

People who are on a low wage scale have been hurt by present day inflation, and last December we told a group of old age pensioners that in the future they will no longer be able to enjoy the 2 per cent escalation for the cost of living to which they had been entitled. These are the cruel facts of life. For nearly 20 years they have been led to believe that this pension was their basic right. They were paying taxes each year for this pension, as we do under the Canada Pension Plan, but no one ever thought that the government would be capable of committing what amounts to theft. This is one of the reasons old age pensioners, those on social security and those on low incomes, have great difficulty in paying their drug accounts.

Many of those older people develop more than one disease. They often have coronary disease, diabetes, respiratory diseases, and these require the judicious use of many drugs which are costly. In other words, when a person reaches the age of 65 or over his organs begin to wear out. He may find that his cardiovascular system, his cerebral vessels, his chest and his lungs start to deteriorate. These people may have three or four of these diseases which require treatment. The cost of drugs may well amount to \$30 a month per person. I could cite many such cases to the House if I had more time. If both husband and wife have chronic diseases, the drug cost surpasses \$30 a month. Many thousands of people are kept out of hospital by the judicious use of drugs, thus saving the taxpayers millions of dollars.

This also applies to the treatment of mental disease. Many people are working today who would be confined to mental institutions if it were not for the judicious use of tranquilizers. The cost of all those drugs has largely been borne by the patients to the benefit of the taxpayer of Canada. Without the drugs the patient would be in hospital a great deal of the time and thus would require nursing care or home care. We all know what a problem that is today with hospital costs about 100 per cent higher than they were eight or nine years ago. We are greatly concerned about this now, and this is why I say that the judicious use of drugs will cut down the need for hospital care.

It does not seem fair to ask the old age pensioners and those on low incomes to pay for the drugs they need and which, in some cases, they do without because of lack of funds. That is the sad part. Once they do without those drugs they are potential hospital cases and then they cost us thousands of dollars. This is the crux of the matter and this is what I want you to remember. Even if we are motivated selfishly, we will buy those drugs because they will keep these people out of hospitals and that will reduce our taxes.

Let us not be penny wise and pound foolish. There are thousands of people across Canada who often pay high rents. I know of two people, whose cases were described in the press, who were paying \$80 a month for one room. This was more than one third of their combined pension. I have known of doctors who have scrounged around their offices to see if they could get samples of antibiotics for one of those elderly patients who needed them.

### *Drug Costs to Welfare Recipients*

I know of druggists who have done the same thing to try to help those people. What do these people do when they need the next batch of drugs?

• (5:20 p.m.)

The crux of the problem goes deep. The federal government brought in a national medicare plan which was supposed to provide full medical, surgical and pharmaceutical treatment. If anybody doubts that let him get up and say so. That legislation was based on the Hall Commission Report. Here is what that report had to say on the question of drugs, at page 240, of volume 1:

Effective and judicious use of drugs has made it possible not only to improve the health of the nation but also to raise the economic benefits resulting from the provision of health services. The use of many of the newer drugs by physicians facilitates their patients' recovery—

Let me tell you that this cuts down on the number of visits the doctor makes. The cost of the physician under OHSIP today is becoming increasingly important.

—and in some instances avoids or minimizes the effect of serious diseases. Improvement in the state of health of the nation meant increases in the productivity of the working force.

This is one of the main points I am making. Some of these people keep on working, even with chronic diseases.

Persons released from hospital care sooner because of new or improved drug therapy meant saving costly hospital bed days, a welcome economy in the light of rapidly increasing costs of hospital care.

This is what I have pointed out previously.

Even more important than the economic advantages are the numerous benefits to Canadians in reducing or preventing human suffering. Furthermore, drugs have proven to be an invaluable weapon in the arsenal of the medical profession in its fight against disease and emotional disorder. Advances in drug in the last two decades have been particularly spectacular. Most of the progress made has taken place in such industrial advanced countries as the United States and the United Kingdom. Canadians have shared in this progress. The dynamics of progress in the drug field are illustrated by estimates which indicate that 90 per cent of the drugs prescribed in 1960 were introduced in the previous two decades; 40 per cent could not have been prescribed in 1954.

We live in a very fortunate age.

Expenditures on drugs place almost as heavy a burden on the average Canadian family as paying medical bills. In 1961, for example, expenditure on physicians' services amounted to \$383 million—

**The Acting Speaker (Mr. Richard):** Order. I regret to advise the hon. member that his time has expired.

**Some hon. Members:** Continue.

**The Acting Speaker (Mr. Richard):** Is it the wish of the House that the hon. member shall continue?

**Some hon. Members:** Agreed.

**Mr. Rynard:** Mr. Speaker, I want to thank my colleagues for their courtesy. I continue to quote from the Hall Commission Report:

In 1961, for example, expenditures on physicians' services amounted to \$383 million as against \$364 million spent on prescribed and non-prescribed drugs. In effect then, drug expendi-