

than the Bill itself. They have said that we have to fix these financial barriers and get rid of them, but; and they each had a "but". They wanted to speak of where health was going. Depending on where they come from in the system, they wanted to speak of costs that should or could be reduced by allocating resources differently and using them in the most effective way.

● (1140)

Being a woman, I am sure no one will mind if I refer to the nurses, as a group of players *par excellence* who are somewhat in second place in the system, if I may say, in terms of social prestige. They are still a key participant and probably spend the greatest number of hours with patients who are in the hospital. The nurses spoke of the lifestyle and asked if the environment and lifestyle was helping the cause or not. They spoke of aging and challenged us to see if we were ready for new demands on the system from an aging Canadian population. They spoke of death and how dying has lost its human aspect. They spoke of the palliative care units and how their own role could be very different.

In turn, consumer groups spoke of self-help and asked why ordinary Canadians who are not particularly knowledgeable on technical health matters could not still make a contribution and in some way control their own health. In other words, they are no longer passive.

Women question the way the conventional hospital-based birth process takes place. Is it the only way of doing it? They talked about midwives as another method in the birth process. The discussions always concerned choices as opposed to everybody being put into one mould and having to follow one procedure.

It has been very important to have the chance to debate health in Canada, to debate its orientation and the need to speed up the reorientation of health toward health promotion and prevention, as well as establishing where our great system needs improvement or more money and specific areas ensuring that we do not lose the excellence and momentum we have built.

Therefore, I would like to reiterate, since the need for the dialogue has been expressed so clearly, that to respond to such an obvious need and to move ahead with innovative ideas, I am proposing to initiate a national conference on health to provide an opportunity for dialogue with all the interested groups. None of the existing processes permits all the groups to get together in a workable manner and this conference would give everyone a chance to be equal in expressing their views.

I do not intend to dictate how this forum will be organized. I hope that all Members of the House who have done such a good job in committee would find the forum a way to remain connected to the health system. This will be a conference of all interested parties and partners in the health system. Its organization and planning will be undertaken jointly. My officials will soon be in touch with all those who are interested in order to plan the content and launch the conference.

### *Canada Health Act*

Let me conclude by saying that we do not want this to be simply a meeting; we would like to see these discussions have a real influence on what will happen in the health field. I have listed but a few of the topics which it could cover.

This is almost an emotional moment for me, due to what this health Bill represents for Canadians, as well as the difficulties attached to it because of the contradictory interests and problems of so many parties involved. I will finish by reading from a handwritten letter by an Ontario physician who said: "As a physician, I urge you to continue your work and to actualize the Canada Health Act. Please resist the temptation to compromise—" The letter continues.

That is what we have all done. I hope we have done our work well, which I am sure we have, so that Canadians will enjoy the best health system in the world for years to come.

**Mr. Deputy Speaker:** Questions or comments?

**Mr. Friesen:** Mr. Speaker, I appreciate the Minister's positive statements in the closing debate as well as throughout the entire debate. One of the policies that she has underscored most consistently has been her opposition to extra billing and user charges. I understand her concern about that very well. What is her position regarding the extra billing and user charges imposed on the clients of Dr. Henry Morgentaler?

**Miss Bégin:** Mr. Speaker, may I ask the Hon. Member to be more specific? I do not know what he is talking about.

**Mr. Friesen:** It seems plain that Dr. Henry Morgentaler operates a business on a fee for service basis and it is supposed to be, in his jargon, health care. Does she support that kind of extra billing?

**Miss Bégin:** Mr. Speaker, I do not see why I should start naming doctors who extra bill or do not extra bill. Bill C-3 is very clear that extra billing is an overcharge on the patients that is totally against the law.

**Mr. Blaikie:** Mr. Speaker, the Minister has indicated her intention to begin the process of setting up a national conference on health. I think that is a good idea on the face of it.

One of the amendments that was moved in committee, by me actually, concerned setting up a national health council. It was a suggestion that was made as early as the parliamentary task force, I believe, and was called for by the nurses. Is the Minister open to the idea of there being some permanent opportunity for dialogue and constructive discussions between all the players in the health care system and having something permanent come from such a conference?

In other words, if it is the will of the people who attend that conference that it not simply be a one-time event, would the Government be open to that kind of opportunity?

**Miss Bégin:** Mr. Speaker, the answer is yes. The idea of a national health council which was promoted so well during the debate in committee, particularly by the Canadian Hospitals Association, is a very good one. The first time I heard of it was