

Medical Care Act

enjoyed some success since it came into operation. There are many isolated communities in which doctors are reluctant to set up practice. Their wives would probably not be too happy to find themselves in remote areas isolated from family and friends and some of the amenities of life to which they are accustomed.

I also talked to another doctor, an eminent surgeon in my constituency—and a very forceful one when it comes to speaking his mind. He declared that there were too many frills attached to the medicare scheme—frills which had nothing to do with sustaining life. Too much money was spent on lab tests, repeated and repeated. These unnecessary costs were incurred by patients referred to as “doctor hoppers”—they hopped from one doctor to another. According to this doctor—Dr. Hallam—most of the money was thrown down the drain. He said it boiled down to one thing, “There are too many frills, get down to the basics.” I must say, Madam Speaker, I had to edit the good doctor's words in order to get that statement printed in *Hansard*.

I was interested to listen to the speeches made in this debate by colleagues who are physicians. They are very knowledgeable on this subject and they are to be commended for the part they have taken in this debate. Those of us who represent Ontario ridings are very pleased with the standard of health care we enjoy.

Some members may recall that two or three weeks ago Senator Edward Kennedy, I believe it is, came to Ontario heading a Senate committee on health care in the United States. While there he met with our provincial minister of health, Frank Miller, and was most enthusiastic about the way in which the medicare plan was working in Ontario. They have nothing as encompassing in the United States.

About ten days ago I had the honour of having the provincial minister of health speak in my riding, in my own village of Burk's Falls—

[*Translation*]

Mr. Corbin: Madam Speaker, I rise on a point of order.

The Acting Speaker (Mrs. Morin): Order. The hon. member for Madawaska-Victoria (Mr. Corbin) on a point of order.

Mr. Corbin: Madam Speaker, I would like to know whether the hon. member is in the process of defending Dr. Frank Miller or dealing with the bill now before the House.

The Acting Speaker (Mrs. Morin): Naturally, the bill deals with medical services, and it is very difficult to limit the speeches of hon. members strictly to the bill before us.

[*English*]

Mr. Darling: I am certainly not defending the Ontario minister of health. I am pointing out certain things. I admit I have more than a passing interest in the provincial minister of health, as the hon. member probably knows, because he happens to represent a part of my own riding. I am also interested in the example Ontario is showing to others. Criticisms and suggestions have been made to help cut down costs, which is what we are all interested in, without cutting down services.

● (2100)

I mentioned that the provincial minister spoke in my riding to a service club, and he pointed out there had been some misuse of the Ontario Health Insurance Plan. He had this to say:

My individual feelings are—and they are not necessarily those of the ministry—that we are nickel and dimed to death. You cannot control this until it comes out of your own pocket. Maybe we should use the method of billing for each visit to the doctor for those that did not use the insurance; then they should get a rebate back at the end of the year because now some people are going to the doctor for no reason whatever, and this costs all of us money.

I think we will all agree with that. As hon. members are well aware, in cutting back health costs the minister has made himself unpopular in certain areas of the province because he has closed hospitals and hospital wings, a program that he says will save between \$30 million and \$35 million. The minister has also ordered closure of four health laboratories, in Woodstock, St. Catharines, Kenora, and North Bay which is quite near my riding. In justification of this he said that 50 per cent of the work carried on consisted of the testing of water, milk or swabs, which were mostly sent in by mail and therefore could be returned by mail. He said that the unified labs at hospitals could handle 40 per cent of the remaining tests at no extra cost. The minister went on to say this:

If I am able to make those savings and I do not close them, I am nuts.

I expect we would all agree with that, despite the fact that the particular areas concerned were really uptight about it and naturally criticized the closures strongly.

My colleagues to my left have taken great delight in taking the Ontario government to task for closing hospitals and reducing the number of wings and beds in hospitals. Let me emphasize that the provincial treasurer of Ontario has introduced a measure of restraint in allowing only a 10 per cent increase in the budgets of all departments, though health was granted an 11 per cent increase. If hospital costs were allowed to increase to the same extent as last year, the health budget alone would have increased by \$600 million. That is a lot of money, Madam Speaker, no matter how quietly you say it. As I say, the budget has increased by only 11 per cent to stay within constraints. It has been necessary to carry out bed closures, hospital closures, and also reductions in complement, not only in psychiatric hospitals but where there are excessive paid hours of employment over hospitals of comparable size. These hospitals have been asked to reduce their staffs.

Let me emphasize that these hospital closures have been carried out after a great deal of investigative work by the ministry's staff to assess the health needs of communities and to determine the physical assets of existing hospitals. If there were hospitals needing replacement within the next few years and there were nearby hospitals that had surplus beds, it would make sense just to close those hospitals and utilize nearby hospital beds to a greater extent. This will effect economies and make more efficient use of hospital facilities. This program has been carried out throughout the province on a non-geographic and non-political basis, with the hope of achieving a saving of some \$50 million, amounting to a little over 3 per cent of the hospital budget. Hospitals account for 53 cents of every dollar spent on health.