

and research, as well as for replacement and rehabilitation. This would be replacement of parts.

These acts are very much alike in content. The corneal transplant acts provide that a hospital administrator may authorize a qualified practitioner to transplant the corneas of a deceased person who dies in hospital if that person had requested such use in writing or made such request orally during his last illness, with two witnesses present. I would emphasize the words "in hospital" because it is quite a different situation if death should occur outside a hospital. If death occurs outside the hospital, and even if the deceased had made a request for donation of certain portions of his or her body, authorization for transplantation must be given by the relatives in a prescribed order of preference. In other words if we does not plan to die in a hospital it is not good enough to want to give your eyes or some other portions of your body away. You must convince the person or persons who will be your next of kin that you want to do this. And, Mr. Speaker, this is not as simple as might first appear. Traditionally if a husband dies, his wife is the next of kin, and vice versa. But there are circumstances in which a whole family will die, or in which a husband and wife will die together, and one has to go through the succeeding relatives to obtain permission for transplants.

I turn now to the other body of legislation. Here I speak of the human tissue acts. It may be worth pointing out that in this instance, as the hon. member for Algoma has made clear, health is the responsibility of the provinces and essentially we are talking about action required at the provincial level. The human tissue acts permit use of the entire body or of organs and tissues for rehabilitation, medical education and research. Again in this instance, if death occurs in a hospital the hospital administrator may authorize the use of the body in accordance with a written request of the deceased or in accordance with an oral request if made in the presence of two witnesses during the final illness. And again, if death occurs outside the hospital authorization must be given the relatives of the deceased in a set order of preference.

As we all know, Mr. Speaker, the hon. member for Algoma has a professional background in the field of medicine. He has proposed this afternoon the convening of a national ad hoc conference to encourage the enactment in all jurisdictions of uniform anatomical gift legislation and to consider the need for international agreements to facilitate the transfer of human tissues between Canada and other countries. As noted previously, tissue acts are already in existence in seven provinces and the Northwest Territories and they are generally uniform in content. This has not arisen by chance alone. Each year there is a conference of commissioners on uniformity of legislation in Canada. It is composed largely of deputy ministers and senior executives from departments of justice and attorney general departments both at the federal and provincial levels. The 1965 meeting of commissioners adopted and recommended for enactment a human tissue act. This was subsequently used as a model in seven provinces and the Northwest Territories.

#### *Human Tissue Transplants*

I am very much in sympathy with one point in particular made by the hon. member for Algoma when he pointed out that although this model was before the provincial governments, many of them, I suppose under the pressure of multiple requirements in modern day government, seem to have taken no action and, worse yet, to have little interest in the matter.

• (4:30 p.m.)

Speaking as a Canadian and as a Member of the Parliament of Canada, I hope that provincial governments across our nation will rapidly take action in this field. At the most recent meeting of the Commission on Uniform Legislation, held in Charlottetown in September, 1970, the 1965 model act was revised, thus bringing it into line with more recent medical and scientific developments and the consequent acceleration of public interest in this field. For many years individuals have asked me in my professional capacity and otherwise how they may be assured that portions of their body, if not their entire bodies, could be used for some useful purposes after their demise. It has been difficult to advise people in this area because there has not been the complete and full legislation that there ought to be in it.

The revision made in 1970 in Charlottetown is, with minor changes, the same as the draft prepared in 1969-70 by an ad hoc committee of the Medico-Legal Society of Toronto. That society comes from no less a place than Toronto, the fair city that houses the provincial government of Ontario. That revision is almost identical with the new draft legislation which is being considered now in the province of Ontario. No doubt every member of this House who is from Ontario hopes that the Ontario government will take action on this. It is the result of more than two years of deliberation by doctors and lawyers both in government and in private practice who are concerned about the medico-legal aspects of tissue transplant. This revised act of the Conference of commissioners on uniform legislation is one of the most up-to-date of its kind to be found anywhere at present.

Thus, the present situation regarding uniform legislation is that all provinces and the territories have a model, the most recent of its kind, in their possession. Jurisdiction in this medico-legal area over-all is essentially provincial, as I think we all recognize. This topic was discussed at a meeting of health ministers in November, 1970, which was not long ago, and the advisability of a national conference was then considered. However, no express wish was forthcoming from the provincial spheres. If this debate serves no other purpose, perhaps it will serve the purpose of encouraging the provincial governments to take action on that which is already before them.

**The Acting Speaker (Mr. Richard):** Order, please. I regret to interrupt the hon. member but his time has expired.

**Mr. Knowles (Winnipeg North Centre):** Mr. Speaker, I rise briefly to say that I regard this as a good motion.

**Mr. McBride:** On a point of order, Mr. Speaker, may I say that I am very close to the end of my speech and I