

*Government Organization*

achieved in Canada. We should remember the drugs that have been developed in Canada and the lives that have been saved because of research. Economics are tied in with research—the economics of sickness.

Up to 20 years ago about 30 per cent of all the people who developed pneumonia died of it. Many of them were in the 25 to 40 age group. Those of us who practised medicine in those days remember how we waited five to nine days for the crisis to come indicating that the patient had overcome his infection. But even if a patient did recover he sometimes ended up with pus in his pleural cavity and had to be hospitalized to have an operation to remove a rib and drain the pus. Today the pneumonia mortality rate has dropped from 30 per cent to 5 per cent and the morbidity rate has dropped even lower. In a matter of days we can have a patient back at work looking after his own business, and without the necessity of going on welfare. The economics of this are self-evident. This is what we have to consider. We should not be penny-wise and pound foolish.

Our future economic development depends to a great degree on the development of life-saving drugs, not only in the cancer field where the death rate is one out of seven afflicted but in the field of virology. There is also the economic loss due to mental disease. Just the other day an outstanding medical authority made the statement that in Canada 50 per cent of the people are mentally ill to some degree at one time or another.

Today, because of the lack of research and sufficient medical schools, we face a medical manpower shortage. I feel that parliament is becoming callous about this problem, and even some of the people who work in medical practice are becoming callous about it. People are dying in Canada today who would not lose their lives if adequate medical care were provided for them. I will go further on this matter, and I point out that I am not being politically critical. This government passed medicare without due consultation with the medical people across Canada.

I have here a brief report by the Canadian Medical Association which states:

Following our annual meeting in June our president wrote to the Minister of Health asking that greater flexibility be provided in the federal proposals to allow provincial governments more latitude in the use of private insurance carriers. We also asked the minister to reconsider the universal coverage requirement in his proposed program—

Following the announcement of the legislation on July 12, a meeting of our divisional representatives was held and a draft of our comments on the bill was sent to our executive committee, C.M.A. divisions and to the Minister of Health and his deputy. We were concerned because some sections of the bill were ambiguous and required clarification. Also our officials determined from a meeting with the Deputy Minister that the method of government administration was much more rigid than we expected.

The legislation was passed without any meaningful amendment... On November 10, 1967, our president wrote the following letter to the Honourable Mitchell Sharp, then Minister of Finance:

"We are aware that you are meeting with the provincial treasurers next week and that the financial aspects of the proposed medicare program will likely be one of the subjects under discussion. Our provincial divisions have informed us about the economic problems of their governments in financing such a large undertaking in view of their other pressing priorities."

The Canadian Medical Association made certain suggestions. The minister knows them as well as I do. One of them was that the Canada Assistance Plan be used to provide for some of those people—

**Mr. Munro:** Mr. Chairman, may I ask the hon. member a question? First, dealing with medicare, I would like a ruling from the Chair. I do not know what particular relevance it has to the Medical Research Council, but if you rule it is in order and does have some relevance then I would like to ask the hon. member a question concerning it.

**The Chairman:** I am in the hands of the committee. My suggestion would be that under Part VIII, Medical Research Council, a discussion of medicare should not come up. On the other hand, there was agreement that on the first clause of each part a wide-ranging debate should be allowed. In my opinion this puts the Chair in a rather difficult position to make a ruling. I would simply suggest that we try to avoid a detailed debate on medicare.

**Mr. Aiken:** On the point of order raised by the minister, Mr. Chairman, I do not believe that the hon. member was ranging into the question of medicare except as it is related to the Medical Research Council. I did not understand him to be undertaking a debate on medicare, and I think he should at least be able to refer to it.

**The Chairman:** I think that would be a fair compromise.

**Mr. Munro:** Then could I ask the hon. member a question? I know he is well able to take care of himself in these matters. If this