

The main recommendation is the second one, that the Medical Care Act or similar legislation be the vehicle for bringing additional forms of necessary health care, including dental services and prescription drugs, to all Canadians. I believe that all governments in Canada should join together and institute a prepaid drug program across the board for all Canadians. We should make sure that those in need in this country are covered by proper programs of insurance that will enable them to meet the high costs of medical services. It is important that such a program be made available in lower income areas which also suffer from high food costs. This scheme ought to be made available nationally, in all provinces. I am sure that all three NDP governments in Canada would be interested in a national program involving prepaid drugs. Such program could be put into effect in each province to ensure that Canadians can properly meet high drug costs.

Mr. P. B. Rynard (Simcoe North): Mr. Speaker, I congratulate the hon. member for Oxford (Mr. Nesbitt) for bringing this motion before the House. I also congratulate the hon. member for Welland (Mr. Railton) and the hon. member for Assiniboia (Mr. Knight) for their comments.

I believe the program we are talking about is most important. The minister of national health and welfare in the previous parliament suggested that the establishment of such a program might be his next priority. I do not know what the priorities of this government are. Nevertheless, let us remember that the Hall commission report, on which the medicare program is based and which the government followed, recommends the establishment of such a program. It said definitely that drug care should be the first priority after the institution of the national health care plan. We must keep this in focus, because the bill setting up the medical care plan was introduced in 1967. The report said specifically that medical care must be available to all people, regardless of their ability to pay, and drug care was to be a priority. It is worth reminding hon. members of the recommendations in that report because I think people need to be reminded that drug costs in this country are almost equal to medical fees: we pay about as much for drugs as we pay for doctors' services. We must not forget that. Publicity says so much about the high cost of doctors' services; therefore, let us talk about the high cost of drugs.

It is true that since the federal government took over responsibility for medicare, costs jumped from \$3.2 billion in 1967 to \$4.5 billion in 1972. That is quite an increase. Naturally the government is concerned, particularly when its over-all spending this year will increase by 17 per cent. I should like to point out that if the measure introduced by the hon. member for Oxford were to be passed, we could bring down health care costs. Many health costs are borne at present under the national medicare plan. There are many reasons for increasing health costs in this country and I think we should consider some of them. As the hon. member for Welland pointed out, our life span is increasing. Let us not forget that. Although I do not want to burden hon. members with statistics, they should remember that in 1900 the average life span was 40 years; today it is over 70 years. One need not use much imagination to realize that there are a great many older people living today. In Canada, a higher percentage of the

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population is composed of the aged, as is the population of the entire world.

In 1900, the world population was 1.5 billion; in 1960 it was 3 billion, and by the end of the century there will probably be between 6 billion and 7 billion people in the world. Naturally, there will be an increasing number of older people in the population. Looking after all those people, keeping them well, keeping them active and keeping them out of hospitals and institutions will cost the taxpayers of this country many millions of dollars. Right now there are over 1,700,000 people over 65 in this country, about one quarter of whom do not have any taxable income. Most of these people are unable to work; and I need not tell you, Sir, what inflation has done to any savings they might have accumulated.

• (1740)

The old age security increase of April 1 will be an increase of only \$13 and a few cents a month. We must not forget that. This in no way meets the escalating costs. I ask all members of this House to look at the record since 1965, using the inflationary factor. It will be seen that these people are still being denied what is their right.

In Canada, approximately one in four is living at or below the poverty line. Sure, we pay for the health care of many of these people. We see them in emergency departments or in our offices. We give them a prescription, and over and over again they ask what it is going to cost. This can be supported by every doctor in practice. Often they will have to wait until they get their pension cheque, pay day, or can borrow some money. What is the common sense in having a man come to an expensive emergency unit in a hospital, have the doctor see him and prescribe medicine that he cannot buy?

I was very interested in the figures quoted by the hon. member for Assiniboia (Mr. Knight). He stated that the sickness factor was much higher for those living below the poverty line, and the aged. This is very true. If we do not want to be sympathetic, let us do something for economic purposes. If we reduce the number of people in hospitals, keep them from suffering a long sickness and restore them to health as quickly as possible, we will find that this is also the cheapest way.

The fact that there is four times the amount of sickness among those below the poverty line needs no further explanation. This situation requires four times the amount of hospitalization. A hospital bed in Canada today runs anywhere from \$50 to \$80 a day. The Hall commission report has already been quoted. It states that one day in hospital costs the same as a month's supply of drugs. We should look at this not only from a humanitarian standpoint but from the standpoint of straight economics. If a prescription is not filled, the same patient may later be admitted to hospital at a cost of \$60 to \$80 a day. Anyone can see how "penny wise and pound foolish" that can be. The same argument applies to all those who are not covered by welfare and yet make up the people unfortunate enough to be in the one-to-four group. The government will say that the Canada Assistance Plan will buy their drugs. It does in some cases. However, let me remind the government, if indeed it needs reminding, that this is slow in operation and uncertain in its application.