

vide proper health care or use the money wisely. It was a sanctimonious, self-righteous and entirely uncalled for attitude because it assumed that provincial governments were much less capable and much less responsive to their citizens' needs than the federal government. The 50-50 cost sharing basis fulfilled a bureaucratic dream, because executive people in the health care field are great empire builders. Each and every person in the provincial departments of health had his own idea of what would be good, and there certainly is no end to the many good programs; indeed, all programs have some value. There was almost an irresistible urge to spend money and institute programs so it could be shown that their provinces had instituted programs; and of course no province could be left behind in instituting its own particular program.

Health care costs have been escalating much more rapidly than the country can afford. Fortunately, it is now being recognized that there are limits to what can be done. Perhaps the organ transplant era has shown that if this practice becomes widespread, nearly everyone could benefit during a lifetime but it would require an enormous number of staff, buildings and equipment for this relatively small field of medicine—and at what cost! I think the public is now willing to accept that there is a limit to health care services, that health care is a purely personal thing and that what the state is able to provide for the individual may not be nearly all that the individual would desire. I am sure that having arrived at this conclusion we can better deal with the financial aspect of health care. Until there is general acceptance that we cannot do everything, there will not be public acceptance of putting limits on health care spending.

There is great discussion taking place at this time in connection with health care delivery systems. All health care systems carry certain advantages and disadvantages. I cannot mention that the president of the American Medical Society, reporting on an inspection of health delivery systems in European countries and the Soviet Union said he was struck, not so much by their differences from the American system as by the number of complaints about the shortcomings of their systems. In other words, every health care system attracts an enormous amount of criticism.

We are now involved in community health care and community clinic projects, but these still depend on a physician taking time and skill and having his options open to give health care advice. It is doubtful there will be any material improvement in the over-all delivery of health care, although these developments could have a certain limited application. It takes time to see patients, and it seems doubtful that there would be any more time in a community clinic than under any other system.

The attempt by the federal government to give provincial governments more flexibility and responsibility and to work out satisfactory financial arrangements with them is long overdue. The federal government must get out of these 50-50 cost-sharing programs which are an invitation to overspending and poor programming. Federal politicians must leave it to provincial governments to set up standards on the basis of what they feel their citizens desire.

Health Care

There remains the general fear among certain disadvantaged provinces that their citizens would be short-changed because of a low regional economic base. I should think satisfactory formulae can be devised to allow such provinces to give their people care comparable to that available in other provinces. In any case, I feel it is difficult to set standards in the health care field with any degree of accuracy, and I have found that most so-called standards do not mean a great deal.

The latest federal-provincial conference ended prematurely this week and the provincial finance ministers have spurned the federal government's proposals to get out of these shared-cost fields. Whether they did this so as to have a bargaining tool, or whether the conference was, indeed, a failure, it is generally considered that the federal proposals are very complex and open to a great deal of uncertainty as to what might actually happen before payments finally settle down around 1980. As described in the *Globe and Mail*, it was "a fearfully complicated transitional means of payment" with uncertainty lasting for a decade, leaving the provinces six additional points of income tax, the revenue from excise tax and duties on tobacco and alcohol.

The Minister of Finance (Mr. Turner) has said the package would amount to the equivalent of 20.8 income tax points as these points produce revenue at present, and I think this is important. But Ottawa did not turn over 20.8 tax points, because these tax points will earn more and more money each year. Ottawa really would like to have control over spending.

These three programs were initiated by Ottawa over the objections of several of the provinces, and they were negotiated in areas which the constitution gives to the provinces. The health minister has finally recognized, on behalf of the government, that the provinces have to establish their own priorities and that there should only be minimal national standards. Canada is a very large and regional country. In the health care field Ottawa has been barging around deciding what is best for all. It may well be that the method of rebating federally-collected income tax to the provinces is not the best way of proceeding, and that changes in the provincial income tax system will give a truer view of our problems.

Before lunch today the Minister of National Health and Welfare (Mr. Lalonde) indicated that Canada had a good supply of doctors. However, I would point out that half the doctors in this country came from overseas during the last two decades. Many of the countries from which they came could ill afford to spare them or educate them. Accordingly, we have been looked upon as something of a pariah among western countries for having taken these highly educated people away from their own lands.

My view is that the supply of doctors will not be good in the future, because as time goes on there will be a reduction in the number of young people entering universities to prepare for the profession. Medical training is long and arduous, and those who have been through it sometimes wonder whether it is worth it. If the minister believes the supply of doctors is being maintained, I suggest he should examine this question further.