



Canada's Healthcare Failing Children's Rights: A Call for Urgent Reform in Pediatric Healthcare

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Policy Report on Canada's Pediatric Healthcare
In response to the petition of Finlay's Law

We invite the public to stand with families and child advocates by signing the petition to enact Finlay's Law—a vital step to protect Ontario's children in emergency rooms

[Sign here](#)

Executive Summary



Canada's healthcare system is in crisis. Children are waiting dangerously long for emergency care, hospitals are overcrowded, and specialized pediatric resources are insufficient. The death of 16-year-old Finlay van der Werken after an eight-hour ER wait exemplifies systemic failures. This report reviews Canada's current pediatric healthcare situation, highlights key challenges such as long wait times and low pediatric readiness, examines the economic and human costs, and proposes urgent reforms, including the introduction of "Finlay's Law," expansion of pediatric-ready healthcare, and strengthened governance and accountability. Immediate action is necessary to protect children's rights and prevent further tragedies.

Background

On February 9, 2024, 16-year-old Finlay van der Werken died in Oakville Trafalgar Memorial Hospital. Despite being indicated that he required urgent care, Finlay waited over eight hours before being seen by a physician. By then, it was too late.

Finlay's tragedy is not an isolated incident. Across Canada, children and youth are waiting dangerously long for emergency care. Hospitals are overcrowded, staff are overstretched, and the system is failing to protect children who need timely, specialized treatment. (1- [Link](#))



A Child Rights Perspective



The failure to provide timely and adequate health care for children is not just a policy gap—it is a violation of children's rights. Under the United Nations Convention on the Rights of the Child (UNCRC), which Canada ratified in 1991, governments are legally obligated to ensure that every child has the right to the highest attainable standard of health and access to health services (Article 24) (2 - [Link](#)). When children like Finlay wait hours for urgent medical care, Canada is failing to uphold this obligation.

Canada's Current Situation

An International Perspective

Canada once ranked among the top 10 OECD countries for children's health outcomes (3, [Link](#)). Today, the picture is starkly different. The 2025 UNICEF Report Card 19 places Canada close to the bottom at 24th out of 36 countries, a sharp decline from 10th in 2010. (4, [Link](#))

Child mortality rates tell the story. For children aged 5–14, Canada reports 0.88 deaths per 1,000, ranking 25th out of 43 countries—far behind the top standard in the Netherlands, where the rate is 0.32 per 1,000. While Canada has seen some improvement over the past decade, progress has been minimal compared to peer nations. (5, [Link](#)) Below are a few key concerns in our healthcare system for children.

1. Long Wait Times

"Our kids are now waiting longer for essential health-care service than many of our adults." Children's Healthcare Canada (CHC), a children's health advocacy organization pointed this out in their 2024 Report. Children in Canada face longer wait times for essential health services than adults. (6, [Link](#))

Long wait times are not only limited to emergency healthcare services, but also in other aspects of the healthcare systems such as mental health and primary care. A worrying wait time has been reported frequently in recent years (7, [link](#)). For example, The average stay in an ER for admitted patients is 19.2 hours, and only 27% are admitted within the recommended 8 hour target. (8, [Link](#))

"Our kids are now waiting longer for essential health-care service than many of our adults."

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Children's Healthcare Canada

2. Low Pediatric Readiness - Shortages in resources & workforce

Children's hospitals across Canada routinely operate at or above full capacity. Community hospitals, increasingly tasked with a surge in pediatric hospitalizations since the fall of 2022 and serving an aging adult population, often scale back pediatric programs, leaving children with fewer points of access. (9, [link](#))

Recruitment into pediatric subspecialties is further hindered by relatively low salaries (6, [Link](#)). This shortage jeopardizes children's ability to access specialized care in areas such as developmental pediatrics, pediatric mental health, and chronic disease management.

These broader shortages in pediatric resources and workforce directly causes Canada's low pediatric readiness in emergency care. Pediatric readiness refers to how well an emergency department is prepared to deliver high-quality care to children. Most sick and injured children are treated first in general emergency departments, where staff are more familiar with adults and seniors than with children. Without sufficient pediatric specialists, training, or child-centered infrastructure, these departments lack the capacity to provide consistent, high-quality emergency care for children. Provincial assessments confirm the gap: median pediatric readiness scores were just 46.6/100 in Alberta and 52.3/100 in Manitoba. (10, [Link](#)) These scores highlight systemic deficiencies in pediatric care coordination, quality improvement, staffing, and training.



