

Supply—Health and Welfare

people to enter medical schools and remain in Canada. The situation under the present system is like pouring water into a sieve—the more you pour, the more goes out at the other end. I suggest the economy of our country would be better served if we spent more money on making it worth while, by improving research facilities, for these people to remain in Canada, and I urge the minister to do her best to take up with her colleagues in the government the idea of increasing the amount available for research here.

Miss LaMarsh: I noted with interest the remarks of the hon. member last evening with respect to this matter. As he is aware, this is one of the questions dealt with by the Hall commission and it is consequently one of the subjects under active study by the 14 committees within the department.

Mr. Scott: I should like to know what the government has been doing, or what measures it has under consideration, with regard to the high cost of drugs and medicines, particularly as it affects senior citizens. Most members of this committee have voluminous files of information concerning the tremendous profits the drug companies are making, and are concerned with the exploitation of the public in the prescription field. Action taken in this area would not involve any additional expenditure by the government. For example, if a crown corporation could market some of these drugs a great deal of the profiteering could be eliminated and the moneys now being paid to the drug companies could be put to better use.

Miss LaMarsh: Here again, specific recommendations are made in the Hall report regarding the provision of drugs. The suggestion is that drugs should be included in a comprehensive program, \$1 being charged to the individual and the rest of the cost being absorbed by the federal government. The whole question of the cost of drugs is thus within the purview of the studies now being conducted. The fact that so many of these questions have been considered by the commission indicates the complexity of the Hall report and the problems raised in dealing with it. The range of subjects to be considered is extremely wide and hon. members will appreciate that in seeking to establish government policy one has to be concerned about priorities. I feel sure all members would agree that it would not be the proper course to begin to act piecemeal without reference to other actions which might be taken. Perhaps this is an unfortunate time at which to consider the estimates

of the department, having regard to the fact that we are now studying the Hall report. I mentioned specifically in my opening remarks that there is nothing in present estimates arising from the first volume of that report. Nevertheless I think every member, or at least every other member, made some reference to it, though these matters might more satisfactorily be discussed later this year, or next year.

Mr. Olson: Would the minister agree with me that the \$1 proposed to be charged for drugs could be considered in the same vein as co-insurance?

Miss LaMarsh: I think I could. It should be noted, however, that in the Hall commission report three or four different approaches are made to cost sharing. The one mentioned by the hon. member is one of two or three different techniques which can be used to deter people from using a service, or to make people more aware of their responsibility toward a service, or simply as a means of raising some of the money needed. The mere title "co-insurance" does not indicate what the purpose of the technique is. That is one of the interesting things about the Hall report; there is no consistent line taken that financing should be accomplished in a certain way. A number of techniques are suggested for various parts of the service. This is another field in which a decision will have to be made by the government. Should one charge the person who is well, or the person who is sick in hospital? I know the hon. member is interested in this question. I know he believes there is a disagreement in principle arising from the term itself. It arises, I would say, from his feeling on philosophic grounds that when one is sick he should not be charged, but that prepayment should be made as a kind of insurance so as to carry the cost at a time when one's resources are not depleted by illness. I believe this is a difference in philosophy rather than a difference in terms.

Mr. Slogan: Could I ask the minister whether she could inform me what amount in this year's estimates is allocated to dental research? I mentioned earlier that over each of the past three years, although the national health grants have been increased the amount allocated to dental research has decreased. I was wondering whether the minister could give me an idea whether the amount is being increased this year or whether it is continuing to decrease.