



Why Canadians want healthcare to change – now

Worry and frustration on healthcare dominate the public
mood

National survey
Field: May 3 to 6, 2026
Submission 2026-2966

THE SANTIS—NANOS
**CANADIAN HEALTH
PERSPECTIVE**

SANTIS  **NANOS**

The research gauged the views of Canadians on the healthcare system, specifically on their openness to various potential initiatives to improve ways in which healthcare is delivered in Canada.

Nanos conducted an RDD dual frame (land- and cell-lines) hybrid telephone and online random survey of 1003 Canadians, 18 years of age or older, from May 3 to 6, 2026 as part of an omnibus survey. The sample included both land- and cell-lines across Canada. The results were statistically checked and weighted by age and gender using the latest Census information and the sample is geographically stratified to be representative of Canada.

Individuals randomly called using random digit dialing with a maximum of five call backs.

The margin of error for this survey is ± 3.1 percentage points, 19 times out of 20.

This study was commissioned by Santis Health and the research was conducted by Nanos Research.

Full data tables with weighted and unweighted number of interviews is here: [2026-2966 Santis Tables - Formatted](#).

Tables within the report that have significant differences are highlighted in yellow.

Note: Charts may not add up to 100 due to rounding



1,026 random interviews recruited from an RDD land- and cell-line sample of Canadians aged 18 years and over, ending May 22, 2026. The data is based on a four-week rolling average where each week the oldest group of 250 interviews is dropped and a new group of 250 is added. A random survey of 1,026 Canadians is accurate 3.1 percentage points, plus or minus, 19 times out of 20

Contact: Nik Nanos nik@nanos.co

Ottawa: (613) 234-4666 x 237

Website: www.nanos.co

Methodology: www.nanos.co/method

[Subscribe](#) to the Nanos data portals to get access to detailed breakdowns for \$5 a month.

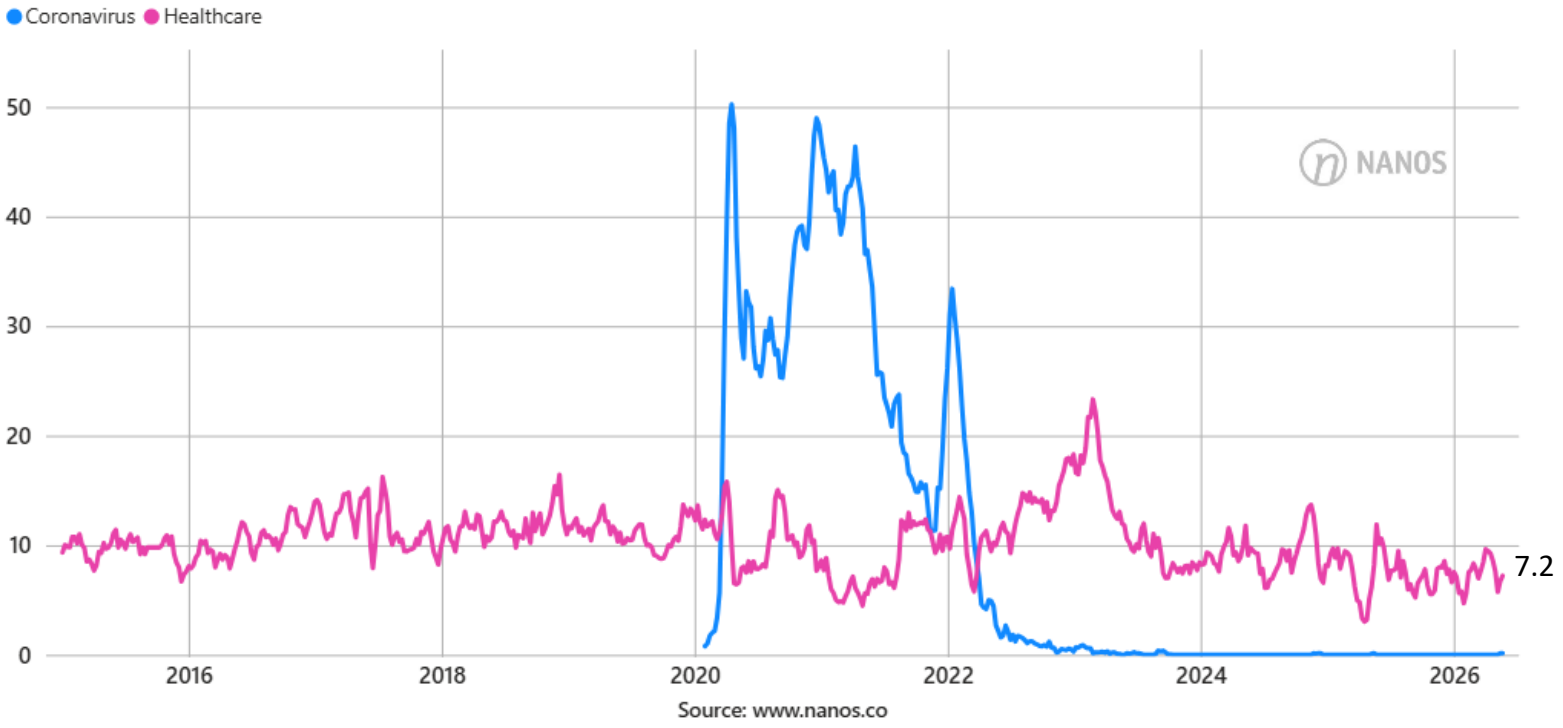
Q – What is your most important NATIONAL issue of concern? [UNPROMPTED]

NANOS DATA PORTAL

Longitudinal issue tracking – Healthcare and the pandemic



What is your most important NATIONAL issue of concern



*Weighted to the true population proportion.
 *Charts may not add up to 100 due to rounding.

Source: Nanos Research, RDD dual frame (land- and cell-lines) telephone survey, weekly tracking ending May 22, 2026, n=1,026, accurate 3.1 percentage points plus or minus, 19 times out of 20.

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 PERSPECTIVE**



Key findings

1. **READY FOR CHANGE** - Canadians overwhelmingly agree the healthcare system must change, with nine in ten saying change is important or somewhat important (91%).
2. **A SYSTEM OFF COURSE** - Most Canadians believe healthcare is headed off course, with a majority saying the system is moving in the wrong direction (55%).
3. **NEGATIVE EMOTIONS** - Negative emotions dominate public sentiment, as seven in ten Canadians say they feel worried or frustrated about the healthcare system (70%).
4. **SYSTEM FAILURE AND WAITS** - Long waits remain the defining failure of the system, cited more often than any other concern by Canadians (26%).

Key findings

5. **CONFIDENCE SCARCE** - Public confidence in the status quo is scarce, with only a small minority believing healthcare is moving in the right direction (14%).
6. **TIME TO RETHINK** - Canadians are ready to rethink who delivers care, with nearly seven in ten open to receiving routine care from professionals other than doctors (69%).
7. **READY TO MODERNIZE** - There is strong support for modernizing how care is delivered, with four in five open or somewhat open to expanded virtual care and digital tools (81%).
8. **GETTING NEW MEDICINES** - Access is valued over cost containment, as about seven in ten Canadians favour getting new life-saving medications at the same time as other major countries, even if it costs more (72%).

