

Narcotic Control Act

arguments in favour are those such as have been presented by a Mr. William T. Beaver, Professor of Pharmacology at the Georgetown University Vince Lombardi Cancer Research Institute in Washington, D.C. He reported in 1981 that heroin is two and a half times more potent than morphine. Heroin is also known to be more soluble than morphine and that, coupled with its greater potency, means that smaller amounts are needed for injection. Therefore the injection itself is less painful for emaciated patients who often have little tissue left for a hypodermic needle.

It has also been argued that no two pain killers are entirely identical, and that a cancer patient who may have an adverse reaction to one drug may yet be able to tolerate another. So the doctors, as the Hon. Member for Nepean-Carleton has said, should have every possible arrow in their quiver available to them when treating particular patients on an individual basis.

It has also been argued that heroin has been used effectively by English doctors for over 80 years, and if the use of the drug is so questionable, why do over 30 other countries use it?

Now, one of the arguments against the use of heroin over the years, Mr. Speaker, is that there is no supportive evidence that heroin provides unique properties in the relief of cancer pain and that other drugs currently available are sufficient if administered properly. But there is no evidence to support that contention either. At least, you can find a scientist to advocate either side of the argument.

It has also been argued that more people may be harmed than helped if it were made more readily available because of its street value as an illicit drug. Supporters of legalization, however, respond to this, as others have already done, by saying that it is a law enforcement problem, not a medical problem, and I agree that this is not a good reason for prohibiting the use of heroin for therapeutic purposes.

It has also been argued that the publicity surrounding legalization may raise public expectations and that it is not a panacea for cancer pain.

The final argument, of course, is that dying patients could become addicted. I think this is the most ridiculous argument of all. That argument first stimulated my interest in this issue when I was a student chaplain at Sunnybrook Medical Centre in Toronto. I was on a ward which contained a great many patients who were dying of cancer. I always remember bringing this matter up with my supervising chaplain and asking why could this not be made available to the patients. He said: "Well, you will not believe this but some of those people that you visited today will not be alive in two weeks and yet the hospital is worried that they will become addicted to heroin". Ever since then this issue has been in the back of my mind and I am glad the Hon. Member for Nepean-Carleton has put it before the House.

I think the House should pass this Bill into committee so that there can be more open public and parliamentary discussion about this issue. I think there is absolutely no reason why the Government should not allow this to happen.

Mr. Stanley Hudecki (Parliamentary Secretary to Minister of National Defence): Mr. Speaker, I must first of all congratulate the Hon. Member for Nepean-Carleton (Mr. Baker) for proposing this amendment to the Narcotic Control Act. The fact that he was able to get 9,000 responses out of 40,000 questionnaires is indeed a remarkable achievement. I also was moved by the personal involvement he had and the sensitivity he expressed to his constituent and her family in the course of her suffering from cancer and his desire to be of some considerable help to her. However, in the few minutes I have, I have to bring before the Hon. Member and this House some of the facts dealing with the use of heroin as a therapeutic agent in the treatment of people with incurable illnesses.

The proposed amendment poses the right question but, unfortunately, it suggests the wrong answer. To think that the problems of people with terminal illness could be completely dealt with through drugs is an entirely wrong concept, one which has to be eradicated. Time and again the complaints which have been put forward are really those of improper attention by medical attendants. As far as the junior chaplain is concerned, it was probably the lack of attention he gave to that person's spiritual needs rather than the dependence on a single drug.

● (1550)

People who have incurable illnesses have considerably more problems than pain. Currently in the medical profession there are numerous drugs and procedures by which to control pain. I do not like to use the term "terminal cancer" or "terminal illness" because it is such an inhuman and depressing assessment of a person. These people are persons. The impression that is left with the public, and very frequently we see it through the television media, is one of people surrounded by various life-supporting gadgets, by pain and by complete isolation. That is not so. These people are individuals, Mr. Speaker, the same as you and I. They know of the problems facing them and they are looking forward, through those last few days, to enjoying the company of their relatives and friends. They want to be back home. They want to be doing the things that they enjoy. That is the concept or approach which is not currently present, and that is the need that they express.

Therefore, rather than focusing attention and spending the time of the House and the money on a variety of researches, it is more important that the money be spent on education of medical students and in assisting doctors to upgrade their knowledge and techniques of controlling pain.

There is a need for the public, for the family, to gather around the person who is incurably ill and to give him the support that he particularly needs.

Mr. Halliday: I rise on a point of order, Mr. Speaker. I apologize to my hon. friend and professional colleague for interrupting him, but the nature and purpose of the Bill which we are discussing today, as stated on page 1(a), is as follows:

The purpose of this Bill is to permit designated physicians, particularly in cancer clinics, to prescribe heroin to alleviate pain.