

Proceedings on Adjournment Motion

emergencies. A large proportion of these cases are routine cases that ordinarily could be seen in the doctor's office if there were sufficient medical manpower. Instead of their serving the purposes they were designed for—to treat real emergencies, accidents and those acutely ill—they are being used to treat routine cases, often at the expense of those who are more seriously injured or sick.

This is a deteriorating situation across Canada today. To blame the doctor or the public for this situation is grossly unfair. People today move freely from place to place; they find themselves in a new city, needing a doctor. But most doctors are taking no further patients. Their only recourse is the emergency department of a hospital. I do not want to indicate that there is no blame attached to the medical profession or the general public, but the crux of the problem rests squarely on the shoulders of the government. There will be complete deterioration in medicare if a solution to the problem is not discovered.

The basic problem is one of the production of doctors. To say they are in short supply is an understatement. I do not believe that the government understands the situation, in view of statements made by responsible ministers such as, "The so-called doctor shortage is a myth". To say that the creation of an effective assistant and the production of allied health workers will solve the problem is not a statement of fact. We need about 2,000 physicians per year to maintain our current level of physicians to population. This would just cover doctors who retire, die or emigrate: we do nothing about those who go into administration, research or education.

Canadians are today losing their lives because of the shortage of medical manpower. They are unable to receive the necessary service in the required time. This brings me to the moral issue of the importation of foreign doctors. In 1967 we graduated 923 and we imported 1,212. In 1968 we graduated 1,016 and we imported 1,277. In 1969 we graduated 1,017 and we imported 1,347. Last year we graduated 1,152 and we imported 1,113. Many of those imported come from foreign countries whose poverty is extreme, who have a doctor-population ratio of one to 5,000 or more and who badly need trained personnel in their own country. Furthermore, the majority of them do not have the high standards of education that we have in Canada.

Over 600 Canadian students last year had the basic qualifications to get into medical school and were rejected because there was no place for them. At the same time there were students accepted for medical school in other parts of the world, many of whom were not as well qualified as the 600 we rejected, and in a few years they will be emigrating to Canada to fill physicians' shoes which should have been filled by Canadian men and women whom were unable to train. Many other students wanted to enter medical school, but were rejected because they were not grade A or grade B students.

I think surveys that have been made in Canada and the United States show that grades obtained in high school have little relevance to the doctor who is turned out some years later. Indeed, many of those with lower grades have shown that they are better clinical men when they get out in practice.

[Translation]

The Acting Speaker (Mr. Boulanger): Order. I regret to interrupt the hon. member, but the time allotted to him is up.

[English]

Mr. Rynard: Mr. Speaker, I do not think my time elapsed. I was held up at the start.

Some hon. Members: Hear, hear!

The Acting Speaker (Mr. Boulanger): The hon. member is quite right. If the House agrees, we should give him a minute or so more. Is it agreed?

Some hon. Members: Agreed.

Mr. Rynard: Dr. J. F. McCreary, Dean of Medicine at the University of British Columbia, deplored the waste of time and energy employed in selecting 60 students from 540 applicants and asks the very pertinent question: Is the ability to pass an examination any measure whatsoever whether or not a student will become a good physician? In fact, it has little or no bearing.

Therefore, I again come back to the moral issue: Is it right to take doctors from other countries? They are accusing us of doing it—see the article in the *Ottawa Citizen* of Tuesday, September 14, 1971, entitled, "Canada is stealing too many doctors". Dr. Matthew A. C. Beaubrun, of Jamaica, put the finger on Canada as the No 1 cause of their area's medical shortcomings.

We are in a crisis. The federal government is entirely responsible for the production of doctors. We brought in national medicare to enlarge the funds and put the facilities in gear for faster training, with more medical schools and enrolment of enough Canadian boys and girls to meet our medical requirements in the future. This must be done. I suggest to this government that they are derelict in their duty in this regard and that this matter should be referred at once to the Standing Committee on Health, Welfare and Social Services.

• (10:10 p.m.)

[Translation]

Mr. André Ouellet (Parliamentary Secretary to Minister of National Health and Welfare): Mr. Speaker, I would like to point out in the first place your recent promotion to the chair and to congratulate you for that honour which reflects on you and your constituents. I wish you a long term of office and the best luck for the years to come.

Some hon. Members: Hear, hear!

Mr. Ouellet: In reply to the hon. member, I wish to say that the Minister of National Health and Welfare (Mr. Munro) has already stated that in Canada the ratio of physicians to the number of inhabitants is one of the highest in the world. This ratio is even higher than that in developed countries such as Sweden, France, New Zealand, Great Britain and Japan.

[English]

Mr. Rynard: That is incorrect.

[Translation]

Mr. Ouellet: Mr. Speaker, I think that the hon. member has been allowed even more than his allotted time, and I