**Shortages in
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Canada's failure to invest in children's health is costing billions of dollars

3. Economic Implications

The delay is not only a serious issue from a human rights perspective, it also causes serious economic threats. Child First Canada's report in 2023 points out that Canada's failure to invest in children's health is costing billions of dollars. When labour force data is compared from 2016 to 2022, it is found that mothers with children under 12 experienced the greatest loss in productivity due to caregiving for their sick children. This amounted to an economic loss to the Canadian economy of nearly \$50 million for mothers and over \$13 million for fathers – a combined cost of at least \$63 million for the Canadian economy in the fall of 2022 alone. (11, [Link](#))

Another example is 2023 research series commissioned also by Children's Healthcare Canada revealed that delays in pediatric scoliosis surgeries alone cost the healthcare system \$44.6 million annually and result in additional caregiver productivity losses of \$1.4 million. (6, [Link](#))

These numbers highlight both the financial and human toll of inadequate pediatric Failure to prioritize children's health on a policy level place long-term financial and social strain on families and the broader healthcare system.

Call to Action

Finlay’s death must be a turning point. Canada needs urgent reforms to protect children’s right to health and survival.

1. Review the ‘Finlay’s Law’

1. Set legal maximum ER wait times for children under 18 (e.g., physician assessment within 2 hours, admission within 8 hours).
2. Mandate safe pediatric nurse-to-patient and physician-to-patient ratios in emergency settings.
3. Establish independent oversight to audit hospitals, investigate pediatric ER deaths, and enforce compliance.
4. Mandate public, independent reviews of every pediatric death in an ER waiting area.
5. Fund better pediatric emergency readiness, including staffing, training, and infrastructure. (1, [Link](#))

Introducing and reviewing a “Finlay’s Law” would provide the legal safeguards currently missing in Canada’s pediatric emergency care. At present, there are no enforceable national standards governing how long a child can wait for urgent care or what constitutes safe staffing levels. This leaves hospitals to manage under conditions of chronic overcrowding and underfunding, with children often paying the highest price. A legislated framework would establish clear, binding requirements that hospitals must follow, backed by independent oversight to ensure compliance.



**Review
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2. Build Child-Centered and Pediatric-ready Healthcare

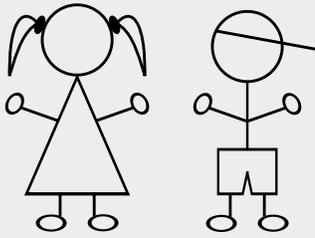
Children are not just ‘small adults’ – they have a very different physiology and distinct needs that are often poorly addressed in general emergency settings. (10, [Link](#)) High pediatric readiness is strongly linked to better outcomes: studies show it can reduce hospital stays and even prevent up to 1 in 4 child deaths among critically ill or injured patients. (12, [Link](#))

Dedicated pediatric ERs or child-centered emergency care models—already proven effective in children’s hospitals nationwide—should be expanded (13, [Link](#)). Evidence from pediatric-specific ERs shows that children and families report significantly better experiences. For example, more than 90% of children felt well cared for by both nurses and doctors, and nearly 95% left happy with their visit.

These findings highlight that pediatric-focused ERs not only improve health outcomes, but also create a more supportive and reassuring environment for children and families—something general emergency departments often struggle to provide. Comprehensive recommendations for advancing a child-centered healthcare system are outlined in the reports of Children’s Healthcare Canada ([Link](#)) and Children First Canada ([Link](#)).



**Building
healthcare
systems that
put children at
the center**



Establishing a children's commission on both provincial and federal level

3. Strengthen Governance and Accountability

Unlike leading social democracies such as Sweden, Norway, and New Zealand, Canada lacks robust governance structures specifically dedicated to children. The closure of Ontario's Child Advocate Office in 2019 weakened oversight and silenced an independent voice for children's rights.

Currently, many provinces and territories fail to provide transparent reporting on budget lines for children's healthcare and mental health, making it difficult to assess how much is truly being invested in young people's well-being. This lack of transparency not only hinders accountability but also prevents policymakers, advocates, and families from identifying gaps and pushing for necessary reforms (11, [Link](#))

Canada should establish Children's Commissioners at both federal and provincial levels. These independent offices would ensure government accountability, amplify the voices of children and youth, and guarantee that children's interests are placed at the center of health policy decisions

Conclusion

Canada prides itself on being a country that values equity and human rights. Yet our declining child health outcomes, long wait times, and preventable tragedies tell a different story.

Finlay's death was not inevitable—it was the result of systemic failure. Without urgent action, more children will suffer the same fate. Canada must act now to create a healthcare system where every child receives timely, safe, and equitable care.

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