

field working with public health nurses and other nurses working in the area. So these have been established but on a small scale, and they are being studied to see how effective they will be.

Senator Inman: On page 2 you speak about differences between under-privileged men and women taking advantage of medical services despite their higher illness rate. You say that women in this category do not take advantage of these services as often as do the men, or as often as the women in the higher-pay echelons. Why do you think this is so?

Dr. Bennett: That is an awfully dangerous subject to try and answer. There are so many factors involved. As I am sure everyone is aware, there is a marked difference in the self-health assessment between the sexes, speaking in a general manner. So, you have this factor to think about in terms of comparing two sexes, and when you compare the sexes within the facilities that you find, I cannot give you an exact package answer to say why this or that is so.

Dr. Cappon: I was not aware that there was too much difference. I know that women are very prone to take their children to be cared for by medical services. That is their first priority but when it comes to themselves they are reluctant to do that.

Dr. LaSalle: I think men fuss more. They actually have a higher pain threshold.

Dr. Bennett: When you get down to this level, there is introduced the lack of perceptual appreciation of health care.

Senator Inman: I have come in contact with that sort of thing, and I just wondered what you thought about it.

I have one more question. When you were making the studies on the delivery of health services to the disadvantaged, what use do you propose to make of these completed studies? What do you expect to come out of it?

Dr. Geekie: We would hope that these studies would result in a change in the system in which health care is provided for the Canadian people. It is obvious even in the area where they start that there is a shift in people as to how they obtain their health care. The Pointe St. Charles Clinic is a logical example. It is obvious that a fairly large proportion of the patients that they saw previously were not receiving care, or were receiving a

different type of care at one of the out-patient departments of a major hospital.

The Canadian Medical Association has submitted certain recommendations to the Department of Health relative to the task force reports. I am sorry that I am not at liberty to divulge the recommendations, but a number of the things that have been touched on this morning have been specifically recommended.

For example, we have suggested that we should set up a pilot project to study the use, training, et cetera, of physician associates. This is a group of people who would be somewhere between a highly-qualified nurse and a physician and would be working in a variety of situations. They would be working in the north, for example, where no physicians exist. The type of care they would be providing there would be one thing. They would also, hopefully, be used in the private physician's office where they could perform many of the less demanding tasks to allow the physician to spend his time where his highly-skilled training is required.

This would obviously make a shift in the way in which health care would be provided, to render—and I think this is most important for us to remember—the quality of care that the Canadian public requires and demands. We must at all times protect the quality of care that the people are receiving. We must, as much as we possibly can, not allow the quality to deteriorate. The Canadian people do not want second-class medicine. They want first-class care.

Secondly, they have to watch at all times, as is becoming very evident, the cost of providing this type of care. On the surface it would appear to be more economical to provide services by lesser-trained people, but in effect on some occasions the exact opposite could be true. It can be more expensive to provide it rather than less, and it is this type of question on how it will function that we are trying to find the answer to. Those that work and work well I am sure will be accepted by the profession and utilized, and it will effect a change in the manner and system in which you receive health care. Some of it you may not like. Most people are not very happy about not being able to get house calls. This has been a shift in health care that has occurred in the last year. It has resulted from necessity because of costs and the shortness of personnel. A lot of people are not very happy about this.

You may not be happy with some of the changes that come in the future but if they are the most effective and best way of providing the health care, obviously this is the route that we should be taking.