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PERSPECTIVES

Efficiency at the heart of the Quebec health care system

A demanding patient Assessing Quebec's healthcare spending needs

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Rising costs and reduced budgets have been putting constraints on healthcare systems. This has led to governments making difficult trade-offs when it comes to allocating public funds. This is taking place both within the healthcare system and between different social missions such as education, pensions or social assistance. In a CIRANO study (Jacques and Chassé, 2025), the authors reveal that Quebecers by and large are very dissatisfied with the healthcare system. There is a strong public push for more spending on healthcare but an unwillingness to pay more taxes to support that new spending.

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Government spending decisions that seem to stick are those that enjoy strong popular support from citizens and politicians alike. Research suggests that public spending on healthcare falls into that category, with a consensus for strong public spending from voters on both the left and the right, among both wealthy individuals and those from low income groups, as well as by young and older people (Jensen, 2012, 2014; Jordan, 2010; Naumann, 2018; Vallée-Dubois, 2023). Such results may seem surprising, since healthcare policy can be so divisive.

Existing research may underestimate the actual level of disagreement between groups. Healthcare spending takes up more and more space in government budgets, which means that it limits the funding available for other public programs, undermines the fiscal sustainability of the state and may involve tax increases. This may increase political conflicts over the direction to take (Ferguson and Jacques, 2019; Jacques, 2020; Palier, 2021).

A number of recent political economy studies have looked at individuals' social policy preferences. Through the use of surveys, respondents are given the task of prioritizing different public policies and considering the costs of their demands. The process reflects the budgetary trade-offs that governments are faced with (Bremer and Bürgisser, 2022; Busemeyer et al., 2020; Häusermann et al., 2021). These types of surveys are better at determining the impact of individual values and interests on political preferences. They also tend to reveal the disagreements and conflicts that exist between groups.

To our knowledge, no studies exist that examine the kinds of healthcare policy priorities and compromises governments make in real life situations when determining budget allocations (Kölln and Wlezien, 2024). The reason for this can be blamed on two disciplines keeping their distance from one another: Health policy studies tend to shy away from any political considerations, while political science pays scant attention to healthcare policy (Lynch, 2023). Our study seeks to fill this gap.

Data

The study is based on a survey of 8,000 adult respondents in five regions: 1,000 in Quebec, 1,000 in Ontario, 2,000 in Germany, 2,000 in Switzerland and 2,000 in England. The samples are representative of gender, age and education within the populations studied. In June 2024, participants were invited to take part in an online survey lasting around 20 minutes on the YouGov platform.

Individuals taking part in the survey were asked about their preferences in different areas of social policy, their support for a reduction or increase in public spending, their assessment of the different public services available to them, their priorities related to healthcare, their preferred solutions to rising healthcare costs, how they would like the healthcare system to be organized, their attitudes towards inequities in healthcare access and their general political positions.

Satisfaction with the healthcare system is very low in Quebec and Ontario

In both Quebec and Ontario, almost half of respondents said they were dissatisfied or very dissatisfied with the current state of healthcare, with a slightly lower

percentage of dissatisfied or very dissatisfied people in Ontario. It is interesting to note that demand for increased healthcare spending is lower in Quebec than in Ontario despite voters of different Ontario parties being divided over funding for the healthcare system. The survey also reveals that Quebec and Ontario respondents are considerably less satisfied with the healthcare offered in their country than residents of the three other countries surveyed, Germany, Switzerland and England.

Respondents support the notion that the state's various social missions are important, but when it comes to priorities, healthcare comes first

We were interested in which of the state's various social missions citizens preferred. We looked in particular at whether voters tend to prioritize healthcare more than other areas such as education and pensions.

Our results show that people in the five regions surveyed prioritize healthcare above all: out of a total of 100 points, 30 points are awarded to healthcare among respondents in Quebec, 28 points among respondents in Ontario and 26 points among respondents in the three European countries surveyed.

