She means the inclusion of the term "health care practitioner".

—allows for a better, more appropriate use of all health care practitioners in the delivery of health services which can better meet the health care needs of Canadians. While it is not all we had hoped for, it will open the window to the future, in assisting all those involved with health care delivery to begin the process of matching health care needs to insured services which must be available to the Canadian public.

That statement was made by the National President of the Canadian Nurses' Association in response to the changes that were made in committee. That association welcomes those changes but, as I said, it thinks it is only a small step forward and there is a great deal yet to be done.

One obvious question arises from the statements of Dr. Glass and from the statements of others we heard from in committee regarding this very issue. Why is such a reform necessary? Why should we move from the situation that prevails at the present time where the front line of medical care lies with medical practitioners and the hospitals? Why should we move the front line from that very critical area of care into the communities and into a preventive health care system? Why should that come about? What possible advantages could result from that?

Well, Sir, I believe that the answer to this question is two-fold. First, by reducing the emphasis on acute hospital care, there would be a much greater incentive and willingness to treat the sick and the elderly in their own homes, in community clinics or in places where they cannot now receive front line treatment. Such a move, I think, would greatly reduce the trauma and the emotional upheaval that is so often associated with entering hospitals. As well, it would begin to make us as a society much more conscious of the need to begin to take care of our own health rather than always leaving it in the hands of someone else. There is a responsibility upon us as Canadians to begin to say to ourselves that we have a need to take care of our own health. We need to know the ways in which we can take care of our own health and not always leave it up to someone to take care of us when we become ill. I think that is the direction in which the reform of the whole health care system can be moved.

Just as important as that is the fact that over the long term, and I emphasize the long term, by concentrating a great deal more than we do at the present time on preventive and outpatient care, we could greatly reduce the staggering financial burden which our health care services impose upon society. If we could begin to move these health care services into the community, it could eventually begin to reduce the tremendously high-cost services that are now delivered in hospitals by medical practitioners. I would think, Sir, that that would be a facet of the situation which we would want to take into consideration. However, I say that knowing that it will not happen overnight and that, indeed, the paradox of it might be that in the short term it might have to cost more. I am not going to hide from that particular fact. We know that it would require additional new funds to reform the system. In close co-operation with the provinces, the federal Government would have to pay its share for an expanded number of insured services as well as perhaps some of the capital costs involved with new buildings, new equipment and support services. However, if we are to truly rationalize our health care system in the country, I believe this move to be essential.

If this matter is so important, and I believe it is, one could rightly ask why the committee did not deal with it. The problem comes back to this Bill. This Bill does not really allow us to deal with that most fundamental question. It deals with the adequate funding of the health care system, the expenditure of additional funds and the changing expenditure of additional funds, but that can only be introduced by the Government after very meaningful consultation with the provinces. It could not be introduced by opposition members in committee. Opposition members could not bring forward the expenditure or reallocation of moneys now in the system because we are not permitted under the rules of Parliament to do so. Nevertheless, Sir, on many occasions we indicated that we do not believe that the funding is as efficiently carried out as it should be at the present time. Indeed, the committee was powerless to act in this regard but I think it has spoken up and raised enough concerns about it that we know that that is the way we will have to proceed in the future.

We on this side of the House will continue to work toward what we consider to be real health care reform. We do not believe this Bill really comes to grips with what we call meaningful health care reform. We will continue to work toward that goal. We were successful, we believe, in improving Bill C-3 in some regards but the changes, though minor, were a step in the right direction. The hearings of the committee, however, proved to all of us that there is much work that remains to be done. The challenge to us is self-evident. All that is required is the courage to get on with it.

In closing, therefore, I would like to reaffirm my Party's support for this Bill. I would also reaffirm, Sir, the support of this Party for the larger question of improving the entire field of health care services in the country.

• (1230)

[*Translation*]

Miss Bégin: Mr. Speaker, thank you for allowing me to put a question to the Hon. Member for Kingston and the Islands (Miss MacDonald).

[*English*]

Some parts of the Hon. Member's speech I could debate but really, we agree to disagree. I wonder if she would be kind enough to contact Dr. Lawrence Wilson, the Dean of Medicine at Queen's University? I do not have the right to speak in any other final way at third reading; that is only permitted on second reading.

The problem of research in hospitals in that for 18 years, subject to federal-provincial negotiations and agreements, some of the overhead cost of research in hospitals was cost-shared on a 50-50 basis. All the cost-sharing agreements disappeared when block funding came into effect about seven years ago. The overhead cost of research that was included in