

Business of Supply

over \$1,630 million. How much would an adequate medical care program have saved our economy by making available medical assistance in the early stages of such illness? I have heard experts state perhaps one half.

A most significant fact is that only 8 per cent of personal incomes go to support education at all levels. If my memory serves me correctly the former minister of finance, the Secretary of State for External Affairs (Mr. Sharp), promised that federal aid to higher education would be increased, and then he walked out on the scholarship program. Now, the government is backing up and cutting the health resources program. Dr. Hinchey said that there is an acute shortage of doctors in Canada at the present time. There are thirteen medical schools in Canada with three more being established. We should be spending \$1,200 million each year on research and development in science, engineering, business industry and medicine. We now spend \$71 million.

● (8:10 p.m.)

It is a fact that many people are dying in Canada because of inadequate medical care. You can have all the money in the world but if you are bleeding to death from a stomach ulcer, it is of no avail. You must have a good doctor and proper hospital facilities.

I think we have proved beyond doubt that the minister's statement that the shortage of doctors is a myth is completely wrong. His statement that 1,200 immigrant doctors are coming into Canada every year may be misleading. My information is that only 600 or fewer enter the mainstream of practice, less than one half of those entering the country. It is generally well known that doctors from Great Britain, Ireland, Australia—

Mr. Caccia: On a point of order, Mr. Speaker.

The Acting Speaker (Mr. Béchard): The hon. member for Davenport on a point of order.

Mr. Caccia: Would the hon. member permit a question. Will he indicate what efforts are presently being made by the medical profession and medical societies to recognize the degrees of immigrant doctors.

Mr. Rynard: Mr. Speaker, I was about to say that it is generally well known that doctors from Great Britain, Ireland, New Zealand and the British West Indies are accepted as

[Mr. Rynard.]

being well trained. They have little trouble becoming licensed. God knows, we welcome them. Without them, our medical care program would be in complete chaos. I think that answers the hon. member's question.

The government was obviously interested in providing every citizen of our country with the very best medical care possible, to the tune of about \$1 billion which was to be spent. Then they turned around and cut the very fund, the health resources fund, that was to provide resources under which required doctors would be trained. According to experts, the fund was cut when it was already 10 per cent deficient. That was penny wise and pound foolish. You cannot buy doctors or make them. You have to educate them. Does the government not know this or does it not care?

Not only did the government cut back on the health resources program but, in spite of our weak position with regard to doctors per capita of our population, it offers no direct leadership in stepping up the training of doctors. No financial assistance has been held out to help the medical schools operate during the summer semester. The government could increase the production of doctors by 50 per cent, at small additional cost. The buildings and equipment are there.

I ask the government, has it approached the provinces with the idea of implementing again the scheme that was carried out so well during the last war? According to the experts, the quality of doctors turned out under the scheme was not lowered at all. In the medical schools across Canada there are roughly 5,000 medical students. Of these, about 800 will be in their final year and working in hospitals if they can afford to do so. That means that about 4,000 students must find jobs, and students are having a difficult time finding employment. A great many of them will not find work. I ask the government, what is so difficult about applying manpower training concepts to these students and paying them for attending medical school during the summer semester. That would certainly be in the category of upgrading training. Interest bearing loans should be provided to students; they should be repayable after graduation and the payments should be deducted from income tax.

I should like to see more applications accepted from students of average ability, as opposed to applications from students scoring high marks. More stress, in my opinion, should be placed on dedication and less on