

There is one group composed strictly of medical research people, who practically never deal with patients. There is a medical research complex in each of the large teaching hospitals.

Then there is another group made up of top-notch men, who are dealing with patients. But there is an effort to direct every outstanding man into research, and away from being a practising physician dealing with patients. I feel that in spite of medicare this is due—I do not like to say this, Mr. Chairman—to these institutions having had unlimited funds bestowed upon them. They have been endowed with the idea that we must turn out nothing but research medical scientists and not the doctor who can go out in the Community and take care of patients, as you people were emphasizing.

As one who has been engaged in research all my life, I am being quite frank when I make that statement, and I hope the change will come about.

Senator McGrand: Mr. Chairman, I have a question, that was half answered. You said that 20 per cent of the population is among the poor, and they have 75 per cent of the diseases.

Dr. Cappon: Illnesses.

Senator McGrand: If you went to the Civic Hospital in Ottawa, which has approximately 1,000 beds, and if you went from bed to bed, would you expect to find that 75 per cent of the sick were among the 20 per cent of the poor?

Dr. Cappon: No. You used to find that.

Senator McGrand: That is right. In the old General Hospital in Montreal, the wards were nearly all public patients.

The Chairman: Senators, would you mind letting the witnesses answer your questions. What is the answer to that?

Dr. Bennett: Mr. Chairman, I think I can partly answer it, by saying there are these education, information, and mechanical barriers between the poor and the provision of health services. We have tried in a brief way to outline what these barriers are. We are aware that these barriers exist and we are trying to do something about it.

If I may also answer something that you brought up earlier. I think that teaching hospitals are beginning to recognize that they have not been catering not only to

the public but to the medical profession itself. If you look at the teaching hospitals you will see that many of them within the last few years have instituted, by whatever name they like to call it, family practice units whereby family practitioners are being trained in an academic environment. They are being exposed to family practice while still within the academic complex, and family practitioners are returning from the field to the academic environment to be upgraded in terms of their specialty. Let us face it, family practice is just as much a specialty as anything else. Due to many reasons, the image of the family practitioner has been denigrated and put at the bottom of the totem pole.

I think the place of the primary contact physician is being recognized. The academic institutions are recognizing that he has an important role to play and the establishment of these family practice units is going a long way towards answering the points that you raised earlier, that they are not entirely being lost in the aura of research. They are coming back to the grass roots, to use a phrase that has a political connotation.

Senator McGrand: I asked this question and it is about ten minutes ago since I asked it. If 20 per cent of the people produce 75 per cent of the illnesses, I would expect that in a large hospital of 1,000 beds to find a greater number of people from that 20 per cent than I would from the remaining 80 per cent. But I think if you took a census of the hospital beds you would not find that. I asked you if you could give me a reason for that. Is it because people who do not need to be in hospital are occupying beds because they have medicare?

Dr. LaSalle: Someone made the statement a few minutes ago that we had spent a lot of money and provided ourselves with tremendous buildings and institutions. But we have not built the right institutions. We thought that we would be doing a good job by adding beds. There is only one thing that is sure about a bed: if it is available, it is going to be fully used.

Twenty-five per cent—and that is a low figure—of patients in hospitals today do not need a hospital bed any more than I need another pair of hands. But they occupy these beds at the cost that we know of, and they use up the physicians' time, the residents' time, and the nurses' time.

The Chairman: Doctor, who keeps them there? Do I keep them there?