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| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Alberta | 19e  | 1re  | Remarques préliminaires à l'étude des crédits | 25 juin 1979 | M. David John Russell | Ministre des Hôpitaux et de l'Assurance maladie | PC |

**Mr. Russell:** Thank you very much, Mr. Chairman. I would like to say a couple of things.

I suppose an introductory comment would be that things don't change very much. I look across the Assembly at the hon. Leader of the Opposition. We were both in this House many years ago when a young fellow called Jim Henderson was made Minister of Health and Social Development. I remember his getting up and presenting his first set of estimates to the Assembly - the seating plan was different at that time - expounding at some length about his desire and the necessity for government to try to bring annual increases in health care costs below the 14 per cent he was submitting. So when I say things haven't changed very much, I think all governments in North America are struggling with that challenge: to try to provide decent and adequate health care services to our citizens, yet maintain some kind of reasonable control on budgets.

It is a time of high expectations in Alberta. Looking at the next year and a half or so, we're on the threshold of a period of, I think, very exciting construction in the hospital field. We know that the possibilities that exist in the medical and science fields have produced an aura of high expectations for all our citizens. At the same time, the professionals who deliver health care services are, to a degree, in a state of unrest in Alberta and other provinces.

The budget we're presenting to you today, Mr. Chairman, calls for an increase of 16.1 per cent over the forecast expenditures for the fiscal year recently ended, and somewhere in excess of $800 million for this budget. When you add the heritage trust fund investments in health care, you're over the $1 billion mark. So we're talking about a lot of money for a very important service.

Before I say anything more, I think it's important to look at estimate-to-estimate on page 211, particularly in the case of a couple of votes. In Vote 3, we see the estimate, $522 million for hospital care this year, as opposed to the $443 million forecast one year ago. That gives you some idea - and there are similar votes in the department - of the escalation and increase in these votes within a 12-month period. Mr. Chairman, in the short time I've had my present job, I must say I've been really concerned about the trend in Alberta with respect to the health field, particularly the public unawareness of health care costs.

I know hindsight is easy. I recall also the then Premier Manning making a valiant attempt to keep Alberta out of the medicare scheme. I think it's a shame he didn't get the support of the other provinces that was necessary at that time. We find ourselves in a national health care plan that I think has probably made citizens - I was going to say "uncaring", but that isn't the proper [term], and that's why I hesitated - unaware of health care costs. They have their card that admits them to the service, universal care, portability, et cetera, and they don't really have any concept of what the doctor's services, the support lab services, or a day's stay in the hospital costs. When you're not putting across some money out of your own pocket or looking at financial statements, it's very easy to fall into that pattern.

Perhaps some of you saw the clipping in the newspaper last week about last year's $151 national average hospital cost per day bed. I think Albertan hospital bed costs are generally higher than that. I think, too, the habits of our Alberta citizens could lead to some healthy debates. I find it a bit puzzling that some guy 20 pounds overweight, smoking two packs of cigarettes a day, and probably drinking too much liquor for his own good, will come into my office and pound a fist on the desk about having to pay a $5 extra billing for some doctor trying to help him out of his bad habits. I've probably used an extreme example, but that sort of thing is happening.

The other thing we should be concerned about, as legislators trying to administer a good health care system for our citizens, is that the primary emphasis is on cure rather than prevention. We have a collection of health care professionals ready to provide their services with lab support. We have a hospital system second to none in Canada, with various levels of beds. But most of it is geared to treating the illness, calamity, or accident after it happens. During the next three- or four-year period, I hope we can swing that around and get people more interested in preventive medicine: safe habits, whether they're driving or walking; decent exercise; good dietary habits and; if they must have bad habits, at least practising them in moderation.

I think the utilization of our health care facilities has to cause Alberta legislators some concern. We've had some statistics on a comparative basis with other provinces, and they're not that good. Yet when you look around, Albertans don't seem to be any less healthy than Canadians from other provinces.

