

ever, he is not going far enough and is not getting to the heart of the question. He does not understand the problem. Having only one geriatric chair in the whole of Canada is ridiculous.

In the field of medicine, 60 years ago pediatrics was in its infancy. Today there are over 800 pediatricians in practice. Has this paid off? Let us look at the track record. About 50 years ago disease was the common killer of people up to the age of 40. By adopting the scientific approach of setting up chairs of pediatrics we have almost eliminated disease and today accidents are the most common cause of death of persons up to the age of 40. In addition, we have almost eliminated disease among children. This approach has so changed the span of life that life expectancy, which in 1900 was 45 years, is over 75 years today, putting more and more people into the old age group who are requiring more and more medical care. Again let me emphasize my point to the minister: how in the world are we going to cut costs if more and more people are getting sick?

Our aim must be to spend more money on research in order to prevent, later in life, degenerative diseases as much as possible. This means doing research to find the cause of cardiovascular and other degenerative diseases and preventing them. These diseases can only be prevented in infancy. Research into these diseases is being conducted now in Canada with the 20 to 30 age group, but this is far too late. In the Korean war it was found that 50 per cent of young people between 20 and 30 years of age were already suffering from coronary disease. This research must start in infancy, not at the age of 30 when 50 per cent of the people affected by the disease show evidence of arteriosclerosis in their coronaries.

This is a bad bill because more and more money, not less, is required to reach this group of people with degenerative diseases. More and more money must be spent on research so that we may well be able to prevent degenerative diseases and treat the ever-increasing number who are reaching the age of 60. Further, the bill will denigrate the quality of medical care in the have-not provinces. I do not want to see the minister stay with something that is sliding down the hill. I have quite a high regard for the minister. I do not want to see him sitting on something that is so bad. If he will look carefully at the statistics I have presented, I ask him how in the world there will be less sick people when we have these statistics concerning the aging population. What has he done in the last five years to stop the erosion of facilities which have been provided? We might look at what is happening in Ontario, where through the closing of hospitals people are being frightened to death. What is happening? I quote from an article by Dr. Munro:

● (1610)

Mr. Lalonde has stated that "relative to any other groups in society, doctors' salaries have remained the same since the introduction of medical care when they took an increase."

However, research by Ronald Neilson published in the Ontario "Medical Review" in the summer of 1975 shows they have declined.

In summary we can expect from looking at past behaviour and current trends that there will be increasing governmental interference in medical practice. There will be an increase in the number of administrators and administrative costs of hospitals and medical care. There will be increasing waiting lists for medical treatment and lowering of medical standards.

### *Medical Care Act*

The standards of excellence in treatment in Canada and Ontario that the public has learned to expect will become less obtainable. There will be a progressive drift from Canada of those people in medicine who demand excellence as the criteria for their practice of medicine. Those people now entering medicine will rapidly become disillusioned.

Ultimately, the only people remaining or entering medicine and allied fields will be second-raters who accept less than the ideal. Patients will soon learn to accept these standards, as they have in Britain, because there will be little else obtainable.

There is no indication to show that Canada, or any other country, can produce a leader who has the moral guts and leadership to admit past errors, and more equitable system. "Politics", said Robert Louis Stevenson, "is perhaps the only profession for which no preparation is thought necessary".

In conclusion, I want to say to the minister that I have much hope for him. I know that in his mind and heart he knows he is not doing the right thing in this field. However, he has hold of a political machine which must be operated and he must do the best he can to patch it up. When he tries to get out of this by saying it is a provincial matter, he is evading the issue. This was squarely laid down by Lester B. Pearson and others. At the time the provinces were subjected to this they said that they should be allowed to run their own show. From that date on, the federal government must accept responsibility in respect of any province where the Medical Care Act and the hospitalization situation is in difficulty. So I say to the minister that there is no way he can evade his responsibility. I hope that on sober second thought, as he attends the conferences he has been talking about and meets the people from the province of Ontario he will remember his duty and the fact that the responsibility rests with the federal government.

**Mr. Peter Elzinga (Pembina):** Madam Speaker, I also appreciate the opportunity to say a few words in respect of Bill C-68. It appears to me that the government has shown very little interest in this debate. This is a matter of great concern to Canadians. Although members of the opposition are often criticized for their participation, I believe we have an obligation to point out what we feel are the negative aspects of legislation such as this.

I think this legislation is a prime example of the Liberal philosophy. First of all we saw the federal government badger the provinces to join the medical scheme and practically ram it down their throats. After successfully pushing the provinces into the program, the federal government wishes to limit the expenditures it will contribute to it. Once again we see how this government, which thrives on confrontation, operates. So often in the past it has used the big club, so to speak, to push its views down the throats of the provinces. We saw this in the area of natural resources through the Petroleum Administration Act and Petro-Can. Now we also see it in the area of transportation.

The Minister of Transport (Mr. Lang) has come down with a decree concerning what he will do in respect of the transportation system, without consultation with the various regions. I fail to see why the government does not consult more with the provinces in these pertinent areas if it ever hopes to achieve any harmony in the country. With regard to this specific piece of legislation, the federal government wishes to save a certain amount of money. That is understandable. I ask, however, why it does not look into the area of hospital costs, because my understanding is that approximately 80 per cent of the over-all