

Health and Welfare

under the Hospital Insurance and Diagnostic Services Act, commencing January 1, 1965, so that these costs will be shared.

17. That salaries or sessional fees for psychiatrists directing these hospital wards or regional hospitals be accepted as a shareable cost under the Hospital Insurance and Diagnostic Services Act.

29. That henceforth all discrimination in the distinction between physical and mental illness in the organization and provision of services for their treatment, and the attitudes upon which these discriminations are based, be disavowed for all time as unworthy and unscientific.

I believe all the provincial governments have been and are facing tremendous financial problems in the field of education, welfare and health, to mention just a few. Despite this, provincial expenditures in the field of mental health have gone up pretty substantially. The provincial governments are caught in the cost squeeze. The result is—and I believe this is true of all provinces—that the amount of money available for the administration of mental hospitals for the care of mentally and emotionally ill patients has been limited.

A few moments ago I mentioned the cost of looking after patients. The cost in one of the provincial institutions is probably not more than one quarter of the cost of looking after a patient in any of the general hospitals in Canada. Given the circumstances I have mentioned, we cannot expect the provinces to do more. If the federal government would assume what I consider to be a just and equitable share of the cost of the administration of mental hospitals and t.b. sanatoria, I would hope that the provinces would not reduce the amount of money they are devoting to those hospitals, but that the federal funds which would be made available would be adequate to meet the costs now being disbursed by the provincial governments so that the type of service which would and could be provided would be improved.

In recent years we had a good deal of experience. In virtually every general hospital, certainly in the larger cities of Canada, there are psychiatric departments and wards. People are treated in those hospitals. Who are the people who go there? Usually they are the people in the middle and upper income bracket who, if they have these problems, see a psychiatrist. If during the time they are seeing a psychiatrist they need hospitalization, they very often go to hospital. This is true in Ottawa; it is true in Montreal, Toronto, Winnipeg, and in all the other large centres. The people who are treated in the psychiatric wings of hospitals are covered by hospital insurance. They receive the best care

[Mr. Orlikow.]

that is available in Canada. Their costs, which are somewhere in the order of \$30 or \$40 a day, are now being paid by the various provincial hospitalization plans. Who goes to the other hospitals, the provincial hospitals, where the costs are not \$30 or \$40 a day, but probably \$10 a day? Usually these are the people who do not see a private psychiatrist.

I suggest therefore that we have one type of treatment for people in the middle and upper income brackets and another and much poorer type of treatment for people in the low income brackets. I submit that this is wrong and immoral. I urge the government to give favourable and systematic consideration to this resolution, not because it is in my name but because it embodies the recommendations made by organizations which are most expert in this field, such as the Canadian Medical Association, The Canadian Psychiatric Association, the Canadian Mental Health Association and, last but not least, the royal commission on health services which reported in 1964.

[Translation]

Mr. Gaston Isabelle (Hull): Mr. Speaker, I just heard "The member for Hull". I thought "dull" was meant, but that is not correct. It is the member for Hull.

Mr. Speaker, I am pleased to take part in this discussion, since it deals with a subject I believe I know very well. Perhaps I am more familiar with it than others, since it deals in fact with a question related to health.

At the beginning of my remarks, I wish to congratulate warmly my good friend from Winnipeg North (Mr. Orlikow), whom I respect very highly, as I believe he has known for a long time the state of stagnation of certain families, resulting from inconveniences due to the illness of certain people.

I know very well that he is a pharmacist by profession and that he has been able for a long time to produce in his laboratory the drugs prescribed by physicians, while giving sound advice at the same time.

He chose politics. Let us say that this may have changed his profession very little but, in my opinion, he was a very good pharmacist, which he remains of course, because of his great human feelings toward his fellow men.

• (5:20 p.m.)

I should like to say that I agree with the principle stated by the hon. member for Winnipeg North; these services should be integrated within an hospital insurance framework; however I think that it is much too late