

Narcotic Control Act

The word "must" is underlined, Mr. Speaker. And here is a letter from a person who, when she wrote it on June 1, 1982, was facing death from cancer. She wrote:

I unfortunately am a cancer patient—bone cancer. I'm 54 years of age. At the present time the chemotherapy is doing its job but one thought that continually is in the back of my mind and that is the fear of any agony at the end. I'm not afraid to die—it's how that frightens me.

I know that life today would be much less stressful if this thought was erased.

If you can do anything to change the law to permit the use of any drug which would help terminally ill cancer patients I and many others would be grateful.

There is a host of letters. Here is another one from a nurse:

As an R.N. who has cared for many patients with cancer, and seen the indescribable anguish the patient and his family go through, I must strongly agree with authorizing physicians to prescribe heroin for cancer patients, as needed. I hope this matter will swiftly get the attention it deserves from the public and our lawmakers.

This is the opportunity for the House of Commons, Mr. Speaker. If there are some in the House who would argue that there is a problem with respect to control of the drug, that it might be diverted into wrong hands, I agree. But that does not speak to the principle of whether physicians should be armed with every weapon to look after every case to the extent that is possible. That is the principle of this Bill. What the problem of diversion speaks to is care and control.

If Hon. Members will examine the Bill they will see that this is not a drug that can be prescribed and delivered out of a drug store. It may not even be available in the ordinary pharmacy of the hospital, I do not know. It is within the control of the Government to prescribe the regulations. With this Bill, which is the first word on the subject here, there is scope for any motion by committee as to its adequacy with respect to control.

Physicians in 36 countries have that arrow in their quiver. Is there any reason why we ought not to have it here? Is there any reason why this whole issue ought not to be examined publicly? Is there any reason why we ought to fear the right of a committee of this House of Commons, which would have the right if the Bill were approved or if we sent the subject matter of the Bill to committee, to begin the public examination pending the outcome of that experiment that has been initiated, thank God, by a humanitarian as a Minister of National Health and Welfare?

I think that is the issue for the House of Commons, Mr. Speaker. I think it is time that the House faced it. I think it is time the medical profession faced it. I think it is time the cancer societies in the country faced it. I think it is time the public faced it. I ask the House of Commons to support this Bill today so that the public examination can begin.

I want to thank my friend, the Hon. Member for Oxford (Mr. Halliday), a very distinguished family physician, for supporting and seconding this Bill on its introduction for debate.

• (1530)

[Translation]

Mr. Marcel Roy (Laval): Mr. Speaker, first I would like to thank my colleagues who made it possible for me to take part in the debate at this time, since I should be on my way to another meeting. However, I preferred to remain in the House, because I saw it as my duty to speak very briefly not as a medical expert but as the former Chairman of the Committee on Health, Welfare and Social Affairs, which I led for three years, and above all—and I think that is the main reason—anyone who has ever seen one of his dear ones in the terminal stages of cancer, in almost indescribable pain, will realize that it was very difficult for me to ignore this afternoon's topic and leave the House to attend another meeting.

I want to congratulate the Member for Nepean-Carleton (Mr. Baker) for his patience when he spoke in the House and also for the representations he made to the Minister and to his colleagues in order to make them more aware of a situation existing in hundreds of hospitals across Canada, and unfortunately involving thousands of patients who are waiting for a positive answer from our colleagues.

We all know it is a very delicate situation, and when I questioned the Minister on May 18 of this year, her answer was very hopeful for the patients concerned. She mentioned to us the importance of control and said that she was willing to authorize a number of experiments across Canada next fall, that she was going to organize clinical trials in palliative care units for terminal patients in various locations throughout the country, which would last for between twelve and eighteen months and would be carried out according to a standard scientific protocol that was now being prepared. I think this was a very hopeful response from the Minister of National Health and Welfare (Mrs. Bégin) and I want to thank her.

Following the question I raised in the House, the Member for Nepean-Carleton spoke once again. I think we are making progress. For instance, Friday, May 20, when I was talking to a group of senior citizens in Laval West, two of them came to tell me how important the amendment was, one referring to her mother who was a terminal patient in St. Jude Hospital and the other to someone who was not a relation but was in exactly the same situation. I realized how serious—

Of course I am not a physician, but when I raised the subject on May 18 of this year, the Member for Hull (Mr. Isabelle) who is a doctor, told me how urgent it was to help these patients in order to improve care and relieve their pain.

Consequently, I could not ignore this request, and when I discussed the matter with a doctor on the weekend, he asked me why I took an interest in this problem, and he said: "I suppose one of your close relatives has cancer, and that is probably the reason or one of the reasons you are working on this particular problem."