

Supply

In conclusion I move, seconded by the member for Eglinton—Lawrence:

That the motion be amended by deleting the period and by adding the following:

and implemented by the actions of the NDP premiers of Ontario, Saskatchewan and British Columbia to close health care centres, dismiss health care personnel and reduce health care services, all of which is a direct and inevitable result of the withdrawal of the federal government from its long-standing obligations to support health care in Canada.

Madam Deputy Speaker: I will reserve on this and come back to the House on the amendment moved by the hon. member for Winnipeg North, seconded by the hon. member for Eglinton—Lawrence.

Mrs. Barbara Sparrow (Parliamentary Secretary to Minister of National Health and Welfare): Madam Speaker, I listened very carefully to my colleague from Winnipeg North with regard to the health care system. I do share some of his concerns and would like to ask him a question.

First, I want to reiterate that the minister of health and welfare has stood behind the Canada Health Act, has stood behind the five pillars, and his party certainly supports what is contained within the Canada Health Act.

It is very interesting that over the last few years there have been seven or eight—I know of seven—national studies done with regard to the health care system in Canada. All of these studies have said that it is not more money that is needed; it is indeed that we have to become more effective and more efficient.

This appears to be one area where, I believe it was Victoria took a lead with regard to a community hospital in servicing the constituents in the Victoria area outside the hospital and indeed lowering the costs. As more and more of us not only in this House but also all across the country get older it is going to increase some of the costs. Leaving that aside, we have to become more efficient and more effective.

I wonder if the hon. member has had any discussions with the health care minister in his province or with any other ministers across the country.

The minister of health and welfare has met three times in the last nine months that I know of, and perhaps more, discussing the national health care act and the effects of it on Canadians and the need for improvement. He has also made a commitment to meet with the

health ministers and the finance ministers of the provinces within the next two months to discuss this particular issue.

• (1110)

Let us take a look at the ways to improve the efficiency and to improve the delivery. Let us get rid of the, if I may be so bold as to use the word misuses—I did not say abuses—within the system whether they be on the public's part, the institution's part, the medical profession's part, or the consumer's part. Let us be more interested and let us see how we can take the good system we have and improve it.

Mr. Pagtakhan: Madam Speaker, I am delighted to respond to those comments and questions.

First I would like to say that indeed we have been monitoring the health care system in the country. We have been in contact with the provinces. At the proper time we will let you know the results of those consultations.

In so far as the comment made by the hon. member about the misuse in the system is concerned, I have a document here. It is a study released in April 1991 by the National Health and Welfare Department of this government looking at the effectiveness of user fees.

It is clear that the cases of misuse and abuse that have happened in the system are few and far between and that is not the major problem confronting the system. We should lay to rest this myth. There has not been any abuse that could be documented to a great extent on the part of the providers of health care, doctors, nurses, and others, as well as on the part of the Canadian public, the consumers of health care.

We should respect and we should recognize the commitment of these people to deliver service and the responsibility and respect that Canadians have for the health care system. When Canadians go to see a doctor, when they go to visit a hospital, it is truly because patients need to be assured that they are healthy.

There is no doubt that the limits in transfer payments, the cuts in transfer payments, are causing problems. If there is a problem in a system akin to a patient with illness, one does not kill the patient first and then start to revive the patient in an attempt to cure the patient later.