

*Medical Care Act*

The recent speeches of the minister have been self-congratulatory. In them he has mentioned the thoughtful study which his department released just before the 1974 general election entitled "A New Perspective on the Health of Canadians." If the minister had actually read the study he would have noticed that it talks about preventive medicine programs being necessary if we are to improve significantly the health of Canadians. But in order to do this we need to devote more resources to health care. We need more paramedics, more clinics, and alternate care facilities, pharmacare programs to reduce costs and remove income barriers to needed drugs, etc. In other words, we need health care programs which Saskatchewan, Manitoba and B.C. have provided on their own. If the federal government were serious, were concerned about the health of Canadians, it would shoulder the costs of these programs.

Let's look at it this way: The federal government is trying to make the provinces conscious of the rising cost of medical care. But the provinces know this very well. They must pay 50 per cent of the increased cost, without access to income taxes. Not only must provinces pay their share of the costs of the medical care program; they must pay the total cost of services not covered under the act. That cost the provinces \$1.5 billion in 1975.

The federal government is determined that the provinces must pay more. It argues that by putting a ceiling on contributions it will provide an incentive for provinces to cut their own health costs. Placed in this position provincial governments will have to increase provincial sales taxes, cut medical care services, or charge user or deterrent fees. Any one of these alternatives is regressive, and would constitute a reduction in health care for Canadians.

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In Ontario, for example, we see how the provincial Tory government is coming to grips with the problem. First it implemented seat belt legislation. Now the Ontario health minister is running around like the grim reaper, as he was described by the Ontario Liberal leader, with a coterie of press people in tow, announcing grandly that this hospital will close and that hospital will close.

It is interesting to note that in every case there was no consultation with the community. There was no consultation with the personnel in the hospital to be closed. Incidentally one hospital in my constituency was closed. There was no consultation about that action. It was completely arbitrary. That is one of the detrimental aspects of this kind of legislation. It forces the hands of the provincial governments.

With this kind of ad hocery afoot, one group of Canadians will suffer most. There is no question about it. It is those who lack money, those who lack economic power, the poor. It is a well known fact that those who have little money, the poor, have the poorest health. Indeed it was primarily because of this fact that a Liberal Senator, David Croll, a man most sensitive to the needs of the poor, in response to the June announcement that the government would cut back on this said, and I quote:

It is wrong in concept; it is divisive in practice and in my opinion it is wrong, wrong, wrong, a thousand times wrong.

The cost of Medical care has gone up, but that does not mean the provinces stand condemned as wasteful. In a

[Mr. Rodriguez.]

report by the Geneva based International Social Security Association no let up is seen for rising expenditures on sickness insurance. They say in their report, and I quote:

... mankind is increasingly beginning to regard medical care as an absolute necessity, a belief fostered by the rapid progress of medical science. . . .

The reasons for the spending increases are complex, but include several basic ones in most developed countries:

Here are those factors:

The majority of populations are in the older age brackets and older people tend to consume more medical goods and services than do the younger age groups.

Medical consumption is regarded as a priority need that must be satisfied at any cost, regardless of income level.

Medicine has gone through a "complete upheaval" in the last 50 years, becoming both more effective and more expensive, and people appear prepared to pay the increased price.

Medical care is becoming more and more specialized and often caters to the individual rather than to the masses.

For example, the introduction of systems for the electronic examination of heart patients has increased the cost of hospital treatment. Every year in the U.S. 15,000 patients receive a cardiac pacemaker that costs \$1,500 and has a life expectancy of about three years. Now, a pacemaker has been developed with a nuclear battery that can last 10 years, but costs \$5,000. The report says this means that every year 15,000 Americans may be paying \$75 million for heart pacemakers alone.

The association says that doctors tend to contribute to increasing medical cost. Because they have a wide range of means of diagnosis and treatment at their disposal, practitioners tend to consider that their duty toward a patient demands that every form of examination and treatment that may be of use to them should be applied, even if the prospect of success is small.

Should the government be putting the screws to medicare in this fashion? The only answer that we in this party can come up with is absolutely no. The other question which we must face is: what should the federal government be doing? In the Department of National Health and Welfare publication "A New Perspective on the Health of Canadians" it was suggested that if the health standards of Canadians were to improve and in the long run be made less expensive, it would be necessary to start spending more money on preventive medicine rather than just providing programs to patch up the damage. It does not look as if the people on the benches opposite have been reading the publications of their own departments. Or perhaps they simply do not care. They will be able to afford doctors.

**An hon. Member:** Oh, oh!

**Mr. Rodriguez:** Don't worry, I get my practice.

**Mr. Gilbert:** He runs around the riding.

**Mr. Rodriguez:** I run around the riding trying to get Liberals to feed it.

Early diagnosis through health centres is absolutely imperative. If we can identify early a cause which results in silicosis for a miner and can correct that cause, it will certainly be a relief to the taxpayer in terms of the medical program. We can certainly identify symptoms early in children. Take, for example, mental illness and emotional disturbances. With early identification and treatment we can save the taxpayers a lot of money.

The government is interested in saving money in health care, but does it do those things? No. We only have to see what it does with these people. It brings them to court,