

Medicare

One would say this is inexplicable: One also has to say that it is true.

In an editorial reprinted in the *Fredericton Daily Gleaner* of Saturday, October 15, the *Toronto Globe and Mail* put the matter in this way recently:

Finance Minister Mitchell Sharp's plea for greater restraint in the rate of research grant increases as an anti-inflationary measure might lead one to believe that in the field of medicine, for example, research could fairly be regarded as a peripheral activity in the work of providing medical care and training doctors, that it is a dispensable adjunct to the main operation and can be painlessly amputated.

The Minister of Finance amputated part of the Minister of National Health and Welfare.

An hon. Member: He was decapitated.

Mr. McCleave: An hon. member suggests that he decapitated the Minister of National Health and Welfare. I think the Minister of National Health and Welfare had lost his head long before that.

● (9:10 p.m.)

The editorial quotes four men who have offered opinions on the subject recently—Dr. Louis Siminovitch, head of the division of biological research, Ontario Cancer Institute; Dr. John Armstrong, executive director of the Canadian Heart Foundation; Dr. John Evans, dean of medicine at McMaster University; and Mr. Edward Dunlop, member of the legislature for Forest Hill and executive director of the Canadian Arthritis and Rheumatism Society. The article sums up their views in this way:

Four men who are, in their individual ways, concerned in medical research and training, give views which suggest that restraining medical research funds could be one of the most ill-conceived economies in the history of Canadian medicine, and that it could condemn Canada to at least a decade of second-class medical care.

Here are the words of one of these men—Dr. Siminovitch—as quoted in the editorial:

If Mr. Sharpe's announcement (concerning research funds) is followed through, and means what it says, we are in danger of dealing a mortal blow to the future of medical science in this country for many years to come.

The editorial notes what we have all noted in this house, namely that government response to the Gundy report for medical research calling for large increases in such funds has been "less than breathtaking". It says:

Partly as a result of the Gundy report, medical research grants for this year were increased by \$3 million to a total of just over \$12.3 million.

[Mr. McCleave.]

The report had suggested \$40 million in federal grants this year rising to twice that figure by 1969-70.

The editorial ends as follows:

The government may be thinking in terms of temporary restraints on research spending but it is clear that the results in medical education and, eventually, medical care will be anything but temporary. It is an economy Canada cannot afford.

The case for all this has been put much better and more eloquently by a man who is closer in heart and mind to the need for these things—I refer to my hon. friend from Simcoe East (Mr. Rynard). But if we continue to emphasize and re-emphasize in this house the need for medical and scientific research in this country, some day somebody will listen to us, or else there will be a change of government—God bring it about quickly—which will set the hon. member for Simcoe East in motion on these vital questions.

The third point I wish to make is one which has been made from time to time. Speakers in the debate have frequently quoted the statement of the royal commission that "the problem of visual deficiency is one of our most prevalent health defects." In other words, a lot of Canadians suffer from poor eyesight. Perhaps if this is repeated often enough even the government may get around to seeing. I present the plea which has been made by other hon. members that some consideration be given, when dealing with this medicare program, to those who are not of the medical profession. The optometrists of Canada, for example, will be the subject of my own particular remarks but I think we could also include chiropractors. I know this is a fearsome word to the medical profession, but a skilled chiropractor is more apt to send one home with a broken back kneaded into shape than is the surgeon who simply rushes for his knife and slices out whatever does not fit exactly.

The royal commission stated that the shortage of ophthalmologists and the long period of their training makes any proposal for restricting all prepaid eye care in the Health Service Eye Program to that profession wholly unrealistic. Mr. Justice Hall and his confrères are saying there are not enough medical men with training in eye care to go round in Canada, and some regard has therefore to be paid to the inclusion of optometrists in this program.

I have some figures to back up this assertion. They come to me from Bruce Wallace, an optometrist in Dartmouth with whom I have had the pleasure of jousting