.

Emergency care is such a high priority in the public's view because it represents the last, best hope for those who do not know where else to turn when their bodies are failing them, and they don't know why or what to do about it. It is the safety net underneath our millions of individual health high wire acts.

The public understands the alternatives being promoted to relieve the burden on our acute care systems. The public supports these alternatives but wants to know that there is a place to go when things go awry. The element of "place" is critical.

An emergency ward, and by extension, a hospital, has many advantages in the public's view.

1. It's 24/7.
2. It's bricks and mortar, meaning it will be there when I need it.
3. Further, I know where it is, so that if you can't get to me, I can come to you, meaning that at least I have some control over whether I get care.
4. The presumption that there is a critical mass of providers and equipment at emergency that cannot be brought to a clinic or on a house call.

The remarkable resilience of public attitudes towards emergency care is built on this foundation. Place matters.

One parallel is found in business. Proponents of e-business have found that "place" is incredibly important. Studies have found that it is very difficult to launch virtual retail operations. They have found that it's very hard to have "clicks" without the "bricks" to back it up for the consumer. Much of this phenomenon is associated with the need for consumers to have tactile experiences. But much of it is associated with the intrinsic need to have some "place" to go.

As long as place matters to people, and as long as we need somewhere to go for healthcare when we don't know where else to turn, we are going to place a very high priority on ensuring that emergency wards are there when we need them.

The hospital studies are random surveys of 300 respondents living in select catchment areas in Ontario (accurate to within +/-5.8%, 19 times out of 20). The national survey results come from telephone interviews with a nationally representative sample of 1,200 Canadians between February 26 and March 22, 2003 (accurate to within +/-3.1%, 19 times out of 20).

About the Author

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Next quarter: Health executives' priorities for reform.