

Med Response BC

PREHOSPITAL AND RETRIEVAL MEDICINE BRIEFING

WHERE YOU LIVE SHOULDN'T DETERMINE IF YOU LIVE

Rural British Columbians face a 10x higher risk of death from major trauma than urban patients

For rural and remote B.C. communities, reliable critical-care transport is a lifeline. With gaps in the current healthcare model, British Columbians living in these communities risk death, disability and increased suffering due to the lack of available transport options.

The gap is measurable and avoidable. Rural-to-urban trauma mortality ratios are 1.36 in Norway and 3.1 in Australia's Northern Territory — versus about 10 in BC.

In B.C., nearly half of critical transfers rely on scarce staffing resources, putting additional pressure on hospitals and contributing to emergency department closures. The cost compounds in preventable patient death and disability, staff moral injury and departures, unstable emergency departments and eroded community confidence.

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OUR QUESTION TO BC ELECTION CANDIDATES

Today in B.C., when medical transport cannot come — a situation that happens too often — there is no second option. Nowhere else in healthcare does a “NO” end all other options.

As a candidate, please share what your plan is for rural and remote communities to ensure that they receive the medical care they need in time. How will your party provide a backup when BCEHS is unavailable to transport? We encourage you to email your response to info@medresponsebc.ca

BRAYDEN’S LAW

Brayden's Law would end B.C.’s critical care gap with three patient-safety asks:

- Let bedside clinicians initiate emergency transport
- Guarantee a backup option when the primary resource (BCEHS) is not available
- License MRBC as a not-for-profit prehospital and retrieval medicine (PHRM) provider.

Watch Brayden's story →

Med Response BC (MRBC) is a not-for-profit option to end B.C.'s critical-care transport gaps

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MAKE HEALTHCARE EQUITABLE

Using a national and internationally proven model, Med Response BC proposes a non-partisan way to ensure critical care can reach every British Columbian in time, through two steps:

- Modernize the legislative pathway under the Emergency Health Services Act
- Enable not-for-profits such as MRBC to fill the gaps BC Emergency Health Services cannot fulfill alone



INTERNATIONALLY PROVEN MODEL

MRBC proposes physician-led interprofessional teams operating from three rotor-wing bases serving the North, the Interior/Kootenays, and north Vancouver Island, plus fixed-wing support for long-distance transport and repatriation home. The only enabling change needed is a Ministerial Order under the EHS Act — no new legislation required.

BC Family Doctors endorses this model as “complementary — not competitive” to BCEHS and its 2026 *Put Healthcare on the Ballot* campaign asks all parties to “enact Brayden's Law and amend B.C.'s Emergency Health Services Act to... modernize our emergency transport systems.”