

Food and Drugs Act

drugs and out of new drugs so we could form some opinion in the committee as to whether we could improve this bill, whether or not the drug companies have a financial responsibility to the country as a whole, to the people that make it possible for them to make the huge profits that they accumulate.

As I have already said, my colleague the hon. member for Nanaimo-Cowichan-The Islands (Mr. Cameron) will have something to say about a very famous person who was born in his constituency. I do not wish to deal with that, other than to say that it seems pretty clear it was not just an accident that in some countries they stopped the marketing of this drug sooner than we did, and that in other countries they completely prohibited the marketing of it. From my reading of the story in various publications, it seems that they had more facilities in other countries to do this than was the case here. In saying that I do not place blame on the particular individuals in the food and drug directorate. We must simply face the fact that there were not enough of them.

As I understand the situation, there are five, six or seven people whose job it is to decide on 200 or more new drugs each year, and if many of the manufacturers make submissions covering over 500 pages, as was the case with thalidomide, it is a wonder these people are able to do their job at all. Nevertheless, there must have been more vigilance and more staff in other countries, and I hope that will soon be the position here.

A number of us wish to put questions about some of the details in the sections of this bill but perhaps we had better wait until we deal with the bill in one committee or the other. The minister has commented on the things that the provisions in this bill provide. In that connection some of us were a bit concerned about what was happening to LSD, but the minister's statement has given us reassurance that he is trying to have regard to the things he mentioned at the commencement of his speech, in other words that he is trying to protect the public against anything that is dangerous and yet at the same time not deny to the public any benefit of scientific research that should be made available to it. We can go into this more fully in the committee stage.

All I wish to say now is that on our behalf we welcome the bill. We are glad to see the procedures being tightened up, thus enabling the department better to control the putting of new drugs on the market and to require more tests than has been the case in the past. I am still puzzled how it was that the government found it possible to withdraw permission for this drug in April but could not find it possible to do so in December. At any

rate that sort of thing is being improved by this bill. We welcome it and we hope the attention brought to bear on this incident will prevent further tragedies of this kind.

I support wholeheartedly the proposition that this bill should be examined by a standing or special committee so that we can get the benefit of advice and information and decide where blame and responsibility lies, and then take those steps that will ensure this sort of thing will not happen again. In conclusion I repeat what I believe to be the case, that I think Canadians from coast to coast will want to see everything that is necessary and everything that is possible done, no matter how great the cost, to assist the victims and the families who were involved in the unfortunate thalidomide tragedy.

Mr. P. B. Rynard (Simcoe East): Mr. Speaker, thalidomide is no longer the name of a drug; it is the name of a tragedy that forces one to think of the accidental deaths of hundreds of children across Canada every year.

In a discussion involving drugs we should spend a few minutes in retrospect reviewing objectively new drugs that have been introduced over the last 30 years in this country. No one will deny that millions of people now living owe their lives to those drugs, yet doctors use drugs that are indispensable every day in practice, and which are life saving, even though many such drugs cause side effects and even death in the case of a susceptible patient.

I can recall the drug sulfanilamide when it was first introduced. In fact I remember using it. It was a drug designed to kill the dreaded streptococcus germ, and I recall erysipelas and puerperal septicemia and a host of other diseases which were killing in their effect. When this new life saving drug came out, overnight these diseases were conquered, but the reactions caused by the drug were such that some patients died from the drug itself. I recall very well one lady who was a friend of mine, who got over her infection, which probably would have killed her anyway, only to die from the side effects of the drug; and unfortunately there were too many cases like that.

We must always assess the good done against the harm done, lives that are saved against the lives that are lost by the use of drugs. Naturally drugs are not used that cause severe side effects for very long.

Many of us recall the breakthrough that came very dramatically with the discovery of penicillin. The first case I used it on was that of a young man who was dying of pneumonia. We had to use the drug every three hours