

A new era is coming and the young are leading the way. By their dress, speech and value system they will force us to break down this arrangement and build hospitals from the social point of view or from the patients' point of view.

Dr. Geekie: Many patients are kept in hospitals for the simple reason there is no other place to send them. There are many patients in the hospital who conceivably could be as well or perhaps better cared for in nursing homes or their own homes, if the services were available. But these things just don't exist, so what do you do with people? What do you do with old, senior-citizen patients whose families no longer accept the responsibility of caring for them when they reach that age? When you have no facilities, no chronic care hospitals, what alternative do these patients really have other than to be maintained as patients?

The Chairman: I think personally you are doing the right thing in maintaining them in these circumstances, but that is not the answer. In this country, as you know, we have nursing homes, some good, some bad, some indifferent, and at the present time they are not covered under the agreement, with the exception of British Columbia. We recommended that they be covered in 1966 when we studied the matter of aging. Since then B.C. has, I have not seen you doctors getting behind that kind of pressure, or have I missed that?

Dr. Geekie: You must have missed it because we have always advocated the need for chronic care hospitals and nursing care facilities.

The Chairman: And treatment under the system for that?

Dr. Geekie: Yes.

Dr. Bennett: On a very personal level, for four years in the hospital in which I work we were to build a chronic care unit. One of the greatest costs in the provision of health care is the so-called acute hospital bed. A system of graduation from acute to rehabilitation to chronic was well outlined in the task force reports gathered earlier this year. This would be the answer. We have found that it takes a tremendous amount of political pressure to get these services provided by the province, and, with all due respect I do not feel that the medical profession as such necessarily has the strongest political base in the country. We are a relatively small percentage of the voting population. There are 25,000 of us in Canada, and we do not carry too much weight politically.

Senator Fergusson: You have great prestige.

The Chairman: I will give you a short lesson in politics. I sit with other members of Parliament and we discuss problems that are common to us all. This problem is constantly discussed, and there is a certain pressure on members to do something. It is your member of Parliament, at provincial and federal levels, who you can bring pressure to bear. You do not have to do it yourself. You ought to take this to your member of Parliament, provincially or federally, and you will be surprised at how soon they will act.

Dr. Bennett: That is exactly what we did. The prime minister of British Columbia came from the town in which I was practising, and we did exactly this. But I do not think it fair to leave the impression that the medical profession is unaware of this problem. We are as much aware of it as any one, and have tried to do something about it. I would respectfully submit, however, that we are perhaps a small voice crying in the wilderness and much of the pressure has to come from other segments of the population to reinforce anything we may present and perhaps Dr. Sullivan and Dr. McGrand . . .

Senator Sullivan: We will have to re-baptize the Minister of Health.

Senator Inamn: I want to pay a little compliment to our province. We have a very lovely chronic home. We were fortunate enough to have a practising physician as Minister of Health. At page 6 of your brief I was very interested in reading about the travelling clinic. You recommend some sort of travelling doctors' clinic, but I was wondering whether the public health services could provide this. It would be a wonderful thing for the people in real distress. If they found serious cases they could not deal with they could refer them to private medical sources.

Dr. Geekie: There are a number in the University of Toronto who are on a roster of physicians. They are using resident doctors who are located right there for a period of time. The University of Manitoba is providing the same type of service for the northern part of Manitoba, and the Indians of the Northwest Territories. A group of general practitioners in a hospital in Winnipeg are providing volunteer services once a month every year. They are giving servicing in the area in just exactly this fashion.

The University of Alberta has done what you suggested, but on a smaller scale. They have medical students, third or fourth year students, located in the