As I mentioned, there is the trend to want the best care whenever the opportunity arises, and you really can't blame our citizens for that. Some time ago I announced we were working on the establishment of a utilization committee, and that when we had the chairman in place I'd be ready to get that committee to work. I'm happy to say the arrangements for establishment of the hospital utilization committee were finalized last week, with the appointment of Mr. R.N. Dalby as chairman. Mr. Dalby is president of R.N. Dalby & Associates, a consulting firm involved in the energy and mineral resources field. It also serves as executive consultant to the Mitsubishi organization on matters relating to project development and trade. He's a graduate civil engineer from the University of Alberta and a past president of the Association of Professional Engineers, Geologists and Geophysicists. Some of you may recall his serving as chancellor of the University of Alberta from 1974-78. He's the only non-medical person on the committee. I took some time to read his *curriculum vitae*, because I think it's important that you understand the kind of person we wanted to chair this committee. I'm pleased he agreed to do it.

We have representatives from the two faculties of medicine from our two universities, two doctors nominated by the College of Physicians and Surgeons of Alberta, two nominees of the Alberta Hospital Association, two nominees of the Alberta Association of Registered Nurses, and two nominees of the Alberta Medical Association. The objective of this committee is to examine the high hospitalization rate of Alberta residents, with special emphasis on the number of surgical procedures being performed in our Alberta hospitals, and to prepare, report, and make recommendations. Mr. Chairman, I expect to receive their report in one year.

If I could revert to this year, the building moratorium or temporary freeze was lifted this month. We spent a considerable amount of time, in conjunction with the Alberta Hospital Association and the Alberta Association of Architects, developing the procedures manual and the supporting bulletin for the use of hospital board members throughout the province. I hope we now have a system which will provide a good balance of local responsibility, with some control, limit, and guidelines by the province. Mr. Chairman, it's going to be necessary for boards to take a harder look at their capital requirements and projected operating requirements when they come to the province seeking approval and funding for these capital projects.

Insofar as the health care insurance situation today, looking at our most recent statistics, again I think one has to be alarmed about a trend here. The present vote we're seeking approval for calls for $290 million for the health care insurance support program, and $170 million of that is covered by contributions from the government of Canada. About a third of that is covered by premiums, leaving a deficit of $120 million to be picked up by the province. Historically that deficit picked up by the province has been growing by about 18 to 20 per cent a year. Again I think that's a challenge for us as legislators to deal with. It's on the front burner right now, if I can put it that way. We'll soon be going into negotiations for the next year with our professional health care groups. Not only Alberta, but other provinces have been having a problem with this. I've been interested in the statements of the new Minister of National Health and Welfare, relating his concern about this matter.

Some of you may remember, or may have known, the late Dr. Walter MacKenzie from the University of Alberta medical school. I was reading an article he wrote about this very thing: the strange set of negotiations that go on between a free-enterprise professional group who charge for their quite specialized professional services, and a government which signs the cheques, when there's no lid on the amount of services that may be asked for. Dr. MacKenzie used a nice line when comparing the doctors' association with the government. He likened it to the mating dance between elephants and chickens: it's lots of fun for the elephants, but kind of dangerous for the chickens.

With respect to the universal aspect of our health care plans, Mr. Chairman, I have to close these introductory remarks by again asking some questions. Our concern is a broad range of services and supporting facilities for unlimited use by our citizens, with a cost-sharing responsibility by two governments, Alberta and Canada, some contribution by way of premiums, but really no local responsibility for building or for operating.

In the coming year I think we're going to have to address ourselves to whether hospital boards ought to be elected and whether we should go back to the system where they requisition, either by way of a levy on the local taxpayer - a system that was removed not too many years ago- or by charging a per diem rate to the people who use the facilities. I think the question of allowing doctors to extra bill will be solved in the coming months.

I wanted to put those concerns to members before we get into these estimates. Thank you very much.