

health of Canadians and reduce hypertension and separately and together make a valuable contribution to improved health.

These kinds of therapies or procedures or health practices could be available at a minimum cost, and this is something the committee could assess.

It seems to me that when people are meeting in groups, some small, some large, in many parts of Canada to deal with the subject of improved health, to deal with nutrition, to deal with preventive medicine, to deal with access to a greater range of health procedures, that should tell us something. That should tell us that Canadians are looking not to replace the system that we now have but to make modifications to provide changes and to provide a new perspective on health care and health practices in Canada.

I could go on at great length. I have attended conferences put on by lay people to discuss some of the procedures that do not include dependency on drugs or on surgery, but who are looking to other less costly and less sophisticated means. I spoke at a conference in Winnipeg a few months ago where there were 400 people in attendance. I addressed a conference in Saskatoon where there were some 200 people in attendance, and another health conference in Regina with an attendance of some 200. I was not at a recent health conference in Toronto, but I believe 3,000 people attended. These are people outside the medical profession, who freely volunteer their time and effort to acquire and share knowledge in the health field. They feel that there is room for change, that there are other measures that could add to the system that we now have—preventive measures, less costly measures, measures which would improve the health, the longevity of Canadians and would bring to the whole health care system a greater efficiency and an improvement in the value that we obtain for our dollars.

Another of the aspects of health care that I think seems to be lacking is dedication to the proposition that a healthy mind can result in a healthy body. I have read a survey which took a given number of cancer patients in one group, another given number of cancer patients in another group, the first group taking the attitude "It is all over. I am here for a limited time. There is no hope. The cancer will succeed and I will fail." The other group took the mental attitude "I have a chance. I will lick the cancer. I will get well. I am going to win." The result was that those who were optimistic and programmed their minds to believe that they were going to be well had a higher

recovery rate than those who accepted defeat and who programmed their minds for defeat.

We have a conscious mind and a subconscious mind. The subconscious mind is important in the life of any individual. I think part of mental health may well be that we have an optimistic outlook on life, that we say we can win, that we program ourselves for good health and greater accomplishments.

All of the things I have been talking about, I believe, can make a very important contribution to improved health and to getting the whole issue of ever-increasing costs, at some point, under control. This is a very big field. This is a very important field because of the tremendous costs to Canadians and to governments for the health services we now have. This is a tremendous question, a tremendous concern to thinking Canadians, because the cost will increase at a rapid rate because of the ever-increasing age of our population.

The Senate and committees of the Senate are in a good position to make a constructive study to bring in constructive recommendations. Senators represent all areas of Canada. Senators come from all of the provinces of Canada. Over the years our committees have taken an objective approach to the major subjects that have come under review and study. I believe that senators on both sides of the house, if they should agree to support this motion and see that the committee is established and goes forward, will be able to play a constructive role in the interests of financial economy, in the interests of improved health, and in the interests of bringing people together who have various points of view so that collectively in all parts of Canada we can keep all of the good features—of which there are many, and we are proud of them—of our present medical care system. After looking at the problems and opportunities, I am sure we will come forward with recommendations that will be of value to governments and to Canadians in general. Such a committee could consider recommendations to broaden the health services that are available, to bring a greater measure of democracy to the health system, and could make whatever other recommendations that might seem appropriate to help Canadians achieve improved health, happiness and longevity.

● (1550)

On motion of Senator Marshall, debate adjourned.

The Senate adjourned until Tuesday, June 16, 1987, at 2 p.m.