

can be made for amending the present legislation and permitting the use of heroin in Canada.

I remember the day that my colleague died. There was a great out-pouring of respect, affection and admiration for him. He was a distinguished and dedicated parliamentarian. I would hope that, out of respect for his memory and out of consideration for the hundreds of suffering people in this country today who are terminally ill, the House will agree to get on with the study of this important subject and will hear witnesses. Hopefully, from that will emerge a consensus to amend the parent legislation so as to permit doctors and nurses to use heroin to alleviate the pain of those who are terminally ill.

Some Hon. Members: Hear, hear!

Miss Aideen Nicholson (Trinity): Mr. Speaker, I will speak briefly on this Bill. Like the Hon. Member who has just spoken, I would like to see the House come to a decision to deal with this Bill today, and I do not wish to prolong the discussion unduly. In common with my colleague who has just spoken, I am very much aware of the fact that this Bill was introduced by a very distinguished and well-respected Member of this House in response to family concerns at a time when he himself was very well and could not have expected that he would die shortly of this disease. Cancer is a disease which has probably touched everybody here in one way or another.

In the developed countries, cancer is responsible for approximately 20 per cent of the total number of deaths. Although pain is not inevitable, from 65 per cent to 85 per cent of patients experience moderate to severe pain, and about two-thirds of those dying of cancer experience severe pain.

This is an enormously difficult subject for relatives and friends as well as for the person dying. In our society up to now, insufficient care and thought has been given to the whole question of managing pain in a way that gives the patient dignity and choice.

Palliative care, the hospice movement, which started in London, England, has started to bring a large change in attitude. Terminally ill patients in palliative care are considered in their social context and in the context of their families, and pain is regarded in the total context, involving not only physical but also psychological, social and spiritual factors. The evidence indicates that the best results in pain control are achieved with this approach. Indeed, the careful and intelligent use of drugs enters into it. Drugs are given regularly and at intervals as short as required to prevent pain rather than to treat it repeatedly, aiming at a continuous pain-free state, the aim being that patients remain pain-free, alert, and with no abnormal effects. This approach would allow the dying to be pain-free but also to have quality of life and dignity. This is something we would all want.

The question of the use of heroin in terminal illness is one that has been fraught with controversy. In 1955 we saw the United Nations' decision to try to ban the use of heroin. At the same time there were many physicians who said that heroin was particularly effective in the treatment of pain and that in

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our concern about the abuse of drugs we were forgetting about the need for their legitimate, controlled use. On the other hand, there are studies that say that heroin does not have any more efficacy in the control of pain than morphine or other drugs, if applied correctly.

The Minister of National Health and Welfare (Miss Bégin) has established a committee which is now studying pain control. It is the advisory committee on pain, which is reviewing all the available information on heroin. The Minister is prepared, if the results of that committee so indicate, to make recommendations about the facility and use of drugs. But it is a very technical matter, as the Hon. Member said. Those of us who are not physicians have impressions but these are not backed by scientific study. The study to be produced by the committee established by the Minister should make an important contribution to our understanding of pain management. I also trust that the subject matter of this Bill will be sent to the standing committee where representatives of the Advisory Committee on Pain and other experts can be heard so that we do whatever can be done as soon as possible to ensure more humane treatment and effective management of pain in those who are terminally ill.

Mr. Neil Young (Beaches): Mr. Speaker, I would like to start my remarks first by thanking the Hon. Member for St. John's East (Mr. McGrath) for giving us another opportunity to speak on this matter. As the Hon. Member for St. John's East already indicated to the House, we are also grateful to the late Hon. Member for Nepean-Carleton, Walter Baker, for introducing this Bill in the first place. The intent of the Bill is certainly one that we on this side of the House support wholeheartedly.

Bill C-221 before us today is identical to the Bill introduced by the former Hon. Member for Nepean-Carleton. When the earlier Bill reached second reading stage on June 1, 1983, the New Democratic Party spoke in favour of the Bill. At that time the Liberal Government talked out the Bill. I hope that the Government, upon second consideration, will not do that on this occasion. As has already been indicated to the House, as I understand it, this will not be the case and the Bill may perhaps be referred to committee.

The purpose of the Bill itself, as Hon. Members know, is to amend the Narcotic Control Act, thus permitting designated physicians, particularly in cancer clinics, to prescribe heroin as a pain killer for terminally ill cancer patients.

● (1720)

Despite its use in other countries, most notably in the United Kingdom, legitimate use of heroin has not been allowed in Canada since 1955. The United Nations World Health Organization recommended in 1947 that member countries ban heroin used medically, as a measure to fight increasing illicit use and addiction. The rationale of the World Health Organization was that such a move would limit the availability to addicts and pushers, and there was widespread belief that a synthetic drug of equivalent potency was just around the corner. Neither prediction has come true, some 30 years later.