Top concerns related to how healthcare is delivered in Canada today

Q – What is your top concern about how healthcare is delivered in Canada today? [OPEN]

TOP RESPONSES

Top concerns about how healthcare is delivered in Canada today include long wait times, followed by poor access to services and shortage of staff.

	Canada 2026-05 (n=984)
Long Waits for Care	25.5%
Poor Access to Services	12.1%
Shortage of Health Care Staff	11.5%
Shortage of Family Doctors	8.3%
Opposition to Privatization	6.9%
Underfunding and Lack of Investment	6.4%
Poor Management and Bureaucracy	4.3%
Concerns About Fairness and Eligibility	3.6%

Source: Nanos Research, RDD dual frame hybrid telephone and online random survey, May 3 to 6, 2026, n=984, accurate 3.1 percentage points plus or minus, 19 times out of 20.

Top concerns related to how healthcare is delivered in Canada today – by region age and gender

Q – What is your top concern about how healthcare is delivered in Canada today? [OPEN]

	TOP RESPONSES										
	Canada 2026-05 (n=984)	Atlantic (n=97)	Quebec (n=204)	Ontario (n=314)	Prairies (n=216)	British Columbia (n=153)	Male (n=504)	Female (n=480)	18 to 34 (n=150)	35 to 54 (n=328)	55 plus (n=506)
Long Waits for Care	25.5%	27.2%	15.4%	28.1%	31.7%	26.0%	25.8%	25.2%	30.7%	30.6%	18.3%
Poor Access to Services	12.1%	11.2%	26.9%	7.1%	8.7%	6.8%	12.0%	12.1%	11.8%	11.6%	12.6%
Shortage of Health Care Staff	11.5%	13.4%	8.6%	9.5%	12.8%	18.8%	9.9%	12.9%	6.2%	12.2%	14.2%
Shortage of Family Doctors	8.3%	12.6%	9.5%	10.3%	2.4%	6.4%	8.0%	8.6%	7.0%	6.4%	10.6%
Opposition to Privatization	6.9%	2.2%	4.0%	7.0%	9.2%	10.5%	5.1%	8.6%	6.6%	6.0%	7.7%
Underfunding and Lack of Investment	6.4%	2.4%	3.9%	10.3%	6.7%	1.1%	6.4%	6.4%	9.1%	4.0%	6.5%
Poor Management and Bureaucracy	4.3%	5.2%	2.0%	3.7%	3.7%	9.5%	5.5%	3.1%	2.9%	4.9%	4.6%
Concerns About Fairness and Eligibility	3.6%	1.5%	3.4%	4.7%	3.8%	1.6%	3.6%	3.6%	3.0%	4.9%	3.0%

Respondents in Quebec are more likely than the national average to mention poor access to services as their top concern about how healthcare is delivered today. They are slightly less likely than the national average to cite long waits for care, as is the case for respondents aged 55 and over.

Source: Nanos Research, RDD dual frame hybrid telephone and online random survey, May 3 to 6, 2026, n=984, accurate 3.1 percentage points plus or minus, 19 times out of 20.

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Top concerns related to how healthcare is delivered in Canada today – by number of interactions with the system and role in healthcare decision-making

Q – What is your top concern about how healthcare is delivered in Canada today? [OPEN]

TOP RESPONSES

	Canada 2026-05 (n=984)	Zero to one time (n=139)	Two to five times (n=384)	Over five times (n=461)	I make healthcare decisions only for myself (n=640)	I make healthcare decisions for myself and for others (n=306)	I make healthcare decisions for others (n=24)*	I am not involved in making healthcare decisions (n=14)*
Long Waits for Care	25.5%	23.2%	27.9%	24.2%	20.2%	34.3%		
Poor Access to Services	12.1%	16.2%	10.6%	12.1%	13.9%	9.4%		
Shortage of Health Care Staff	11.5%	12.4%	12.6%	10.1%	12.4%	9.8%		
Shortage of Family Doctors	8.3%	6.5%	9.2%	8.2%	9.6%	6.6%		
Opposition to Privatization	6.9%	7.7%	4.1%	9.0%	6.9%	6.9%		
Underfunding and Lack of Investment	6.4%	3.9%	6.6%	7.0%	6.4%	5.7%		
Poor Management and Bureaucracy	4.3%	3.2%	4.9%	4.0%	5.3%	2.6%		
Concerns About Fairness and Eligibility	3.6%	1.2%	4.9%	3.2%	3.0%	4.8%		

*shaded due to small sample size.

Those who make healthcare decisions both for themselves and for others are more likely to cite long waits for care as their top concern regarding how healthcare is delivered than those who make healthcare decisions only for themselves.

Advice on how to improve the healthcare system

Q – If you had one piece of advice on how to improve Canada’s healthcare system, other than increasing government spending, what would it be? [OPEN]

TOP RESPONSES

Protecting public funding and public delivery, expanding private healthcare options, and cutting administrative layers and red tape are frequently cited by Canadians as advice on how to improve the healthcare system.

	Canada 2026-05 (n=963)
Increase Public Funding and Protect Public Delivery	9.3%
Expand Private Healthcare Options	7.5%
Cut Administrative Layers and Red Tape	7.0%
Expand Domestic Training Capacity	6.4%
Speed Licensing for Foreign-Trained Clinicians	5.7%
Increase Frontline Staffing	4.9%
Reform Governance and Political Oversight	4.8%
Improve Recruitment, Pay, and Retention	4.5%
Change Healthcare Delivery Models	4.5%

Source: Nanos Research, RDD dual frame hybrid telephone and online random survey, May 3 to 6, 2026, n=963, accurate 3.2 percentage points plus or minus, 19 times out of 20.

Advice on how to improve the healthcare system – by region age and gender

Q – If you had one piece of advice on how to improve Canada’s healthcare system, other than increasing government spending, what would it be? [OPEN]

