

*Borrowing Authority Act*

sad to say that we are having to fight again. Talk of this kind of measure is being heard again, in New Brunswick and in other places.

As I said before, there are some cost factors when it comes to health care. There are legitimate cost concerns. There are cost concerns about the overemphasis on institutional care and the high cost of this kind of care. This is a problem which can be resolved in part if we were willing to use our imagination, and our knowledge that people get well faster and feel better when they are at home, or when they are in a more human setting than that which can be provided in hospitals. But we must not use this insight, as some governments have done, to do what they call deinstitutionalization. This must not become an argument for just turning people out on the streets and then providing them with no back-up support. Nor must it become an argument in which glib phrases are uttered about how the family ought to be looking after family members more than they do now, and in a way that they used to care for them. In our modern society where there is so much mobility and anonymity, often people who are turned out on the streets do not have any family in the particular city where they are to look after them.

As we de-emphasize institutional care to the extent that we perceive it to be necessary, we need to provide the financial support and services and staff to look after people in their homes and to provide them with that kind of service. That will not only be a more human kind of health care system, I believe it will be a less expensive health care system than the heavily institutionalized form that we have now.

There is a lack of co-operation between hospitals when it comes to high medical technology. There is competition between hospitals to see who can get the most expensive technological unit. There is a hoarding of these kinds of capabilities. Here again we see the spirit of competition acting in its usual destructive way instead of having a health care system based on co-operation, enabling hospitals to make the maximum use of machines no matter where they were located. That is a cost factor that we would like to hear more about.

Of course there is the cost factor of lifestyle, that is, people who do not take enough responsibility for their own health. In this connection I believe all Canadians find themselves guilty in one way or another, some more obvious than others. More emphasis will have to be placed on this aspect as we move into a more preventative notion of what it means to be healthy, and a more preventative notion of what it means to have a quality health care system.

Our doctor-centred model comes to mind, where too many things, things that do not need to be treated in this way, have to happen within the context of the fee-for-service-doctor-centred model of medicine. If we had the freedom to seek more use of paraprofessionals and others who would be able to deal with problems that do not necessarily have to be dealt with by a doctor within our medicare system, we would again be addressing ourselves to a legitimate problem of cost and how we might reduce our health care costs.

Of course, in the whole question of health and its relationship to other matters, including health and its relationship to social policy, and its relationship to social services, one cannot separate a person's health from the kind of house in which that person lives. We cannot separate human health from the total context in which human beings are asked to live out their lives. Providing excellent quality health care in the absence of providing people with decent living conditions, working conditions, and a decent environment in which to live, is to have a very single-minded and inadequate view of what it means to promote human health in the long run.

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We are not against government spending on health care, because we make a distinction between government spending on something which is as fundamental as health care and government spending in other more frivolous areas. The government must spend money on existing services which will not only expand but live up to the original vision of the health care system which was embodied in the report of the Royal Commission on Health Care Services headed by Mr. Justice Emmett Hall in 1964. Canada needs a comprehensive health care system.

The government has lived up to only a very small part of what was originally envisioned by that commission. More money must be spent, as I implied earlier, in the whole area of prevention and enhancement of health before one becomes sick. I referred to enhancing the environment, the living conditions and working conditions under which people exist. In all these areas the federal government and provincial governments have been and are responsible.

We once had a cost-sharing program in which the federal government and the provincial governments shared the costs of the health care system. But in 1977 the federal government initiated what came to be known as the Established Programs Financing Act. It was a federal initiative which was designed to cap federal expenditures on health care. It is important to remember this fact because so much political attention has been paid to the way in which the various provinces have abused the freedom they received under the block funding system. Many people have forgotten the origin of this particular scheme. It was initiated by a federal Liberal government and was a move to put a lid on its commitment to health care spending.

The federal government is not only not blameless with respect to the gamble which it took with health care, but also with respect to its original intention in suggesting this block funding scheme. Whatever changes may be forthcoming to the health care system, the federal government must not put us in the situation where it hassled the provinces into health care and then leaves them without the capacity to fund the program as it withdraws from this very important field.

Some of the insights behind the block funding program were very good, and I think that it is important that I point some of them out. One feature was that it would give the provinces more freedom to decide where the federal money would be