

Business of the House

There is the view that a considerable amount of experience in this field in the United Kingdom suggests that heroin has great merit. I would like to quote a statement by a world authority on palliative medicine. That is medicine dealing with people who have incurable diseases. It is a statement by Dr. Robert Twycross who, until recently, was in practice at St. Christopher's Hospital in England. He is an acclaimed authority on the subject. In the last few years a majority of palliative care centres in the United Kingdom have substituted morphine for heroine because clinical trials conducted by one of the most experienced palliative care physicians in the United Kingdom, Dr. Twycross, indicated that there was no difference between the pain-relieving properties and mood-modifying effects of heroin and morphine.

Heroin is a drug which comes from the opium family. Its synthetic relatives are methadone and demerol. It has a quicker action than morphine. The euphoria associated with it is so short lived that it is not useful from a psychological point of view. In addition it has the profound constipating effect and respiratory depression.

Once heroin passes through the liver, which is very soon after its absorption, about 85 per cent of the heroin is converted into morphine. As heroin is introduced it is quickly broken down and actually becomes a product of morphine. It is the morphine compound which continues to have an effect.

I want to reiterate the concept of the so-called terminal patient. A preferable term to use is a person with an incurable disease. Many of these patients are classified as terminal on the basis of the assessment of the doctor. There are varying degrees of terminally ill patients. No two patients have exactly the same response to illness.

● (1610)

Therefore it is very difficult to accept a norm and to act on the basis of this norm. Each one has to be considered as an individual and each one has to be studied. The individual needs have to be considered and each of the particular needs has to be dealt with as required. For that reason adequate treatment can only be given if adequate assessments have been made and adequate studies of the needs have been conducted. Rather than legalizing drugs such as heroin, we need special skills and training for our medical students and physicians to provide emotional and environmental support so that people can enjoy their remaining days in comfort and with the security of their loved ones.

What is the feeling of other professionals in the health care field? In a meeting with Mr. A. C. Scales, past president of the Canadian Pharmaceutical Association, its policy was expressed by the Drug Advisory Committee of the College of Pharmacy of British Columbia as follows:

Effective pain management is best achieved with a regimen which provides an adequate dosage of currently available analgesics administered at regular intervals rather than as a required basis. The relief of pain achieved with morphine appears to be significantly more sustained than that obtained with heroin.

I believe my time is up.

[*Translation*]

Mr. Gilles Marceau (Jonquière): Mr. Speaker, I am grateful for this opportunity to express my views on such an important subject. Anyone who examines the Bill introduced by my colleague is inclined to react favourably, because he made it clear in his very short remarks that he was motivated by something which happened in his riding. From a human standpoint, I should think that any solution likely to help a sick person must be carefully and seriously considered. Aware as we are of the parliamentary experience of our colleague, and keeping in mind the example he gave us, we can only feel compassion when we are faced with such tragic, incomprehensible and, for some of us, unacceptable incidents as we are given to witness in our society.

Having read the text of the Bill introduced by my colleague, I must conclude that the wording is not unduly restrictive. He is suggesting, and I quote:

Notwithstanding subsection (1)—

—which is an interdiction against the use of narcotics. Here is how the whole section reads:

Notwithstanding subsection (1), any person may, under the supervision of a designated physician, have diacetylmorphine (heroin) in his possession for therapeutic purposes.

Again, there is no need to say that I understand the aims of my colleague the Hon. Member for Nepean-Carleton (Mr. Baker) because, in principle, I agree with those aims and motives.

The Acting Speaker (Mr. Blaker): Order, please. As I have just indicated when I signalled the Hon. Member, I apologize for interrupting him, but the time allotted for this debate has ended.

Pursuant to the provisions of Standing Order 24(2), it is my duty to interrupt the proceedings.

[*English*]

Before I proceed to the next order of business, I understand the Parliamentary Secretary to the President of the Privy Council (Mr. Smith) has a point of order.

* * *

BUSINESS OF THE HOUSE

Mr. Smith: Mr. Speaker, I rise on a matter to which the Government House Leader omitted to make reference when he intervened a few moments ago with the business for tomorrow. It flows from discussions which have been held this afternoon between the Parties. Accordingly, I would like to designate tomorrow as an Opposition day.

Mr. Baker (Nepean-Carleton): Mr. Speaker, I would like to ask a question on behalf of the Opposition House Leader. Is this a matter which was discussed and agreed among House Leaders?