

AFTER RECESS

The house resumed at 8 p.m.

GOVERNMENT ORDERS

BUSINESS OF SUPPLY

ALLOTTED DAY, S.O. 58—NON-CONFIDENCE
MOTION—DEVELOPMENT AND RETENTION
OF MANPOWER RESOURCES

The house resumed consideration of the motion of Mr. Stanfield and the amendment thereto of Mr. Broadbent.

Mr. P. B. Rynard (Simcoe North): Mr. Speaker, I should like to make a few comments on the medical manpower shortage in Canada today. There are two sources of supply for Canadian doctors; first, the Canadian medical schools, and secondly, immigration. Canadian medical schools have been graduating the same number of doctors yearly for about 20 years. There has been an increase in the population of Canada during that time of over four million, roughly 25 per cent. This fact alone means that the shortage of doctors has increased to the same degree.

Immigration registration statistics in Canada show that we were registering up to 600 doctors per year who were trained elsewhere than in Canada. Nearly 100 per cent of these doctors registered were from countries that were financially poorer than Canada. Some of them came from countries themselves desperately short of doctors, such as India and Pakistan where the average is one doctor for every 7,000 people. I wonder about the moral principle involved in taking doctors from countries where they are woefully short and where their earning capacity in one year is much less than the monthly salary here. Some of these countries are poor in resources of nearly all kinds, and I wonder whether this is a good way to extend foreign aid. India and Pakistan are scraping and saving and saving in order to educate one Doctor out of every 7,000 through medical school, which is the pitiful few that they can finance.

The Minister of Health and Welfare (Mr. MacEachen) thought that we were fortunate in having the assistance of 1,200 immigrant doctors every year. I suppose, carrying that idea to its logical conclusion, that we should get all these doctors to emigrate by sending them the money, because they are trained a lot cheaper in India than in Canada. In that event there would be no need to keep

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increasing medical school registration to keep up with the demand for doctors.

I noticed that the minister conveniently omitted from his address any mention of how many of these immigrant doctors were licensed to practise. I observe the minister looking at me now and perhaps he can answer that question for me. He might have it at his fingertips, I do not know. As far as I can see the greatest number in any one year has been under 600, but if the minister has the answer I shall be very glad to hear it.

Again, I am given cause to wonder whether it is morally right to take doctors from underdeveloped countries. According to Dr. John Hinchey, one of our very brilliant surgeons and a Fellow of the Royal College of Surgeons, Montreal, in an address given to the committee on health of the Senate and House of Commons, we gain 400 to 600 doctors each year from foreign sources. However, the quality of what we gain does not match the quality of what we lose, and for obvious reasons. I think that is an answer to the minister. Dr. Hinchey said we lose, on average, 200 doctors a year to the United States simply because we will not provide in large measure the facilities for research. It is general knowledge that the United States spends 10 times per capita what we spend on research.

The minister may argue that it is not necessary to have a realistic financial commitment on the part of government to medical research in Canada because, as I have heard it argued, with the rapid transmission of information we benefit from new developments and discoveries in the United States. I think it is a little ridiculous to expect a Canadian surgeon to read a paper that describes heart transplants and artificial heart valves, and then to carry out an operation involving such techniques.

Over and over again, Mr. Justice Hall is quoted on medicare. He pointed out that there cannot be and that there must not be any question of conflict or priority between the needs of better education and good health. The costs involved in providing an enlightened program of medical care and supporting the educational needs of Canadians cannot be thought of as a burden. This money is an investment, and the yield is remarkably high. We must not fall down on the provision of medical care to the Canadian people.

It may not be well known that Canada lost one hundred million man days of labour through illness two years ago. This is the latest figure I have. This cost the economy