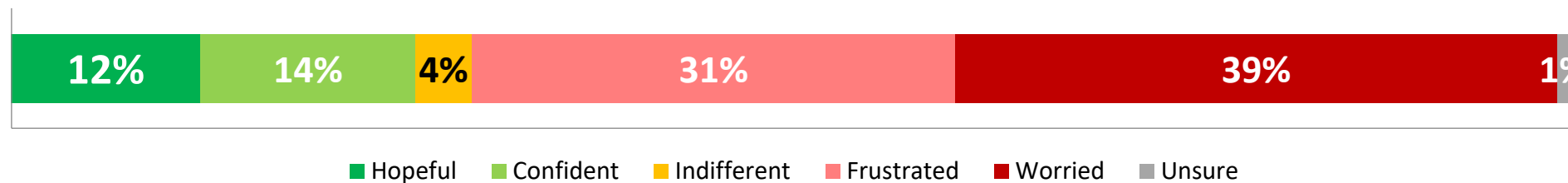
TOP RESPONSES

	Canada 2026-05 (n=963)	Atlantic (n=93)	Quebec (n=203)	Ontario (n=305)	Prairies (n=212)	British Columbia (n=150)	Male (n=497)	Female (n=466)	18 to 34 (n=150)	35 to 54 (n=317)	55 plus (n=496)
Increase Public Funding and Protect Public Delivery	9.3%	5.3%	6.3%	13.5%	6.4%	7.7%	8.8%	9.7%	12.5%	8.8%	7.5%
Expand Private Healthcare Options	7.5%	4.0%	6.8%	5.5%	10.5%	11.8%	8.8%	6.1%	10.7%	6.2%	6.3%
Cut Administrative Layers and Red Tape	7.0%	1.6%	14.0%	3.9%	6.4%	7.4%	7.5%	6.6%	4.5%	8.1%	7.8%
Expand Domestic Training Capacity	6.4%	5.3%	4.9%	6.5%	8.4%	6.5%	6.6%	6.3%	6.2%	7.0%	6.1%
Speed Licensing for Foreign-Trained Clinicians	5.7%	4.8%	3.4%	7.6%	3.8%	7.0%	4.4%	6.9%	7.3%	6.1%	4.4%
Increase Frontline Staffing	4.9%	6.4%	1.4%	5.9%	6.1%	5.9%	6.6%	3.3%	6.6%	4.6%	4.1%
Reform Governance and Political Oversight	4.8%	3.4%	6.4%	4.0%	5.3%	4.4%	5.5%	4.1%	4.2%	2.5%	7.0%
Improve Recruitment, Pay, and Retention	4.5%	9.1%	2.5%	4.6%	5.5%	3.8%	4.1%	4.8%	6.5%	4.1%	3.4%
Change Healthcare Delivery Models	4.5%	4.8%	4.7%	3.6%	4.3%	6.4%	4.3%	4.6%	3.5%	6.3%	3.6%

Source: Nanos Research, RDD dual frame hybrid telephone and online random survey, May 3 to 6, 2026, n=963, accurate 3.2 percentage points plus or minus, 19 times out of 20.

Feelings toward Canada's healthcare system

Q – Which one of the following words best describes how you feel about Canada's healthcare system today?
[RANDOMIZE]



*Weighted to the true population proportion.

*Charts may not add up to 100 due to rounding.

7 in 10 Canadians

report that worry (39%) or frustration (31%) best describes how they feel about Canada's health system today. Comparatively, about one in four Canadians reports feeling either confident (14%) or hopeful (12%).

Feelings toward Canada's healthcare system – by region age and gender

Q – Which one of the following words best describes how you feel about Canada's healthcare system today? [RANDOMIZE]

	Canada 2026-05 (n=1003)	Atlantic (n=100)	Quebec (n=213)	Ontario (n=319)	Prairies (n=217)	British Columbia (n=154)	Male (n=516)	Female (n=487)	18 to 34 (n=159)	35 to 54 (n=332)	55 plus (n=512)
Worried	38.6%	30.6%	44.9%	37.1%	38.1%	37.0%	37.2%	40.0%	43.8%	38.4%	35.5%
Frustrated	31.0%	27.9%	26.6%	30.8%	37.2%	32.9%	30.1%	31.9%	34.4%	34.8%	25.8%
Confident	13.8%	8.4%	21.3%	14.8%	7.1%	9.5%	14.0%	13.6%	6.0%	13.5%	19.1%
Hopeful	12.1%	26.4%	2.3%	13.0%	13.4%	17.8%	12.6%	11.7%	10.2%	9.7%	15.3%
Indifferent	3.6%	5.4%	4.1%	3.8%	3.1%	2.3%	5.7%	1.7%	5.6%	2.2%	3.5%
Unsure	0.8%	1.3%	0.9%	0.6%	1.1%	0.5%	0.4%	1.1%	-	1.4%	0.8%

Atlantic Canadians are more likely to report feeling hopeful about Canada's healthcare system today than residents of Quebec.

Feelings toward Canada's healthcare system – by interactions with the healthcare system and by role in healthcare decision-making

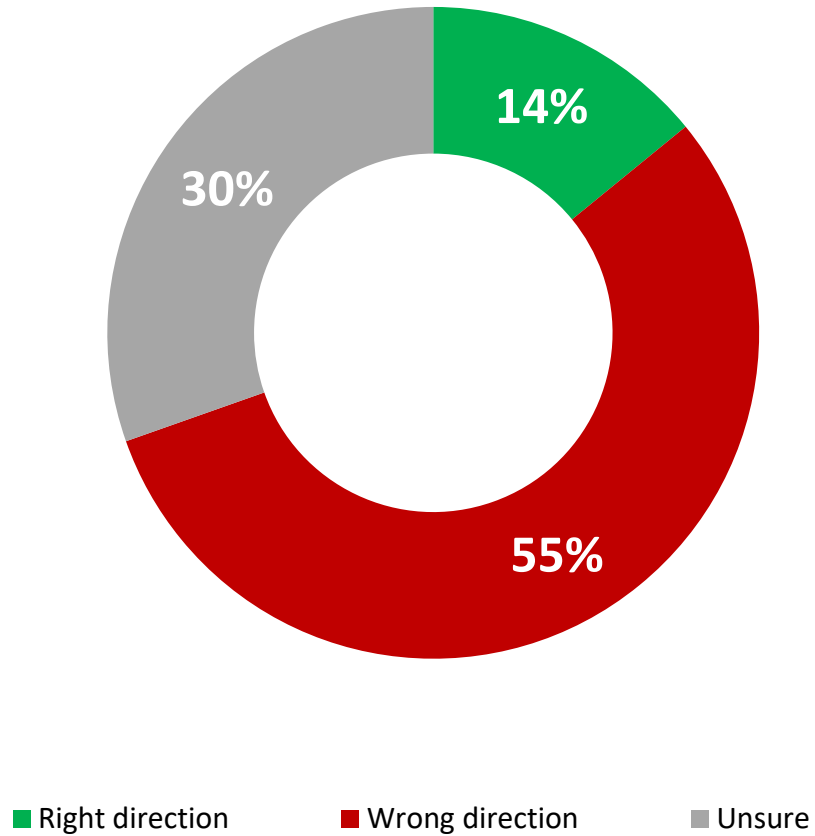
Q – Which one of the following words best describes how you feel about Canada's healthcare system today? [RANDOMIZE]

	Canada 2026-05 (n=1003)	Number of interactions with healthcare provider in the past 12 months			Role in healthcare decision-making			
		Zero to one time (n=142)	Two to five times (n=394)	Over five times (n=467)	I make healthcare decisions only for myself (n=651)	I make healthcare decisions for myself and for others (n=314)	I make healthcare decisions for others (n=24)*	I am not involved in making healthcare decisions (n=14)*
Worried	38.6%	34.1%	38.6%	40.1%	36.8%	41.7%		
Frustrated	31.0%	40.4%	29.7%	29.1%	31.4%	30.1%		
Confident	13.8%	10.5%	14.2%	14.5%	13.4%	13.9%		
Hopeful	12.1%	10.1%	12.3%	12.6%	13.5%	10.9%		
Indifferent	3.6%	4.9%	4.3%	2.7%	4.0%	2.9%		
Unsure	0.8%	-	0.9%	1.0%	0.9%	0.6%		

*shaded due to small sample size.

Those who report having interacted with the healthcare system on one occasion or fewer are more likely than the national average to report that frustration best describes how they feel about the healthcare system today.

Q – Thinking of healthcare in Canada is it moving in the right direction or the wrong direction?



*Weighted to the true population proportion.

*Charts may not add up to 100 due to rounding.

Direction of healthcare in Canada

Canadians are four times more likely

to report believing healthcare in Canada is moving in the wrong direction than they are to report believing it is moving in the right direction. Of note, 30 per cent of Canadians are unsure whether the system is moving in the right or wrong direction, two times greater than the percentage of Canadians who report believing healthcare in Canada is moving in the right direction.

