

Health Care

● (1610)

[Translation]

Mr. Gaston Isabelle (Hull): Mr. Speaker,—

Mr. Marcel Prud'homme (Parliamentary Secretary to Minister of Regional Economic Expansion): At last, we are going to hear something sensible.

Mr. Isabelle: Mr. Speaker, I find it very interesting that such important subjects as the motion put forward by the hon. member for Nanaimo-Cowichan-The Islands (Mr. Douglas) can be dealt with in the House of Commons. It gives us the opportunity to discuss in particular hospital costs, health care costs in Canada.

Mr. Speaker, it is easy for anybody to make much of a relatively recent problem, but its causes have not been analyzed and no attention has been paid to the problem of increased health care costs in Canada. I know that we are the second country in the world where costs rose quite sharply—right after the United States—since we spend 6.8 per cent of our gross national product on health care.

But when one wonders why health costs increased so much, one should make a much more detailed analysis than those I have seen up to now. For many years, in fact, little planning has been done in the field of medicine. It was everyone for himself.

I think this is where we were wrong. I remember that, at least in the province of Quebec—and I believe the same problem existed in other provinces—hospital workers were very poorly paid. I remember that almost anybody hired to do any kind of work with the sick. Maybe it was all right at that time and the matter of salary was not very important. Indeed, it was in the thirties, in the difficult years of the depression.

Anyway, we still have this old concept and when suddenly came prosperity, hospital workers automatically asked for higher wages. I cannot blame them but that really increased considerably the cost of health care in Canada. It is true that physician fees have slightly increased also, but we must think that the medical profession spends a lot of time looking after Canadians in need of their services. Of course, if a physician works 10 or 15 hours a day, he is doing a tremendous amount of work. We know that many physicians are hard workers. Certainly they make more money than those who work only 2 or 3 hours a day.

It is a very difficult profession and because I have been a physician for 25 years, I know what a great physical effort is required to carry out this unending work.

Today, it seems that if health costs are increasing it is because politicians failed to take their responsibilities or maybe they failed to listen to those responsible for health services in Canada. I remember that a physician was always considered as a poor administrator. It may be true but he is the one who predicted that we will have in Canada an escalation of medical needs which would seem unbelievable, because if those needs keep on increasing at the present rate, I think that by year 2000 all the money in Canada will be used for that purpose.

I will not give a historical account of what happened in the field of health care since Confederation. It is a most

[Mr. Ritchie.]

interesting question and I ask all those unfamiliar with the health care and social security programs implemented in Canada to look into the matter. It is quite interesting and points to the shortcomings and the reasons for the current situation.

The medical associations of Canada have often suggested what should be done to avoid this escalation, namely to build hospitals for convalescents and the chronically ill. I think that if we did this, we would reduce by 25 per cent hospital costs in Canada. Unfortunately, nobody ever thought of that. Politicians have other concerns. For instance, let us consider what happened in Quebec where it was decided to remove the iron bars from the windows of a psychiatric hospital because they were unsightly and because politicians said that it looked like a prison. Should we lock up poor sick people in hospitals that look like prisons? So, the bars were removed and consequently last week three patients jumped through a window. They were not killed but are in serious condition.

This is what happens when politics meddles in a field such as this one—and this happened recently in Quebec, at the Saint-Michel-Archange hospital. Perhaps the hon. member for Louis-Hébert (Mrs. Morin) might check this over the weekend.

In any event, Mr. Speaker, if we are to reduce the cost of health care, we must do something practical, concrete, that is build hospitals for the chronically ill and convalescents.

When a patient is cured or recovering in a hospital, he must of necessity spend some time convalescing. For various reasons—I do not want to go into that now—he cannot leave the hospital on the seventh, sixth or fifth day. Why could he not spend that time, perhaps even a week, elsewhere to convalesce, until he is back on his feet and can resume his normal occupation? But today there are complications which impose a heavy financial burden on the government in view of the large number of people admitted to hospital these days.

Let us take the case of pensioners who are hospitalized at age 78 or 80. If science continues to make progress, I think we will live to be older and older for better or for worse. I think that the average life expectancy in Canada is now 72 and it will certainly go up within the next decade.

So why do we have to hospitalize older people who are prone to catching pneumonia, for instance, or any other similar illnesses which normally do not require them to be confined to a hospital? But because of their ill health, because of their physical state which is deteriorating, they have to be hospitalized. But the fact is that at a certain point, for one reason or another, they cannot be returned to their families. They cannot be returned home because they cannot move around or are suffering from deficiencies due to their illness. So we have to find a place for them to stay.

I know perfectly well that in my riding, for instance, in Sacred Heart Hospital there are many patients who should not be confined to hospital beds which cost \$60 or \$75 a day when normally they should be in institutions where the costs are \$12 and \$13 a day. I think we should give much more consideration to that problem.