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The political use of poll results about public support for a privatized healthcare system in Canada

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ABSTRACT

Objectives: Within the context of the political debate on privatization of healthcare funding in Canada, this paper examines the nature and the various role of polls.
Methods: To reach this objective we rely on available commercial polls and statistical surveys and qualitatively analyse them to illustrate methodological and logical problems as well as to distinguish between what we call the 'informative' and the 'political' use of poll results.
Results: We first draw a portrait of Quebecers' and Canadians' positions on the healthcare system and use this portrait to highlight a certain number of logical and methodological issues related to the political use of polls. Our analysis shows that public support for privatization of the healthcare system, as presented in the polls, is a construct whose logical underpinnings and methodological validity are extremely weak.
Conclusions: We then discuss those results to argue that polls are not only used to represent the public's preferences but are also political tools used to shape those preferences.
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1. Introduction

Who has not seen front-page headlines announcing that a majority of the population supports this or that reform project, or that a certain percentage of respondents are dissatisfied with the situation in emergency rooms? It is, in effect, hard to ignore the role played by polls in the debates around the functioning and the future of the healthcare system. One feature of poll results is that they can usually be presented in just a few simple, clear and straightforward facts. However, this apparent simplicity obscures the methodological and theoretical challenges, which are too often reduced to the technically complex but sociologically trivial questions of statistical power and significance.

Within the context of the debate on privatization of the healthcare system in Canada, we examine here the nature and the role of polls and of some of the data that can be drawn from them. Each of Canada's 10 provinces has a universal and publicly financed healthcare system that covers the bulk of medical care. However, there have been continuous pressures over recent decades to expand the role of private, for-profit insurance funding [1–4]. Those pressures take numerous forms, from legal disputes [5] to official commissions [6]. However, because of its salience in public opinion [7,8], its symbolic importance and the stakes involved, this debate constitutes an excellent case study for analysing the relation between polls and politics. In the present paper, we use available commercial and governmental poll results about satisfaction and policy options to analyse their meaning and role in the political battles over the future of healthcare system funding. The results have implications academically, from the perspectives of research in agenda setting and news framing, and their main contribution is to highlight the instrumental use of polls in policy making.

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This article is divided into three sections. First, we present briefly the academic debates about the relation between polls, public opinion and policy making, and we describe a typology of poll usage upon which our analysis is based. In the second section, we use the results of commercial polls and statistical surveys to draw a portrait of Quebecers' and Canadians' positions on the healthcare system. Finally, in the third section, we use this portrait to highlight a certain number of logical and methodological issues related to the political use of polls. Based on these, we conclude with a discussion of the significance of poll results in the current privatization debate in Quebec and Canada and their use in influencing the political evolution of this topic. Although the discussion is based on Canadian data, the processes involved are relevant in most other national contexts.

2. The political use of opinion polls

The validity, meaning and uses of opinion polls have been the subject of debate ever since they were first employed [9]. The relations between polls, media and policy have been studied from two main perspectives: on the one hand, news framing and communication strategies and, on the other, agenda setting research. News framing describes the way in which world events are presented in the news and linked to cultural, ideological and symbolic norms in order to make sense and acquire a given meaning for the audience [10–17]. In this view, media reporting of poll results will influence the meaning of those results as well as their relevance [9,18,19]. When news framing is deliberately used to gain a political advantage, it is often referred to as news spinning or indirect lobbying [11,20–23]. In contrast to the instrumental focus of news spinning, agenda setting research aims at analysing the causal relations between media agendas, public agendas and policy agendas. This constitutes a huge research field with multiple and sometimes competing views (for reviews and discussions, see for example [24–33]). The focus of the analysis here is to understand how public opinion shapes policy –and vice versa [34,35] –as well as to understand the role and the effect of media on the process. Agenda setting research is not usually focused on poll results but rather on the broader –and much murkier [18,36] –notion of public opinion. However, because polls are the most obvious tool to assess public mood and issue salience [28], it is impossible not to link the two.

We do not wish to enter here into the debates about polls' capacity to measure public opinion, nor about the ontological nature of public opinion, but rather to illustrate some of the problems and processes of poll use in policy debates, using as a case study the debate about the privatization of healthcare funding in Quebec. At this point, before proceeding any further, we present the typology of poll use upon which our analysis is based.

