

clearly and well expressed the fact that his work is the continuation of the work of our former late colleague, Mr. Walter Baker. It is also an opportunity to participate in that the Hon. Member for St. John's East presented this Bill and its subject material with the dignity, concern and sensitivity that the subject deserves. In that as well he was following no better example than that of our late colleague.

● (1730)

Members of Parliament often have to take positions on controversial issues, issues where other members of society might say it is easier to take no position at all. This is one of those issues. It is also incumbent on Members of Parliament to make value judgments on issues where our training or experience does not give us any technical background on which to make an assessment. The only background or preparation for that kind of decision is one's understanding of society and one's sensitivity to society and to those events which bind us all as human beings. What we are discussing today binds us all together in the most personal way.

The Bill that my colleague has put before the House has as its central theme making herein available for therapeutic use. It should be understood in that narrow context. I want the public who is watching and those who will read this debate later to understand clearly that what we are doing in this House today is not legalizing heroin. That is important to understand.

It is ironic that in order for this matter to be debated one of the arguments put forward is that it could create heroin addicts, that there might be problems of control in our hospitals, medical clinics and doctors' offices. It is ironic in that that ban being there has not stopped the illicit trade in heroin in billions, when we are talking about money, nor in the destruction of life. The purpose of my colleague's Bill is the opposite, to enhance life.

I mentioned earlier that I am not a medical expert. What do the experts say? I went back to the Canadian Nurses Association who, as compassionate individuals in our hospitals, deal with this every day. What do they have to say on the subject? I quote one sentence from a document entitled "Statement to the Expert Advisory Committee on the Management of Severe Pain", dated August, 1983, submitted by the Canadian Nurses Association. It reads:

Although major studies on the conceptualization and treatment of pain have demonstrated that pain can be adequately managed, far too many patients with cancer do not achieve the degree of pain relief that is possible.

That is what this Bill addresses. I know there is a debate going on within the Canadian Medical Association as to whether or not the therapeutic use of heroin would in fact achieve the goals that have been stated by my colleague. That is the reason we want this matter taken to the standing committee, so we can study the subject matter. I will come to that later when I get to that technicality. There is a debate in the medical community, and that is exactly the reason why I would suggest that debate should be brought to the standing

### *Narcotic Control Act*

committee. Let us look at the evidence. Let us look at the facts. I look forward to that opportunity.

Additionally, I read from an article by Jeanie MacFarlane which formed part of a larger presentation entitled "Pain, New Ways to Manage one of Man's Oldest Mysteries". There is an extensive study on pain and its effects. That has been in medical circles before, but with technology, with the whole question of what I think Dr. Kubler-Ross has brought so well to the public attention, the whole question of death and dying and the dignity that surrounds it, as well as the ethical questions that surrounds that fact of human life that all of us some day will face. It is important to read this sentence:

It's such a powerful sensation—severe pain is real and naked and incapacitating. It's an equalizer, and it's one of the most dehumanizing things we ever endure.

Maybe nobody of our collective humanists has said it better than the poet John Keats. He said:

Pleasure is oft a visitant; but pain clings cruelly to us.

I am honoured today to associate myself with the work of my friend and colleague from St. John's East. I will be moving in a minute that the subject matter of the Bill be referred to the appropriate standing committee. I hope that that committee can sit soon. The Parliamentary Secretary to the Minister of National Health and Welfare (Mr. MacLellan) is in the Chamber. He and I both realize that the study of the Canada Health Act will be concluded in the committee on Tuesday next by agreement. He has been co-operative in that committee. I look forward to that continued co-operation in the committee on this subject as well. I look forward to this subject being taken up quickly by that committee, not waiting until summer, and I also hope we will not hear the argument put forward that the Estimates are now before the committee. We could sit extra hours and bring in the experts that we need to hear on this matter.

Having made those comments, I want to move, seconded by—and I believe this to be an expression of further co-operation on this matter and a further recognition of the work of our late colleague—the Hon. Member for Ottawa Centre (Mr. Evans):

That Bill C-221 be not read a second time, that the order be withdrawn and the subject matter referred to the Standing Committee on Health, Welfare and Social Affairs.

**The Acting Speaker (Mr. Guilbault):** Is it the pleasure of the House to adopt the motion?

**Some Hon. Members:** Agreed.

Motion (Mr. Epp) agreed to.

**The Acting Speaker (Mr. Guilbault):** Accordingly, the order is discharged, the Bill is withdrawn and the subject matter thereof is referred to the Standing Committee on Health, Welfare and Social Affairs.