

The Budget—Miss Bégin

forced into personal bankruptcy by medical bills, whereas over 10,000 Americans had that misfortune last year.

Look, Mr. Speaker, at the results. Health care costs are a full percentage point of the gross national product lower in Canada than in the United States. Our life expectancy is higher, our infant mortality lower and our morbidity figures consistently better. Our proportion of physicians and other health related professionals exceeds all recognized world standards. Over the last ten years—since the inception of medicare—our situation has improved from one physician in every 734 Canadians to better than one for every 673 Canadians.

● (1612)

What is even better is that regional discrepancies have been greatly diminished. For example, in 1960 the ratio of the greatest to the least amount expended on health care by the provinces was 2.17. By 1973 the ratio had declined to 1.58 and it has since continued to approach the desirable 1.0 level. Similar changes occurred in beds to population and physicians to population ratios. We receive universal access to an excellent standard of health care at a very reasonable cost. In part this is due to the dedication and hard work of those who provide our health care. In no small part it is also due to enlightened social policies.

The health of Canadians is protected in a variety of other ways as well and many of these derive from the health protection activities of my department. For example, there has been a great expansion in the control of potentially faulty medical devices that may endanger health. More and more, doctors rely on valves, tubes, and sophisticated engineering and electronic devices in the diagnosis and treatment of disease. These are vital to medical progress and at the same time the public must be guarded against faulty products such as defective infant incubators or anaesthetic machines. Canada was the first country to institute formal regulatory control of the more than a quarter of a million devices used for health care. Controls have led to removal from the market of 57, 93 and 115 unsafe devices in the last three years respectively.

Important initiatives have also taken place with respect to the quality of drugs. Federal programs strive to ensure that drugs on the Canadian market are safe, pure and effective. In addition to monitoring manufacture, distribution, advertising and sale of drug products, federal government programs include research on such matters as drug quality and toxicity. We have introduced stringent inspection activities, supported by international agreements, and, to take but one other example, we recently introduced the quality assessment of drugs program. This is intended to ensure that lower cost generic drugs, the ones that many Canadians receive through the free drug list in various provinces or simply over the counter in a drug store, are of a quality comparable to expensive brand names and that they can safely be prescribed in order to keep down health care costs to patients.

[Miss Bégin.]

[Translation]

The Acting Speaker (Mr. Ethier): Order, please. I regret to interrupt the hon. minister, but I must inform her that her time has expired. However she may continue if there is unanimous consent. Is there unanimous consent?

Some hon. Members: Agreed.

Miss Bégin: I thank you, Mr. Speaker, and I thank my colleagues. I could speak of many other programs. I have touched upon the health programs and the social programs. We could talk of what is being done in the fields of agriculture, the environment, industrial work safety. We could talk of post-secondary education. In short, we could speak of everything which makes up the quality of life of Canadian families, of the fact that parents now have assured protection, guaranteed programs covering most of the risk situations in which their children may find themselves.

Let us take post-secondary education, what are we talking about? Well, we are talking about the fact that in 1966, for example, 13.4 per cent of all young people between the ages of 18 and 24 were attending post-secondary institutions, that is approximately 270,000 young Canadians. In 1976, after a decade of federal aid to post-secondary education, through redistribution programs by which richer provinces are helping the less fortunate ones, this proportion had reached 19.6 per cent, that is about 600,000 young Canadians who were enrolled in post-secondary institutions.

I could go on speaking about our programs, but in these difficult times I would like to remind the House of the importance of remaining cool, of being thankful for the well-being achieved by Canadians. There are people who have been here for some time and I have great respect for them. If they were in favour of social policies, we might accept a few from the other side of the House. They are not numerous and are mostly on my right. However, all those who passed medicare will remember that when the program was introduced barely ten years ago, a program which is now taken for granted by many among us who are younger or were not interested in the public life of that period, it was considered revolutionary in Canada. So were most of our social programs.

Why does the federal government have to get involved in health and welfare? It is another question which requires an answer. What do we do in that field? Canadians and our colleagues are familiar with the old type of shared cost programs under which social programs have been developed in Canada as well as in hospitals where different health care and ancillary medical services have evolved from the famous medicare on a fifty-fifty basis. A provincial minister of health or welfare would submit a plan to his cabinet. It was a program financed on a 50-50 basis. He thus obtained from the federal government, through the Canada Assistance Plan and a number of laws covering medical and hospital cares, half of all