Source: Nanos Research, RDD dual frame hybrid telephone and online random survey, May 3 to 6, 2026, n=1003, accurate 3.1 percentage points plus or minus, 19 times out of 20.

Direction of healthcare in Canada – by region age and gender

Q – Thinking of healthcare in Canada is it moving in the right direction or the wrong direction?

	Canada 2026-05 (n=1003)	Atlantic (n=100)	Quebec (n=213)	Ontario (n=319)	Prairies (n=217)	British Columbia (n=154)	Male (n=516)	Female (n=487)	18 to 34 (n=159)	35 to 54 (n=332)	55 plus (n=512)
Right direction	14.1%	22.0%	15.4%	14.6%	9.5%	12.4%	13.3%	14.9%	9.9%	11.1%	19.2%
Wrong direction	55.5%	39.9%	50.8%	57.5%	62.1%	56.7%	55.8%	55.2%	65.1%	57.8%	47.4%
Unsure	30.4%	38.1%	33.7%	27.8%	28.4%	30.9%	30.9%	29.9%	25.0%	31.1%	33.4%

Atlantic Canadians are less likely than the national average to believe healthcare in Canada is moving in the wrong direction, while younger Canadians aged 18 to 34 are more likely to report believing it is moving in the wrong direction than those aged 55 and over.

Direction of healthcare in Canada – by number of interactions with the healthcare system and by role in healthcare decision-making

Q – Thinking of healthcare in Canada is it moving in the right direction or the wrong direction?

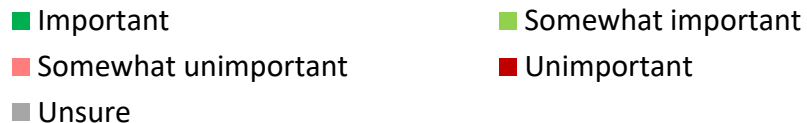
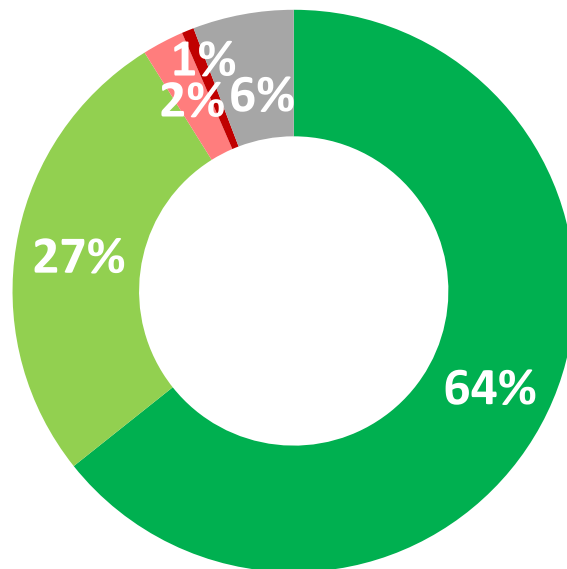
	Canada 2026-05 (n=1003)	Number of interactions with healthcare provider in the past 12 months			Role in healthcare decision-making			
		Zero to one time (n=142)	Two to five times (n=394)	Over five times (n=467)	I make healthcare decisions only for myself (n=651)	I make healthcare decisions for myself and for others (n=314)	I make healthcare decisions for others (n=24)*	I am not involved in making healthcare decisions (n=14)*
Right direction	14.1%	12.4%	12.6%	16.0%	14.4%	13.5%		
Wrong direction	55.5%	57.8%	54.2%	55.8%	51.0%	62.2%		
Unsure	30.4%	29.7%	33.2%	28.2%	34.6%	24.3%		

*shaded due to small sample size.

Those who report making healthcare decisions both for themselves and for others are more likely than the national average to report believing healthcare in Canada is moving in the wrong direction.

Views on the importance of the healthcare system changing

Q – How important, if at all, is it for the healthcare system in Canada to change?



*Weighted to the true population proportion.

*Charts may not add up to 100 due to rounding.

9 in 10 Canadians

believe it is either important or somewhat important for the healthcare system in Canada to change, compared to only three per cent who believe this is either somewhat not important or not important. Six per cent of Canadians report being unsure.

Views on the importance of the healthcare system changing – by demographics

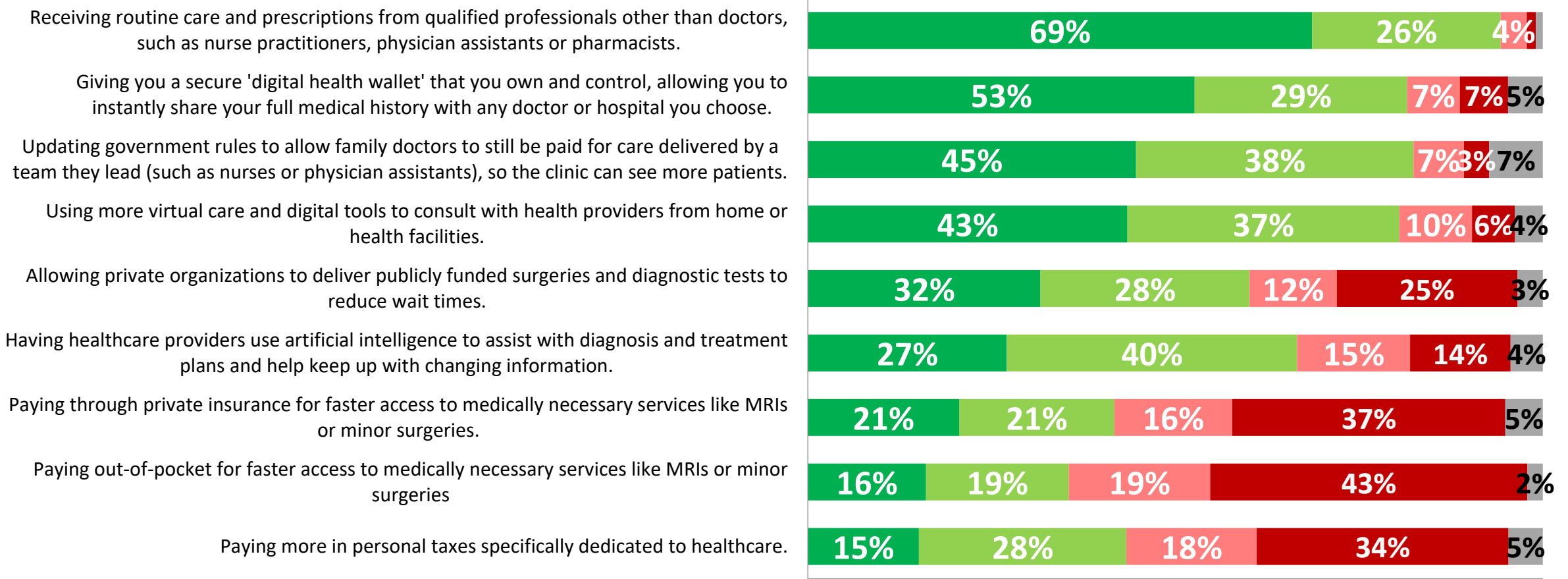
Q – How important, if at all, is it for the healthcare system in Canada to change?

