

WHERE HAVE THE HOSPITAL BEDS GONE?

The COVID-19 pandemic and persistently long wait times for acute care procedures seemingly reveal the Canadian health care system has too few hospital beds. The data suggests Canada is not very different from comparable countries.

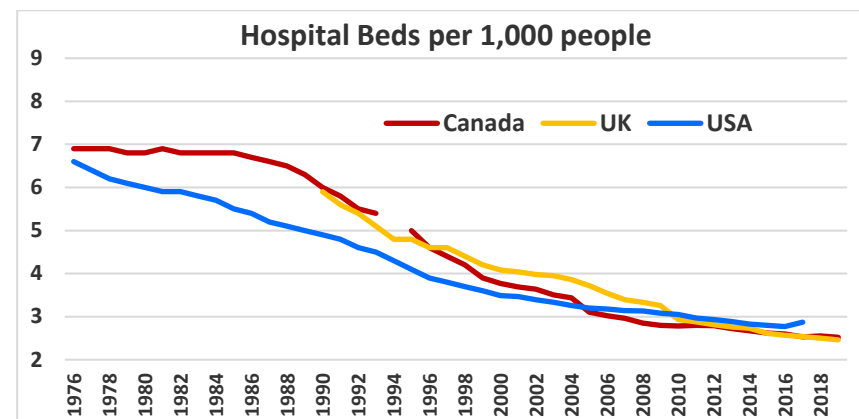
Does the Canadian health care system maintain too few hospital beds? The severe capacity constraints observed during the COVID-19 pandemic and the persistently long wait times for acute care procedures, before the pandemic and since, would seem to suggest so. But other countries, some with very different ways of providing and funding health care, have similar numbers of hospital beds as Canada suggesting this is not a uniquely Canadian issue. What might explain this?

Maintaining a hospital bed requires a commitment to training, as well as hiring and paying the staff needed to provide care to the patient in that bed. It is, therefore, a sizable financial commitment and represents the cost that is relevant when asking whether healthcare systems should or can afford to maintain more hospital beds. It is not a trivial financial matter to add a hospital bed, nor is it a decision that can be easily reversed.

In Canada, the number of hospital beds has fallen steadily from 6.8 beds per 1,000 people in 1985 to just 2.5 beds per 1,000 people in 2018. The same trend is observed in all modern systems of health care.

The figure presents data showing the number of hospital beds per 1,000 people in Canada, the UK, and the US. The data, with some breaks, reports the measure from 1976 to 2019 (the last available data point for the US is for 2017). In all three countries, the number of hospital beds per 1,000 people has fallen steadily over this period. In Canada, approximately 80,000 hospital beds were removed from the system between 1985 and 2018.

The healthcare system in the US is funded by private insurance, whereas in Canada and the UK funding is provided by governments through the tax system. The profit



Source: [World Development Indicators](#), World Bank.

motive inherent in the US system of private funding and provision is frequently cited as the reason for different, and in the eyes of many Canadians, worse outcomes. Why do health care systems operating without that profit motive find it appropriate to maintain the same number of hospital beds per capita as systems driven by profit maximization?

Part of the reason is an increase in productivity. Many medical treatments that previously required over-night stays are now [same-day surgical procedures](#), not requiring a hospital bed. This has allowed health budgets, which nonetheless continue to grow, to be reallocated to other uses.

The reallocation of the health care budget away from providing hospital beds, has exposed health systems in Canada and elsewhere to the risk of being unable to respond to unexpected demands for beds, a risk that was exposed during the COVID-19 pandemic. How to provide a “surge capacity” in hospitals, or how to use hospital beds more efficiently, is an issue of public policy that would seem to require attention ahead of the next pandemic or similar public health emergency.