

utilize generic products not just to control costs, but to facilitate the introduction of new medications. This legislation will add millions to the cost of these programs, at a time when Medicare is under stress because of restrictions introduced in the federal-provincial cost-sharing arrangements.

Ontario has already moved to restrict benefits under its plan, and other provinces may follow suit as a result of Bill C-91. Other provinces have introduced user fees and higher deductibles on their prescription drug coverage, and this is the thin edge of the wedge in eroding universal access. This type of erosion of health care coverage was supposed to be prevented by the Canada Health Act. However, the Government of Canada has not seen fit to conduct a study on the implications for our Medicare system of Bill C-91 - despite promises made at the time Bill C-22 was passed. It took a New York Times story to put this issue back on the public agenda in Canada!

Bill C-91 also pushes the Canadian health care system towards the illness/treatment mode, and away from prevention and education. In recent weeks, this can be seen with the television ads by the Pharmaceutical Manufacturers' Association of Canada (PMAC), extolling the virtues of the miracle cure (ads which were paid for by the excess profits PMAC members have received as a result of Bill C-22). These ads reflect an outdated view of health. In fact, we all know good health care is far more complex than this, and that nutrition and lifestyle are critically