urban centres. Mr. Speaker, while the networks may be there, the total absence of public vehicles on these networks makes a mockery of the succeeding statement on page 21 that "the ultimate goal of development is, therefore, the improved well-being of the people."

I would like now to deal with three topics essentially of national concern but relatively ignored by our government save for paying them lip service. I refer to the problems of inflation, inadequacies in the field of medical research and, finally, the utter failure of the government to adopt policies designed to instil a sense of dignity, self-pride and self-respect into Canadians. Inasmuch as this is a budget debate, it would be only appropriate that I should refer to the problem of inflation. To be sure, the Minister of Finance (Mr. Turner), who is present in the House, referred to it several times in his budget address. Although physicians are sometimes acknowledged as being inept and lacking in business acumen, it takes very little expertise on my part to realize that what the Minister of Finance is offering this country serves only to fan the flames of inflation.

Even I can realize that year after year of deficit budgeting, with its concomitant expansion of the money supply and credit, can lead to nothing but uncontrolled inflation. And, of course, one does not have to read for very long either books on inflation or the daily newspapers to realize that world authorities on economic and fiscal policies are saying the same thing. But, Mr. Speaker, we have had a government for the last six years, and will for the next four years, that has found it can buy the votes of the Canadian people by offering them ever increasing give away programs by the single deceitful procedure of expanding the money supply. Sir, it is nothing short of reprehensible that this government should, for reasons of its lust for power, commit this travesty on the Canadian people.

Next, Mr. Speaker, I would like to discuss certain aspects of our health care system which I feel are deficient and which I believe our government finds it expedient to ignore. One could devote one's total time allotment to discussing problem areas in health care. By the same token, governments that promise the people "the best health care available" are simply ignoring costs for, as in education, the limits are infinite. Before making rash promises it would be prudent to try to determine what good health care really is, or, in short, how one measures the quality of health care.

This brings us to the question of medical research. The recent Liberal administration has been satisfied to adopt, once again, the politically expedient stance of giving or providing "free" health care to all Canadians. As mentioned when discussing inflation, more votes can be secured by offering the present expensive system of health care whereby, until lately, the prime focus has been on high-cost, hospital-centred care. To invest money in researching how to provide more effective health care and, more important still, how to measure the quality of health care is not something that is newsworthy or vote-catching.

Over the years government funds for medical research in Canada have gone almost entirely to furthering research in the basic sciences and clinical branches of medicine. And even in this area the amounts made available in Canada are pitifully small in proportion to what the USA and Scandinavian countries provide. Commendable as this type of research is, and acknowledging the contribution that has been made to a better understanding of the etiology and treatment of disease processes, we have completely overlooked the funding of operational research and how we can better put to use the clinical knowledge that is made available to us. In short, how does one measure the quality of medical care?

Medical associations have recognized this challenge as of paramount importance and have even made attempts to enter this difficult field of study, only to be stalled for lack of funding. Again I say, it is fine for governments to promise complete care from the womb to the tomb, and by so doing remove all responsibility from individual citizens most of whom could well provide for themselves at lesser cost; but where the problem is too great for individuals or even large associations to cope with, the government abdicates its responsibility to the people as in the question of how to assess the quality of health care. To illustrate how our present government views this whole matter I would refer to a working document published in April, 1974, entitled "A New Perspective on the Health of Canadians." The Minister of National Health and Welfare (Mr. Lalonde)—who is present in the House, I am pleased to say—has his name on the cover, as would an author, and, indeed, he has written the preface, or at least signed it. I went through 76 pages of this treatise looking for some reference to quality, and at the end of a 12-page chapter headed "Major Problem Areas in the Health Field" I finally found, in the second last word, the one and only reference to quality in the statement that we had to "ensure accessibility to quality service." There is no suggestion that we might have to research what quality service is, in fact. However, the same chapter discusses the health status of the population in terms of life expectancy, mortality rates, causes of death, morbidity, problems in the organization and delivery of health care and, finally, conflicting goals in the health care system—but no thought of how to measure the quality of health care. The following was even admitted:

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> No such public demand exists for research and preventive measures. As a consequence, resources allocated for research, teaching and prevention are generally insufficient.

How is that for leadership, when a cabinet minister not only fails to recognize the existence of a problem, but even when he does he states that no funds would be available if there were no public demand. That same chapter discusses the problem of costs of personal health care, stating that for a family of four in 1971 the cost was about $1,100 and that "most of the costs were met by insurance." The minister knows that this is not entirely true, and that the majority of these costs are met by taxes and not insurance.

Nor can I fail to observe, in the same chapter, the statement that "what is really needed is a measure of the prevalence of ill-health in the population." The College of Family Physicians of Canada, with whom I have been closely associated for many years, has repeatedly been turned down by this government when we have sought funds for the establishment of an illness observation unit designed to collect and measure the very information the