Question wording: *Imagine that the government in your country plans to set up a special fund to improve public services. If you could decide, which parts of the welfare state should receive more spending support? Please allocate a total of 100 points to the different options. Give more points to those improvements that you consider more important and fewer points to the ones you consider less important.*

	Quebec	Ontario	Germany, Switzerland and England
Healthcare	30.01	28.10	25.55
Pensions	18.58	18.40	21.14
Education	19.65	15.95	19.39
Childcare	11.47	13.81	13.10
Social assistance	10.77	11.49	11.41
Unemployment	9.51	12.25	9.42
TOTAL	100	100	100

Point allocations between governments' various social missions

A majority of people believe that the government should provide equal healthcare across the board

A majority of both Quebec and Ontario respondents say they believe government should provide equal healthcare

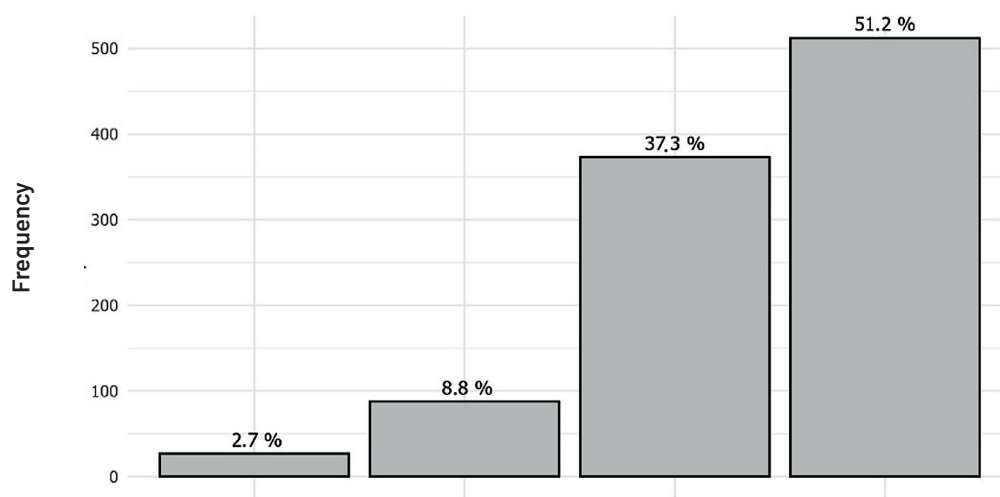
across the board and fund it through taxation. This idea is more popular in Ontario than in Quebec, where more than a third of respondents believe that government should fund healthcare through individuals' health insurance contributions. Support for a private plan, or a plan that provides only basic care, is higher in Ontario than in Quebec.

Question wording: A government can organize healthcare in different ways. What do you think the government should do?

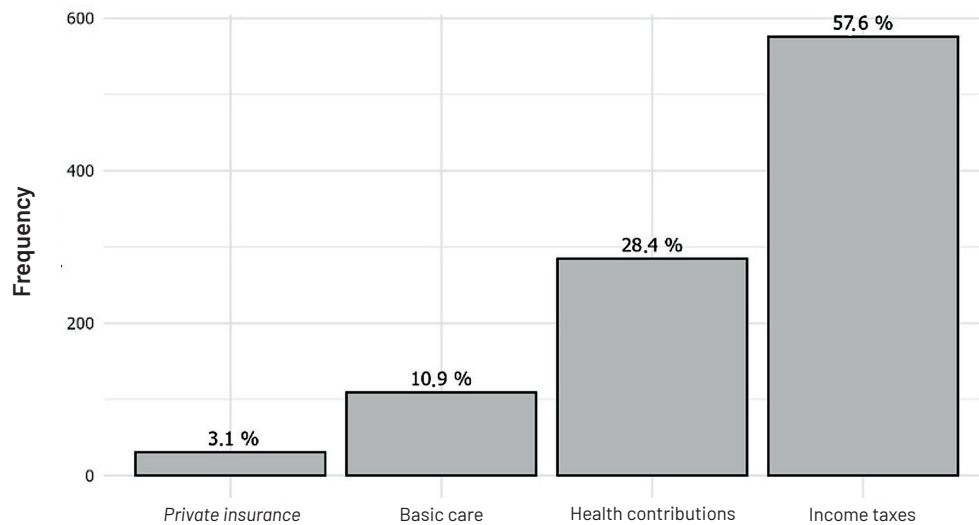
1. Healthcare is not a government task, everyone should insure themselves.
2. The government should only provide minimal basic healthcare for those people who are really in need and let others pay for their own healthcare.

