

Health Act. They are: universality of care; comprehensive coverage for all essential services. I underline the word "essential". It is a very important point to remember. It also provides reasonable access by health care providers as well as consumers; portability of benefits from one province to another; and, the administration of health care by a public agency on a non-profit basis.

To give an idea of what we are talking about in terms of figures, in 1990 over \$60 billion was spent on health care alone in this country which represents almost 10 per cent of our gross domestic product.

The financing of the system is divided between the federal government and the provinces. The provinces manage the actual day to day affairs and how the money is spent but they have to do it under the Canada Health Act; otherwise the federal government will withhold funding. In other words, the federal government takes their money and uses it as a wedge or a threat to the provinces regarding what they can and cannot do.

Over the last decade some situations have occurred in this country that have greatly jeopardized publicly funded health care which will ultimately lead to the collapse of health care as a publicly funded system. Not only health care but every social program in this country will be jeopardized by the following situation. This has been spoken about quite eloquently by my colleagues in caucus today as well as other members in the House.

The escalating debt over the last 12 to 14 years that we have, which has risen from \$125 billion to \$500 billion today, is the biggest threat to health care and social programs in this country.

To give an idea of what has occurred, back in 1984 28 cents out of every dollar was spent just to service this debt. Today it is about 33 cents. By the year 2000 at the current rate of spending 40 cents out of every dollar will be used merely to serve the debt. As can be seen we have less and less money to spend on other things such as social programs. This is a system that cannot last.

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The other side of the health care situation is that expenditures are escalating dramatically. They are growing at over four times the rate of economic growth. There are a number of reasons for this. Briefly, number one is the ever-increasing aging population which consumes over 70 per cent of the health care dollar. Two, our technologies and intervention and therapeutics are becoming more advanced and more expensive all the time. Three, there are new diseases such as AIDS which are increasing in frequency tragically which also cost a significant amount of money.

If we accept the facts as I have outlined them today the system that we can see now is living on borrowed time. The dwindling funds and increasing costs are going to crush this system in the future. That is inevitable.

Government Orders

Despite this fact, that the writing is on the wall, the federal government continues to hamstring the provincial governments by preventing their ability to get their health care under control by forcing them to adhere under the tenets of the Canada Health Act and threatening its contribution to financing health care under the health act.

There are a number of things we can do. Not to do this will contribute to the suffering of the Canadian people.

What can we do? We need to modify the Canada Health Act to stop penalizing the provincial governments when they try to get their health care costs under control. We need to strike a committee to define what essential health care services are, which means delisting some services.

I put to you, Mr. Speaker, that those services which the public and professionals decide to delist will not be essential for health. These will not be essential for a good life or for having adequate treatment in hospitals.

We need to set up an accountability system on the part of the consumer. Currently very little value is placed on a system and it is doomed financially unless there is some value placed on this by the consumer. Therefore I would suggest to the provincial governments to entertain the thought of such ideas as modest user fees and deductibles for some groups.

People believe that the Canadian public does not want this but recent statistics show that over 80 per cent of the people in Quebec for example, and some studies were done to show this, would not mind paying a \$5 to \$10 user fee. The lowest socio-economic groups I would emphasize would be treated regardless. These tenets are still consistent with the ideas of universality of coverage and access.

We also need to concentrate on education of the public in terms of the costs. One of the things we can do is to have statements of account at the time of consumption preferably or during the course of the year.

We need to emphasize health education, especially in the early grade school years. This will pay off dramatically in the future. We need to focus on preventative medicine, on leading a healthy lifestyle with the aspects of drinking excessively, smoking and diets. From a physician's point of view it is amazing and also profoundly tragic the lack of knowledge that some children have when they get into the teenage and adolescent years and we all know the manifestations of that.

Health care professionals must be educated in the cost of technologies and interventions and therapeutic options that they have. I can say again as a physician that we have not done a good enough job on this at all.

I would also suggest that health care professionals be allowed to run private medical services. This would enable some people to get health care services done in a private situation, but all people, whether they are in a public or private situation, would have their health care services done earlier. This would decrease