

*Supply*

There is also the question, as predicted in this speech, which some people might want to have a look at, if they are interested, of the demographic problem which was building then and which is even worse now. I suggested at that time that we try and build the kind of infrastructure that would help us to deal with that demographic time bomb that was gathering at that time with the aging of our population. Nothing was done by the Liberal government of that day or by subsequent governments.

Finally, there is the question of the expensive technologies, diagnostic and therapeutic, which more and more place a strain on our health care system. We are going to have to find a way to say what things we can afford to do and what things we cannot. That will be difficult because some things which are very expensive are also very personal. For instance, if you are talking about quadruple bypasses or whatever the case may be, something very expensive, individualized treatment, that person has a name. The person who is eligible for that treatment and who did not get it because there was a waiting list or who died before it was available or whatever has a name and can be identified.

That kind of acute treatment is very prone, and I do not say this is wrong but it is a fact, to the manipulation of our emotions and our natural sense of caring about that one person. The same amount of money that is spent on some of that high tech stuff could be spent on cleaner water for reserves or some other preventive kind of thing. None of those people have names. None of those people have faces. You do not have a big article in the local *Sun* about the baby who was saved because there was cleaner water on the reserves because you do not know which baby it was that was saved by cleaner water. All you can know intellectually is that many were saved by cleaner water.

We have this tug on our emotions, how to spend this money on the identifiable individually speaking or on the non-identifiable socially speaking but which nevertheless might be money better spent depending on what we finally decide.

To be honest, medicare was conceived in a day and age when people could not foresee the never ending spiral of technological advances that have driven up the cost of health care the way they have. Ultimately we would all

be safer if we were accompanied by a doctor wherever we went. Perhaps, depending on who the doctor was.

**An hon. member:** Then you would need a lawyer.

**Mr. Blaikie:** Someone says then you might need to be accompanied by a lawyer wherever you went, or a priest.

In any event, the fact is that there will have to be limits to what can be publicly funded. Nobody really argues about this. There are things which are not funded by medicare. There may have to be more things which are not funded by medicare. But we do not want to make those decisions as a result of having our backs falsely to the wall because the federal government is pulling out of its commitment to medicare. We want to have to make those tough decisions about what we can afford and what we cannot once we have both the federal and provincial governments living up to their commitment to the system. Whatever problems we have after that will be real problems rather than the political problems that are foisted on us by a lack of commitment on the part of a particular government to medicare.

Once we solve that problem, we can get about the very, very difficult decisions that will have to be made. I think they will be difficult for NDP governments as well as Conservative and Liberal governments. They will be difficult for everybody concerned. The solution will not be an uncritical return to the notion that user fees somehow will get us out of the mess we are in.

**Mr. Jesse Flis (Parkdale—High Park):** Madam Speaker, the problem with opposition days is that you sometimes do not get to know what is on until you get the Order Paper in the morning. When I saw the topic on the Order Paper this morning I immediately became very angry because I felt what an excellent debate we could have had in this House had we kept partisan politics out of it. The NDP, as always, takes every issue and turns it into partisan politics instead of having a good debate.

I contacted the hospitals in my riding to see how they are affected by the cutbacks and so on. It goes all the way from the cut in transfer payments from the federal government to the provinces, and then the New Democratic government's cuts to the hospitals. I found out, for example, from Mr. Cliff Nordal, president and CEO of the Queen Elizabeth Hospital right in my riding—and I wish they could be given the Award of Canada or something for the excellent service they are giving—that there has been only a 1 per cent increase for hospitals