

can now go to other programs. However, how many other procedures are awaiting proper evaluation? There are innumerable procedures in clinical medicine which have not been scientifically evaluated. Doctors employ these procedures, and we as the public pay for them.

If we instituted a system whereby clinical medicine and the procedures involved therein could be scientifically evaluated, we could weed out ineffective procedures and thereby produce a savings for the public purse. We could come at the whole question of medical and health care costs from a different angle than that of the Conservative Government. It simply looks at the balance sheet of medicare—how much revenue can be collected from Canadians and how much money is being spent through the medicare system. It sees costs rising and puts a lid on it to reduce the amount of money intended to go into medicare. This is done in an unthinking way, which could and likely will damage the medicare system.

The Conservative Government should take a serious look at the delivery of health care services. It would see that indeed there is a need for some real leadership. The Government should examine how services are delivered and how they can be better delivered. I am not only referring to long-term savings as a result of a more effective delivery system, I am also referring to how we can ensure that people have the health care services they need. If the Government evaluated clinical medicine and the procedures thereunder, it would be a way of looking at costs from a rational perspective.

Dr. Rachlis made another significant point in his address to the rally in Winnipeg. It concerned the inappropriate use of high cost personnel. He said:

We all know that we often consult a highly trained medical specialist when our real problems could be solved by a good chat with a friend or loved one. However, the major inefficiency in this area is the fault of the system, not individual patients. Specialists do things which could be done by family doctors. Family doctors do things which could be done by nurses. Nurses do things which could be done by unskilled personnel.

Another major area at which to look for cost savings in the health care system would be the appropriate use of personnel. Why pay for a doctor, who is the most expensive specialist in the health care system, to do something which a nurse or nurse practitioner could do? Why pay for a nurse to do something which a lay person could do? There are areas at which we could take a rational look in terms of the cost of the medicare system. In fact, if we examined the system from the point of view of appropriate use of personnel, we could in fact raise the satisfaction level of people working in the system. People do not want to do a job which does not use their skills appropriately. They only find satisfaction when their skills are being used effectively. That is another area at which the Government could be looking instead of approaching health care costs in an arbitrary fashion.

• (1650)

I have more data from the same source, Dr. Michael Rachlis, who indicates that a study was carried out in Burlington, Ontario in the early 1970s where patients were randomly

#### *Federal-Provincial Fiscal Arrangements Act*

assigned to receive their primary care from a family doctor or a nurse practitioner. There were no health differences in the people in the study. It was found that nurse practitioners could provide at least 25 per cent of the care provided by family doctors. Here is a case study which demonstrated that nurse practitioners could provide health services that are otherwise provided by family doctors, obviously at a more economical rate but still good health care. The study found that people did not suffer when being served by a nurse practitioner rather than a family doctor, so we need to examine how we use personnel in the medical system.

Another area in which we could take a reasonable and rational approach to costs in the health care system would be to look at the increasing numbers of doctors. We could make a case for a deficiency in the number of doctors in rural and remote areas where it is difficult to get doctors to go. Most doctors are in large urban centres.

To use Manitoba as an example of what is happening, there were 884 fee for service doctors in Manitoba in 1971 and by 1981 there were 1,147. That is a considerable increase in the number of doctors where the population has been stable. To quote other statistics, the physician population is growing six times faster than the population of Manitoba as a whole, and the ratio is the same for Ontario during the past year. How many doctors do we need? For what purposes can they most appropriately be used? We must recognize that services of a doctor cost the public a great deal. We can justify any increase in the number of doctors by citing the fact that the number of seniors in the population is increasing and requiring more doctors. But this is a rationalization. We need to take a closer look at the situation rather than doing broad rationalizations.

We need to examine the way in which the projections for the number of medical personnel are made. Doctor Rachlis does a good job in his address about the way we project the number of physicians needed.

Serious questions could be raised about the health care system. Serious questions could be raised relative to whether we are getting full value for our dollar in the health care system. The Conservative Government in the proposals put before this Chamber has done nothing of that. It has reduced the amount of money it is putting into the health care system.

What can Governments do? They could take a serious look at the health care system in the longer term instead of looking at it in terms of today's budget and today's objective of reducing the federal deficit. When you look at it solely from that perspective you are led to the conclusion that the amount of transfer payments to the provinces and the amount of money the federal Government puts into health care should be reduced. By doing that, you reduce the capacity of the system to innovate and change at a time when the system needs to be innovative and to have the capacity to change with the long-term view in mind.

In order to retool the health care system, so to speak, we need to invest in the short term. We need to put more money