

### Health Care

health. And I could say in that respect that I do appreciate the fact that the New Democratic Party decided to use this day to move a motion which will allow us to discuss that question so important to all Canadians.

Of course, that does not mean that I agree with the motion, far from it, but I think that it will certainly give us the chance to discuss both the situation that exists with respect to health services in Canada today and the proposals put forward by the federal government in that field in recent years.

[English]

I might be tempted to paraphrase, for the benefit of the hon. member for Nanaimo-Cowichan-The Islands (Mr. Douglas), a statement which was made at the recent meetings by a colleague of his from British Columbia, the provincial minister of health. There was, he said, a great danger when discussing these matters of using concepts and proposals of the thirties to meet problems of the seventies.

**Mr. Grafftey:** That is another cliché.

**Mr. Lalonde:** While we agree on the necessity of maintaining our health services in Canada, there is also a very strong feeling among all governments and the Canadian people, that we should get better value for our money and that we could make better use of the available resources in this sector at the present time. I think we can agree that these two major shared-cost programs have been highly successful in achieving their basic objectives of developing and making accessible essential health services of comparable standards on a nation wide basis. They were a necessary prelude to the next phase of rationalizing the comprehensive health care program so as to make it consistent with the particular health needs and the economic realities of today. However, the arrangements of the past, particularly in relation to hospital insurance, have tended to perpetuate our orientation toward high cost services. I was pleased to note that the hon. member conceded this fact.

● (1230)

A new approach is thus required—a rational and flexible approach which rewards efficient and effective provision of services and discourages inefficiency, ineffectiveness and the waste of costly resources; an approach that will encourage the evolution of the present system into one capable of meeting the needs of the future; in other words, a total approach that will result in the improved management of health care resources and their effective utilization through the entire range of facilities and services.

But while criticizing the present cost-sharing arrangements for contributing to an unnecessarily high rate of continuing cost increase, we must recognize that the present programs have served Canadians very well indeed in other respects. For example, the basic standards of comprehensiveness, universality, accessibility and portability have given all residents an outstanding degree of protection which undoubtedly has contributed to the improvements in health status which have occurred since the introduction of the two programs.

[Mr. Lalonde.]

For example, on the eve of hospital insurance the Canadian infant mortality rate was roughly 20 per cent higher than that of the United States, 30 per cent higher than that of England and Wales and 40 per cent higher than that of Australia. By the end of 1971, the first full year of medicare for all provinces, our infant mortality rate had fallen to 10 per cent below that of the United States and to virtually the identical rate for England and Australia, although the rate had been dropping for them as well. Similar marked improvements have occurred in our maternal mortality rate as well.

With the introduction of the medical care program, medical practice has become economically viable in any community with a sufficient population to warrant a doctor. Decreased emigration and continuing high immigration of physicians from abroad, and an increasing output from Canadian medical schools, have pushed Canada's doctor-population ratio down virtually to the target which the Royal Commission on Health Services in 1964 despaired of reaching before 1991. The ratio for all active physicians, including interns and residents, was 1 to 661 at the end of 1971. All provinces have experienced a substantial improvement in their doctor-population ratios since the medicare program was first announced and the companion health resources program was implemented to assist in the capital and renovation costs of education and research facilities for health professions.

Thus, we have been getting some value for our money, and I would say good value. However, the combined rate of increase for hospital and medical services still amounts to some 12 per cent per annum and seems likely to continue at this level unless a different approach is taken to the delivery of health care. For example, it is generally agreed that many patients at any given time in general hospital facilities could be equally well cared for in less expensive facilities and that many routine tasks currently undertaken by physicians could be delegated to other professionals.

Many developed countries, including some with better mortality rates than ours, have succeeded in providing high quality health care to their citizens at a relatively lower expenditure than Canada. We believe, therefore, that we must and can improve the cost effectiveness of our present health care system and in this way help make available funds for the many major programs in a variety of fields which the people of Canada desire and need. The federal financial proposals are designed to enable and encourage provinces to take the most effective approach in the management of their health care systems.

The federal government is not proposing or considering abandoning the two great health insurance programs, nor in any way watering down their standards which mean so much to Canadians. What we intend to do is to help make it possible to improve their performance—both cost-wise and benefit-wise—and I am confident that, with the support of the Canadian people, and in co-operation with the provinces, we will succeed in doing just that.

I should like to concentrate for a few moments on the first part of the resolution that has been placed before this House. The first part of the resolution reads as follows:

That this House disapproves the government's proposal to retreat by stages from the present cost-sharing arrangements with respect to hospital and medical care programs—