According to our framework, polls can have two possible uses. The first –most obvious but not necessarily most important –is to provide the sponsors of the poll with the responses of a representative sample of a given population to a series of specific questions. We call this use informative, although later we will discuss the distinctions between responses, opinions and practices. The second use of polls is the political use of results obtained. In Canada, the vast majority of polls on the organization and funding of healthcare services, or on the satisfaction of the general population with these services, are carried out by politically active groups or institutions (e.g. professional federations, think-tanks, etc.) aiming to advance their own positions on these questions. These groups may want to know what the population thinks about a certain number of issues, but this interest may also be marginal. In this use, the poll allows communications specialists, lobbyists and spokespersons for these groups to assert, with "proof in hand", that "the population is in favour of option X" –the preferred option, incidentally, of the poll's sponsor. For example, the Montreal Economic Institute (MEI) commissioned a Léger Marketing poll on a recurrent basis [37–39] to measure the extent to which the population was open to the idea of private funding of healthcare. Yet, in its press releases, the MEI clearly states its position in favour of a larger role for private funding. The poll used for political purposes is a tool for generating media publicity, putting an issue on the agenda and legitimizing the sponsors' own point of view. There is also a specific form of political use of polls wherein these are commissioned directly by one or more media. In this case, the purpose of the poll is to create a purely media-based event that can be commercially profitable for the media involved. It is nonetheless indirectly a political use, because the various political actors will have to position themselves in relation to the "scoop" in question.

It is perfectly possible to commission a poll with only the first use in mind, as does Statistics Canada in its telephone surveys, or marketers surveying the potential of certain products, or even university-based researchers in surveys that are generally funded by government granting agencies. It is equally possible to be interested only in the second use of polls, or to be interested in both aspects of polling. This typology specifically focuses on the use of the results, rather than on the results themselves or on the poll's methodology. However, question wording will likely vary depending on the type of use and the interests of the organizations commissioning the polls [40], and this probably affects the poll results. We will return to these methodological issues in the third section of this article, but first we will present some available data.

Finally, the majority of polls carried out on healthcare organization or on population satisfaction in Canada are privately commissioned. This means that the results of these polls are not publicly accessible, except when the poll lends itself to a political use corresponding to the interests and ideas espoused by the interest group. There is therefore probably a bias in the picture we can draw of public opinion from available polls, since the polls that are disseminated or made available are mainly those intended for political use.

3. Brief overview of some available data

3.1. Data collection and analysis

As mentioned above, our analysis is based on publicly available data, mostly governmental surveys, academic research and commercial polls. The governmental data

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comes from CANSIM, the key socio-economic database of Statistics Canada, Canada's national statistical agency. CANSIM contains poll measures of satisfaction with healthcare services and related indicators. We used the same questions and tables collected at three periods in time: 2001, 2003 and 2005. This constitutes primary data. We describe as primary any data sources that offer compiled but non-analysed results (they provide all the questions, the question wording, the response rates, etc.). Secondary data is taken from sources that offer pre-analysed or selected results (often missing important information). The commercial poll data is both primary and secondary. We identified four major polling companies active in Canada on healthcare (Ipsos-Reid, Harris-Decima, Léger & Léger, Pollara). Among those, the level of publicly available data was very uneven. At one end of the spectrum, some (e.g. Ipsos-Reid) sell membership access to quite a large set of primary data including full questionnaires, response rates, and the like. It was not possible, however, to know whether all the commissioned polls were available or only those whose sponsors agreed. At the other end, some (e.g. Decima-Harris) only provide two-page press releases with anecdotal information. Between the two, Léger & Léger and Pollara offer free access to selected polls. We also had access to secondary data through some interest groups' websites. The academic research data is secondary data published in academic journals or reports. We made significant efforts to collect all relevant and available poll data, but cannot be sure none were missed. We analysed 52 commercial polls of interest to our focus that were carried out between 2001 and 2006 (21 Ipsos-Reid, 8 Léger & Léger, 19 Pollara, 4 Decima-Harris) and we cite data from 14 of these in this article.

