

*Health and Welfare*

making total hospital costs of \$404 million in that year. Then, in 1958, with the advent of the Hospital Insurance and Diagnostic Services Act, the active treatment hospitalization cost \$422.9 million; mental treatment was \$99 million and the t.b. hospital service \$30.4 million. Federal hospitals cost \$48.4 million, and the total hospital care across Canada cost \$640.1 million.

• (5:30 p.m.)

In 1963 active treatment hospitals and diagnostic services cost \$900.1 million, over three times more than in 1953. Mental treatment hospitalization cost \$163 million, or a little less than three times more. Tuberculosis hospitalization treatment was less than it was ten years previously, falling back to \$28.1 million. Federal hospitalization was \$69.6 million, or just under twice as much. All hospital care was \$1,154,100,000.

In 1965 hospitalization and diagnostic services had risen to \$1,125,900,000, increasing at the rate of over \$100 million per year. This is of concern to everyone in this house as well as to the federal and provincial governments and to the individuals who have to pay the premiums.

Physicians' fees rose from \$176.6 million in 1953 to \$545.1 million in 1965, and now in 1968 are estimated to be around \$1 billion. This does not include dentistry which cost in 1965, the last year for which I have the figures, \$160 million, nor does it include paramedical services such as osteopaths, chiropractors, optometrists and physiotherapists. Physiotherapists are now included in special cases, as are chiropractors, osteopaths and optometrists.

What is the reason for these escalating costs? First, there does not seem to be the same careful surveillance of accounts when third parties do the paying. The second reason is the over-utilization of beds which are for active treatment. Surgical wing operation costs far more than medical care operation. We are doing surgical work which was only dreamed of ten years ago, such as transplantation of organs such as kidneys and hearts, with the required operative teams, the elaborate scientific equipment and the intensive nursing care units. Probably in the next ten years we will be transplanting every organ with the exception of the brain.

**Mr. Knowles (Winnipeg North Centre):** There is hope for the Liberals yet.

[Mr. Rynard.]

**Mr. Rynard:** All this is tremendously expensive and greatly adds to hospital costs, but it is worth while and it saves lives. We are keeping people alive today who in 1953 would have died. It is true that we still have transplant rejections and this has to be overcome before the operation can be called anything but palliative.

From the medical point of view we are now keeping people living longer with the newer drugs developed since 1948, and every year we have added to our armamentarium. Actually, outside of anatomy and basic facts, 50 per cent of our medical knowledge has gone out the window in about eight years. This creates a problem in that we have continuously to re-educate not only the medical profession but we have continuously to train new teachers and do research to keep up with the vast amount of new knowledge. New ideas and new equipment to meet the discoveries and the new challenges are all tremendously costly. There must be no cutting of costs in this field.

Dr. E. J. Hinchey, F.R.C.S., a young Canadian surgeon, one of our bright young surgeons in Canada, and a graduate of Queen's University, said that our problem is that we are not spending enough on research, that we are not keeping up with the training of research teachers and that we should be spending ten times more on research than we are doing today.

There must be no cutting of costs in this field. This is a research oriented field. In the care of the chronically ill all of the scientifically equipped rooms are not necessary. Nursing skills are not as urgently needed and more nurses aides and other help could be used. Cheaper construction in all hospitals is a requirement. Some buildings are outdated before they are completed. The federal government should have something to say about the cost of the buildings. In 1958 the Conservative government doubled the amount of grants for the construction of hospitals. This government should have something to say about the millions of dollars which have gone for that purpose because this is a shared program.

It is true that the small grants which are made of \$2,000 a bed, and so on, are minimal today. At that time, if I remember correctly, it cost about \$7,000 a bed to build a hospital. Today the cost is close to \$15,000 or \$17,000 a bed, and no change in the grant. We can see how tremendously the costs have risen. We should seriously consider cutting down capital