	Canada 2026-05 (n=1003)	Atlantic (n=100)	Quebec (n=213)	Ontario (n=319)	Prairies (n=217)	British Columbia (n=154)	Male (n=516)	Female (n=487)	18 to 34 (n=159)	35 to 54 (n=332)	55 plus (n=512)
Important	64.3%	76.6%	56.9%	63.4%	66.1%	70.6%	62.1%	66.3%	66.5%	63.0%	63.8%
Somewhat important	26.8%	17.5%	35.0%	25.6%	23.2%	25.4%	29.5%	24.2%	21.0%	29.5%	28.5%
Somewhat unimportant	2.4%	1.5%	4.0%	3.1%	1.0%	0.3%	2.8%	2.1%	3.0%	1.6%	2.7%
Unimportant	0.7%	-	-	0.5%	2.4%	0.8%	0.3%	1.1%	1.2%	0.3%	0.7%
Unsure	5.8%	4.4%	4.1%	7.4%	7.3%	2.9%	5.3%	6.3%	8.3%	5.5%	4.4%

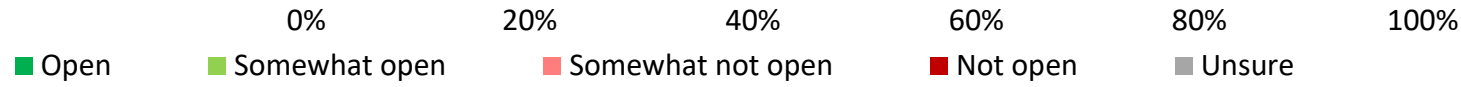
A majority of respondents across all demographic groups believe it is outright important for the healthcare system in Canada to change. Intensity of views is slightly higher among Atlantic Canadians than it is among residents of Quebec.

Level of openness to various initiatives to improve access to healthcare

Q – Are you open, somewhat open, somewhat not open or not open to trying the following in order to improve access to healthcare? [RANDOMIZE]



*Weighted to the true population proportion.
 *Charts may not add up to 100 due to rounding.



Source: Nanos Research, RDD dual frame hybrid telephone and online random survey, May 3 to 6, 2026, n=1003, accurate 3.1 percentage points plus or minus, 19 times out of 20.

Level of openness to having healthcare provider use AI to assist with diagnosis, treatment plans, and keeping up with changing information

Q – Are you open, somewhat open, somewhat not open or not open to trying the following in order to improve access to healthcare? [RANDOMIZE]
Having healthcare providers use artificial intelligence to assist with diagnosis and treatment plans and help keep up with changing information.

	Canada 2026-05 (n=1003)	Atlantic (n=100)	Quebec (n=213)	Ontario (n=319)	Prairies (n=217)	British Columbia (n=154)	Male (n=516)	Female (n=487)	18 to 34 (n=159)	35 to 54 (n=332)	55 plus (n=512)
Open	27.1%	26.0%	32.0%	26.9%	24.2%	23.3%	30.3%	23.9%	23.3%	30.1%	27.1%
Somewhat open	39.5%	42.1%	39.5%	37.4%	42.2%	40.9%	38.1%	41.0%	37.3%	38.3%	41.9%
Somewhat not open	15.4%	11.4%	14.3%	14.7%	13.3%	23.7%	14.4%	16.3%	17.7%	15.2%	14.0%
Not open	13.7%	13.9%	10.2%	16.9%	14.3%	9.4%	12.7%	14.6%	18.5%	11.5%	12.1%
Unsure	4.4%	6.5%	4.0%	4.1%	6.0%	2.8%	4.6%	4.2%	3.2%	4.8%	4.9%

A majority of respondents across all demographic groups report being either open or somewhat open to having healthcare providers use AI to assist with diagnosis, treatment plans and to help keep up with changing information. No statistically significant differences exist among the subgroups.

Level of openness to the use of virtual care and digital tools to consult with healthcare providers

Q – Are you open, somewhat open, somewhat not open or not open to trying the following in order to improve access to healthcare? [RANDOMIZE]
Using more virtual care and digital tools to consult with health providers from home or health facilities.

	Canada 2026-05 (n=1003)	Atlantic (n=100)	Quebec (n=213)	Ontario (n=319)	Prairies (n=217)	British Columbia (n=154)	Male (n=516)	Female (n=487)	18 to 34 (n=159)	35 to 54 (n=332)	55 plus (n=512)
Open	43.5%	45.3%	48.5%	37.9%	45.7%	46.9%	42.8%	44.2%	44.8%	47.8%	39.2%
Somewhat open	37.0%	39.6%	34.4%	38.7%	34.3%	38.8%	38.7%	35.4%	31.9%	35.2%	41.8%
Somewhat not open	9.9%	8.7%	8.2%	11.7%	8.8%	9.5%	9.5%	10.2%	12.2%	9.3%	8.9%
Not open	5.8%	2.9%	6.0%	6.7%	7.2%	2.9%	5.2%	6.5%	8.6%	3.1%	6.2%
Unsure	3.8%	3.4%	3.0%	4.9%	3.9%	2.0%	3.8%	3.7%	2.6%	4.6%	3.9%

Most respondents across all demographic groups report being open or somewhat open to the use of more virtual care and digital tools to consult with health providers. No statistically significant differences are observed.

Level of openness to the use of a digital health wallet – by region age and gender

Q – Are you open, somewhat open, somewhat not open or not open to trying the following in order to improve access to healthcare? [RANDOMIZE]
Giving you a secure 'digital health wallet' that you own and control, allowing you to instantly share your full medical history with any doctor or hospital you choose.

	Canada 2026-05 (n=1003)	Atlantic (n=100)	Quebec (n=213)	Ontario (n=319)	Prairies (n=217)	British Columbia (n=154)	Male (n=516)	Female (n=487)	18 to 34 (n=159)	35 to 54 (n=332)	55 plus (n=512)
Open	52.6%	57.2%	56.8%	52.2%	48.9%	49.3%	55.0%	50.3%	47.7%	53.9%	54.9%
Somewhat open	28.9%	22.3%	32.2%	25.7%	32.2%	31.5%	26.7%	31.0%	27.3%	27.5%	31.1%
Somewhat not open	7.2%	4.4%	3.6%	8.9%	5.7%	11.4%	7.4%	7.0%	11.3%	6.2%	5.3%
Not open	6.6%	7.5%	4.0%	7.8%	7.9%	5.1%	6.5%	6.6%	9.0%	6.8%	4.8%
Unsure	4.7%	8.6%	3.5%	5.3%	5.3%	2.7%	4.3%	5.1%	4.8%	5.7%	3.9%

A majority of Canadians across all regions, genders and age groups report being either open or somewhat open to the use of a digital health wallet they control to instantly share their full medical history with any doctor or hospital they choose. No significant demographic differences are observed.

Level of openness to the use of a digital health wallet – by number of interactions with the system and by involvement in healthcare decision-making

Q – Are you open, somewhat open, somewhat not open or not open to trying the following in order to improve access to healthcare? [RANDOMIZE]
Giving you a secure 'digital health wallet' that you own and control, allowing you to instantly share your full medical history with any doctor or hospital you choose.