Because our focus is on the meaning and uses of polls results, we chose to rely on existing and available polls. This implies, however, inconsistent question wording from one poll to another, the occasional unavailability of interesting data (e.g. response rate, justification for question wording, etc.) and possible reporting biases (some polls or questions unavailable because their sponsors did not like the results). However, our analysis rests mostly on a narrative discussion of methodological problems, results discrepancies and underlying logical fallacies in the political meaning given to results. As such, it is not overly affected by the data problems just mentioned.

3.2. Satisfaction, quality and accessibility

Trying to extract a clear picture of Canadians' and Quebecers' positions on healthcare services from recently published Canadian and international polls and surveys is a daunting task. Based on several examples, this section illustrates the difficulties encountered and suggests possible explanations for the differences observed among the various sources of information.

Since 2000, Statistics Canada surveys indicate that Canadians and Quebecers who have used healthcare services have been satisfied or very satisfied with services they received in the previous 12 months, in proportions ranging from 82 to 84% [41–43]. We see the same proportions with respect to respondents who rated the services received as being good or excellent [41–43]. Among the commercial polls, Léger Marketing [44] revealed that a large majority of persons who had received healthcare services over the previous 5 years said they were satisfied with services received, in proportions of 81.9% for Canadians and 76.6% for Quebecers. From these data, we could therefore say that Canadians and Quebecers who used services were satisfied overall with their system and that this satisfaction was stable over time.

However, a comparable question asked of all respondents in a commercial poll [45], whether or not they had used any services, presented a less favourable picture, with 63% of Canadians and 61% of Quebecers giving an A or B rating for quality of services. This percentage has retained the same proportions in this type of poll since 2000. However, the proportion of respondents giving an A rating has steadily declined, going from 27% in 2003 to 16% in 2006 [46]. A Pollara poll carried out among the general population in the same period [47] showed even more negative perceptions of service quality, with only 55% of Canadians believing the population receives services of quality.

From these data, the first conclusion would be that people who have used services have a much more favourable perception of the system than do those who express an opinion without having had any personal experience.

The same can be said about perceived accessibility of services. According to an Ipsos-Reid poll carried out among the population at large –whether or not respondents had used any services –62% of Canadians and 57% of Quebecers gave an A or B rating to family physician accessibility in their community and only 41% of Canadians and 39% of Quebecers gave an A or B rating to specialized services accessibility [45]. It may be that the perception of accessibility problems is increasing with respect to primary care services because in 2001, 11% of Canadians reported having had problems accessing routine services, and this rate increased to 16% in 2003 [48]. However, according to Statistics Canada data, the proportion of Canadians who consulted a specialist for a new health problem and perceived a barrier to access (e.g. wait time, distance, etc.) has steadily declined, going from 22% in 2001 to 18% in 2005 [41,49]. Likewise, the rate of those who reported having had no problem with accessibility remains high for both specialized and routine services [41,49].

Among the most plausible hypotheses for reconciling these results is, first of all, that people who did not use services generally have a much more negative perception than those who did. Second, there is a significant increase in patients who declare an excessive wait time for non-urgent surgery (the rate going from 61.7% in 2003 to 79.4% in 2005 [49]). Yet patients' perceptions regarding acceptable wait times for access to services did not vary significantly between 2003 and 2005 and the median wait time for non-urgent surgery has remained the same since 2001, i.e., 4.3 weeks [50]. This leads us to suggest that media attention given to wait lists for certain non-urgent surgeries where the wait time is higher than this median may have contributed to perceptions that there is a problem with access in general to services among the whole population.

Another indication of the disparity between the perceptions of respondents who did and did not use services

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becomes apparent when the wait times reported by persons who underwent surgery are compared with those estimated by Canadians as a whole. Thus, 70% of Canadians who underwent breast biopsy declared they had waited less than 3 weeks. On the other hand, only 33% of respondents in the general population believe the wait for this intervention is 3 weeks or less [51,52]. The same observation can be made for other surgical interventions. Likewise, among those who went to an emergency room, only 46% stated that they waited more than 2 h, while 70% of the general population estimate emergency-room wait time to be more than 2 h [51,52]. Here again, Canadians who have not used the services have an overly pessimistic perception of the wait times for these services.

