Adjournment Debate

PROCEEDINGS ON ADJOURNMENT MOTION

[*English*]

A motion to adjourn the House under Standing Order 40 deemed to have been moved.

HEALTH—ALTERNATIVES FOR TREATMENT IN VIEW OF CLOSING OF HOSPITALS—POSSIBILITY DOCTORS ALLOWED MILEAGE CHARGE

Mr. P. B. Rynard (Simcoe North): Mr. Speaker, I rise to deal with a question that is recorded in *Hansard* for February 16 at pages 10957 and 10958, which I directed to the minister as follows:

In view of the anguish, fear and dismay caused by the proposed closing of several hospitals, particularly in rural areas, I would like to ask the minister if health care centres or other facilities are being planned to look after those needing care and, also, if any provisions are being made to look after the approximately 5,000 people who will be unemployed.

The minister said he had met with his provincial counterparts in April after he had initiated negotiations with the provinces last year, and he offered at that time to share the costs of certain services. Let me suggest that if private enterprise had run its business like the federal government had run national medicare for seven years, and took seven years to observe before correcting its errors, it would have gone bankrupt a long time ago.

● (2200)

The government has the bankroll of the Canadian people, but it is getting thin. First the Minister of National Health and Welfare (Mr. Lalonde) tells his provincial colleagues that the government is not going to go 50-50 any longer. Then the provincial ministers say the same thing to the municipalities.

I asked the minister what provisions or programs he had in mind to relieve the situation which existed over the last seven years. I asked him what provisions have been made to relieve the situation in respect of the backlog of people who remain in active hospital treatment beds longer than they should because there is no extended care home to which they can go. What round the clock provisions are there for these people who could be treated at home who require a certain amount of nursing care similar to that obtained in the extended care program? Why have no figures been published on how costs can be cut in hospitals? There is much experience of hospital administration costs, and also eight years experience of medicare.

How does the minister intend to assure the public that the quality of health care will not be downgraded by the moves now being made? In other words, will a physician call on people under a home health care program, or will there ever be one? What happened to the para-medical personnel program that was discussed a few years ago whereby a nurse practitioner could see people in their homes in most cases, as well as the doctor? This practice is carried out in the north. The nurses treat the patients, and whenever they require further specialized help obtain the same through the use of long distance radio, or a doctor flies in. What is being done to build up a para-medical personnel program? In the case of RNA's, would they be

[Mr. Fairweather.]

allowed to give a hypo? What has been done about this? What would be the limitations?

These are the questions on which we would like to be enlightened because people are being affected by the closing of hospitals which is disturbing and upsetting, going even into the courts. There is no way the government can avoid the responsibility for its shared cost programs and the chaos it has gotten into on the cost point of view.

I do not blame the present minister of National Health and Welfare for this because other ministers have been involved. In 1967 the spending estimates for Ontario were $358 million. In 1975-76 the estimates will be around $2,913,000,000. In 1967 the province of Ontario had its own medical insurance and demonstrated how well it could work. However, as the government well knows, universal federal medicare was introduced.

The parliamentary secretary who is present tonight will recall very well that at that particular time John Robarts, Premier of Ontario, stated that universal federal medicare would be excessively expensive, out of line with certain other priorities, and inflexible. Some of the other priorities include housing, transportation, and energy. The medicare plan in Ontario at that time was both public and private and competition was keen, which helped to keep down health care costs. Physicians' Services Incorporated was one such company and its administrative costs were held to 5 per cent. This covered 95 per cent of Ontario residents. Federal medicare calls for 90 per cent to qualify for federal subsidies. This plan, which I advocated that the federal government use, was free to the poor, subsidized those on low incomes, insured those with high health care costs because of age or chronic illness, and left the person with the average or high income to pay his own. This, in many cases, provided better coverage than we have today.

We have come full circle, and we are in trouble. We are alarming people. We are closing hospitals and putting many people out of work. Many of those people will not find jobs and will go on unemployment insurance benefits where there will be no services given for the money collected.

It is an amazing thing that the government can think that it can turn off the tap on health care costs. It just cannot be done, and the government knows it. I have reminded the minister on many occasions that there are going to be more and more chronically ill people as our population ages. The care now is not adequate for our geriatric people.

I would therefore like the minister to state what provisions he has made and what plans are being offered. Will there be a health care program for those who could remain in their own homes? Is there going to be a para-medical personnel program? Are there going to be health care centres? What has the minister got to offer to cope with these problems and to right these wrongs so that the quality of medical care will not go down across Canada?

Mr. Bob Kaplan (Parliamentary Secretary to Minister of National Health and Welfare): Mr. Speaker, this is one of those occasions when it is obviously better to have seven minutes to ask perhaps a hundred questions than it is to have three minutes to try to give some kind of answers to them.