

treatment. It should not matter whether he or she has money or not.

When we start going to a pay system of medicare, it means that the more money one has, the better treatment one gets. I do not believe that anyone in Canada, except for a very few people, have the kind of money that may be necessary in the case of a major health crisis.

I always think back to the years when I was a child. I was being raised, myself and my two brothers, by my mother. I remember how she did not use the health care system that we had because it was such a horrendous thing to be sick, the cost was something that she just could not afford. Perhaps she should have had medical care sooner, but this fear of the cost kept her from it. In the end she was admitted at emergency and it was a very harsh time in our lives, as children, and in her life as the sole supporting parent. I would like to believe that at no time should anyone be in a position like that again.

Our system has prevented this from happening. The transfer payments in terms of health care are especially important, because as we cut back on the amount of money we give to the provinces, we are losing control over this health care system, which is the best in the world and which most of us have benefited from.

If you wish to get some money back from the more wealthy Canadians, by all means do it. But do it through taxation, do not do it by tampering with this health care system. Obviously we do need to revamp some of the things that are done in the health care system. We need more rationalizing of some of the services we offer. We have to think of people first.

I am going to give you an example of something that has happened in Ontario in the health care sector which has come to my attention and which is a better utilization of some of the facilities. As you know, our Sudbury Memorial Hospital was one of the first hospitals to pioneer the heart by-pass surgery in the replacement and rebuilding of arteries.

For many years there was a problem because the lists of patients waiting for surgery became longer and longer. We heard of people out west who were waiting to have this surgery who died and others who were admitted right away in certain areas where the list was not as long.

### *Government Orders*

A decision was made to put together a task force, maybe four or five years ago—and you can correct me on the number of years—that was adopted and that was to have a registry. Now anywhere in Ontario where there are facilities to do this coronary reconstructive surgery, the by-pass surgery, when you are in an emergency situation you need not wait. There is one central person that you call to and they will tell you which hospital has facilities available immediately or within the next few days. As a result, the backlog of emergency by-pass surgery has gone down to nothing. Now when a person needs the surgery the facilities are found and utilized. It has made for much better utilization of the operating rooms that are equipped to deal with these emergencies.

I would suggest that we should encourage this kind of a central registry for all kinds of surgery. For instance, at this time, at least in Ontario and perhaps in many other areas of this country, there is a problem with hip replacements. As you know, people who need hip replacements are in a great deal of pain and it may take, at times, six months, a year, a year and a half before they are called to have this hip replacement. I would strongly recommend that this kind of registry be set up so that again all of the facilities could be better utilized for these people who, although they may not be in danger of dying from this pain, are suffering a great deal. Perhaps we could shorten that time they have to wait and make their lives that much easier.

These are innovative ways of using what we have. We have to think in terms of people first. If we think only in terms of money saved, all we look at then is the bottom line. Perhaps one hospital will not do any hip replacements for six months. By the way it is a very costly procedure.

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That is perhaps one of the reasons why more hospitals are not doing them. If one hospital is not being utilized to its fullest potential in that area and in another region of the country people are waiting months and months to receive this surgery, I do not believe that either the Canadian public or the system is being well served because the cost in terms of medication, pain control and health are dramatic. A person who is healed and well is far better able to serve the country and the community. It also costs a lot less in the short run if you heal them right away.