

see this motion condemned to death, as he so aptly put it. I know that, even though he has a very good heart, he would never consent to leave it for some future transplant because we need such a man as he in this House as we need all Canadians having some experience of public life.

I would also like to recall—my friend from Lanark-Renfrew-Carleton has pointed it out—that the matter comes under provincial jurisdiction, as does everything related to health. I attended the federal-provincial conference of health ministers, held last December 9, and the question of the motion of my hon. colleague from Algoma was brought up. After a brief discussion, the provincial ministers of health probably decided that, the area being so sensitive, it was probably useless to pursue the discussion.

At any rate, I would simply like to point out to the House that provincial ministers have been informed of the situation and that certain other matters which might result from it will certainly be discussed during future federal-provincial conferences, for he is right when he states that this is where these questions should be discussed since they are strictly provincial matters.

It is rather odd that this motion be introduced on the eve of what is known as "sweethearts' day", Saint Valentine's Day, and I am sure that tomorrow there will certainly be an exchange of hearts throughout Canada, which will perhaps not overjoy scientists, but those who are willing to open up their hearts. This is in the best interests of all Canadians.

Jean Rostand wrote a book entitled *Pensées d'un biologiste*. First, there are a few things I should like to say on the question of biology. Let me say them in English. They will be more readily understood. There are a few subtleties that cannot be easily translated. One may say that science has made men out of us without first having made us people worthy of the quality of human beings.

Another way of translating it into English would be: Science has made us Gods before we are even worthy of being men, which is, in my opinion, a very profound, thought-provoking sentence, considering the speedy progress of medical science in our times, which might well some day lead us to extinction.

As the hon. member for Algoma pointed out, that is why we should take action such as the motion advocates, precisely so that, in co-operation with the experts, we may restrain the present trend of scientific change.

I do not mean to say that science should be shoved into the background, but rather that it should be studied in co-operation with human beings who have lived and had experience either in the field of science or in some other field, in order that no action may be taken which might cut down the essence of human life.

Human Tissue Transplants

Mr. Speaker, after all is said and done, life is so very short that we must beware of curtailing it further since, apparently, in the present world everyone hopes for more recreation, less work and increasingly high salaries.

Therefore, it might be preferable, in the light of these remarks, to refrain from over-rapid progress.

[English]

For centuries man has been searching for a way to transplant body organs from one individual to another in cases where body parts have been destroyed or damaged by disease or injury. Since World War II great advances have been made in the transplantation of skin, bone, corneas, kidneys and, more recently, hearts. Many of the surgical questions surrounding transplantation were resolved by about 1950, some of the medical questions by the mid-fifties.

As this House is aware, the problems of transplanted organ rejection are being extensively studied in many major medical centres of the world. Human organ transplantation poses many difficult technical, ethical, moral and legal problems which concern not only the physicians but also lawyers, moralists, sociologists and, indeed, the community at large. It is unfortunate that the law has not co-operated with the medical profession to the extent necessary to obviate the legal aspects of organ transplant. Although in Canada court decisions are rare, it is nevertheless the fact that in some instances medical progress is still being held back by legal constraints.

I would like to review some of the difficult decisions which face the physician who is working in the field of organ transplant surgery. First, by whom is a donor pronounced dead? In the majority of cases a patient is pronounced dead by his own physician, the man who is responsible for his well-being, or by the physician who sees the patient in an emergency room. Under normal circumstances, when a dead body is found the death certificate is signed by the legally appointed physician who takes care of such duties. As the House is aware, occasions have arisen where the moment of death has been in dispute. This has happened in the case of moribund patients and the medically accepted time of death is when there is no longer evidence of brain action, as indicated by a flat or non-reactive encephalogram.

As Your Honour is aware, the time between the death of the donor and the removal of the organs for transplant purposes is critical. This applies particularly to anatomical parts such as kidneys and hearts, etc. On the other hand, bone and corneas can be stored in anatomical banks for a considerable period of time. There is also the problem of matching the anatomical donation with the blood type of the recipient, and no organ should be transplanted unless the A, B, O red cell blood groups match. Since anatomical organs cannot yet be stored for any length of time, and therefore cannot be pooled, recipients should be pooled in such numbers that when an organ of a certain blood group becomes available the proper recipient can be selected. A system such as this is already in