

Environmental health problems are of particular interest and concern. It is important to recognize such problems may have an adverse affect on the individuals health and yet that individual is powerless to correct or eradicate the problem. It is clear in such situations government must intervene to protect the health of the individual. To achieve the necessary coordination in attaining many diverse ends in the matter of environmental health, the federal government should immediately create a federal interdepartmental committee, chaired by the Department of the Environment, with representatives from other effected departments to coordinate all aspects of proposed action on environmental problems including identification of these areas, full assessment of proposed action, establishment of priorities, setting of objectives, development of standards, support of necessary research, and proposed legislative action.

Emerging as the number one problem affecting the health of Canadians is that of lifestyle. Lifestyle health refers to those aspects of health over which individuals exert decision-making and control. Sadly, it has been the neglected area in our disease-oriented, physician-centred health care system.

In the past, little effort has been advanced by governments and little interest expressed by individuals for change. In part, this lack of personal responsibility has been due to lack of desire and, in particular, lack of knowledge on the part of Canadians to give up immediate pleasure for long-term health benefits. However, it is evident that value-systems of Canadians are undergoing change as demonstrated by a resurging interest in physical fitness, and the federal government should give every possible encouragement to this trend.

The responsibility for co-ordinating and providing leadership in prevention policies in this field should be part of the new duties of the federal department of health. May I again re-emphasize the pre-eminent responsibility of each province in the provision of actual treatment and rehabilitative facilities.

I want to turn to some of the specific problem areas in which there is no evidence of federal leadership and in which it is required. To do that, I will refer to some statistics. Although they are boring, I think they will at least establish the priorities. I wish to refer to the year 1971 for potential years of life lost. That is very simply calculated by taking the age of 70 as the average lifespan. For example, if someone should pass away at age 40, we would calculate there were 30 years of potential life lost.

In 1971, the potential years of life lost were 1,317,651. Of 124,795 deaths, many were preventable. Let me list some of the figures. Heading the list is motor vehicle accidents with 212,925 potential years lost. As the result of ischemic health disease, 193,380 years of life were lost. Other accidents accounted for 178,792 years of life lost. Respiratory diseases and lung cancer were fourth on the list. Fifth on the list was suicide followed by cancer of the breast, uterus and ovaries, strokes, cardio-vascular accidents, gastro-intestinal cancer, leukemia and cirrhosis. I am sure these figures indicate where the priorities lie and the need for leadership in these areas is obvious.

I wish to deal with the first group, cardio-vascular disease. At the present time there is no program, national

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in scope, to deal with this most devastating problem. If we are concerned about the health of Canadians, I believe that a major assault must be launched in Canada by the federal government to influence the incidence of cardio-vascular disease and the resulting morbid end results of this disease process. The program should at first be preventive in nature by influencing the decisions of individuals to discontinue lifestyle patterns which contribute to the course of cardio-vascular disease.

A national policy is required urgently to promote lifestyle changes in the dietary habits of Canadians. Targets must be established to control obesity as well as levels of consumed saturated fats. These educational programs must be directed not only to the public but as well to all interested professions.

Aggressive programs designed to decrease patterns of cigarette smoking are urgently required. Further, the tobacco industry should be obliged to decrease the levels of nicotine and tars in an effort to reduce the health hazards of smoking.

Lifestyle practices of sedentary living with lack of physical fitness must be overcome. We should extend present federal programs in this area to reach, in particular, men between the ages of 40 and 70.

Immediate negotiations should begin between the federal government and the food processing industry to set standards for the processing of "lean prepackaged meats"; to establish greater use of vegetable fats; to alter the level of saturated fats in some dairy products. Likewise, standards are required for the level of saturated fats in baked goods, and finally, guidelines need to be established for total fat content in all packaged food.

I now wish to turn to another area in which there is no federal leadership or involvement. I refer to cancer and lung disease. There can be little doubt that cigarette smoking patterns play a major role in lung cancer statistics, and not only in statistics relating to lung cancer but statistics relating to chronic bronchitis, emphysema and athsma. Since tobacco is a highly addictive drug, withdrawal is difficult to achieve. Research must be urgently mobilized not only to discover pharmacological substitutes to assist in withdrawal, but also to uncover and demonstrate viable program techniques to assist each individual in organized community programs of withdrawal. Research must be stepped up in the search for low carcinogenic tobacco strains through the collaborative efforts of the Department of National Health and Welfare.

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Medical research in the whole area of cancer must be stepped up. The Medical Research Council must be supported with additional funds in this particular endeavour. Of course, delays in transmitting research results to the clinical level must be overcome. In addition to this, public programs advising Canadians of the cancer danger signals must be stepped up.

Let me turn next to the problem of motor vehicle accidents. As I indicated earlier, the potential years of life lost is tops on the list. In 1969, three million hospital days attributable to all accidents were recorded. It is time we looked for driver responsibility in terms of traffic fatalities and accidents.