

Health Care

Public costs mean that public resources should be used to influence the operation of systems that are essential for the health needs of all the people—not just the rich and the advantaged but all the people. Costs will continue to skyrocket if governments, working with the public and medical profession, do not assume their responsibilities in determining that the plant, personnel and services are made ready. If they are not, what was the money voted for in the first place? Was it to make doctors more and more rich, and to make the system collapse?

In my view we have confused our priorities. We have devoted a great deal of effort to the production of material goods, and little effort to the care of the people who produce them. We have rushed ahead with cars, roads, factories and new food technology without really knowing where we are going and why. As a critic of health care services in North America, I say that our health care services are in appalling disarray. It is not good enough for the federal government to say they are spending billions of dollars, putting it into the system and taking no responsibility whatsoever for the effective working and implementation of that system.

We have been faced with real problems, a multitude of them, and we have thrown up our hands in despair. Our society, in terms of decent medical and health care services, suffers from deep social wounds—yet our approach is to put band-aids on them. What the minister suggested today is just another series of band-aids. We are only tinkering with parts of the non-system. That is worse than nothing. We need major surgery. I hope the government recognizes this fact before it is too late.

Mr. Deputy Speaker: By agreement, the hon. member for Gatineau (Mr. Clermont) concedes his place to the hon. member for Dauphin (Mr. Ritchie).

Mr. Gordon Ritchie (Dauphin): Mr. Speaker, I thank the hon. member for Gatineau (Mr. Clermont) for making it possible for me to say a few words before catching my plane.

Mr. Isabelle: I rise on a point of order, Mr. Speaker. It is not the hon. member for Gatineau (Mr. Clermont), but the hon. member for Hull.

Mr. Deputy Speaker: The point is extraordinarily well taken and the Chair apologizes from the bottom of its mistaken heart.

Mr. Ritchie: Mr. Speaker, I too thought you were mistaken. I welcome the opportunity to speak on this matter of health costs and the negotiations going on between the federal government and the provinces regarding paying for health costs. This debate is long overdue.

As one who has spent my life in the health care field, I have observed much of the discussion and the results of the negotiations of governments in this area. It is perhaps understandable that, with the rise of social consciousness, all citizens are entitled to the very best health services and, with rising affluence, to afford more elaborate and more expensive health care.

There has been peculiarly little dialogue on the fact that health care has definite limits of expansion. Politicians and the public have never accepted the realization that

[Mr. Graftey.]

there are no bounds to health care. The whole of the national economy could be devoted to health care and there would still be many worthwhile projects undone. I once knew a doctor who had been the personal physician of Pancho Villa and rode with him on his campaigns of civil insurrection in Mexico. To have one's private physician is as close to complete medical care as one can arrive at. But Pancho Villa obviously lacked many other things in the health care field that he might have had, such as hospitals, drugs, and so on.

I believe that the intrusion of the federal government into health care, welfare and, to a lesser extent, the educational field has been one of the very divisive factors in Canadian life. The Fathers of Confederation, very wisely, I think, and displaying much more forward looking ideas than Canadian governments of the past decade, reserved for the provinces health, welfare and education. Perhaps it was not foresight but merely an accident. In a practical way, this was a very farsighted, almost clairvoyant look into the future. They recognized, much more than recent politicians, that essential personal services to the individual are involved. Perhaps in the area of education and welfare, at least in a dollar way, there can be reasonable standards applied so that the costs remain within bounds and that individuals, regardless of where they live in the country, may enjoy reasonable equality of service.

● (1600)

I make no apology for advocating strongly that the provinces must be charged with the responsibility of administration in these three areas, particularly in the health care field. Health care is a personal service and there is an enormously wide variation in what is considered good health care. Basically, to those who are workers in the health care field all citizens must be treated as individuals. This means reasonable and early access to health care personnel. It means, generally, the interplay of one person with one individual doctor who must take an adequate history and conduct an examination which requires time, skill and, above all, an intense preoccupation with the patient. At the hospital level it means reasonable access when needed, and care by competent people. Unfortunately, under the so-called free—for the patient—medical services, all of these things become almost impossible to achieve because of the vast pressures at the entry to the health care system, the physician's office and the hospital admitting room.

I would like to expand much further on this important aspect, but in the limited time available perhaps I should say a word about the financing of health care costs. I think the 50-50 health sharing formula is the worst type of formula to finance health care that could have been devised. It encourages a vast proliferation of bureaucracy and a tendency for administrators outside the health care field to move in and tell the health care workers how services should be run, and even which services will be provided. This situation came about largely because the federal government under the Pearson administration assumed the "holier than thou" attitude that they alone were capable of ensuring that citizens received adequate health care.

The federal government of the day assumed that all provincial governments were suspect and would not pro-