

*Medicare*

lose their North American accreditation. This is a recognized method for judging the quality of medical schools, and loss of accreditation is a sad, bad blow . . .

The primary fault in the four schools was not with respect to their basic orientation or the quality of existing staff, but rather that they had insufficient staff and resources to meet the needs of modern medicine.

For a country such as Canada, which is one of the richest resource countries in the world, to have an article like that printed in the *Medical Association Journal* is something not far short of being a national disgrace.

The next question I wish to ask is: Where are we to get these teachers? I do not think we will get them from the United States, because while we spend \$12 million in research the expenditure in the United States per capita is ten times as great. In other words, they do more research. We lose 200 doctors every year probably because of this. And it costs \$50,000 to train a doctor, one does not have to be a mathematician to see that these doctors represent a gift of \$10 million every year. Instead of giving that gift, why can we not spend more money in research to try to keep the doctors we have trained? The doctors who leave have an earning power of \$100 million in their lifetime. In those circumstances, why should we spend only a niggardly \$12 million on research? This is one of the frightening aspects of the problem, and it seems that the government has not woken up to the fact that we must spend money on research and must have research to attract teacher scientists.

It takes 8 years from the time he starts to train a doctor. It takes 11 years to train a specialist and 15 years to train a teacher. Where are we to get the teachers?

The teachers in Great Britain are of a high calibre. An effort to attract them from Great Britain might be made, although I do not believe in stealing their best teachers. Nevertheless, if they show a willingness to go to the United States I say we ought to put in a bid for them. We ought to have a Canadian Medical Council board sitting in London as the United States has. The United States has more scientists than we have; yet they do this.

● (4:30 p.m.)

I think one of the greatest fallacies in Canadian thinking is that we can steal the benefits of research and therefore we can let United States provide it for us. Nothing is farther from the truth. The benefits of research are not always transferrable. It must

be understood, also that these benefits do not consist solely of new discoveries; there is the attraction which research has for scientifically-minded teachers and doctors. Our greatest difficulty now lies in obtaining the services of our own citizens, Canadians who have gone to the United States because of the meagreness of our own research facilities. I do not wish to state this as a fact, but I believe that last year the government provided funds for only 60 per cent of the research projects which were authorized.

I should like to put on record what a few of the provincial premiers feel about this situation. Mr. Stanfield said: "Ottawa must take a more flexible position on requirements for federal help." He feels his province is not able to carry the load which the federal government would impose on it. It is for the less wealthy provinces I plead today, since the wealthier provinces are obviously in a better position to play their part.

Are the maritime provinces to be forgotten? Are they to be written off on grounds of expediency? I remind the Minister of National Health and Welfare that the help they need works out to between \$10 million and \$12 million, which would cover only a third of those in Canada who need help, and is therefore just about one-third of the amount which would otherwise be spent.

There are faults in this bill and I hope they will be corrected. Doctors are grossly overworked. We need more doctors as a matter of the greatest urgency. We are talking about a bill this afternoon which will not come into effect for two years. The measure is weak in other respects. What does the government intend to do about optometrists? Will they be paid? There are 1,500 of them across Canada and they are responsible for 70 per cent of visual care. There are only 300 certified ophthalmologists in Canada and these are mostly in the big centres. What will be done to serve those who live in the rural areas, people who do not have the opportunity to go to the big cities? Is the government thinking of them?

Most of this work will be done by optometrists. Many of these are men who have taken a specific four-year course of training laid down for them. These are individuals competent not only to undertake eye corrections but to know when cases should be referred to an ophthalmologist. I say these people should be covered. I could go on to deal with other points but I will not do so until the bill is discussed clause by clause.