

Proceedings on Adjournment Motion

take health care in the preventative field in the way they might otherwise do, or in the very early stages of sickness so as to prevent the development of more serious diseases which lead to periods of hospitalization at \$50 or \$60 per bed per day, often in ultramodern surroundings which are quickly outdated. Many patients could be cared for in motel-type rooms on each side of a central corridor, without elevators and elaborate equipment. This would be efficient and would place the patient's comfort and safety first and at less cost, according to some experts in the field.

• (2210)

The minister states, and I agree with him, that it is difficult sometimes to get a doctor, and people are neglected and die needlessly. Who is responsible for this situation but the present government which imported about half the doctors needed in the last ten years? Who is responsible for the present government not living up to the principles laid down in the Hall royal commission report? Who brought in full medicare? It was not the provinces, it was the federal government and it must accept responsibility for the failure to provide the necessary medical manpower.

I have repeatedly asked the minister to operate medical schools during the summer semester. He states he is willing to co-operate with the provinces, and a couple of years ago he indicated this was almost ready to take place. What has happened since that time? Speaking in Napanee, in an attempt to answer a question regarding medical care he said his department had undertaken a number of studies and analyses of medical manpower. These studies show that there is need for an increase in number and an improvement in the status of general practitioners.

Furthermore, what about the 600 qualified students who were ready to enter the field of medicine last fall but were turned away from our universities? In that year we took over 1,000, many from other countries with a much lower standard than ours and with a need much worse than ours. The minister states that millions of Canadians, mostly the poor, cannot get a doctor and die needlessly. I ask the minister whether this was not the very reason the government brought in medicare, so that this 30 per cent of the population could get the treatment they needed. This indicates a complete failure to cope with the situation, and it is getting worse.

Approximately 95 per cent of the health dollar today is spent on curing diseases and only 5 per cent on preventing it. The minister states he wants to put the lid on health costs and cut the amount given to the provinces, yet he admits we are short of doctors, particularly general practitioners. He will not provide the funds necessary to obtain doctors. This is the key to the situation. Why does the minister not consider running medical schools the year around, since nearly all a doctor's education is now provided for by the state, paying the student doctor a living wage so these individuals would be out earlier, trained and earning a good income, paying income tax and paying back the loan, which is tax deductible, with the stipulation that the regional areas without doctors would be looked after first?

[Mr. Rynard.]

What has happened to the nurses being trained to take some of this 20 per cent load off the general practitioner? How many hundreds are being trained, and on what basis? Are they on a fee treatment basis or are they on salary? When do they become doctor's assistants, and what is the difference in the training and qualification between the nurse on her own and the doctor's assistant?

The government has indicated, and I disagree entirely, that doctors indiscriminately admit patients. I believe that the doctor considers conscientiously all the facts and uses his skills in deciding whether or not to hospitalize a patient. Every case is different, home surroundings are different, yet the bureaucrats behind desks want to run the doctor's conscience.

I originally asked the minister to make a statement to the House on what the needs are and the solutions to meet them. After all, we have had no clearcut statement in this regard. The very suggestion of a deterrent fee is obnoxious because it hits the poor the hardest. This was the reason for medicare. The public has a right to know what national health care is doing, how it is run and what the proposals are that will not cut the quality of care they received before medicare was brought in.

These proposals must improve the situation. How we can do this with health costs increasing by 13 per cent and the gross national product by 9 per cent? The critics hint at too many operations, too many expensive procedures. If this is true it should be drawn to the doctor's attention, or does the computerized world get out of touch?

In any event, I hope the minister will make a statement covering what is new and what he proposes to do in leadership and legislation to meet the present health crisis that he talks about.

[Translation]

Mr. André Ouellet (Parliamentary Secretary to Minister of National Health and Welfare): Mr. Speaker, I doubt that in the few minutes allotted to me I can answer all the questions of the hon. member.

I strongly reject the charges which the member seems to lay against the government and I must tell him that the problem raised is not new.

The considerably increased costs of medical care concern not only the government but also the Minister of National Health and Welfare (Mr. Munro), especially so in recent years. This is why he suggested at the federal-provincial conference in November 1968 the establishment of a special committee which would be asked to study the matter.

The committee established in January 1969 has published a substantial report in three volumes. That report, submitted at the conference held by the ministers of health in December 1969, included in all 350 recommendations.

The hon. member should know that the prime responsibility for health services is a provincial one. He should therefore recognize that most of the recommendations made by this committee should be implemented by the provinces.

As for this government, it has introduced, at the last federal-provincial conference, a new financing arrange-