

Proceedings on Adjournment Motion

places left for students and that they had had over 1,400 applications for those 25 places.

At the same time, we imported in 1970 1,113 doctors and graduated 1,131. In 1969 we imported 1,347 and graduated 1,017. These figures are the most recent. We are, in effect, denying our own boys and girls who are fully qualified the chance to enter the medical profession. These young people are the sons and daughters of the taxpayers who pay around \$50,000 for each medical student who graduates.

Does the minister think that it is fair that these young people should be denied entrance and the chance to enter the profession of their choice? Surely this illustrates beyond any reasonable doubt that if there was any money left in the health resources fund, and with the responsibility for medical manpower requirements that the government accepted when they brought in national medicare, it should be their co-responsibility with the provinces to provide the doctors required and the places to train them.

It is pretty bad when you reject your own boys and girls, the children of taxpayers because it is cheaper to import fully trained physicians than to train them in Canada, many of whose entrance qualifications would not be accepted here. Why should Canada be a parasite on the rest of the world when it comes to producing physicians? We get many physicians from the poorly developed countries whose needs are greater than ours. I hope this answers the minister's doubts—if he really had any—that we are short of doctors, particularly general practitioners, and places to train them.

I should now like to deal with the shortage of general practitioners. The Minister of National Health and Welfare (Mr. Munro) has stated that it is easier to see a specialist in Vancouver—I hope I am quoting him accurately—than it is to see a general practitioner in Hamilton. A shortage of doctors leads to a shortage of interns and many hospitals which 40 years ago would have had interns have none at all today. Consequently, the emergency departments of hospitals are grossly overcrowded. People are seeking help from emergency departments when they are only moderately sick and should be seen at a general practitioner's office, and would if there were enough to go around.

A survey recently conducted and reported by Dr. Glen Sawyer, the secretary-treasurer of the Ontario Medical Association, indicated that people wanted to see the family doctor when they were sick. They were not particularly concerned with how many degrees he had; they just wanted a common sense, medically trained GP and they were willing to pay for his services. Every case where a general practitioner can look after a patient in his home represents a saving of \$60 a day for a hospital bed. Taking this as a rough average, ten such cases a day in a city of 30,000 people would mean a saving of \$600 per day in respect of health costs. Surely the minister is interested in this. I know every province, particularly the province of Ontario is interested in it. The outpatient departments and emergency rooms of our hospitals are substitutes of a kind for the family physician, but ambulatory care in these cases is largely impersonal and unco-ordinated.

As an example of how general practitioners have become scarce I will take one city, Windsor, which is

[Mr. Rynard.]

supposed to have a fair average. In 1955 the population of the city was 188,614. There were 110 general practitioners and 78 specialists. In 1971 the population of the city was 220,088. There were 104 general practitioners and 144 specialists.

This in my opinion is a fair indication of what is going on in general in Ontario and in Canada. Surely the minister no longer can deny qualified medical students the right to enter their profession and be provided the necessary funds for training in conjunction with the provinces. The provision of more general practitioners to reduce galloping health care costs is a necessity which must be tackled from this angle. Actually Ontario, if it were keeping up with Alberta—if my figures are correct—should be graduating about 700 physicians. I hope the minister will realize that he must provide general practitioners as his first line of defence in lowering health costs. I hope that he will by persuasion see that the health resource funds are used up. It is sad to boast or to have to admit that they are not being used completely.

[Translation]

Mr. André Ouellet (Parliamentary Secretary to Minister of National Health and Welfare): Mr. Speaker, I note that the hon. member for Simcoe-North (Mr. Rynard) is most tenacious in his remarks, since this is at least the second time that I am answering his question.

I could refer to the answer that I gave him previously, as well as to those that the Minister of National Health and Welfare (Mr. Munro) has already made in this House.

Perhaps I might also use some notes which I have just received from the department. Unfortunately, they are in English and I would have preferred them to be drafted in French, in order to give a better answer to the hon. member. So, I shall make a few comments on the remarks of the hon. member and say that I personally endorse much of what he has just stated in this House.

I share his regrets when I realize that unfortunately not enough young Canadians can become doctors because they are denied access to our medical schools. These young people often achieve marks of 75, 78 or 80 per cent in their work, yet schools of medicine demand that they get 85 or even 90 per cent to accept them.

The shortage of doctors which worries the hon. member for Simcoe North is a problem which causes great concern to the Canadian government as well. We have told him repeatedly, and I fail to understand why he should insist on holding the federal government responsible for it. To my mind, the hon. member should spend the same energy not in making charges against the government but in suggesting to universities that they operate differently so that more young Canadians might enrol and get a degree in medicine. This would certainly help to alleviate the shortage of doctors in Canada.

In spite of everything, the hon. member for Simcoe North should know that in Canada the ratio of doctors per inhabitants is far superior to that in most developed countries of the world and in particular in Sweden, France, New Zealand, England and Japan.