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HEALTH AND WELFARE

PACKAGING OF MEDICINES IN CHILD-RESISTANT CONTAINERS

Mr. F. A. Philbrook (Halton): Mr. Speaker, my question is for the Minister of National Health and Welfare. Considering the dramatic results achieved in recent years in reducing cases of ASA poisoning in children, including no deaths in the last four years, thanks to voluntary action by manufacturers, will the minister soon be making an announcement requiring that at least one size of certain medicines be in child-resistant packaging and that there will be enough flexibility in this regulation to provide for regular, convenient containers for those who need them, such as the elderly, those with seeing problems, arthritis and other handicaps?

Hon. Monique Bégin (Minister of National Health and Welfare): Mr. Speaker, I intend to continue the procedure of consultation regarding child-resistant containers in the way in which the hon. member described it, keeping in mind the problems of people suffering from arthritis or other physical handicaps. If I remember correctly, the plan of action was proposed and published for the first time in the *Canada Gazette*, but my second publication is not yet ready.

FUNDING OF MEDICAL CARE PROGRAM

Mr. Stanley Knowles (Winnipeg North Centre): Mr. Speaker, I have a question for the Minister of National Health and Welfare, and in putting it to her I am returning to one of the most serious issues facing Canada today, namely, the possible erosion of the provisions of the medicare act.

In view of the fact that contributions which the federal government may wish to make to the provinces for medical care are limited by the provisions of the Established Programs Financing Act, which puts the contributions on a gross national product basis rather than on the basis of the actual cost of medical care, will the minister, in addition to the information that she is collecting and in addition to the appeals she is making to her colleagues in the provinces, discuss with her colleagues in cabinet the possibility of amending the Established Programs Financing Act or taking any other steps that will enable the federal government to make sure that the medical care program is saved?

[Translation]

Hon. Monique Bégin (Minister of National Health and Welfare): Mr. Speaker, if the question implies that under the new block funding legislation the provinces are not receiving sufficient funds for health costs to offer adequate fee schedules to their doctors and comply with the basic conditions of medicare in Canada, I assure the hon. member that such is not the case. Ontario, for instance, received a 13.7 per cent

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increase in 1979-80 over 1978-79 under the legislation referred to by the hon. member. Manitoba, his own province, got an increase of 14.4 per cent, a higher percentage rate of increase than some other provinces.

If, on the other hand, the hon. member is attempting to make me say, as his colleague from Broadview (Mr. Rae) suggested a bit earlier, that we cannot control medicare payments, I can only disagree with him, since the established programs legislation remains subject to the provisions of the 1968-69 medicare act, and in particular to section 7.

[English]

Mr. Knowles (Winnipeg North Centre): Mr. Speaker, I was trying very carefully to put my question in a way that did not call for confrontation but rather on the basis that all of us share, which is that the Medical Care Act is one of the most important programs we have in Canada.

In view of the seriousness of the situation and of arguments and discussions on both sides, will the minister take up with the Prime Minister the possibility of there being held a federal-provincial conference of the ministers concerned so that this matter can be thoroughly gone into and the Medical Care Act can be saved before it is eroded any further, no matter who is to blame?

Miss Bégin: Mr. Speaker, I will take this question as a representation. A conference could be the best tool whenever we are ready to discuss the matter with the provinces and to make known the concrete guidelines defining acceptable universality, accessibility, and so on.

Mr. Knowles (Winnipeg North Centre): The time is now.

DOCTORS OPTING OUT OF MEDICAL CARE PROGRAM

Mr. Gordon Ritchie (Dauphin): Mr. Speaker, I have a question for the Minister of National Health and Welfare. In view of the minister's concern over the number of physicians opting out of medical care and the possible erosion of the universality principle, and in view of the fact that the widely accepted principle of opting out by provincial Conservative, Liberal, NDP and Social Credit jurisdictions—particularly the NDP in Saskatchewan, one of the most liberal—does the minister consider that this long-standing opting out principle should be terminated or restricted?

Hon. Monique Bégin (Minister of National Health and Welfare): Mr. Speaker, I said earlier, and now I would like to remind the hon. member, that I have tried to prevent undue escalation of that problem—in this House or outside the lobby. I have said that we are defining guidelines which would translate into concrete definitions of the cornerstones of medical care in Canada. I have no opinion to express at this point on the cancelling of the opting-out formula which, if I am not mistaken, was also quite important in the negotiations throughout the decade that led to universal medical care in the country.