

*Supply—Health and Welfare*

among those who smoke than is the case with non-smokers. Today more people are dying in Canada every year of cancer of the lung than from traffic accidents, bad as they are. Therefore the conclusion one must reach is that the cigarette plays a very definite part in causing cancer of the lung. I have emphasized to you, Mr. Chairman, that the only treatment for this disease is prevention. This prevention must go back to the boys and girls between the ages of 14 and 17 in our high schools today, because I think it has been fairly well proven over and over again that if a boy or girl has been smoking for two years, they have acquired the habit. To illustrate the seriousness of this problem I would point out that it is estimated that over 400 boys and girls start smoking cigarettes every day in Canada.

I know the minister is very well aware of most of these facts, but I want to impress upon her that to carry out a policy of prevention in this regard you must have the good will and the support of everybody across this nation. There is no question as to what the findings will be, because they have been proven over and over again; but to get that good will and support you must have the backing of the men and women across this country. You must have the support of the press, of members of parliament, and of all the people generally. So I ask the minister—and I know all the difficulties, and I know that if it were easily done she would have agreed to do it long ago—to very carefully consider obtaining a larger room, if it is at all possible, so that the press, the members of this house and the Senate, and other interested people may come into this meeting and hear first hand the story of tobacco, cigarette smoking and cancer of the lung. Through you, Mr. Chairman, I would ask the Minister of National Health and Welfare to give this question most careful consideration.

**Mr. Howe (Hamilton South):** Mr. Chairman, I would like to see if I can raise this debate to a scale that is a little less depressing than that achieved by the hon. member who has just spoken. I do not mean that I disagree with what he said, but there are other things that we must consider. I would like to see if I can imbue the Minister of National Health and Welfare with some common sense thinking about a national health plan. Realizing that the Liberals have been promising this since 1919, I am going to try to give them some reasons for implementing it now.

I like to feel that in our modern society the blessings of good health and the advantages of many new discoveries and developments are not only for those who can financially afford them. I like to feel that when a new

discovery comes about, it will be available to anyone who is in need of it and not just to anyone who can afford it. The development of a national health plan is so that this may come about. Popularly, Mr. Chairman, today this is known as medicare. It has been said that everyone is adequately cared for by our present system. I do not even consider this is a system, much less that it is adequate. I admit that a great many people are cared for in one way or another, but certainly not properly, by present standards. It is my considered opinion that there is a large group of people who are medically indigent. I am not referring to those people who are now receiving charity, but those whose budgets do not allow them to receive adequate care and, in many instances, no care at all. These people will let things go until they reach serious proportions, rather than run up a medical bill. These same people, when they do come to the office, are often inadequately treated either because they do not get the required prescription, for financial reasons, or the doctor substitutes something cheaper than the best treatment, something they can afford to buy.

These are the ways in which I consider that people receive inadequate care. We cannot change the ways of people who are incapable of budgeting for an illness. I do not believe that people are asking for charity, nor do I believe in the degradation that a person must suffer in order to receive some sort of medical care in the event of illness. There are some who would forgo medical treatment rather than receive it under these circumstances. A properly planned comprehensive national health plan would remove this barrier of having to receive charity in order to obtain medical care because everyone would be paying for this in accordance with his ability to pay and consequently would be financially responsible. To this extent, the stigma of charity would no longer exist. As a practising doctor, I feel an important barrier would be removed. Our medical freedom to treat patients is limited by financial considerations which are, medically speaking, entirely irrelevant.

Another financial barrier is that of indebtedness of the patient to the doctor. It provides a tremendous psychological barrier between doctor and patient. Certainly, a doctor's judgment is hampered by the realism of the debt that exists between them. When I refer to a national health plan, I am referring to an all-inclusive completely comprehensive national medical insurance plan. This is one that not only covers doctors' services but includes dental care, medication, eye glasses and appliances. Anything less than this in a