	Canada 2026-05 (n=1003)	Number of interactions with healthcare provider in the past 12 months			Role in healthcare decision-making			
		Zero to one time (n=142)	Two to five times (n=394)	Over five times (n=467)	I make healthcare decisions only for myself (n=651)	I make healthcare decisions for myself and for others (n=314)	I make healthcare decisions for others (n=24)*	I am not involved in making healthcare decisions (n=14)*
Open	52.6%	43.3%	53.8%	54.7%	51.9%	54.5%		
Somewhat open	28.9%	30.7%	28.7%	28.5%	30.4%	26.3%		
Somewhat not open	7.2%	10.5%	6.8%	6.4%	7.2%	7.3%		
Not open	6.6%	7.2%	7.9%	5.2%	4.7%	9.3%		
Unsure	4.7%	8.3%	2.8%	5.3%	5.8%	2.6%		

*shaded due to small sample size.

Despite a majority of respondents reporting being open or somewhat open to the use of a digital health wallet, those who report having interacted with the healthcare system on no occasions or on one occasion in the past 12 months are less likely than the national average to report being outright open to this.

Level of openness to receiving routine care and prescriptions from qualified professionals other than doctors

Q – Are you open, somewhat open, somewhat not open or not open to trying the following in order to improve access to healthcare? [RANDOMIZE]
Receiving routine care and prescriptions from qualified professionals other than doctors, such as nurse practitioners, physician assistants or pharmacists.

	Canada 2026-05 (n=1003)	Atlantic (n=100)	Quebec (n=213)	Ontario (n=319)	Prairies (n=217)	British Columbia (n=154)	Male (n=516)	Female (n=487)	18 to 34 (n=159)	35 to 54 (n=332)	55 plus (n=512)
Open	68.6%	83.8%	71.5%	60.2%	66.8%	82.5%	64.6%	72.5%	67.5%	68.7%	69.3%
Somewhat open	25.6%	13.2%	25.8%	31.1%	26.7%	14.8%	28.8%	22.6%	25.1%	27.6%	24.4%
Somewhat not open	3.6%	-	0.9%	6.9%	2.5%	1.9%	4.1%	3.1%	4.8%	2.5%	3.6%
Not open	1.2%	1.7%	-	1.5%	2.9%	0.5%	1.1%	1.4%	1.2%	0.8%	1.6%
Unsure	0.9%	1.3%	1.8%	0.4%	1.2%	0.3%	1.4%	0.5%	1.4%	0.4%	1.0%

A majority of respondents across all demographic groups report being open to receiving routine care and prescriptions from nurse practitioners, physician assistants or pharmacists. Intensity of openness is higher among Atlantic Canadians and British Columbians than it is among residents of Ontario.

Level of openness to updating government rules to allow family doctors to still be paid for care delivered by a team they lead

Q – Are you open, somewhat open, somewhat not open or not open to trying the following in order to improve access to healthcare? [RANDOMIZE]
Updating government rules to allow family doctors to still be paid for care delivered by a team they lead (such as nurses or physician assistants), so the clinic can see more patients.

	Canada 2026-05 (n=1003)	Atlantic (n=100)	Quebec (n=213)	Ontario (n=319)	Prairies (n=217)	British Columbia (n=154)	Male (n=516)	Female (n=487)	18 to 34 (n=159)	35 to 54 (n=332)	55 plus (n=512)
Open	44.6%	44.9%	35.3%	46.4%	44.5%	55.3%	41.6%	47.6%	34.6%	48.0%	48.6%
Somewhat open	37.8%	44.8%	38.4%	39.1%	39.1%	27.9%	41.6%	34.1%	44.1%	36.2%	34.9%
Somewhat not open	6.9%	2.0%	9.1%	5.6%	8.1%	7.4%	6.5%	7.2%	6.4%	5.8%	8.0%
Not open	3.4%	1.5%	7.1%	2.2%	1.8%	3.6%	4.3%	2.6%	6.5%	1.4%	3.0%
Unsure	7.3%	6.8%	10.0%	6.7%	6.5%	5.9%	6.0%	8.5%	8.4%	8.5%	5.6%

While a majority of Canadians across all demographic groups report being either open or somewhat open to updating government rules to allow family doctors to still be paid for care delivered by a team they lead so the clinic can see more patients, intensity of openness is higher among British Columbians than among residents of Quebec and is lower among those aged 18 to 34 relative to the national average.

Level of openness to allowing private organizations to deliver publicly funded surgeries and diagnostic tests to reduce wait times – by region age and gender

Q – Are you open, somewhat open, somewhat not open or not open to trying the following in order to improve access to healthcare? [RANDOMIZE]

Allowing private organizations to deliver publicly funded surgeries and diagnostic tests to reduce wait times.

	Canada 2026-05 (n=1003)	Atlantic (n=100)	Quebec (n=213)	Ontario (n=319)	Prairies (n=217)	British Columbia (n=154)	Male (n=516)	Female (n=487)	18 to 34 (n=159)	35 to 54 (n=332)	55 plus (n=512)
Open	31.7%	24.0%	40.3%	25.5%	37.7%	30.5%	34.3%	29.1%	31.5%	34.7%	29.3%
Somewhat open	28.4%	33.0%	36.1%	27.8%	20.3%	25.6%	29.6%	27.3%	21.7%	30.9%	30.9%
Somewhat not open	11.9%	9.6%	10.7%	10.8%	14.1%	15.2%	11.1%	12.6%	13.0%	9.9%	12.7%
Not open	24.6%	27.2%	10.8%	33.0%	23.9%	23.4%	22.1%	27.0%	29.9%	20.8%	24.0%
Unsure	3.5%	6.2%	2.1%	2.9%	4.0%	5.3%	3.0%	3.9%	3.8%	3.7%	3.0%

While three in five Canadians report being either open or somewhat open to allowing private organizations to deliver publicly funded surgeries and diagnostic tests to reduce wait times, respondents in Quebec are more likely to report being open to this than Canadians on average. Ontarians meanwhile are more likely than respondents in Quebec to report not being open to this.

Level of openness to allowing private organizations to deliver publicly funded surgeries and diagnostic tests to reduce wait times – by number of interactions with the system and by involvement in healthcare decision-making

Q – Are you open, somewhat open, somewhat not open or not open to trying the following in order to improve access to healthcare? [RANDOMIZE]

Allowing private organizations to deliver publicly funded surgeries and diagnostic tests to reduce wait times.

	Canada 2026-05 (n=1003)	Number of interactions with healthcare provider in the past 12 months			Role in healthcare decision-making			
		Zero to one time (n=142)	Two to five times (n=394)	Over five times (n=467)	I make healthcare decisions only for myself (n=651)	I make healthcare decisions for myself and for others (n=314)	I make healthcare decisions for others (n=24)*	I am not involved in making healthcare decisions (n=14)*
Open	31.7%	36.0%	31.4%	30.4%	29.6%	34.0%		
Somewhat open	28.4%	32.6%	32.4%	23.6%	29.5%	27.0%		
Somewhat not open	11.9%	9.2%	13.2%	11.5%	12.3%	11.1%		
Not open	24.6%	19.1%	19.3%	31.0%	24.7%	24.8%		
Unsure	3.5%	3.0%	3.7%	3.4%	3.9%	3.1%		

*shaded due to small sample size.

Respondents who interacted with the healthcare system over five times over the past year are more likely than the national average to report not being open to allowing private organizations to deliver publicly funded surgeries and diagnostic tests to reduce wait times.

