

Federal-Provincial Fiscal Arrangements Act

into the system in the short term so that in the long term costs can come down. By cutting the funds going into the health care system in the short term we have no opportunity to innovate. We will be undercutting the health care system, the very system that has been so cost-effective up to now.

If we compare the effectiveness of the Canadian health care system with the American system, we can see clearly how much more cost-effective our system is than theirs. But if we now pull the rug out from under our health care system, we will endanger it and push it in the direction of privatization. Fears have already been expressed about this right across the country. Short-term cuts will push our health care system into the private sector. We will be raising the cost of health care in Canada and adopting the American approach. A larger and larger percentage of the Gross National Product and a larger and larger percentage of money from each citizen will have to go into health care. That will squeeze other items in the Budget, other kinds of services that people need, for example, post-secondary education.

What the Government needs to do is to take an intelligent and long-term look at health care. We need to ask how we can improve the system rather than taking an accountant's short-term look at health care. We must ask how we can better deliver health care, how we can more effectively deliver health care, not only in cost effectiveness but for the person who receives health care.

The Government has failed to do that. It approaches questions from an ideological perspective. The Government simply looks at things from the perspective of the deficit rather than looking at service, human need or the long term. If the Government looked at the long term, it could save the public dollars. If the Government continues with its short-sightedness, it will undercut the present system, which will mean increased costs for all Canadians.

We on this side of the House not only call upon members of the Government caucus to enter the debate but we ask them to enter into it intelligently and to start talking about the health care delivery system and what kind of impact the Government's actions will have on the system. Why does the Government not start searching for some alternatives, because some very real alternatives do exist?

Ms. Copps: Mr. Speaker, I was pleased to hear the Hon. Member for Winnipeg North Centre (Mr. Keeper) refer to the pilot program which dealt with the issue of nurse practitioners in Burlington, Ontario. I think he will know that that program, originally developed at McMaster University, was perceived to be the first prong of the development of an implementation of the report tabled by Marc Lalonde over a decade ago entitled *New Perspectives on Health Care for Canadians*. Unfortunately, that program suffered an untimely end because it was discovered that once these highly capable and highly effective nurse practitioners graduated from McMaster University they were unable to get placements because of the traditional concern expressed by the "establishment" of the medical

profession about permitting nurse practitioners to take on more responsibility. That was so even though the figures showed that they were able to deal, in a cost effective way, with about 25 per cent of the problems which came through a doctor's door.

● (1700)

It seems to me that the solution is to change the role of the gatekeeper. As long as the focus of the gate keeping is tied simply and solely to the role of the medical doctor without expanding the team approach, as was suggested in the Lalonde report *New Perspectives*, we will continue to see very positive programs such as the McMaster nurse practitioner program terminated because they do not bear out in reality.

It was rather sad that the nurse practitioner program was only successful when the nurse practitioners were working in northern areas where doctors did not want to go because they found that not being close to urban centres was not convenient for them. The studies showed that in most cases nurse practitioners could do some of the jobs which were being done in a more costly way by physicians. However, they were not given the chance to do that because the traditional gatekeeper, i.e. the physicians, did not want to see their areas of authority encroached upon in any way. Therefore, that program was ultimately terminated.

Could the Member comment on how we need another report since more than a decade has elapsed since the Lalonde report was tabled and we have not seen a big change in the health care system?

Mr. Keeper: I appreciate the comments of my colleague. Marc Lalonde did make a genuine contribution to the health care debate in the country when he issued the *New Perspectives* report. I raised the issue of nurse practitioners and the issue of the Medical Reform Group in Toronto and discussed how we can deliver health care in the country because I am sure that Canadians get tired of listening to debate in this Chamber and hearing the Government say that it is broke and the Opposition say that the Government lacks heart and does not care and should ensure that the system is adequately funded.

What we say is true. The Government does lack heart and demonstrably lacks foresight as well. However, I raised the issues I did because I wanted to point out that it is not only a question of dollars. It is a question of how we use those dollars. It is a question of leadership. The Government has demonstrated to the Canadian public that it lacks leadership, management capacity and competence. The Government bungles all over the place and it continually hits the headlines. The Government trips over itself in the way in which it handles issues. In the process of tripping over itself and concentrating on its image, with the Prime Minister (Mr. Mulroney) flying around with a plane full of video tapes behind him, the Government ignores the substance. It ignores the reality that there is need for real leadership to deal with the question of health care in the country.