

Health and Welfare

construction to enable the building of hospitals for \$8,000 or \$9,000 a bed for those who do not require intensive care. Many patients require treatment with the newer drugs but they do not require oxygen masks on tents or intensive care units. We should cut those costs, as well as nursing care. Many of the chronic cases are kept in hospitals although they could be sent home, if they were provided with proper nursing care. This is a field which should be explored. Nurses aides could be trained to do this work very well.

The emergency departments in most hospitals today are overcrowded simply because we do not have enough doctors to go around. The reason for this is that there are not enough teachers, and medical schools are crowded and cannot take in more students to train as doctors. At present we are training about 900 doctors a year, we lose 200 to the United States and we bring in 600 from foreign countries. Most of them are not adequately trained according to our standards, and yet we allow them to practise, instead of building our schools and training our students from every area in our country. We would be getting much better medical care if we did this. However, we do not do it, and I was very annoyed to see the government was cutting back on some of the research grants, and that cutbacks are being made in the health resources fund. This is a backward step. We should be supporting the recommendations of the Hall commission report which made reference to the training of more and more doctors. We have fallen far short of the schedule laid down in that report, yet the government has seen fit to bring in medicare without the proper facilities and personnel to carry out the extra work.

● (5:40 p.m.)

Doctors are overworked because of an increased utilization of their services. Because of the increased number of people using emergency departments, hospital costs have increased. Many of these people could be treated in a doctor's office, but they are crowding into these emergency rooms. In large centres like Toronto these people might have to wait from one to four hours before they are seen. It is almost impossible in any major city in Canada for a patient to see a doctor after 6 p.m.

An hon. Member: Or on Saturday or Sunday.

Mr. Rynard: Unless you have your own doctor and he happens to be available you are

almost always sent to the emergency department, where on many occasions you are admitted to the hospital. Many of these patients are seen by an intern who is not quite sure of his problem. All of us know there have been a number of cases where people have been sent home, and some have died. Had they been in the hospital with proper care and treatment some probably would not have died. This situation makes doctors a little leery. When they see a patient in the emergency department they will very often say: Well, he is here, perhaps I should admit him. Admissions are increased in this way because the doctors do not want to take a chance. The government has done little to correct this problem.

To recapitulate, approximately 900 doctors are graduated each year, but we are losing about 200 per year to the United States. These are the doctors who want research facilities and the opportunities to do research or teach. I refer to people like Dr. Hinchey who, as I have said, was a graduate from Queen's University. He is now gone to working on research at Royal Victoria hospital, Montreal. I sincerely hope he will stay in this country.

This summer when I was in New York I saw many doctors who graduated from Canadian universities. They are now on the staffs of United States hospitals and they are doing an excellent job.

This whole problem is like a two faced coin. Will such a deterrent help? We brought in medicare and everybody immediately said that we were going to get free hospitalization and free medicare. Did we do the wrong thing as parliamentarians and have we falsely represented this measure? Medical care and hospitalization are not free. There is nothing man-made in this world that is free.

Again I ask whether this deterrent would help. Perhaps better supervision and control of our spending problems would be of more use. Would proper control and better supervision of some of these plans cut down the cost? Would the use of more nurses aides in homes cut down the cost of some of this work? Are these things more important than a deterrent? There is a serious question in this regard, and yet there is a serious problem to solve, in costs.

Mr. Knowles (Winnipeg North Centre): Would the hon. member permit a question? In view of the excellent case he has made for increased money for research and for the great things that can be done in the field of