This brief portrayal of reported perceptions and experiences related to satisfaction, quality and accessibility of the healthcare system shows that Canadians have high expectations for their healthcare system. Results of the Commonwealth Fund [53] indicated that the Canadian system performs well in eliminating a certain number of barriers to accessibility, and particularly financial barriers. Some problems related to coordination of care and to accessibility, such as delays and wait times, remain and very likely contribute to the population's dissatisfaction. Despite certain irritants that have arisen over the years and dissatisfaction that has been expressed about some specific aspects of healthcare services, Canadians continue to express their preference for their healthcare system [54] and more than 51% of Canadians think Canada has the best healthcare system in the world [47]. Nevertheless, the population is worried. People are increasingly concerned about access and about the quality of first-line services and are hoping for specific changes in this respect [55]. This worry was expressed, among others, in the most recent Pollara poll [47], in which more than 46% of Canadians and Quebecers believed the healthcare system would deteriorate over the next 5 years.

3.3. Anxiety and major reform projects

People's anxiety over the healthcare system is reflected in the importance assigned to it as a political issue. Thus, the majority of Canadians say they are very preoccupied by the quality of healthcare services. This has been their main concern for many years, far ahead of all other sectors (environment, education, crime, etc.) [47,52,56]. This is the sector that the majority of respondents consider to be Canada's greatest challenge (high salience). Moreover, radical growth in importance given to this priority by Canadians between 1990 and 2000 was observed and associated with the population's growing anxieties about the healthcare system [54].

According to poll results, Canadians perceive the system as going from bad to worse [47,52,54,57]. Since 1998, the proportion of Canadians who report that their confidence in the system is eroding ranges from 46 to 59%, whereas only 4 to 6% say their confidence is increasing [52,57]. Still, we note that despite this perception, Canadians' level of satisfaction with their system has remained relatively stable between 1998 and 2004 [58]. There is thus a certain inconsistency. Canadians have the impression that the healthcare system's condition is continually deteriorating even while, in absolute terms, their confidence in the system hardly changes over time. We see here the same type of ambiguity noted earlier with respect to satisfaction. People appear extremely pessimistic about the future of the system even though, in their daily experience, they have a less negative view of the situation.

Whatever the case, this perception of things going from bad to worse seems to generate a rather generalized conviction that radical political measures are needed to put the system back on track. Thus, 63% of Canadians believe the system requires radical change and 14% believe it must be entirely reconstructed [58].

This feeling that reform is urgently needed translates into considerable support for the idea of a parallel system of private funding that is fiercely sought by many interest groups. Thus, according to a Léger & Léger poll commissioned by one of these groups (the MEI), 58% of Canadians and 72% of Quebecers would accept that those who are able to pay should have more rapid access to services, while 37% are opposed [59]. These results indicate an increase in support for this type of proposal, compared with results obtained in April 2005 and May 2004 [37,38]. A Pollara poll from September 2005 shows less support for this type of measure, with 45% of Canadians and 53% of Quebecers accepting that those able to pay would have faster access to services. Nevertheless, this represents an increase of 10% points, compared with results from 2004 [56]. It is also interesting to note that 49% of Canadians and 51% of Quebecers would personally accept to pay for more rapid access to services [52]. Quebecers are thus more in agreement with the principle than are Canadians overall, but not necessarily more prepared to pay.

It appears that Canadians' opposition to the idea of paying for care has been decreasing in recent years. On average, between 1996 and 2000, support for such a proposal was observed in the polls to be at around 36%, while there was clearly strong disagreement with the idea of paying to move to the head of the wait lists [54].

In addition, when the question is formulated to leave room for several options, the private option is not the one that is preferred. Thus, when respondents were given a list of possible solutions for dealing with physician shortages, the implementation of private funding was rated next-to-last (out of four proposals), with 24% in favour [60]. Likewise, if respondents are asked to choose between a public system that would include new resources and a commitment to ensure access within a reasonable time frame, or two parallel systems in which one is public and one private, 63% of Canadians and 56% of Quebecers support the first option, as opposed to 35% of Canadians and 44% of Quebecers who support the second [61]. It therefore appears that the population at large prefers a publicly funded system, and that the attraction of any form of privately funded system resides only in the image put forward by private promoters of shorter wait times, improved access and higher quality. In fact, when Canadians are asked what they would get if they could buy private insurance for services covered by the public system, 69% say shorter wait times; 59%, improved access; and 55%, better quality of services [47].

