

*Narcotic Control Act*

ones with which I want to be associated. I am sure that is true of everyone in the House.

The comments that have been made this afternoon are very useful. They relate the broad feeling about the importance of the use of this drug for people who are stricken with cancer and suffering great pain. There is no doubt that there is a valid use for this drug as well as for many other pain-killing drugs.

The Minister spoke very eloquently about how we can heighten the quality of life for a person who is suffering much pain in the last few days or weeks of his or her life.

The Member for St. John's East touched on one reason why I believe it is important to pass this Bill. He quoted a resolution that was passed by the Canadian Medical Association. It was advocated that we continue with this. I want to deal with that this afternoon because I believe we have a principle at issue here which is exceedingly important, both in the context of the professional practice of medicine and in the practice of politics.

As the Minister said, it is important to be careful how those who are not experts make a judgment on a technical subject. While they have a right to be concerned, they should make their decisions carefully. For example, I was somewhat alarmed by a presentation made to the standing committee by the Canadian Cancer Society. In a presentation made by Mr. R. A. Macbeth to the committee on June 7 of this year, he quoted a statement made by the Canadian Cancer Society which reads:

—'that (in the opinion of the members of the committee) there is no supportive evidence available at this time that heroin provides unique qualities in the control of pain in cancer patients that cannot be duplicated by the use of already available drugs and that, in consequence, it is recommended that no further action be taken.'

I am concerned about that kind of approach to the use of drugs. They are saying that there is no need for another drug if there are 10 or even 100 drugs that are used to treat a particular condition. However, if this approach is taken to its logical conclusion, it would cause some difficulty because there are people who may tolerate one drug for arthritis yet there are hundreds of drugs that could be used for that condition.

It may be in the future that if a government becomes too bureaucratic and must deal with increasing medical costs, it will decide to limit the number of drugs that can be used in the treatment of a certain condition. Politicians or bureaucrats who may not have professional training will be deciding what drug a physician may give to his patient. Such an occurrence disturbs me. That is what is being implied in this statement from the Canadian Cancer Society.

I want to stress that if a drug is useful, any licensed physician should be allowed to use it. Of course, there is the caveat that if the drug causes definite harm, it should be legislated out by the Government. However, with respect to heroin, it was removed in the 1950s because other drugs were as useful. I do not believe that is a valid reason for its discontinuance. I hope we can make that message clear.

I want to congratulate the Minister on the approach he has taken throughout the last year to the debate that has been

taking place on this issue. He was most attentive during the course of the committee hearings last spring, and I know that he has been deliberating very seriously the pros and cons of this issue since then. He has not come to a decision lightly and should be congratulated for that.

I also want to congratulate Members of the House. The public sometimes gets the impression that we are a chamber of antagonists who never get along. They watch us during Question Period but, unfortunately, few see this kind of atmosphere in which all Parties are working together toward a good cause. Members will notice that the Press Gallery is empty. The press is not interested in something of this nature in which we intend to show considerable agreement. Therefore, I want to congratulate Members of the House for this co-operation.

Finally, there is one name that has been omitted in our discussion today. It is that of Dr. Kenneth Walker whose pseudonym is Dr. W. Gifford-Jones. We have been congratulating ourselves as private Members because the Hon. Member for St. John's East has been able to get the Bill to the stage where the Government has been willing to accept it in principle. It proves that private Members have an opportunity to be involved and be effective here. I think we should also announce to the public that if people are as strongly concerned about an issue as Dr. Walker is, that it is not impossible for them to mount a public campaign if it is based on credible information, and this influences many Canadians. Part of the reason all of us here are concerned is because Dr. Walker, whose pseudonym is Dr. Gifford-Jones, has influenced us by his description of the facts regarding heroin. Many myths about the properties of heroin have been disseminated. Dr. Walker has also made it known how this drug has been used in the United Kingdom, how it has grown in use in the U.K. without any particular adverse effects.

• (1740)

Dr. Walker appeared before our committee last spring and brought a paper in which he identified 35 questions commonly asked, and supplied appropriate answers. There was much revelation about the myths that many of us have had over the years.

I listened with great attention to the Minister's presentation. Actually, I would have had no trouble approving completely the private Member's Bill C-213 which the Hon. Member for St. John's East has placed before the House today. I have some reservations, similar to those of the Hon. Member for Scarborough West (Mr. Stackhouse). He pointed out one of my reservations, namely, instances where this drug would be proven to be very useful outside of the controlled hospital atmosphere. Like the Hon. Member for Scarborough West, the Minister recognizes the potential problems that may exist, but I trust that as the Minister works with his officials and develops the protocol to which he referred, he will keep in mind that there will be times when heroin will be very useful for cancer patients outside of the hospital. Having said that, Mr. Speaker, I am also interested and a little concerned about what the Minister means by "intractable pain". I think I know what