

*Food and Drugs Act*

of usage. The word "safety" cannot be an absolute term but must be weighed against the value of the drug in relation to its known dangers.

When penicillin was first produced it was hailed as a drug of absolute safety and possessing miraculous curative powers. It has proved to possess these powers but it has also been found capable of causing death. While penicillin has saved millions of lives, many people are sensitive to it and cannot take it without great danger to themselves. The same holds true for the sulfa drugs. These have been responsible for miraculous cures, they have advanced medical science, but they have also exhibited serious side effects under certain conditions.

The point is simply this. In the case of any drug that could be mentioned, we are faced with a mixed picture. On the one side are the drug's advantages; on the other, its risks. There is always the problem of balancing these two factors.

In this context, what must be our position? Obviously we want Canadians to enjoy all the advantages of scientific discovery. At the same time, however, the risks involved cannot be avoided. Our aim must be to reduce these risks to the greatest extent possible, to minimize the dangers so that the balance will be strongly on the side of promoting health and not of compounding suffering.

This is our objective and our responsibility. It is a responsibility which the government has taken very seriously. But it is not a responsibility which any government alone can discharge effectively. Others must share the burden. Manufacturers of drugs, the medical profession, pharmacists and individual Canadians—all have an important role to play.

What then is the responsibility of government? In my view it is not to delay or deny the benefit of new drugs to the people of Canada. It is not to guarantee the safety of drugs which, as I have pointed out, can never be guaranteed. No, the responsibility of government rests where it always has in Canada and entails two related aspects.

First, we must introduce such legislation as may serve to minimize the risks involved in the introduction of new drugs to protect the people of Canada to the greatest extent possible. We must, by law, require that a manufacturer shall have done everything which is reasonable and proper in introducing a new drug. This involves quality control, exhaustive animal and clinical testing, and the provision of all possible information to the medical profession. That, as I see it, is our first responsibility.

Generally speaking, we feel that Canada's Food and Drugs Act is second to none in the

world. Indeed, it is regarded as a model and has been used by the world health organization as the basis for comparable legislation in many other countries. We are deeply conscious, however, of the rapid advances in scientific progress and of the need to maintain legislation that will enable us to keep pace with these advances. The measure now before the house is a further indication of the desire of the government to provide additional assurances to the people of Canada that everything possible is being done in their interest.

The second responsibility of government, as I see it, is to maintain a staff competent to administer this food and drug legislation. The job of this staff is to provide adequate technical advice, to conduct analyses and tests of drugs, to do research directed to the improvement of our testing capability, and to carry out field inspection with a view to enforcement of regulations under the act.

As hon. members may be aware, many of the senior people in the food and drug directorate enjoy an international reputation for their competence in this work. Indeed, one or other of our top experts has been on duty with the headquarters staff of the world health organization almost continuously for a number of years. We value the services of these and the other members of the directorate and intend in every way possible to fulfil our responsibility in furthering the outstanding work which has been done in administering Canada's food and drug legislation. I might say we have plans under way to increase substantially the staff of the directorate.

I turn now to the question of thalidomide which I have indicated could be discussed fully at this stage in our dealing with Bill C-3. I do not propose at this time to enter into a lengthy review of how the introduction of this drug has been handled in Canada but I do wish to comment on some of the main points.

First, there was the actual release of the drug. I think there is no question in the minds of expert observers that the food and drug directorate had no reason to delay the release of thalidomide for sale in Canada. Thalidomide was first developed in Europe in 1953. It was widely used in Germany and I understand in the United Kingdom. In the fall of 1960 a new drug submission was filed with the food and drug directorate. The submission, which included many hundreds of pages of medical and scientific evidence, revealed that the drug had been extensively tested. It was recognized as one of the safest and most effective drugs that had ever been developed for its recommended use. Its recommended use was for the symptomatic relief