

Medical Care Act

That statement was made in 1969—seven years ago. I am not blaming the present minister; I have a great deal of confidence in him, and he is working very hard to do his job; but it seems to me he is having to take care, as it were, of an automobile which must be kept on the road somehow, though it is in extremely poor shape; he has to make the best of it, but his best is simply not good enough in the circumstances. At any rate, he and his colleagues have had seven years in which to do something about it, but they have preferred to ignore it.

Today we find hospitals which charge patients \$50 a day being closed in rural parts of Ontario, while hospitals in Toronto charging \$150 a day are still open. I ask the minister how he intends to deal with people who fall sick in areas where hospitals are closed. Has the federal government considered its priorities carefully? I also ask provincial governments whether they have reviewed their priorities in the fields of education, transport, and so on, because I think this whole matter has been handled very badly.

The former minister of finance, Hon. John N. Turner, maintained that the cost of health care had risen by almost 20 per cent compared with last year. He was correct—but what he discreetly failed to mention was that almost the whole of this increase was the direct result of escalating expenditures in hospitals, not medical care.

● (1600)

This is a bad bill, and I say that very emphatically. It is a direct attempt to introduce shoddy medical care into one of the highest standards of medical care in the world. It is an attempt to downgrade the quality of medical care. This bill will stand long after the anti-inflation legislation has gone. We all know inflation tends to have a run after controls are taken off, but this bill will stay on and only an act of parliament will remove it.

The minister was very proud when speaking to Senator Edward Kennedy the other day about the cost of medical care in Canada compared with the United States. I know the minister thought he was absolutely right, but I happen to have been in hospitals in the United States. I did some of my training in them, and these hospitals are doing research into many things that we do not do in Canada. They have a population of 220 million, yet they are doing far more research than we are, with a population of 22 million scattered across Canada. This is why their costs are higher. They are giving the world much more research than we are. So I do not think the minister's comparison was quite fair. I know he meant well when he cited the figures, which I know are accurate enough; but, as I say, things are done in United States hospitals that are not done in Canadian hospitals.

The minister must concede that no group has conducted itself as well as the medical profession. I suppose the government takes a look at the votes of the doctors and thinks there are only 30,000 of them. Since these votes are a drop in the bucket, they say, "Let the doctors squawk." This may sound very political, but the government is being even more political by bringing in this bill. It is also cutting research. It is cutting personnel in order to pay health care costs. It is sacrificing research now, when research would lessen health care costs in the future. Again I should like to refer to the United States which

[Mr. Rynard.]

spends 20 times the sum Canada spends on heart research. A further tragedy is that there is less and less opportunity for bright graduates to find a position that enables them to do heart research in Canada.

Canada is not looking after its alcoholics, either. The minister spoke about costs. Some statisticians believe that alcohol is the number one killer, ahead of cancer and heart disease. Yet thousands of our alcoholics have to go to the United States for treatment, according to Dr. George Strachan of Sydney. The government lowered the drinking age, which in turn increased the number of alcoholics requiring treatment in our hospitals. I might point out that each alcoholic requires the services of five people, which means a tremendous cost in caring for alcoholics. Preventive medicine, properly applied, could cut the rate. Health care costs will definitely go up and at a faster rate in the future. Millions of dollars over and above what is being spent now will be required for research.

I am sure that the minister realizes that in Canada today we have an aging population. He knows as well as I do that any person 60 years of age or over requires three times the health care of a person of 20. This is why costs will increase; there is no way to stop it. We do not have sufficient food to feed the young population of the world, and the old people will suffer even more. The pattern of medicine has changed. The fastest growing group in Canada today is the elderly. I remember a few years ago a well known preacher stating that this was the age of youth, and at that time half the people in Canada were under the age of 25. What he forgot in his enthusiasm for the growth of youth, of course, was that the pill and scientific medicine had knocked this idea into a cocked hat. The over-60 age group is now the fastest growing group, and as a result we have created a socioeconomic problem. I emphasize that fact because I have heard no mention of it in the House or at medical boards, university meetings I have attended, and so on.

We have a new breed of patients of which we have only limited experience. I refer to those 50 years of age and over who suffer from degenerative diseases. They are not cured by a pill or an antibiotic, and they create new problems in medicine. This field of study is known as geriatrics. To deal with this ever-increasing problem we have one chair of geriatric medicine in one university in the whole of Canada, namely, in the city of London. I think I am correct in saying that. The only one I know of is at Western University, and even they had to go to Great Britain to get a competent professor. Every school of medicine should have a chair of geriatrics so that prevention and treatment could be effectively applied.

The reason three times as many people fall sick at 60 as at 30, people requiring three times the amount of hospitalization, is degenerative diseases. We are entering an age in Canada where we will require more and more hospital care to take care of our aging population. We are trying to bring down the cost of hospitalization by keeping these people working if possible. But we are learning that diseases affect the elderly a little differently, and in some cases much differently. This is why the government should be doing research and establishing chairs of geriatric medicine. This must be done if we hope to cut costs. I give the minister credit for his exercise campaign, and so on. How-