

Proceedings on Adjournment Motion

unless we are able to keep this production within our total domestic requirements, we will be losing more and more money on the international market simply because prices in that market are very depressed at the present time. That is all that has been done, and it is in complete compliance with the policy announced by the government when it entered into the dairy support program in the first instance.

• (10:20 p.m.)

HEALTH AND WELFARE—CALL FOR SERVICES OF MEDICAL DOCTORS

Mr. P. B. Rynard (Simcoe North): Mr. Speaker, on June 26 I asked the minister a question concerning the very unfavourable situation regarding medical care in Canada. In an address to the International Association of Nurses in Montreal he had estimated that out of every 1,000 people who need medical attention, only 275 see a doctor, that only 10 out of the 275 went to hospital. The minister went on to add that not all of the remaining 990 people needed hospital care.

I would like to ask the minister if he could state or estimate what number, over and above the ten, were left without hospital care because of the shortage of hospital beds. I would have to remind the minister that it was probably unwise to take away the grant of \$2,000 per bed for new hospital construction, and to cut the health resources fund, which would mean cutting some beds out of the proposed university teaching complexes.

Getting back to the 72 per cent of the people who do not see a doctor for one reason or another, is not the crux of the argument that people who need medical care are not getting it? This is because there are not enough general practitioners to go around. It is estimated by experienced physicians in this field that the work load is just about 25 per cent too great. We have today about one general practitioner for every 2,000 people. For the work to be done reasonably well, we need at least one general practitioner for every 1,500 people.

This is the point I have made to the minister over and over again. I have asked that medical schools be operated during the summer. This could step up the graduation of doctors by 25 per cent and help overcome the shortage of doctors. The answer was always a promise to confer with the provinces and the universities. To date, this is as far as the matter has gone.

The minister states that something must be done. Let us do it. I congratulated him on his wisdom and celerity in handling the cigarette smoking issue. Let us enable the general practitioners to do the diagnosing and treating. Unless this is done there is no point sending out public health nurses to find those who need treatment, because there will be no beds, and no doctors to provide the treatment.

If the government want to help ease the work load of the doctors a little, let them cut out the paper work that is inundating their desks and menacing their hospital work, taking time that is better spent with the patient. If this bureaucracy keeps increasing, the doctor will become a glorified referral secretary; he simply will not have the time to see his patient and diagnose his illness.

In many cases general practitioners are so harassed by this work load that their image and their communications have suffered. They are forced to admit patients to hospital without a proper clinical workup; they then write orders for a vast number of investigations in the hope that one of them will help in the diagnosis. This is very unfair to the doctors of this country as well as very costly to the government. Medical costs are increasing, I am told, at the rate of about \$1 per person per month in Ontario.

We must not forget that the general practitioner is the only one who can give comprehensive care. He treats the baby, the child, the mother, the whole family, and in 95 illnesses out of 100 he is equipped to do so. It therefore follows that no medicare plan can work without a sufficient supply of general practitioners. The federal government has made medicare compulsory. It is up to the government to co-operate in supplying the doctors required in order to make the plan work successfully.

In conclusion, I look forward to hearing what are the minister's plans. It is his responsibility to make sure that the Canadian people receive adequate medical treatment.

Mr. Gérard Loiselle (Parliamentary Secretary to Minister of Manpower and Immigration): Mr. Speaker, I am pleased to answer the hon. member on behalf of the minister. May I ask for your indulgence in case I am unable to complete my reply in three minutes. The federal government is making every possible effort to increase medical care to the people of Canada. This is why we adopted the national medicare program—to