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4. Volatility and level of consistency: some methodological considerations

The results of polls on options for reform of the healthcare system are characterized by a great deal of volatility and poor internal consistency. By volatility, we mean that, from one poll to another, support for the same option fluctuates considerably. By poor internal consistency, we mean that, within the same poll, the same option for reform can receive significantly different levels of support. As an example, we explore some of the results drawn from a poll commissioned by the Canadian Medical Association in August 2005 after the Supreme Court's decision on the Chaoulli case[2] [61]. The poll probed, in general terms, the population's support for implementation of a parallel private system for elective services in accordance with what was implied by the judgment. The poll's first question was:

> "Personally, did you perceive the ruling by the Supreme Court last June 9, which in effect allows for private health insurance in the province of Quebec, very favourably, somewhat favourably, somewhat unfavourably or very unfavourably?"

The results for Quebec indicated that 62% of respondents were in favour, while 32% were against. At first sight, there appeared to be significant support for the judgment. However, several questions later, the same variable, i.e., the level of support for the judgment, was measured by another statement:

> "Which of the following statements most closely resembles your own personal opinion:
>
> The recent decision by the Supreme Court is a good thing because it will allow individuals choice and the ability to control their own healthcare.
>
> The recent decision by the Supreme Court is a bad thing because it will ultimately weaken the public health system that so many people rely on."

This time, still in Quebec, support for the judgment was equally divided, with 49% of respondents choosing each of the two statements. Finally, at the end of the poll, the implications of the judgment were translated into practice in statements that presented various possible avenues of reform. The statement that presented a system of reform in accordance with the Chaoulli judgment, i.e.:

> "Do you think that a health care system, where core services are funded by governments and which includes the option for individuals to either purchase private insurance for, or pay out of pocket for core services if they so choose, would do a very good, somewhat good, somewhat poor or very poor job of ensuring positive health outcomes for Canadians?"

received the support of 56% of respondents, who believed it would be associated with positive health outcomes, as compared to 44% who believed the opposite. However, the statement that presented a public system with guaranteed access, an option very different from the one implied in the Chaoulli judgment, received 70% support and 29% rejection:

> "Do you think that a health care system, where core services are funded by governments and which includes a commitment of timely access to services backed by adequate new resources, would do a very good, somewhat good, somewhat poor or very poor job of ensuring positive health outcomes for Canadians?"

Looking at a few results like these, we can see that support for increased private funding in healthcare, as implied by the Chaoulli judgment and measured by polling, presents a very moderate level of internal consistency. In fact, this is a characteristic problem in polls of this type. For example, according to a Pollara poll, among Canadians who had heard of the judgment, 59% said they supported it, but only 46% of them believe a parallel system of private insurance would have a positive impact on them and their families [52]. Should we conclude that 13% of Canadians support a decision they think will have harmful implications for the health of their families? Similarly, while 68% of Canadians think an increase in private funding through a parallel system of private insurance will improve access to healthcare services for everyone, there are also 68% who believe this will create a two-tiered system where people who can pay will be treated better than those who cannot [52]. In one last such example, 54% of Quebecers think the judgment will improve the services available to them and their families, and 65% think they should have the right to purchase services privately. However, in the same poll, 56% demand that the provincial government invoke the notwithstanding clause to remove the province from the judgment [62].

A first level of explanation for the volatility and poor internal consistency might be found in the amount of information the respondents have. All the polls cited above, with the exception of the Pollara polls, failed to ask respondents whether they had heard about the Chaoulli judgment before asking them to make statements about their support for this judgment. The results we have presented in this section were all obtained between June 2005 and August 2005. Yet, a Pollara poll carried out in September 2005 [52] indicated that only 49% of Quebecers had heard of the judgment. This suggests that nearly half of the respondents in the polls we have cited, and who gave their opinions on the matter, had actually never heard of the judgment. Without being excessively elitist, it would seem legitimate to question the validity of their assessment of a judgment they had never heard about. It is also enlightening to note that, even though half the respondents probably had no knowledge about the judgment, only 2–5% declared they did not know, or refused to respond to specific questions on the Chaoulli judgment. In conclusion, we might also point out that there is even a long way to go between having heard about the judgment and being able to offer a minimally informed opinion about it.

