introduced the present Bill C-102 and said there would be no changes, come hell or high water, and that was all there was to it. In view of what happened ultimately the Committee's sittings were nothing but exercises in futility. As I say, there were to be no amendments. Any amendments that were moved were not accepted. The government would not permit any witnesses other than the officials it chose to call to be heard. We wanted to hear the evidence of certain witnesses to clear up certain matters. We did not know how far the Food and Drug Directorate was to go in determining the clinical efficiency of drugs or the therapeutic effectiveness of equivalent or substitute drugs.

• (4:50 p.m.)

Mr. Basford: I rise on a point of order, Mr. Speaker. I hesitate to do so because I enjoy listening to the hon. member for Simcoe North who always has a great many important things to say. As I understand the new rules as they are being enforced, the rule of relevancy is being enforced rather stringently at this stage by Mr. Speaker. We are dealing with an amendment proposing that compulsory licences be granted by a tribunal. I think the hon. member for Simcoe North is wandering somewhat from that point.

The Acting Speaker (Mr. Béchard): I thank the minister, but I think the hon. member for Simcoe North is coming to the amendment.

Mr. Rynard: Thank you very much, Mr. Speaker. I know the minister did not mean exactly what he said. He is pretty good natured. I know that what I say hurts him and I realize he is on the spur. He knows this as well as I do. If he did not, he would not be jumping up from his seat.

I want to say there was not one witness heard. They were invited but their invitations almost told them "Don't come here because you haven't anything to say". Telegrams were sent all the way from Vancouver stating that they had something to contribute to this very important measure. The minister knows how important it is because he has said many times that he must have the co-operation of the doctors in order for it to be successful—either that or force them to use drugs they would not otherwise prescribe.

In the committee the minister stood up and said "Oh no, the hon. member for Simcoe North is completely wrong. I would never do that. It is a complete distortion of facts". The minister has either one of two choices. I would like him to state if there is any other course for him to follow. The minister did not receive the valuable co-operation of the Canadian Medical Association. It is the doctors who will be writing the prescriptions. This could have been done very easily. I also believe that the operation of this bill should be reviewed after the legislation has been in force for a while because we will want to know how it is working out. We can then study it in order to determine that the Canadian public is being protected in the way it should.

In the committee meeting somebody asked that one drug be named that had the quality and same constituents but did not have therapeutic equivalency. The drug named was chloromycetin. I think it was Goddard—I will refer to my notes to make sure this is correct—yes, Goddard stated that there were approximately 20 drugs and not one was as we were led to believe. I refer to page 301 of the Canadian Medical Association Journal, volume 100, which states:

> Official standards by themselves do not necessarily assure therapeutic effectiveness. They do not provide biological performance tests. The generic name applies only to the drug entity and hence so-called generic equivalence may vary widely depending on the particular manufacturer. Despite the minister's statement that "lack of therapeutic equivalency among drugs meeting all official standards has been grossly exaggerated as a major hazard to public health", there is an impressive list of treatment failures, drug recalls and reformulations.

I think this indicates to the minister what thin ice he is skating on. This is the authority. Goddard stated that "there may be in reality more than two dozen types of drugs to be implicated as generically equivalent but therapeutically non-equivalent." The minister did not follow the premise that safety in clinical equivalence must be foremost or whether that could be consistent with price reduction.

The article continues:

> These include chloramphenicol, erythromycin, tetracycline, corticosteroids, anticonvulsants, griseofulvin, tolbutamide, bishydroxycoumarin, penicillin, etc. This danger is directly compounded by the number of manufacturers and different sources of supply.

I am trying to be kindly when I state that the minister is skating on very thin ice and that he should have tried to get the co-operation of the medical profession as a whole.

The Acting Speaker (Mr. Béchard): I will kindly tell the hon. member I was mistaken when I thought he was coming to the point.

Mr. Rynard: Mr. Speaker, I am coming to the point.