

ue negotiations in the morning, when I am sure there will be a good mood that will enable us to move, with unanimous consent, right through the Judges Act.

**Mr. Knowles (Winnipeg North Centre):** Since some suggestion has been made about unanimous consent, I would not want silence at this point to mean anything other than a willingness to continue the consultations. In fact, if our advice had been taken earlier we would not have had such a mess tonight.

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#### MESSAGE FROM THE SENATE

**The Acting Speaker (Mr. Laniel):** Order, please. I have the honour to inform the House that a message has been received from the Senate informing this House that the Senate have passed Bill S-9, an act to amend the Copyright Act, to which the concurrence of this House is desired.

#### PROCEEDINGS ON ADJOURNMENT MOTION

A motion to adjourn the House under Standing Order 40 deemed to have been moved.

#### HEALTH—SUGGESTED PROGRAM TO EXPEDITE GRADUATION OF QUALIFIED PHYSICIANS

**Mr. P. B. Rynard (Simcoe North):** Mr. Speaker—

**Mr. McCleave:** Mr. Speaker, I rise on a point of order. I did not understand what transpired. Did we turn down discussion of the Judges Act at this time?

**The Acting Speaker (Mr. Laniel):** Order, please. The Standing Orders do not provide for the raising of points of order once we have reached the adjournment debate. In any case, it was evident that there was no unanimous consent to the proposal.

**Mr. Rynard:** Mr. Speaker, I asked the Minister of National Health and Welfare (Mr. Munro) if in view of the shortage of doctors in Canada any consideration was being given to taking exceptional PhDs and putting them on an accelerated two-year course in order to graduate them as doctors, as the University of Miami is now doing. I was speaking particularly of the GP ratio. The minister has acknowledged this on several occasions when he referred to the difficulty of getting an appointment with a doctor, of waiting many months and in some cases referring to the inability to get a doctor at all because many doctors are overworked to the point where the sign is put out "No new patients."

The minister also made reference to the fact that it might even be easier to get a specialist than a general practitioner in some areas. The minister recognized this on many occasions, particularly with his statement that he was prepared to work with the provinces in an effort to increase medical and paramedical manpower by either

#### Proceedings on Adjournment Motion

shortening the term or some other method. This underlines the fact that we are short of physicians.

In an address that he delivered in Hamilton, the minister stated that only 300 out of every 1,000 people who are sick get to see a physician at all, and of the 300 only ten go to a modern hospital with teaching facilities. I have read the minister's speeches. He has referred to the elite specialists in staffing hospitals who are not involved enough in the general care of the Canadian public. This has to be guarded against in any establishment, and doctors are just ordinary people, or else they should be cast in the role of helping by research and knowledge, curing where possible and comforting in all cases. I admit that sometimes those good intentions get lost in the communications field.

Dr. Sawyer, general secretary of the OMA, has stated, that "there is a great shortage of general practitioners and specialists, with the exception of surgery." The CMA has stated that "there is a very real shortage as more and more doctors work for government, industry, medical education and research." I would, in passing, refer to the fact that the deputy minister of health was Dean of the medical school at Sherbrooke. He is a graduate of the Mayo Clinic, an outstanding place for medical graduates, and now he is serving in the administration field.

**An hon. Member:** Is that a shame?

**Mr. Rynard:** No, it is not. Without immigrant doctors today we would be stuck and medical care would become a shambles. But even at that, immigrant doctors have not kept pace with the natural attrition of medical manpower due to death, retirement and emigration.

Canada has been saved from a disastrous shortage of physicians by immigration. For example, in one year immigration provided 600 doctors and in that year we graduated only 850. How long are we going to do this? Not only are we asking other countries less able, financially, in nearly every instance to provide us with doctors, but are we going to have a Canadian-oriented physician or not? No matter how good the immigrant physician is, he still has the handicap of adaptation.

I think I have indicated the unanimity of agreement that we are very short of doctors, particularly general practitioners. In many cases people are paying for services they cannot receive. The government that brought in medicare, as indicated by the Hall commission, must provide the doctors. That is the federal government, Mr. Speaker.

I made the statement that Canada was not one of the better countries in physician-patient ratio and I will now give the figures which were provided by the United Nations for 1967-68. I will start with Canada because it has the worst ratio of any country. Canada, 890 per capita; United States, 650 per capita; England and Wales, 860 per capita; Northern Ireland, 780 per capita; Scotland, 780 per capita; Sweden, 850 per capita; West Germany, 650 per capita and U.S.S.R., 430 per capita.

I sincerely hope that the minister will now grasp fully the significance of our position, namely, that we are very