

### Health

In Ontario there are two levels of assistance. First there is the basic requirement of food, shelter and clothing. The second requirement is listed as other items under health care, including drugs. We must remember that some provinces have no appeal board for health care services and drugs. The province in which I live does not. The Minister of National Health and Welfare (Mr. Lalonde) and people working in this field know the hodgepodge area in which they are working. An overlapping bureaucracy costing millions of dollars serves no purpose for the person who needs help. In many cases it leaves untouched pockets of humanity in despair and needing help.

The economic cost of this program is tremendous, particularly when you consider that there is four times the amount of hospitalization and sickness with persons 65 years and over than there is with those in the 35 years of age group. This proportion holds true for those living below the poverty line. The reducing of this amount of sickness would cut down health costs materially.

Another point I would like to make is that many people who are on essential medicines are able to work. They do not become economic charges. Many of them are able to look after themselves in their own homes, rather than being in a hospital or a chronic care unit. The lives of many are maintained on life saving drugs that are necessary for the treatment of cardiovascular disease, diabetes and a long list of other diseases. Almost 50 per cent of our diseases have emotional overtones. Many people today would be in mental institutions or otherwise confined if it were not for the judicious use of tranquilizers. They are able to adjust, to look after themselves and to work.

Drug care was to be a part of medicare. It is a priority. If drugs were made available in many cases, as the hon. member for Oxford suggested, health care costs would be cut and we would be doing what we should be doing to avoid suffering, illness and increasing economic costs in our community. I do not think I need dwell at length on the life saving quality of drugs, but I want to say that many professional men in Canada today, many people in business and in the work force who work every day, and if it were not for drugs, many of them would not be working; many would have passed on; many would be in chronic care units. This would cost a lot more than we are paying today.

As I said at the beginning of my remarks, one day in hospital costs more than four weeks' supply of drugs and dressings. I wish to cite a simple example. Thirty years ago, the disease of pneumonia was very common. One in four died from it. Many of these people were husky, young, family men who left four, five or six children when they died. The death rate was one in four or one in five, depending on the type of pneumonia they had. Then penicillin was discovered. The story before penicillin was that one in four or five died of pneumonia and the others were away from work for a minimum of two months. Many had to be taken to hospital and operated on for empyema, or pus-forming in the lung. Today, by administering drugs properly, these people are able to return to work. Most of them are back at work in two weeks. This is a striking case of the economics of drugs.

I do not think I have to go any further than saying we should follow up the Hall commission report, not only for

[Mr. Rynard.]

the sake of humanity and decency but to stop spiralling health care costs. Let us treat these people adequately, keep them out of hospital and keep them working.

**Mr. Norman A. Cafik (Parliamentary Secretary to Minister of National Health and Welfare):** Mr. Speaker, I listened with great interest to the comments of the hon. member for Oxford (Mr. Nesbitt), the hon. member for Welland (Mr. Railton), the hon. member for Assiniboia (Mr. Knight) and the hon. member for Simcoe North (Mr. Rynard). I would like to deal with the questions raised by those hon. members and, more specifically, with the motion now before us.

Motion No. 6 in the name of the hon. member for Oxford deals with a very specific question. In effect, it recommends that the government give consideration to providing a form of care to those who are unable to care for themselves. In his speech, the hon. member paid particular attention to those over 65. I would like to say that as a federal government we do not have full and total jurisdiction in this particular case. Under the Canada Assistance Plan which was passed by parliament, the federal government has provided a vehicle in fact to achieve the objectives of this motion. Under the Canada Assistance Plan we pay 50 per cent and the province pays 50 per cent to look after those in need. That includes the elderly and those of any other age group which needs medicines or drugs.

• (1750)

The provinces have the responsibility of administering that program. This means that I, at this moment, cannot really see any point in passing the recommendation presently before the House. However, the comments of hon. members certainly lead me to believe there is need for further consideration to be given to the whole question of pharmacare and the approach toward the provision of free drugs to those in need.

I would like to comment now on some of the remarks of the hon. member for Assiniboia. He is really advocating a universal pharmacare program. This is something which I agree has to be considered by the provinces and by the federal government. As hon. members know, a federal-provincial conference of health ministers is to be held in the near future, at which the provincial health ministers, along with the federal Minister of National Health and Welfare, will be giving consideration to a whole new formula designed to look after health care costs. Hopefully, an agreement will be reached which will allow the provinces a full range of programs which they themselves can initiate without in any way jeopardizing the cost-sharing arrangements with the federal government. At present there is a 50-50 cost-sharing formula, depending on the kind of service which is provided. This means that in many cases provinces confine their medicare operations to areas which are more expensive than others because we share the costs with them.

Under the formula which is proposed, financing will be on a per capita basis and the provinces will have full and complete freedom to involve themselves in a whole broad range of medicare facilities. This will, it is hoped, cut down the rapid escalation in health care costs as well as provide better health care delivery systems in the prov-