

Supply

the things that makes me intensely, emotionally proud to be a Canadian is medicare, is the universality of that program, is the fact that at least on a regional basis—not perhaps in every community because of our geography and our small population, and so on—there can be access to a reasonably high standard of medical care in this country.

If this devolves on to the provinces, particularly the have not provinces, that concept is dead. It is gone. It will mean that if you live in Atlantic Canada, or if you live in northern Canada, or northern Ontario, or parts of Quebec, or parts of the western provinces, you will not have the access to the same level of medical care as if you lived in downtown Toronto, downtown Montreal, downtown Vancouver. That is simply un-Canadian and that is simply unacceptable.

Every one of us is concerned about the deficit. Every one of us is concerned about balancing our budget, about paying our way, and about making sure that this country survives fiscally as well as constitutionally and spiritually. We cannot do it by cutting out the heart of our nation's belief, the heart of our nation's existence, and that is by cutting out the heart of those programs that Canadians have come to rely on, that they swear by, that they are sending a message to each and every one of us here in this House to maintain. The jewel in that crown is medicare.

Mr. Peter L. McCreath (Parliamentary Secretary to Minister of State (Finance and Privatization)): Mr. Speaker, I compliment my hon. friend for Halifax. I listened with great interest to her remarks, but she did say one or two things that I wanted to question.

The hon. member said that medicare should stay exactly the same as it was when it first came back—and it could not be too many years ago if my hon. friend was 17 then—and I am tempted to ask her if she is suggesting that all aspects of the medical system should remain the same as they were then, but I am sure she would not mean that.

My question to the hon. member is with respect to the existence of medicare. In particular, I refer to our own province. I think the Minister of Health in our province would be delighted to infer from my hon. friend's remarks that she feels the medical system and the health system in our province cannot be improved upon. My question is: is she completely satisfied that no improvements in cost effectiveness can be made in the health care system in Nova Scotia?

• (1620)

Ms. Clancy: Mr. Speaker, I thank my hon. friend for South Shore for his question. I suggest that he remove some of the Hubbard sand from his ears.

I did not for one instance suggest that the medical care system in this country could not be improved upon, nor did I for a moment suggest that—

Mr. McCreath: I heard what you said.

Ms. Clancy: The hon. member clearly misheard. What I said was that it must not be diminished or retrenched from. Improved, definitely.

I refer in particular to a study going on right now in the health and welfare committee where we are looking at and will be reporting on in due time ways to improve the delivery of health care systems in this country. There is absolutely no question that there are myriad ways to improve the health care system. There are myriad ways to make it more cost effective, unquestionably.

One thing we know is that there is a very high level of satisfaction with medicare in this country by Canadians. We also know that our costs on a per capita basis are not as high as those of our neighbours to the south. We therefore can extrapolate from that and from various other empirical data that we have received in the committee that, for example, a user-pay system is not the answer to the cost overruns in medicare today.

I would invite the hon. member, as I am sure he will, to read the report when it comes out and perhaps even to go to the committee *Hansard* and read some of the testimony. We have heard from some fascinating witnesses at that committee.

One thing that particularly interested me was the whole question of standardizing communication and management administration of the medical care system through computers and the fact that computerization is still something relatively foreign to medical practice and hospital administration in this country.

I will refer to a perfect example of this. I was speaking to a specialist in Halifax not too long ago. He told me that a patient came to him with a particular problem, but the hospital of first instance in another part of the region had neglected to send the patient's x-rays. Because it was a situation that could be urgent depending on what was going on, the doctor in Halifax ordered new x-rays, doubling the cost. If that man's x-ray package had been sent with him, there would have been one form of money saved.