

some people. These people have been looking for direction from this Government in terms of being able to institutionalize those ideas. Those words are health promotion, health conservation and health restoration. Those words reflect certain ideas of health care which you will not find in this legislation and you will not find in any health care legislation that has been brought forward by this Government. I would like to look at those five major ideas that have been changing the focus of health care in this country.

● (1540)

The first word is self responsibility. Recently, and increasingly in the future, we will find more and more people who understand that the very quality of their health is their responsibility in the first instance. My generation and the generation before me assumed that somehow our only responsibility to our health was to get up in the morning and work, smoke, drink and then stop off at the hospital like a pit stop, and then go back to it again. Somehow there was no individual responsibility for the quality of one's health.

I find that that idea is changing substantially with the new generation. I find that indeed it is the general consensus of people that self responsibility for the quality of one's health is the first responsibility.

Second, I am seeing a growing awareness, which can be found increasingly in literature, of nutritional awareness. For two generations we have almost forgotten about the content of what we eat. The education we received on it was either minimal or quickly forgotten. We have tended not to pay any significant attention to the nutritional awareness, which is so essential to health. It is not without some chagrin that I note that it is only in this past year that nutrition as a course at the University of Toronto has just become a part of the medical faculty. We have forgotten older rules of the generations before us who understood the significance and importance in the quality of each individual's health of understanding nutrition and what the content of the food and drink one consumed was in terms of one's health.

The third idea that one will find increasingly important is stress management. We hear very little from the Government on its health care legislation or its programs dealing with stress management. In the past number of years an entire field has opened up with respect to it. An example is the work of Dr. Hans Selye. Those people who have been involved in cardiac units and involved in rehabilitation centres, particularly with heart patients, understand that, whereas we used to assume that heart attacks and many other conditions were consequences of some other breakdown, now we know that much of it concerns how we deal with the stress of daily life. We know also that a creative outlet, relaxation and being able to deal with our social and emotional problems have a direct, clear and extensive impact on the quality of our health. Stress management is a third idea of the health care revolution in the 1980s and 1990s.

The fourth idea is physical fitness. I gather that someone despairingly referred to jogging the other day. It is not only

jogging but physical fitness that is important. Physical fitness is not part of health promotion but health conservation. Physical fitness allows people to be alert physically, which in turn allows them to be even more alert and perhaps spiritually.

Finally, you will find that the idea of environmental and occupational safety and sensitivity is increasingly important to understanding the importance of health.

Those five ideas are not brand new. They are not spoken of in the House for the first time, but I speak to them in the context which I believe is important. While the war over medicare was going on and we warred with the doctors in the provinces, a whole new generation was coming to the understanding that self responsibility for nutritional awareness, stress management, physical fitness and environmental safety and sensitivity are the real keys not to medicare but to health care. Those five ideas deal with health, not sickness. They deal with prevention, not cure. They deal with liberation, not confinement. They are cheaper, not more expensive. That is the real health care revolution in this country.

That is why I insist that the Bill before us patches up yesterday. While that is important and it should be patched up, that is all it does. It does not grasp tomorrow. There is no sense of imagination which allows the people of this country to sense that the Government knows that this is what has happened to health care in this country.

My hon. friend, the Hon. Member for Provencher (Mr. Epp), said, in effect, that we need to move from the net of medicare to what he called the trampoline of health care. One is not better than the other and both are important, but my concern and that of others has been that there has been no sense that people in this country are not only interested in medicare but are interested in health care. What people in this country really want is a real health care Bill that expands primary care facilities, expands extended care facilities and increases the number of health care workers and health operatives in a variety of ways rather than having simply one entry point into the health care system. They want a Bill which expands community based health care facilities. There are some people who remember the importance of seeing the community and community based facilities as the most significant entry point to both health care and medicare care. I recall listening some years ago to someone who had what he called a dream that one day there would be in the communities of this country a community support centre which would offer health promotion facilities, health conservation facilities and health restoration facilities in the same clinic that offered legal aid, financial counselling, family planning and vision and hearing services.

If we look at the services that this country provides at its municipal, provincial and federal levels, we see that we have taken the population and sliced it according to our bureaucratic needs instead of according to the needs of the whole person. The best example I have seen of this service is in the City of Toronto. It is a four-storey building of local 183 of the labourer's union on Dupont Street. On one level they deal with training, which is a federal, provincial and municipal input.