

Dr. LaSalle: You don't.

The Chairman: Who Does?

Dr. LaSalle: Doctors do. I will be raising that point in a talk I am going to give. I will send you a copy. This point has been taken up. We are finding today that our institutions are filled with beds but they have not got the facilities to look after the out-patients. They have not got the facilities to do the referred work, and the lab and X-Ray work, that the doctors and general practitioners are asking to be done. The slowness of the process is such that everyone gets discouraged. Moreover.

Let us talk about the out-patients. The out-patient procedure of a big general hospital is part of the hospital's administrative process. It is impersonal, slow, and full red tape. This keeps patients away too. This matter is being taken up by the deans. I know they are worried about this in the United States, and I think some of that worry is creeping up into Canada. Let us not be mistaken. We have not got the proper facilities to look after the patients.

Dr. Geekie: We have two distinguished senators here who have graduated from probably the two most prestigious medical schools in this country, the University of Toronto and McGill. These are the institutions which are producing the majority of Canada's teachers. They are not producing the providers of medical care.

To come back to your discussion about teaching hospitals and the proportion of the population, the truth of the matter is that the major teaching hospitals are not community hospitals. They do not serve a particular community. They are very largely referral hospitals where they are drawing special patients from great distances across the country, so they do not give you an accurate reflection of the disease or care required in that particular community.

Senator McGrand: I you went to the Charlottetown, St. John's, or Moncton, or Saskatoon and went to a large hospital of 500, 600 or 800 beds, whether it was a teaching hospital or not you would find that the majority of beds are not occupied by that 20 per cent of the people who suffer 75 per cent of the illnesses.

Dr. Bennett: You may be correct. I cannot answer that.

Senator McGrand: Mr. Chairman, you told me today you wanted me to ask questions so I am going to take advantage of that.

The Chairman: Yes, of course I did, but you are going to have a chance to ask questions in a minute. Senator Inman has a question and then we will come back to you again.

Senator Inman: With regard to the last question that Senator McGrand asked about conditions in hospitals and the beds being occupied, I was on the trustee board of a very small hospital in my own hometown and the same conditions existed there. What do you propose could be done about this situation? You are doctors, and after all you did say that the doctors keep them there. And I know that very well. What conditions could be arranged?

Dr. LaSalle: I apologize for using my own institution as an example, but we had a big problem in Sherbrooke so we set up a division of social medicine. It is headed by a young economist—he is not a doctor. Its purpose is to try and change the mentality of doctors so they would become cognizant and worry about the social implications of disease and sickness and economic conditions as well.

We feel that we will have to go right back to the beginning and educate a new brand of physician whose eyes are wide open to these very important economic conditions, and all the implications of disease, hospital care and social welfare.

There is a change coming about in the United States now. You have read about it in magazines. I am talking about the NIH, because it was pure research. Very little research was applied to the distribution of medical care. The system was such that they did not graduate their young doctors as practising physicians. I think the deans are quite worried about this situation today.

Dr. Cappon: I would like to emphasize Dr. LaSalle's comments and support some of the things Dr. Bennett said. I don't know any hospital, not just teaching hospitals but any hospital that is built for the patients. With all that has been planned and built, it seems that all hospitals are built for the needs of its doctors and nurses. When we build hospitals for patients as opposed to institutions for the permanent staff, I think we will humanize both the institution and social aspect of medicine much more.

This has not happened. Society has become technological, and advances have been sought from the scientific point of view. Money has been given for research but no research has been done about getting your ideas across to people.