[2] The judgment of the Supreme Court, called "Chaoulli" after the name of one of the two applicants, ruled –with four judges against three –on the basis of the Quebec Charter of Rights and Liberties, that the prohibition of duplicative private insurance in the healthcare sector was an infringement on fundamental rights. This judgment launched a major redefinition of the scope and role of private insurance for medical services in Quebec.

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4.1. Validity of the opinions

Even beyond the specific case of polls on the Chaoulli judgment, these problems are characteristic of certain types of poll usage. The practices of the large polling institutes are generally irreproachable in terms of sample size and stratification, which means it is possible, from the sample responses, to extrapolate the results to the whole reference population. However, these statistical characteristics have nothing to do with concerns about the validity of the opinions themselves. In fact, in every case, a closed polling question will incite a large number of respondents to provide a response even before they have had an opportunity to think about the question:

> "The know-how of the 'pollsters', which is indisputable, is not applied to those areas where, according to good scientific logic, it should be: they are less interested in obtaining effective opinions (which, in fact, on some subjects may not be plentiful), than they are in obtaining, for each question, a maximum number of responses, so that they can speak about 'public opinion' without disappointing their clients, who often pay quite a lot for each question. A question with a high rate of non-response can only be, in this logic, a 'failed' question. This is why such 'pollsters' do their utmost to design their questions so that anyone can answer something, which obscures the fact that many of these surveys are deprived of meaning, at least for certain segments of the population, and thereby limit the rate of non-response that they should logically have produced." [9] [Authors' translation]

What is crucial here is that these efforts to maximize the response rate have a major impact on the validity of the results. To illustrate this point, we draw on data from focus groups carried out in Montreal for the Clair Commission looking at options for modifying the funding of healthcare services [63]. The focus groups and plenary session were aimed at identifying public support for various policy options to reform the healthcare funding system.

In a first stage, ten discussion groups were organized, with a dozen persons each, stratified to be representative of the Montreal population.[3] Each group discussed, separately, the possible options for funding using a pre-established discussion guide and under the supervision of a professional facilitator. In a second stage, a summary workshop was organized to bring together all the focus group participants. The goal of this summary workshop was to discuss the options put forward by the Commission and to organize a "live" vote on each question. The live voting was made possible via the use of an interactive electronic communication tool that processes, in real time, votes registered by the participants on individual remote controls, and then posts the collated results instantly on a screen in the meeting room.

Questions related to funding sources were the topic of three votes: the first, before the discussion and without the variable of "refuse to choose one of these options;" the second, before the discussion, but with the option of choosing none of the options; and the third, after discussion and still with the option of choosing none of the options provided. The original design did not envision having three distinct votes, but this adds value to these data with respect to our proposition. The results of the three votes are presented graphically in Fig. 1.

We can see that, while the majority (34%) chose a direct contribution from users at the first voting (E, black), this option got only 12.6% of the votes on the third voting (E, white), far behind the 62.2% of respondents who refused to choose one of these options (A, white) and behind the 19.5% who supported the creation of special funds (D, white). These results allow us to illustrate, based on empirical data, the problems of validity related to the opinions expressed. In fact, even at the first vote, the respondents could already be considered to be citizens who were better informed than the average population on the questions presented here, because they had already participated in a focus group where they had discussed these very questions under the supervision of a facilitator and with a discussion guide prepared by the Commission. We can therefore imagine that, on average, the population could not have been in a position to provide an opinion that was more carefully considered or less volatile on this question. If we assume that efforts to select focus groups members who would be representative of the population were reasonably successful, we can hypothesize that the results of a poll on this question, using the same statement, would have shown a preference among the population at large for a direct contribution from users (E, black). On the other hand, adding the option of not choosing any of these solutions allows us to see that the vast majority of respondents refused to choose any of them (A, grey). Finally, the fact of briefly discussing the proposed options had the effect that even people whose opinions were probably more structured than the average population were ready to change their opinion if aspects were raised that they had not thought of in the beginning. Thus, the direct contribution of users, which would have been the preferred option from a poll, with 34% of responses (E, black), ended up with less than 13% of responses (E, white). Likewise, the refusal to choose one of these options, which probably would not have been reported in the publication of poll results, was the choice of a vast majority of people. Our hypothesis is that the popularity of the refusal to choose any option can be explained by the absence of the option of choosing any fiscally progressive funding scenarios, such as had been eloquently advocated by some of the plenary participants.

