headache. I am sure that when we as a nation supply and are responsible for these things we must get the most for our money. This probably will be done on a generic basis and there should be some education in this regard.

In closing I might mention another field we might consider. We should be thinking about the education that is given to the doctors by the drug companies in terms of generic drugs and what they will do. I am sure that when a company has a patented drug with a brand name it finds it is much more advantageous to tell the doctor about it than about the generic drug. Perhaps the doctor has the same difficulty we all have with the names of these new drugs. I will not try to name any of them. In the last couple of days we have heard some of these names. Some of them have immensely long and complicated names. Difficulty also arises because of the ease with which they sometimes can be mixed up. There was an inquest not long ago involving a case in which a doctor had prescribed over the telephone a specific generic drug but the druggist had misunderstood the prescription or the doctor had been confused. The prescription that was filled was for a drug which resulted in the death of a child. I am sure it could be argued that there would not have been that kind of confusion in respect of a brand name.

It may be that the minister should take a look at the naming of generic drugs and how this is arrived at so that some formalized code could be developed in order to eliminate confusion. Probably this in itself would tend to enable the doctor to use a coded generic name rather than admit to himself and everyone else that he cannot spell the name of a particular drug or in most cases even pronounce it. If there were a code for these various drugs which could be used I believe some of the difficulty would be removed.

I do not have very much more to say except that I hope the government through this legislation will continue to examine the problem and will not be reluctant to consider the establishment of a crown corporation so that yardsticks can be established in respect of the cost of production of new drugs and their sale price on the market.

Mr. Stanley Haidasz (Parliamentary Secretary to Minister of Consumer and Corporate Affairs): Mr. Speaker, I welcome the opportunity and privilege to take part in the debate on Bill C-102 which the federal government has introduced in the early part of the first session of this parliament. I am particularly interested in this bill as a physician and member of parliament for Parkdale which is a working man's area. I feel that the Canadian public finds it commendable that the federal government has courageously tackled the problem of the high cost of prescription drugs. The three intensive federal studies carried out so far in Canada have found that the cost of prescription drugs in Canada is higher than it need be. The federal government wishes to bring relief to all Canadians who are burdened with the high cost of drugs.

The incidence of disease is far from uniform. Those patients who pay the largest drug bills because of their disability are likely to have incomes substantially below the average. Not only, however, is the incidence of illness in the population uneven, but also it is quite unpredictable so that consumers cannot budget for a situation in which they may have to assume the burden of heavy drug expenditures. Beyond all this, health is naturally of primary importance. A person's health is also a significant determinant of the productivity of human resources in our economy. Bouts of sickness, chronic disease, and permanent physical disability are social and economic misfortunes which also are frequently disastrous. The inability of many people to afford the drugs they require is reflected in needless sickness, disability, unemployability and costly hospitalization which could have been prevented by adequate out-of-hospital treatment.

Public concern over the price of drugs has been reflected in a number of major public inquiries. Federal inquiries have been undertaken by the Restrictive Trade Practices Commission which made its report in January, 1963, by the Royal Commission on Health Services—the Hall Commission—which made its report in February, 1964, and by the Special Committee of the House of Commons on Drug Costs and Prices—the Harley committee—which made its report in April, 1967. Public concern has also given rise to at least two provincial public inquiries—one by the joint committee of the Manitoba Pharmaceutical Association and the government of Manitoba, which made a report on the retail structure of drug prices in Manitoba in May, 1961, and the other by a select committee of the Ontario legislature which made its report in April, 1963. The government of Alberta made an important submission to the Harley committee urging the need for measures to reduce drug prices.