Level of openness to paying more in personal taxes specifically dedicated to healthcare

Q – Are you open, somewhat open, somewhat not open or not open to trying the following in order to improve access to healthcare? [RANDOMIZE]
Paying more in personal taxes specifically dedicated to healthcare.

	Canada 2026-05 (n=1003)	Atlantic (n=100)	Quebec (n=213)	Ontario (n=319)	Prairies (n=217)	British Columbia (n=154)	Male (n=516)	Female (n=487)	18 to 34 (n=159)	35 to 54 (n=332)	55 plus (n=512)
Open	15.1%	15.5%	9.0%	15.0%	18.9%	20.6%	14.5%	15.7%	17.3%	12.5%	15.8%
Somewhat open	28.2%	27.7%	21.3%	33.3%	26.1%	28.6%	25.7%	30.7%	26.4%	25.9%	31.3%
Somewhat not open	17.8%	18.0%	18.7%	18.3%	13.4%	19.9%	18.6%	17.0%	17.8%	18.3%	17.3%
Not open	34.2%	29.9%	41.0%	31.1%	38.6%	28.3%	36.8%	31.7%	36.0%	37.3%	30.8%
Unsure	4.7%	8.9%	10.0%	2.3%	2.9%	2.6%	4.4%	4.9%	2.6%	6.1%	4.9%

Canadians hold mixed views regarding paying more in personal taxes specifically dedicated to health care, with a slim majority of Canadians reporting being either not open (34%) or somewhat not open (18%) to this, and just over two in five Canadians being either open (15%) or somewhat open (28%) to it. Results are generally consistent across demographic groups.

Level of openness to paying out-of-pocket for faster access to medically necessary services

Q – Are you open, somewhat open, somewhat not open or not open to trying the following in order to improve access to healthcare? [RANDOMIZE]

Paying out-of-pocket for faster access to medically necessary services like MRIs or minor surgeries

	Canada 2026-05 (n=1003)	Atlantic (n=100)	Quebec (n=213)	Ontario (n=319)	Prairies (n=217)	British Columbia (n=154)	Male (n=516)	Female (n=487)	18 to 34 (n=159)	35 to 54 (n=332)	55 plus (n=512)
Open	16.1%	11.7%	14.9%	13.7%	22.5%	18.6%	18.7%	13.5%	17.6%	17.3%	14.1%
Somewhat open	19.4%	25.6%	17.1%	16.9%	21.1%	25.6%	21.4%	17.6%	15.2%	20.4%	21.4%
Somewhat not open	19.2%	16.1%	25.7%	18.3%	16.2%	16.5%	18.9%	19.6%	20.8%	18.3%	19.0%
Not open	43.2%	43.1%	38.3%	49.9%	39.3%	37.4%	39.6%	46.6%	44.9%	41.9%	43.1%
Unsure	2.1%	3.4%	4.0%	1.3%	0.9%	2.0%	1.4%	2.7%	1.6%	2.1%	2.4%

Canadians across all demographic groups are more likely to report not being open to paying out-of-pocket for faster access to medically necessary services than they are to report being open to this. Ontarians are more likely to report being outright not open to this than Canadians on average.

Level of openness to paying through private insurance for faster access to medically necessary services

Q – Are you open, somewhat open, somewhat not open or not open to trying the following in order to improve access to healthcare? [RANDOMIZE]
Paying through private insurance for faster access to medically necessary services like MRIs or minor surgeries.

	Canada 2026-05 (n=1003)	Atlantic (n=100)	Quebec (n=213)	Ontario (n=319)	Prairies (n=217)	British Columbia (n=154)	Male (n=516)	Female (n=487)	18 to 34 (n=159)	35 to 54 (n=332)	55 plus (n=512)
Open	20.6%	15.2%	23.0%	17.5%	24.6%	22.7%	23.9%	17.4%	24.2%	21.2%	17.7%
Somewhat open	21.1%	18.6%	25.0%	20.4%	18.6%	21.2%	21.3%	21.0%	19.0%	22.3%	21.6%
Somewhat not open	16.1%	17.9%	15.9%	13.7%	16.4%	21.5%	15.9%	16.2%	17.4%	15.0%	16.0%
Not open	37.2%	40.2%	29.6%	43.9%	36.0%	30.8%	34.7%	39.5%	33.5%	35.7%	40.7%
Unsure	5.1%	8.1%	6.5%	4.5%	4.4%	3.9%	4.2%	5.9%	5.9%	5.8%	4.0%

Ontarians are more likely than the national average to report being outright not open to paying through private insurance for faster access to medically necessary services.

Making new life-saving medications available to Canadians

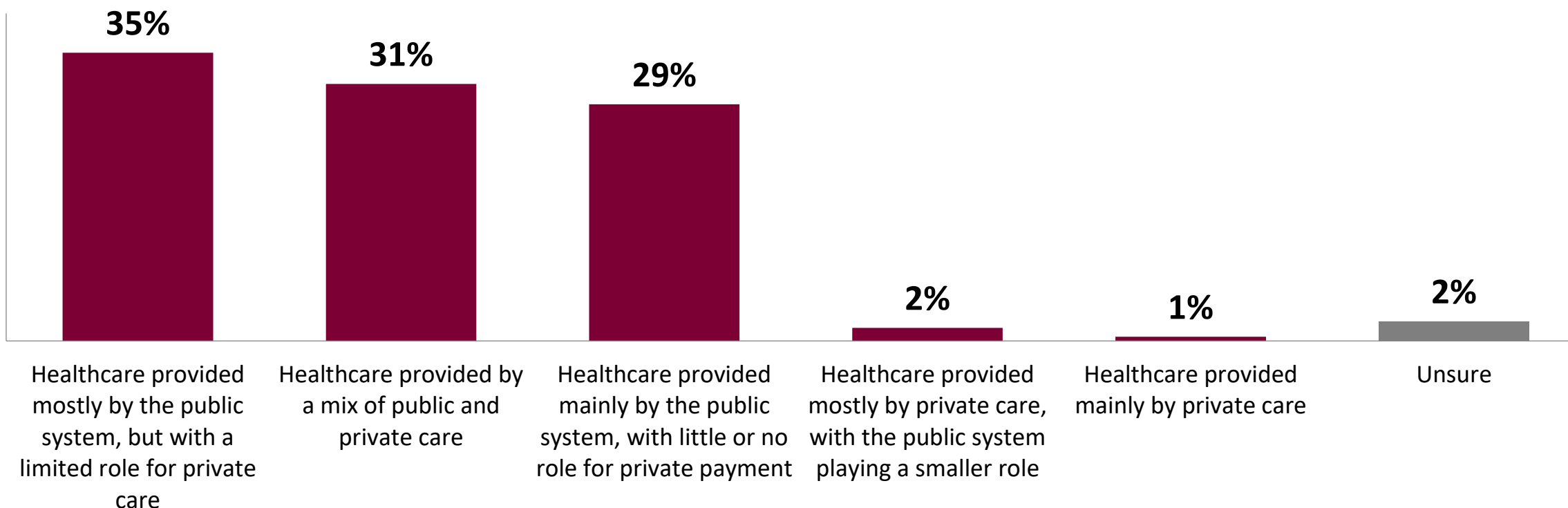
Q –Thinking about how the government makes new life-saving medications available to Canadians, which of the following approaches would you prefer the government take?

