

Canada Health Act

tained roughly 50 per cent of the original concept of what it was going to fund, the Government has refused to opt into those very essential health care programs, some of which have been alluded to by my colleagues previously respecting other types of services which the community is demanding, such as community health matters and so on which the Hon. Member for Winnipeg-Birds Hill speaks of and about which I know a fair bit, having served on the Hastings Committee. There is no question that we are going to be short millions of dollars in the health care system. That is why we are seeing this kind of an article here now. It is not because there is lots of money around to fund; it is because none of the provinces has sufficient money to put into the services that Canadians expect to have. I can assure you, Mr. Speaker, that Canadians are far more concerned about having a bed when they get sick where they can have their life saved than they are about whether they have to pay \$5, \$10 or the user fee when they go to the hospital emergency room.

[*Translation*]

Mr. Lachance: Mr. Speaker, far from underestimating the importance of the matter raised by the Hon. Member for Oxford (Mr. Halliday), I should say that I was somewhat surprised by the scathing comments he made this afternoon about the alleged underfinancing of the system. On the contrary, I feel that it is essential that a rational discussion be held on all issues dealing with the alleged problem of undercapitalization on the one hand and underfinancing of health services on the other.

I would like to ask him a question because he is a member of the College of Physicians which sided with the provinces and on several occasions has expressed its dissatisfaction or drawn to public attention the problem of the underfinancing of health services. This college of physicians, this Canadian medical association, has recently set up a task force apparently with the mandate to prove that there is underfinancing. That has remained an unproven and contentious issue, for some health professionals have the very existence of that problem before the committee chaired by my colleague from Gloucester (Mr. Breau). Therefore it remains a disputed and controversial issue. Why has this Canadian medical association decided to direct its investigation on the maximal use of human resources in the system rather than on the very specific problem raised by the member in his speech this afternoon?

[*English*]

Mr. Halliday: Mr. Speaker, the Hon. Member for Rosemont (Mr. Lachance) is a very knowledgeable Member of this House whom I respect. I appreciate there is some debate about the underfunding issue. I am quite convinced, and I think if the Hon. Member for Rosemont would speak to his own colleague, the previous Minister of Finance, he would find that when he introduced the EPF program he was predicting a saving of \$5.7 billion over a five-year period, I believe. If he can predict a \$5.7 billion saving over five years, it would not be unreasonable to assume, unless we were being grossly over-

funded previously, that we are now underfunded. The Hon. Member for Rosemont probably missed the point I was making because he is not familiar with the situation. If he could speak to his three colleagues from the London area, the Whip, the Hon. Members for London West (Mr. Burghardt) and London-Middlesex (Mr. Bloomfield), he would find there are desperate problems today and have been for a couple of years in the tertiary hospitals in London. That applies right across this country.

I have had dealings in the last year or so with the Toronto General Hospital, and I am only too aware of the desperate situation in trying to find funds to pay for residents. They cannot even staff their hospitals adequately. They had to turn away a very senior person from the Kitchener area from an intensive care unit at a London hospital because they could not find a bed. He was a very important person from the Kitchener area.

The tertiary hospitals are in desperate trouble. I would respectfully ask the Hon. Member for Rosemont to make inquiries from this colleague, the Hon. Member for Hamilton West, who I believe would confirm that this situation is also occurring in the Hamilton area.

Mr. Blaikie: Mr. Speaker, the Hon. Member implied that I was being unfair to the doctors and the medical profession. I have always made it clear with respect to extra billing that I was talking about the minorities of doctors extra-billing. Further, I make no apology for trying to bring into this debate a critique of the role doctors play within our health care system and of some of the ways in which they are responsible for generating the very problems which they lament.

I was at a conference on medicare in Winnipeg on the weekend. A prominent Winnipeg doctor was there. One point he made was that one reason people who need beds cannot get them is that the hospital is filled with people who should not be there but are put there by doctors when they do not have to. That is a problem generated by the doctors themselves and the kind of medicine they have come to practise over the years; not necessarily through their own fault. That is a way of practising medicine which has developed, and all I am suggesting is that if we are going to have a debate on health care in this country, doctors are not above criticism. We need to demystify the medical profession and ask very difficult questions about some of the decisions they make. For people who do a lot of talking about costs, it is doctors who generate a lot of the costs in the system and it is about time that was examined. I do not think the Hon. Member can really disagree with me on that.

Mr. Halliday: Mr. Speaker, I would love to answer that question because my memory of the actual practice of medicine goes back further than even the Hon. Member, and he probably has not done his reading. When the Medical and Diagnostic Services Act was introduced, do you know where the pressure came from to get people into the hospital? It was not from the doctors, it was from the patients. They found, when they needed to have their stomach X-rayed, that they could get it done for nothing if they were admitted to hospital.