average 16 times more care days per capita than the population as a whole.

There is a problem in terms of providing adequate care in Canada for our elderly citizens. Sometimes some of those elderly citizens who are not in good health are admitted to hospital for treatment, and after the treatment has been completed and they are ready for discharge, I am informed that in too many cases nobody really comes to take them from the hospital to care for them. The hospitals have a discharge backlog. A number of elderly patients who are ready to be discharged will not be discharged for the reason I have given.

As to the provinces—and I speak mainly about the western provinces, but I suppose that all provinces are having budgetary problems-whether it be Manitoba, Saskatchewan, Alberta or British Columbia, each of them in their budget announcements in 1987 withdrew some of their medical services or made those medical services more expensive. I regret to see this happen. I think that too often it will be the poor who will suffer most. I understand that the law, the rule and the practice now is that there will not be deterrent charges for hospitalization, and I agree with that. But some provinces have worked very hard to reduce the amount of money available to certain patients. I refer to those with diabetes, by way of example. And there is also a reduced amount of money available to those needing chiropractic services per call, per treatment. Alberta has reduced the amount for physiotherapy by some 10 per cent, and British Columbia has asked patients to pay an additional \$5, which reduces the provincial expenditure for a physiotherapy treatment from \$11.20 to \$6.20.

In Saskatchewan there has been an announcement that some 17 teaching positions in Regina will be terminated. After the announcement of the provincial cutbacks in Saskatchewan, we were informed by doctors on television and through other media that 8,500 people in Saskatoon are awaiting surgery, and that any province that cuts back hospital beds or facilities will add to that growing list.

Honourable senators, a question is then raised. There are people who could take both sides, or who could answer the question differently, but that question is: Will these cutbacks result in earlier deaths for some of those people for whom the services will no longer be available or for whom a waiting period will be extended? This is a problem, and it is a serious one, indeed. We need to look at this question in a thorough and constructive way, taking into account all of the facts, hearing representations from people from all parts of Canada—the professions, governments, elected members of legislatures, the many organizations that are interested in health questions, and the rank-and-file people who wish to come forward to contribute.

The aging factor adds to costs. The environment, polluted by one means or another, certainly adds heavily to medical costs. Hazards in the workplace add to medical costs. A survey which I believe was conducted in 1981 in the province of Quebec came forward with findings on the relative costs for and the amount spent on treatments for various kinds of illnesses or afflictions. The No. 1 cost resulted from stress.

Those people who suffer stress cost the Quebec system more money than people treated for other ailments or afflictions. As our society develops, facing unemployment or the current agricultural crisis as we do, facing technological change and the unemployment resulting from that, I think the stress factor is likely to increase. That is something that should also be examined, and it needs to be considered in any study of Canada's health costs and needs.

There is a growing body of thought to the effect that we should be spending far more on preventive medicine than we now spend. I read that expenditures on preventive medicine amount to only 2 per cent of budgets, and this certainly is a small amount.

The committee could consider preventive measures and what such measures might accomplish, and could consider representations on such diverse and wide ranging régimes as homeopathy, osteopathy, reflexology, holistic medicine, acupuncture, allergy treatments, naturopathy, chiropractic, meditation, herbs, massage, psychic therapy, health foods, diet and exercise.

## • (1540)

Exercise is important, nutrition is important, massage treatments can be very healthful. Chiropractors have been brought into the system in many places, and they are considered by the medical profession to be able to make a positive contribution to health.

Meditation and counselling have made an important contribution. One can go across this country and go into a community, even a rather small community, and find a health food store. Those stores are there because people think some of our foods are contaminated, that there are too many additives and that some may be a hazard to health. So, there is an emphasis on raw foods and health foods and alternatives to excessive use of drugs.

I am amazed by the number of Canadians who take an interest in health questions, who give a great deal of thought to the various kinds of treatments and therapies. Ordinary citizens in many, many communities meet together from time to time, on an informal basis, to discuss health questions, to discuss nutrition, to discuss meditation, or perhaps to practise meditation and to engage themselves in a kind of self-help way to improve their health and the health of people with whom they are associated.

It seems to me that ordinary Canadians, not having had the advantage of medical training, nonetheless, are reading widely and studying the whole field of medicare and health practices, and are coming forward with suggestions concerning the health of Canadians and how it should be improved. More and more people believe that health foods have a beneficial effect, that the so-called light medicines such as vitamins and herbs can make a valuable contribution.

There are people in the medical field who believe that Vitamin C, in the main, and Vitamin E, perhaps, as well as higher rates of calcium, can make a contribution to the mental