One might almost see this case as a quasi-experimental design to validate a criticism made by Bourdieu [64] and developed by Champagne [9,65] about polls and media-based utilization. In fact, this example shows that it is perfectly possible –and probably even common –that poll results do not reflect the opinions respondents would have provided if they had been given the time or the opportunity to reflect on the issues. This bias is limited or absent when the question has to do with factual aspects of daily

[3] More specifically: 10 groups "of 9 to 11 persons represent[ing] different segments of the adult population: young adults, adults, the elderly, anglophones, members of cultural communities, persons with or without children." [63,p. 5]

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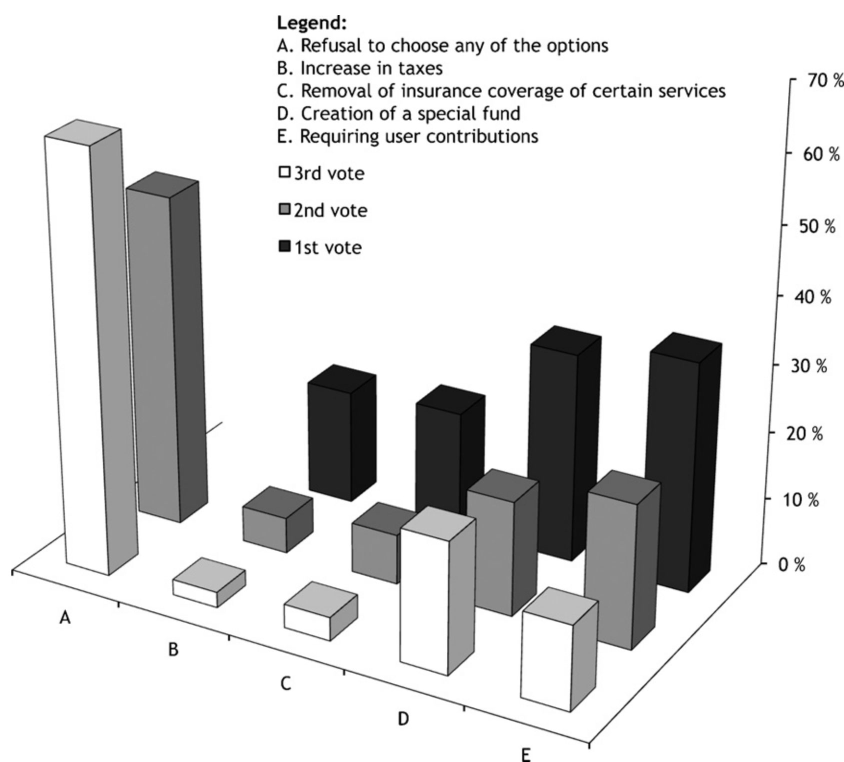

Fig. 1. Spread of preferences regarding funding according to how the vote was organized.

living (such as “do you have a family doctor?” or “how much time did you wait at your last visit?”). On the other hand, a question having to do with an analytical or political opinion that is formulated in technical terms[4] has a high risk of eliciting responses that do not reflect the actual opinions of respondents.

5. Conclusion

The volatility of the responses recorded by the polls we have just described shows it is simplistic to assume poll results are faithful representations of the population’s values and opinions. As we have attempted to show from available data, public support for privatization of the healthcare system, as presented in the polls, is a construct whose logical underpinnings and methodological validity are extremely weak. At a first level, this construct is undermined by the potential biases of the poll as a tool for assessing public opinion, as we have described here. However, our results should not be construed as criticizing polls as bad methodological tools in themselves. On the contrary, a good questionnaire, appropriately constructed and validated, and administered to a properly sized and stratified sample, will provide information that no other method can offer. As shown by the examples discussed here, a good questionnaire implies that people are interviewed about factual aspects they are familiar with and are offered a menu of answers that encompasses most options they would have considered if asked an open-ended question. Nevertheless, this is not the case, by a wide margin, in the healthcare policy related commercial polls we analysed here.