	Canada 2026-05 (n=1003)	Atlantic (n=100)	Quebec (n=213)	Ontario (n=319)	Prairies (n=217)	British Columbia (n=154)	Male (n=516)	Female (n=487)	18 to 34 (n=159)	35 to 54 (n=332)	55 plus (n=512)
Ensuring Canadians have access to new medications at the same time as other major countries (like the U.S. or UK), even if it means the government pays higher prices for those drugs	71.9%	69.9%	70.0%	75.6%	72.0%	65.7%	70.3%	73.5%	70.4%	70.9%	73.7%
Ensuring the government pays the lowest possible price for medications, even if it means Canadians wait several years longer than other countries for those drugs to become available	10.5%	6.6%	9.7%	11.1%	9.7%	13.3%	13.4%	7.8%	13.8%	10.1%	8.8%
Unsure	17.5%	23.5%	20.3%	13.3%	18.3%	20.9%	16.3%	18.7%	15.9%	19.0%	17.5%

Consistent across demographic groupings, about seven in 10 Canadians favour the government ensuring Canadians have access to new medications at the same time as other major countries even if it means the government paying higher prices, over ensuring the government pays the lowest possible price, even if it means Canadians need to wait longer than most other countries for new life-saving medications to become available.

Best approach to improve healthcare in Canada

Q – Our next question is about public and private healthcare in Canada. By private healthcare we mean care where people pay for services themselves or through private insurance. Which approach do you think would work best to improve healthcare in Canada? [RANDOMIZE]



About seven in 10 Canadians believe the best approach to improve healthcare in Canada involves at least a role for private care.

*Weighted to the true population proportion.

*Charts may not add up to 100 due to rounding.

Source: Nanos Research, RDD dual frame hybrid telephone and online random survey, May 3 to 6, 2026, n=1003, accurate 3.1 percentage points plus or minus, 19 times out of 20.

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Best approach to improve healthcare in Canada – by region age and gender

Q – Our next question is about public and private healthcare in Canada. By private healthcare we mean care where people pay for services themselves or through private insurance. Which approach do you think would work best to improve healthcare in Canada? [RANDOMIZE]

	Canada 2026-05 (n=1003)	Atlantic (n=100)	Quebec (n=213)	Ontario (n=319)	Prairies (n=217)	British Columbia (n=154)	Male (n=516)	Female (n=487)	18 to 34 (n=159)	35 to 54 (n=332)	55 plus (n=512)
Healthcare provided mostly by the public system, but with a limited role for private care	35.2%	31.2%	35.4%	37.9%	28.6%	37.8%	36.2%	34.3%	28.2%	32.7%	41.8%
Healthcare provided by a mix of public and private care	31.4%	30.2%	37.1%	26.8%	36.1%	29.4%	33.3%	29.6%	31.9%	33.7%	29.2%
Healthcare provided mainly by the public system, with little or no role for private payment	28.9%	29.9%	21.9%	33.1%	29.3%	28.2%	26.3%	31.4%	33.6%	30.1%	25.0%
Healthcare provided mostly by private care, with the public system playing a smaller role	1.6%	1.0%	1.8%	0.9%	4.3%	-	2.0%	1.2%	2.2%	1.5%	1.3%
Healthcare provided mainly by private care	0.5%	0.7%	1.3%	-	0.3%	0.3%	0.8%	0.1%	-	0.1%	1.0%
Unsure	2.4%	7.0%	2.5%	1.3%	1.4%	4.2%	1.3%	3.5%	4.1%	1.9%	1.7%

Canadians aged 55 and over are more likely than the national average to favour healthcare provided mostly by the public system, but with a limited role for public care.

Respondent profile – number of interactions with a healthcare provider and role in healthcare decision-making

Q – In the past twelve months, how many interactions have you had with a health care provider (including medical appointments with doctors, nurses, specialists, or lab technicians, or interactions with your pharmacist)? ___ [OPEN]

	Total (1003)*
Zero to one time	142 out of 1003 ≈ 14%
Two to five times	394 out of 1003 ≈ 39%
Over five times	468 out of 1003 ≈ 47%
Unsure	-

*Approximate percentages in the respondent profile represent the unweighted percentages of respondents in the sample in each grouping.

*Charts may not add up to 100 due to rounding

Q – Which of the following best describes your role in making decisions about your healthcare and the healthcare of your family or others. [RANDOMIZE]

	Total (1003)*
I make healthcare decisions only for myself	651 out of 1003 ≈ 65%
I make healthcare decisions for myself and for others	314 out of 1003 ≈ 31%
I make healthcare decisions for others	24 out of 1003 ≈ 2%
I am not involved in making healthcare decisions	14 out of 1003 ≈ 1%

Element	Description	Element	Description
Research sponsor	Santis Health	Weighting of Data	The results were weighted by age and gender using the latest Census information (2021) and the sample is geographically stratified to ensure a distribution across all regions of Canada. See tables for full weighting disclosure
Population and Final Sample Size	1003 Randomly selected individuals.	Screening	Screening ensured potential respondents did not work in the market research industry, in the advertising industry, in the media or a political party prior to administering the survey to ensure the integrity of the data.
Source of Sample	Nanos Insights Lab	Excluded Demographics	Individuals younger than 18 years old; individuals without land or cell lines, and individuals without internet access could not participate.
Type of Sample	Probability	Stratification	By age and gender using the latest Census information (2021) and the sample is geographically stratified to be representative of Canada. Smaller areas such as Atlantic Canada were marginally oversampled to allow for a minimum regional sample.
Margin of Error	±3.1 percentage points, 19 times out of 20.	Estimated Response Rate	11 percent, consistent with industry norms.
Mode of Survey	RDD dual frame (land- and cell-lines) hybrid telephone and online omnibus survey	Question Order	Question order in the preceding report reflects the order in which they appeared in the original questionnaire.
Sampling Method Base	The sample included both land- and cell-lines RDD (Random Digit Dialed) across Canada.	Question Content	Topics on the omnibus ahead of the survey content included: views on political issues, views on economic issues, US Boycott, NATO, cost of living, relationships, home prices, energy partnerships and Canada-EU relations.
Demographics (Captured)	Atlantic Canada, Quebec, Ontario, Prairies, British Columbia; Men and Women; 18 years and older, number of interactions with the healthcare system over the past twelve months, role in healthcare decision-making. Six digit postal code was used to validate geography.	Question Wording	The questions in the preceding report are written exactly as they were asked to individuals.
Fieldwork/Validation	Individuals were recruited using live interviews with live supervision to validate work, the research questions were administered online	Research/Data Collection Supplier	Nanos Research
Number of Calls	Maximum of five call backs to those recruited.	Contact	Contact Nanos Research for more information or with any concerns or questions. http://www.nanos.co Telephone:(613) 234-4666 ext. 237 Email: info@nanosresearch.com.
Time of Calls	Individuals recruited were called between 12-5:30 pm and 6:30-9:30pm local time for the respondent.	Tabulations	Click here: 2026-2966 Santis Tables - Formatted
Field Dates	May 3 to 6, 2026.		
Language of Survey	The survey was conducted in both English and French.		
Standards	Nanos Research is a member of the Canadian Research Insights Council (CRIC) and confirms that this research fully complies with all CRIC Standards including the CRIC Public Opinion Research Standards and Disclosure Requirements. https://canadianresearchinsightscouncil.ca/standards/		



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Nanos Research

(613) 234-4666, ext. 237

ea@nanosresearch.com

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