

Patent Act

When I travel around the country visiting universities why should I have to say to the students and graduates that they will never be able to work in Canada, that they will never have a future in the fields of biotechnology or pharmaceutical research? To start with, the sum of \$1.4 billion will create 10,000 jobs, and probably many more. I can tell the Hon. Member that as a result of visiting universities I know that there are compounds being synthesized which are deserving of being brought out on the market in Canada and not in any other country.

As a doctor the Hon. Member would want to be concerned with the quality of health care. He would always want to ensure that his patient receives the best medical care possible. Right now Canadians are being deprived of that privilege because new pharmaceuticals which are available in other parts of the world are not being brought to the Canadian market. They are not available to Canadians. Thus we must very often make do with second-class medical care.

There are enough examples of drugs and pharmaceuticals which are available in Europe, Japan and elsewhere which take years to come to Canada. That deprives us of the best care possible. As a physician, and in focusing on costs, one may also want to focus on the over-all costs of the health care package. From what I understand, pharmaceuticals represent only about 8 per cent of the total cost. When one considers the advantages that can be derived from new medication being made available sooner rather than later I tell the Hon. Member that there will be significant savings in the over-all package of what it costs to treat a patient. That is a consideration.

Those are a few of the thoughts I have on the matter. Since the Hon. Member has been so kind as to keep bringing us back to 1969, I would like to ask him if he would not mind reflecting on the percentage of pharmaceutical research done under Medical Research Council funding in 1969 as opposed to what it is in 1986.

[Translation]

Mr. Isabelle: Mr. Speaker, I am very pleased to know that my friend who just asked that question has been practising as a pharmacist for a number of years. In the first place, I must tell him that with respect to research, it is a myth in my view to tell our young people who now have to go abroad to find work, that by 1995 all of them will be working in research, especially those who are in that field in Canada.

As I said earlier, the pharmaceutical industry—I am not talking about research and development in the field of health care—but what I am saying is that in the drug industry, the multinational pharmaceutical industry is a very special one, one that can produce in a few plants around the world. The drug industry has already shown that when it could not make enough money or when wages were too high on the North-American continent, they went to Ireland or to the Southern United States. Therefore, I do not think I can tie the whole of Canada's future to that, and as far as our young people are

concerned, I cannot tell them: You will have openings for your research potential. I do not believe the Canadian drug industry will provide them with that.

Second, you also referred to drugs that a physician must prescribe in order to give his patient the best level of care, using of course the best drugs available. As a pharmacist, you know very well that generics also must pass the Canada Food and Drugs test. They must be of the same level of quality as those made by the innovator. So I see no danger there. Moreover, the provinces in 1970, faced with the astounding level of expenditures on medicines or their usage, requested as you know that when Librium is prescribed, for instance, the pharmacist may fill in with the generic equivalent.

So, the provinces themselves encouraged the generic drug industry, no more and no less. Why? Because these drugs have the same quality for less money. It is a matter of savings in my view because, basically, the consumer is not that much involved. The provinces are involved because they have to foot the bill for prescriptions that are totalling millions of dollars every year and this amount will go on increasing. Besides, the Canadian Government, if I am not mistaken, will have more money made available to the provinces.

Concerning the matter of whether there is more money now than there was some years ago for the research and development fund, well I hope there are more funds than previously. But it is not by relying on private industry that we will provide for an increase in research and development. I am sure of that.

Therefore I hope I answered the questions. Surely you will not be satisfied with that, but those are the answers to the basic questions you wanted to ask me.

• (1610)

One thing is certain: when an industry gets into a monopoly situation, clearly prices can be controlled at will, and this is self-evident. So much so that when we look at the price of drugs, as you well know being a pharmacist, comparing the prices paid for drugs in the United States with those paid in Canada for the same thing, with generics, you will find that competition has made prices much lower in Canada than elsewhere. Besides, a number of foreign countries want to copy our system.

Mr. Weiner: Mr. Speaker, I would merely have a short comment.

I think the Hon. Member missed my point. I did not comment on the quality of drugs that are available now with generics and equivalents. That is not the point.

We have means of finding bioviability. What I am referring to are the drugs that are not available in this country although they are elsewhere. For instance, we have drugs that are a new kind of Digoxin, a very potent medicine with quite severe side effects.

There is a drug that has been available in France for six or seven years but does not exist here. This is only one example.