3. The government should provide equal healthcare to everyone and finance healthcare through individual health insurance contributions.

4. The government should provide equal healthcare to everyone and finance healthcare from general taxes.



Perspectives on how Quebec organizes its healthcare



Perspectives on how Ontario organizes its healthcare

There are distinct and ideological conflict when it comes to healthcare policies

Individuals on the political left want to maintain the public nature of the system, limit user fees and reduce health inequities. They are also willing to pay more in taxes to achieve these objectives. More liberal social values are strongly associated with support for preventive measures, while more authoritarian social values are associated with support for curative treatments. Those with more liberal social values prioritize social investment over healthcare, and those who are economically left-wing prioritize income protection over healthcare.

Older people and those in poorer health place a higher priority on healthcare policies

There appears to be a link between those with vulnerable self-rated health status and their views on healthcare funding. Older people and those experiencing poorer health place a higher priority on healthcare policies compared to other citizens. This is especially the case for policies that favour curative treatments, which would more immediately benefit older people. They also prefer a public system to one that leaves increasingly more room for the private sector. They also claim to be less satisfied with the healthcare system; those who say they are less satisfied are calling for greater investment in healthcare with a public spending priority placed on healthcare over other areas. This preference among the most vulnerable for more funding does not, however, translate into a willingness to pay more taxes. Quite the contrary. *Willingness* to pay is strongly linked to the *ability* to pay, and the most vulnerable generally lack this ability.

Support for increased healthcare spending depends on the way it is financed

We looked at support for increased healthcare spending, measured on a scale from 1 to 5, in four groups. For Group 1, the control group, the wording of the question did not mention the means by which an increase in

healthcare spending would be financed. Our goal was to look for support for increased healthcare spending in absolute terms. The three other questions dealt with the trade-offs involved in financing an increase in healthcare spending. Respondents were randomly assigned to the four groups.

Results are shown in the two figures on the following page. As might be expected, respondents who are generally in favour of the state being involved (and therefore possessing more liberal values) or find themselves to the left economically, are more likely than others to support an increase in healthcare spending in absolute terms (control group). They also support it regardless of how this increase in healthcare spending would be financed, i.e., higher taxes, increased public debt or even cuts in other areas of government funding. The role of left-right positioning is particularly important when comparing it to other factors studied.

