

Government Orders

I believe the member is sincere in what he said here today. This is second reading debate. This is where parties and individuals agree or disagree to approve the bill in its principle, in its direction. Then it goes on to committee where we then have report stage. I would urge the member opposite if he is trying to make this place work better that if he agrees in principle with the bill to vote in favour of the bill, refer it to the committee with the concerns he has, which are legitimate, about whether there are flaws that can be fixed, and work at the committee level.

I can give a commitment from this side that our government is quite prepared to listen to any reasonable suggestions as to how legislation such as this can be made better. We are committed to making this Parliament and its committee system work.

Mr. Hill (MacLeod): Madam Speaker, the rhetoric is great and I do hope the member is telling it exactly as it is. However, I feel and I sense that there is an ownership taken of a bill as soon as the member switched to the other side. I wish that were not the case. It does not seem fair to me that the bill can have changed so much in this short period of time.

I read both of them, they are not significantly changed. My sincere hope would be that this is in fact the way this Parliament would work. I cannot say this any stronger than I have already. When it went to the committee stage when those members were in opposition there was a howl and a scream of it being rammed through. I am not at all comfortable as I sit over here to see that same process take place. I am speaking of this loudly and I will watch with great interest.

I would also refer back to the member. If this is to be a co-operative Parliament would the member not look very carefully at the proposal to take this to justice? This is not, and I cannot say this strongly enough, a health bill. This is a justice bill.

• (1525)

Ms. Hedy Fry (Parliamentary Secretary to Minister of Health): Madam Speaker, I would like to comment on some of the things that the hon. member said.

There are some differences in this bill. It is not the exact bill that was brought to the House last time around.

The word "provide" now in definition is changed so that it specifically says traffic. That means that a physician or a pharmacist's providing a drug to a patient is no longer in danger of being considered trafficking. That was one of the very poor things in the last bill that had to be changed.

There are a couple of other things. The fact that a patient goes to a physician or a pharmacist and takes away and possesses drugs also has been specifically defined in the bill so that we now know that is allowable and that is not considered to be a criminal offence.

There is one other thing I want to say to the member. It has to do with the fact that he was talking about physician-patient confidentiality. There is a great misunderstanding out there in the real world about physician-patient confidentiality.

What the member should know is that there is no such thing in reality; in no court or group or insurance company. In British Columbia, for instance, the insurance company of British Columbia that deals with traffic accidents can subpoena all of the clinical records of the patient regardless of whether they have to do with the accident. This is allowable and the physician and the patient have no recourse.

There is a precedent already here that the information between a physician and a patient is not that privileged as one would expect. It is not like the information between a lawyer and a client. Lots of laws so far have allowed for ministers of health to look at records if they believe, and this is what this bill says, that the physician and the patient were in agreement to use drugs for purposes other than therapy and other than appropriate physician-patient use.

This is going to be done by health professionals who are governed by the Privacy Act and by confidentiality so that no one should be able to see this but the particular minister and the particular inspector.

Mr. Dale Johnston (Wetaskiwin): Madam Speaker, it is a pleasure for me to be able to rise today and speak on Bill C-11. At the outset I would like to point out that I am certainly not opposed entirely to Bill C-11. There are some very good things in it.

I agree that we must educate the public as far as smoking hazards are concerned. I further agree that we should be placing an export tobacco tax on—

The Acting Speaker (Mrs. Maheu): I am sorry, is the hon. member aware that we are speaking on Bill C-7 right now? You are debating on Bill C-11.

Mr. Johnston: I am on Bill C-11, Madam Speaker.

The Acting Speaker (Mrs. Maheu): We are not yet at Bill C-11. We are still debating on Bill C-7. Resuming debate, the hon. member for Saskatoon—Dundurn.

Mr. Morris Bodnar (Saskatoon—Dundurn): Madam Speaker, it is interesting to hear all the different members in the House speaking on this legislation. It is interesting to hear that there is consensus on many points and disagreement on some.

Everyone, it appears, agrees that there is need for legislation for the control of drugs and that this be put into one statute. To date we have two statutes that govern this. It is important to have this in one statute; important for the public so that the public can from this point on refer to one statute and know what is allowed and what is not allowed and how the controls take effect.