

moments I will tell the House about some of the things that people have written to me about that indicate the depth of feeling there is in at least one constituency, and I now believe that that depth of feeling would be the same across the country.

I want to pay tribute to the Minister of National Health and Welfare (Miss Bégin) who I believe has within her a broad streak of humanity. A year or so ago, the Minister of National Health and Welfare commissioned an in-house inquiry into the whole serious question of the methods available for the alleviation of pain. She consulted with Dr. Kenneth Walker who came to Ottawa, and she has no doubt consulted privately with the Department. Just recently she made an announcement in the House that, at long last, there is sufficient doubt about the position of the law in Canada at the moment and there is indeed sufficient evidence to permit a period of experimentation with respect to testing the appropriateness of the use of heroin, not with all patients but at least with some patients, to alleviate the horrible anguish that has been described to me and seen by other Members of the House of Commons, and indeed by almost every family in Canada who has had a friend or relative affected by this disease. That experimentation will now be carried out and will be worth while. It is because of the people who have responded to me, because of the work of Dr. Kenneth Walker and because of the interest and concern shown by many people inside and outside of the House of Commons that the Minister has exhibited her broad streak of humanity.

Medical opinions on either side of the question could be quoted until they come out of our ears. I do not intend to do that, although I have those opinions in my files. I want to read to you, Mr. Speaker, in capsule if I may, a letter that I received from a physician in my constituency which I think is exemplary of the situation that exists. It is a letter from Dr. Colin D. B. Cunningham on the letterhead of the Queensway-Carleton Hospital in the City of Nepean. He wrote:

I am a physician and trained in Edinburgh, Scotland qualifying in 1966. Since then I have done various residencies and practiced in medicine, surgery, obstetrics and general practice. More recently I trained in diagnostic radiology and since coming to Canada in 1973, this has been my specialty.

However, prior to training in radiology in the other branches of medicine in which I have practiced I had many occasions in which I could and did use heroin. As you know this is available as a prescription drug in the United Kingdom—

● (1520)

By the way, it is available in about 37 other countries in the world.

—and we used it not infrequently for patients in severe pain either by itself or in conjunction with other drugs in a wonderful concoction known as the Brompton Cocktail, the patients most being in need of course being the late or terminal cancer patients. As I am sure you are aware the extreme pain that some cancer patients have to endure has to be seen to be believed.

Quite frankly it was with some horror when I immigrated to Canada that I discovered that this drug was not available here. I do find it totally incomprehensible that such a valuable drug should be unavailable for those who need it so badly in so many cases of painful illness and my opinion is that its availability or not as a prescription drug does not make the slightest difference to its availability on the streets in the case of drug rings and pushers. I would suggest that its availability as a prescription drug would not in any significant way increase the

Narcotic Control Act

number of heroin addicts due to misuse of the drug and even if so I would question the morality of not having the drug available for those that need it in order to attempt to reduce the number of drug addicts on the street or elsewhere.

There is no other drug quite like heroin or is as effective as heroin in suppressing pain and discomfort and I feel most strongly that it should be available as a prescription drug to alleviate the terrible pain and suffering of some late or terminal cancer patients and others.

I would be prepared to support privately and publicly any move or legislation to permit the use of this drug in this country on a prescription basis.

I have had letters from professors, universities and physicians who have said that this is a medical problem. I have written back to say yes, it is a medical problem, but it is also a social problem. Whether we are talking about the medical profession or the legal profession, the public has the right to look into the operation of those professions and to have something to say about the way they are practised and what government policy is. That is an opinion that I advance to the House in the few minutes I have with respect to the positive use of this drug.

I want to read another letter from a man in my constituency who died painfully from cancer. He wrote:

I wish that every person negatively involved would feel the excruciating pain a terminal cancer patient has to go through until he or she dies.

He goes on to say:

Where are all our MPs and MLAs who send out monthly form letters telling us all the good things they are doing for us? When asked to take a stand on this issue, all they give are evasive statements.

Are the politicians and the CMA afraid that a terminal cancer patient will become addicted to heroin? And if so, what's the difference: 99.9 per cent are going to die shortly anyway.

That man died shortly after the letter appeared in the newspaper. Mr. Speaker, I cannot quote all the letters but I am prepared to show them to any Member of the House. The replies are typical of the responses that accompanied the questionnaire. I have letters from nurses and nursing assistants. The night after the Bill was introduced in the House a nurse came to me at a community association dance in Barrhaven, grabbed me by the arm and said; "Mr. Baker, that is a good Bill. It is necessary and I hope that Parliament will deal with it. I see them day after day. I stay with them night after night. Regardless of what people say I have seen that the existing therapy is not always effective. More should be done." If there were one, two or three people who could have their pain alleviated where it could not be alleviated in other ways, then I think this is worth while.

In answer to the question whether this should happen, a registered nurse wrote as follows:

Most definitely!! Hurry up about it! The agony suffered by many is inhuman—If morphine, cocaine, demerol are considered narcotics do give the physicians the opportunity to offer relief in pain control if the others are ineffective. Cancer is the disease of the 80s. We have to fight it on all sides.

To the question "Do you agree with the use of heroin?", another nurse replied:

Quite aggressively so. I am a nurse and see many patients in pain—our health care dollar doesn't go very far and we should get the best we can for it.

Another nurse replied:

As I work in the health care field, any medication that will alleviate the suffering of cancer patients must be allowed.