Mr. Lambert (Edmonton West): I am a little worried, because when the hon. member for St. Boniface agrees with me I have doubts as to whether I have a valid point. The other point I should like to put up for examination here in central Canada—and here I am open to correction—is the manner of practice in Ontario, which seems to me a very high cost method of operating medical services. Here in the city of Ottawa if I have an ingrowing toenail—or, as a better example let us say I feel ill at ease and have a pain inside—

An hon. Member: Now you know how we feel.

● (2120)

Mr. Lambert (Edmonton West): Mr. Speaker, the hon. member should see a neurosurgeon as he is suffering from softening of the brain.

Mr. Baker (Grenville-Carleton): That's because he is sitting on it.

Mr. Lambert (Edmonton West): If someone in Ottawa feels in need of medical service, even though he may have a friend who is a general practitioner or a friend who is a surgeon, it is still likely that he will have to be referred to another doctor. There has to be that double contact. Strangely enough the first contact is paid for by the Ontario Health Insurance Plan as well as the doctor ultimately consulted.

In my province of Alberta there exists generally what is known as clinic practice, with some specialists gathered around major teaching hospitals. An individual goes to a clinic, is examined by a general practitioner and is referred, within the clinic, to a specialist in the group. Only one fee is charged unless in specific cases reference is made to an outside independent specialist.

In Ottawa, unless an individual has the inside track, it can take three or four weeks for a doctor to see him. That does not happen in group practice.

Mr. Rodriguez: Come and see me.

Mr. Lambert (Edmonton West): I should like to see those members of this House who are doctors speak out in this regard and tell us whether we as laymen are right or wrong in our estimates of what it costs for the average individual to see a doctor in most provinces.

Some hon. Members: Hear, hear!

[*Translation*]

Mr. Deputy Speaker: Order, please. I regret to interrupt the hon. member, but without the unanimous consent of the House, he cannot continue his remarks.

[*English*]

Is there unanimous consent to allow the hon. member to complete his remarks?

Some hon. Members: Agreed.

Mr. Lambert (Edmonton West): Mr. Speaker, I want to thank hon. members sincerely for their courtesy and I shall try not to abuse it.

[Mr. Guay (St. Boniface).]

The last point I should like to make considering the type of health care—the hon. minister may feel a bit skinned but I will be glad to hear his ultimate response—

Mr. Lalonde: I have been the first one to propose you carry on.

Mr. Lambert (Edmonton West): That is fine. I hope the patient does not die. I think we want to look at the type of health care that is provided. I realize some of the provinces do not have the resources, but this is an area for a great deal of co-operation and study between the federal and provincial governments.

It is unfortunate that in some provinces patients are kept too long in active treatment hospitals and at a great cost. The reason for this is usually a lack of convalescent or chronic care beds. I realize it is not within the capability of all provinces to provide the services in the correct proportion, but it is one area that should be examined if we are concerned about the swiftly escalating cost of the delivery of health services. I suggest it is an area ripe for potential savings.

In the area of home nursing services some provinces have commendable programs and I hope the Ontario program is not adversely affected by proposed cut back. The Victorian Order of Nurses, in Ontario as elsewhere, is one body that has provided admirable service in this field at very low cost. It should continue and be encouraged as a model of service that can be provided under an ideal health care scheme.

Secondly, there should also be a conversion, not a closing of some of the large hospitals.

An hon. Member: What about Frank Miller?

Mr. Lambert (Edmonton West): I am not knowledgeable, nor is the hon. member, of the factual Ontario situation. I have seen conversions of some of the older hospitals in Alberta—although not since 1971—into convalescent or chronic care hospitals. They have been modernized at a reasonably low cost per patient and do fill a real need.

I have not seen auxiliary hospitals in Ontario. These occupy the gap between active treatment hospitals and the nursing homes. Physicians are on call and patients who require constant care are usually transferred to active treatment hospitals so the overhead expenses are not high. A lot of additional service rendered comes from volunteer groups in the community.

It might be a good idea for the provinces to provide extensive nursing home facilities where people could be taken care of but not treated for actual illness. The cost to the government is low in these places because the patient bears most of the expense. The fee generally does not amount to any more than it would cost the patient to live in a one room cold water flat or a basement room or, as an unpaid babysitter as happens in far too many cases. They are able to live in greater dignity and comfort in a nursing home.

I thank hon. members for the opportunity of speaking at this length. On the question of the provision of doctors I do not believe a case can be made to restrict the immigration of qualified doctors to Canada. As I have pointed out, there