

The Address

Mr. Grant Hill (MacLeod): Mr. Speaker, I am going to address my comments this day to the speech from the throne on the matter of health.

Let me first, however, make my traditional comments as a novice member of this House to thank the electors of my riding of MacLeod who sent me to this august Chamber. MacLeod is in southwest Alberta and extends from Calgary down to the U.S. border from the mountains to far out in the grain farming country. MacLeod has a fine group of people I intend to represent as best I can.

I would also like to thank my children for their sacrifice and my wife, Sue, for her support and the sacrifice that she is making in sending me here.

I would like to congratulate the Speaker on his performance in the chair and pledge my support.

I would finally like to thank the members who sit in this House, for I believe that they deserve some applause, each one of them, for serving this country by a contribution to public life.

I am a novice in Ottawa. When I first came to Ottawa I was interested in looking at the call letters for the Ottawa airport, YOW. I am not sure what this means in French but in English YOW has an interesting connotation. I will leave one to imagine what my connotation was for the call letters for the Ottawa airport.

● (1230)

What does the throne speech say about health? There are four items in the throne speech relating to health. The first is a commitment to the Canada Health Act and a rejection of measures that would undermine that act. The second suggested that there will be a national forum on the renewal of Canada's health system led by the Prime Minister. The third talks about a centre of excellence for women's health. The fourth is a pre-natal nutrition program for low income women. To these four statements I extend my compliments to the Government of Canada.

However, is this system sick? Is our health care system in trouble and does it indeed need renewal?

Let me go through a few specific items on Canada's health care plan. First, Canada spends more on health care than any other country except the U.S. We are spending over \$60 billion a year on our health care system, yet we are less healthy than many other countries that spend less. If we consider life expectancy, perinatal mortality and morbidity statistics then Canada does not stand at the top of the heap. Almost daily as well we read of bed closures, hospital lay offs and longer waiting lists for urgent surgery.

Here is an interesting recent statistic that I read. In 1992 Canada lost 689 highly trained physicians who emigrated from Canada. That is approximately the output of five medical schools. This is a resource that Canada should not be losing.

In the short time I have available today I would like to suggest what I think is wrong with our medical system. Canada is truly in a debt crisis that threatens all our social programs. With over \$30 billion spent on interest alone on the debt and with no end in sight our social programs are in serious jeopardy.

There are many internal problems in health care that I could address, but those internal items are primarily a provincial responsibility. I will not speak of those at all today, but I will speak about what we can and I think must do federally.

The Canada Health Act has five principles: universality; portability; accessibility; comprehensiveness; and public administration for necessary medical services. I underline the words: "for necessary medical services".

When the program was started, established program financing provided 50 cents of every dollar back to the provinces for medical services. These funds have been allowed to slip until today when on average 29 cents on the dollar is all that the federal government is providing in cash transfers to the provinces. This slide of transfer payments must be stopped.

Reformers say to the Government of Canada that the number one issue on health care is to stop the slide of transfers. That can be done at this federal level. In real dollar terms the transfers must be frozen.

Second, I spoke of necessary medical services. Necessary, as I underline it, means a definition of what in our country is truly needed. Here I say that the federal government should be standing up and setting national standards for our health care. These national standards would define what is necessary and would also imply what is unnecessary.

Might I suggest a few things that in my view are not necessary under the terms of universal health care: vasectomy reversal, cosmetic surgery, routine circumcision, tattoo removal and I could go on.

Finally, another issue that in my view deserves federal government attention is the issue of medical malpractice. At the start of my career my medical malpractice premiums were \$300. At this point in my medical career they are up to \$3,400. I cannot say what engine drives medical costs like the threat of suits in Canada. Many tests are ordered and X-rays are ordered just to be on the safe side.

● (1235)

In my view this is a spot where the federal government could step in. I personally favour a no fault medical malpractice system that could save untold millions of dollars.