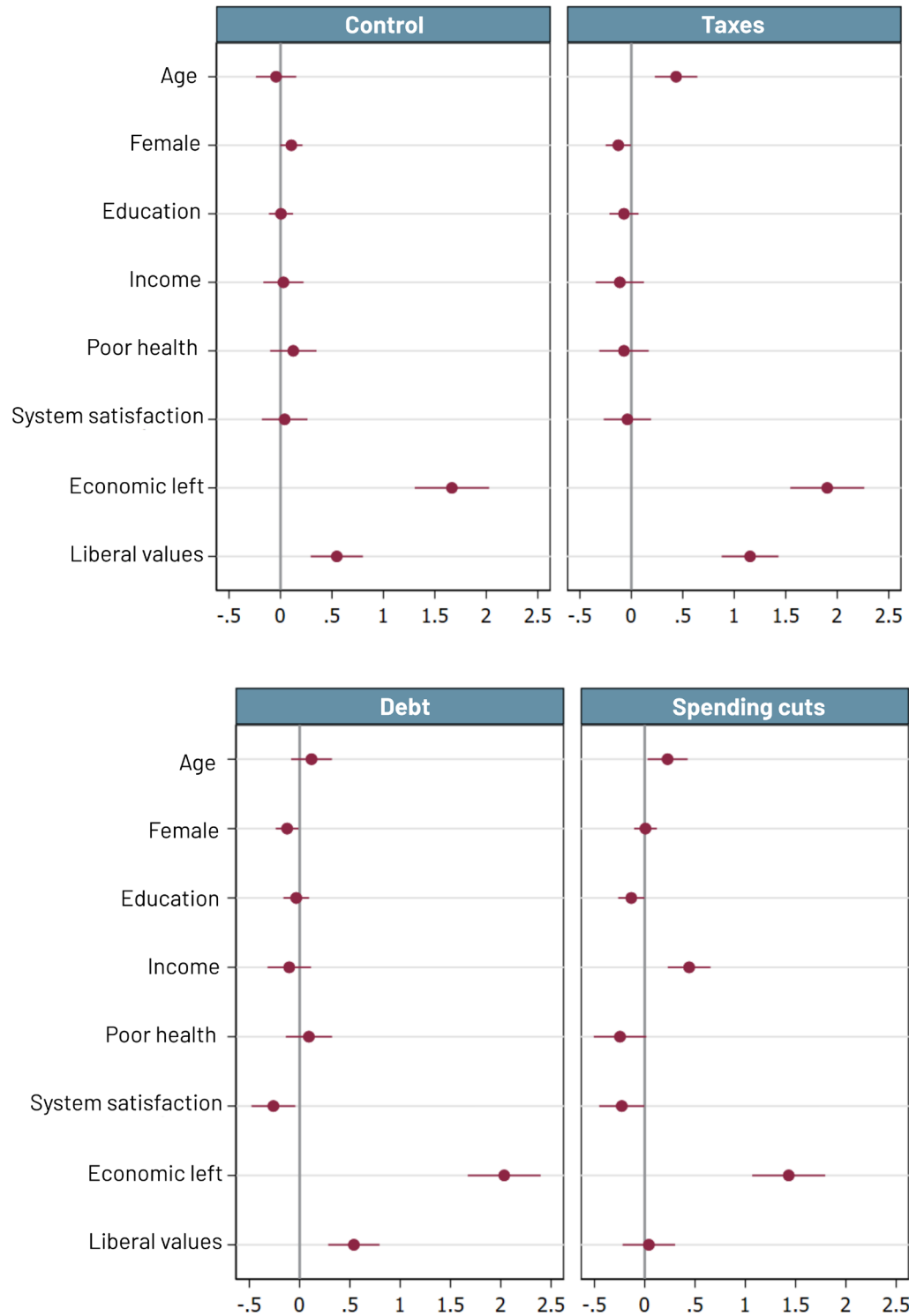
Question wording: *Do you agree with the following statement?*

Group 1: The government should increase spending on healthcare

Group 2: The government should increase spending on healthcare, even if it involves higher taxes.

Group 3: The government should increase spending on healthcare, even if it implies higher public debt.

Group 4: The government should increase spending on healthcare, even if it implies cutting back spending in other areas of the welfare state.



Support for expenditure increases based on a series of trade-offs

Note: Other factors studied include small towns, suburbs, rural areas, Ontario, Germany, Switzerland and England

Individuals, in particular those who earn higher incomes, are likely to support an increase in healthcare spending if it is financed by cuts in other areas of public spending. When given the option of financing the new healthcare expenditures through raising taxes or increasing public debt, their support diminishes.

Women are less likely to support an increase in healthcare spending when higher taxes or public debt are proposed as ways to finance the increase. On the other hand, when it is achieved through cuts in other public expenditures, they are neither more nor less likely than men to support an increase in healthcare spending.

Older respondents are more likely than others to support an increase in healthcare spending even if it means raising taxes, increasing public debt or cutting other programs, suggesting that healthcare spending for them is, first and foremost, a priority.

There is a public consensus in favour of spending more on healthcare

The public, especially Quebecers, puts a high priority on healthcare. In fact, demand for public healthcare spending is higher than in other areas of government. With older people placing an especially high priority on health, the aging of the population has the potential to increase healthcare spending. This would not only be from the increase in costs but also from the growing political weight of an electorate that prioritizes healthcare over other areas of government spending.

Governments that listen to the public are likely to redirect budgets accordingly. There is a significant risk that growth in healthcare spending will create a crowding-out effect and reduce the budgets normally allocated to other areas of government spending.

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