At a second level, equating poll results with the population’s opinion also fails to take into account the feedback effect that is characteristic of the political use of polls. In its political use, the poll is used instrumentally to create a public opinion that supports a given intervention and to render it politically effective. One clear characteristic of our political systems is the great importance they attribute to the idea of the objectivity of public opinion. This is what March and Olsen assert when they say that “Citizens have ... replaced gods and monarchs as the final source of political authority” [66], an observation already made by Bourdieu in similar terms:

> “In short, to put it simply, the political man is the one who says: ‘God is with us’. The equivalent today of ‘God is with us’ is ‘public opinion is with us’. [64] [Authors’ translation]

In this context, the poll is a powerful tool in purely political battles aimed at gaining acceptance for a specific opinion. Thus, one characteristic that makes the political use of polls so effective is that they acquire a performative power through retrospection –performativity here referring to the capacity of polls to constitute what they are

[4] For example: “As you may know, currently Canada’s healthcare system is a mixed public and private system with about 70% of the total health expenditure being financed by the public sector and the remaining 30% financed privately through supplementary insurance, employer-sponsored benefits or directly out-of-pocket. Do you think that more private involvement would lead to improvements in: 1) The quality of healthcare services offered in Canada?” (Ipsos-Reid, July 3, 2006)

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supposedly describing. Putting a given situation regularly into the media spotlight and presenting this situation as problematic will objectify the situation as an object of political intervention, and this focus will, in turn, contribute to legitimizing the idea that this situation is actually problematic. One of our conclusions is that poll results play an important role –borrowing the vocabulary of media and communication research –as tools to frame agenda and policy options in public opinion. In this perspective, the high volatility and low consistency that characterize the polls analysed here could be construed as a measure of the general public's openness to issue framing, and thus of the potential and instrumental use of poll results [67,68]. The data on the growing anxiety about the Canadian and Quebec healthcare systems and the feeling that things are going from bad to worse, despite a stable perception of the system's performance, can also be understood from this perspective. From an agenda setting perspective, however, it is interesting to bear in mind that it is irrelevant whether the respondents are right or not in their assessment of the system's evolution. What determines agenda setting and, ultimately, policy making is issue salience and the existence of significant support for a policy intervention [15,22,25,28,31,34,69]. This implies that the more the people are wrong in their diagnosis of the system's evolution, the more the policy effect will be a pure artefact of the polling process and the political use of polls results.

Similarly, the data we have analysed indicate quite clearly that citizens' anxiety about their healthcare system does not arise from their personal experience as patients. On the contrary, our hypothesis is that the source of this generalized anxiety can be found in media exposure to a discourse that positions the system as being a problem. This "problemization" of the situation creates a media demand for poll results and these results tend to reinforce both the media attention and the anxiety. As we have discussed, this potential for a feedback effect among polls, media attention and the structuring of opinion is not new. The present study, and the data we have analysed, nevertheless illustrate empirically the workings of this feedback effect. In our view, the classic political notions of representation (policy follows public preferences) and responsiveness (public opinion reacts to policy) [34] should also incorporate the feedback process illustrated here. We believe polls remain underinvestigated as instrumental policy framing tools, given the place they occupy in our conception of democracy and politics [18]. They also constitute a great empirical field for contribution to the current efforts to bridge the traditions of agenda setting and news framing research [15,25,70].

By suggesting that polls can be deliberately used as agenda setting tools, we do not mean to imply that policymakers are fools who passively obey poll results. On the contrary, they are usually highly aware of the rules of the game [11,18] and actively playing according to those rules. We do not believe our results will enlighten many of them about the political use of polls. Our results might, however, prove useful in highlighting and analysing the social and logical processes involved.

Finally, at a programmatic level, these data also show that, whatever the real public opinion might be –if indeed there is any –on proposals to reform Canada's and Quebec's healthcare systems, current poll results provide a useful window of opportunity to those who would like to reform the system through increased privatization of funding. If such reform projects are successful –and in the case of Quebec, it seems plausible to believe they will succeed at least in part –then the performative loop of the political use of polls will have completed its circle, like the serpent biting its own tail.

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