

*Medical Care Act*

guarantee we had that the federal government would not cut us loose if it decided that it wanted out of the program. Well, we have found out what guarantees we had. We had the government's word, and we all know just how much this government's word is worth. Betting that this government will keep its word is the best way I know of losing your money.

One effect of this bill is to force the government of Ontario to make a complete assessment of the provincial medicare and hospital insurance programs. In one way this is a good thing, because over the years it is inevitable that a certain amount of fat and duplication will develop in even the most efficiently administered programs. However, the hospital closing program now under way in Ontario has hit my riding. It is getting too close to home for my comfort, because my constituents are up in arms over the closings, especially the closing of the hospital at Clinton. I have a call in right now for a conference with the premier and provincial minister of hospital services. I hope to be able to convince them that the closing of the Clinton hospital should be reviewed and, hopefully, reversed.

My constituents are just as angry with the federal government, though, because they are beginning to realize that the government of Ontario is being forced into this move by the announced intention of the federal government to squirm out of the federal-provincial medicare program. I cannot blame my people for getting up in arms over this matter, Mr. Speaker. In recent years I cannot remember a single issue that has aroused as much public indignation and public hostility in my riding as the announcement that Clinton hospital would be closed. My file of letters on the Clinton closing, letters from concerned citizens as well as from those whose jobs will be eliminated by the closing, is growing each day and I suspect that it is only the beginning. As the date for the closing gets closer, I can foresee a concerned public effort to head off this threat to the well-being of the people of Huron county.

The program of hospital closings in Ontario was predicted long ago, even before Ontario was drawn into the federal government's ill-starred medicare and hospital insurance programs. Many people at that time expressed doubts about entering into a cost-sharing agreement of this type with the federal government. We were warned of the possibility that the government would some day decide to back out of the agreement and turn the provinces loose as if to say that this is the way things are done. We know that this is the way the present government does things, but we also know that it is not the right way.

I now wish to turn to some of the attributes of the Clinton hospital and some of the methods used by the provincial government. In a meeting with the hospital board on Thursday, February 19, Mr. Miller, the provincial minister of health, stated that the basis for closing the Clinton public hospital was, one, it was comparable to one other hospital and, two, geographically it was central in Huron county and that users of the hospital could go to other hospitals for service.

● (1750)

We strongly protest that stated rationale for closing the Clinton public hospital. The minister seemed to use the

[Mr. McKinley.]

word "comparable" to mean equal, on a par, similar, or having the same facilities. We cannot conceive how the ministry, in using the data available, could possibly conclude that the Clinton public hospital is, by any of the above definitions, "comparable" with the hospital named, let alone with others in Huron county.

Statistically, in terms of average cost per patient day, average cost per patient stay, wages paid, length of stay, per cent of occupancy and paid hours per patient day, we believe that the Clinton public hospital compares very favourably with the other hospitals in Huron county. We believe the ministry also has data to indicate that the degree of activity in surgery, pediatrics, obstetrics, laboratory, radiology, physiotherapy and emergency service is in no way less than the two smaller hospitals in Huron county and probably equal to the larger hospitals in Huron county. From a medical staff brief, the minister ought to be aware of the fact that Clinton public hospital has quite a few services that many other hospitals have; for example, coronary care, surgery, and dialysis.

Has the minister examined the age population of the patients in the Huron county hospitals for 1975? No fewer than 32.9 per cent of the patients in Clinton public hospital are from 15 to 44 years of age. Only 22 per cent are 65 years of age or over, and 23.1 per cent are 45 to 65 years of age. Clinton public hospital is not an under-active hospital. We submit that Clinton public hospital is comparable in that it is providing more services than most community hospitals, for less cost and equally efficiently to all our citizens, especially to those with years of productivity ahead of them. We do agree with financial restraints, better management and best use of health dollar, but we cannot comprehend the logic of a ministry that proposes to cut costs in health care by choosing to eliminate the hospital that seems to us to be giving the people excellent use of the health dollar.

The minister's second argument is one of geography. He reasons that the users of Clinton public hospital would go to the other hospitals of Huron county. We know that at present these surrounding hospitals have been told by the ministry of health that there is to be no increase in in-patient activity. How, then, can Clinton patients go to the surrounding hospitals to be serviced if they are not allowed to increase their service? How can one go to a facility for a particular service if that facility does not have the staff nor equipment for that particular service? Is the minister expecting that one or each of the four remaining hospitals will obtain the staff and equipment from Clinton public hospital for these services? There have been no plans for such moves. The minister has not indicated that there will be funds for this but, rather, has indicated that the surrounding hospitals will have considerable restraints imposed on them. Is the minister assuming that Clinton public hospital's equipment and staff will be graciously given to the surrounding hospitals, remembering that it was the citizens of the community who raised the funds for this equipment?

How long will it take for these services to be available in other facilities and for staff to be trained in their use? It has taken years to develop coronary care, just to name one service. It cannot but take months or years for these same services to once more become available to citizens of