

Dr. LaSalle: One of the big paradoxes of the actual situation is that while medical schools and research labs have produced a lot of new ideas and knowledge, they have not made sure that this new knowledge is available to those who need it. They have spent too much time in their labs, and they have forgotten about the communities. Today the accent has to be a return to the community, and I think we are realizing that. What I am a little bit scared about is that the cost of medical care is going up so fast that the accent may be on trying to reduce costs instead of trying to make sure that the population requiring care gets it.

I just read in the press where they had a meeting in Ottawa on task reports, and practically all of them deal with reducing costs. But that is not the main problem. The main problem is to see that those who need care get it. If we work out a good system, it will cost less. We will spend less money on the big hospitals and more to see that the patient gets the care in his home or in the doctor's office where he needs it.

Senator Sullivan: By means of the physician-associate?

Dr. LaSalle: By means of a new system if needed.

Senator Fergusson: We are grateful to the Canadian Medical Association for coming before us, because your presentation certainly will assist us in our work. You have told many things that we did not understand as well before.

I am not going to take too long, Mr. Chairman, because I feel that Senator McGrand and Senator Sullivan have some questions much more penetrating and useful to the committee. I studied the brief and there are a few things that came to my attention that are different from what we have heard so far.

In your recommendation on page 12 dealing with rehabilitation, you point out the inadequacy of treating symptoms and then sending patients back to the same physical or social environment in which he was before. I know that doctors cannot do much about this, but have you any suggestion about what can be done so that you just do not send them back into the same situation that they were in before—and then perhaps have to come back to you again?

Dr. Bennett: Mr. Chairman, perhaps Dr. Cappon will elaborate on this, but I think that this is where one sort of starts thinking about medicine in a larger social context and not about an individual per se. You have to start with the individual, then the family unit, and

then the environment. As we have pointed out, it is of little value to treat a patient and return him to the environment from which he came, which perhaps was very instrumental in creating his illness in the first place.

The whole social concept of this type of medicine has to change. It has to move away from the individual into a much broader base. It is going to involve para-medical or allied health personnel, and you are going to involve home care nurses, and rehabilitation centres to a greater extent. You are going to involve things that Dr. Cappon has been involved with in his activities, the creation of social activities. These are really part of the health picture. They produce happiness, and a happy person is less likely to have certain mental illnesses.

I think this is what we mean by improving the environment. You impose the environment structurally by providing better housing for the people, better educational standards in terms of personal hygiene, and health care. It is a terrifically large picture to try and create.

Senator Fergusson: It is an integrated program throughout many areas.

Dr. Bennett: Could I give you a simple example of what we are talking about? There are a number of Indian reserves in the northern parts of several of our provinces, so one can only say that we have there a chronic situation of dysentery, especially among the children. They are treated and sent back to the community and are re-infected. Dysentery is transmitted by poor sanitation and infection. There is no sewage disposal. There is no practical way at the moment of cleaning up this particular situation. So, this is a never-ending cycle. You treat the child, he goes back, he is re-infected because of the environment he lives in, you clean him up again and he keeps going back. In short, there is really only one answer and that is to take them off that particular site and move them to one where they have got proper sanitation.

Now, that is a very simple example of change in environment. Dr. Cappon could probably give you a more complicated one.

Dr. Cappon: The wisdom of the ages is sifted through language, and it is a wonderful thing sometimes to study language to give you an answer to this particular question. I don't know if you are aware that welfare, wholesomeness, healthiness and holiness are