|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Ontario | 29e | 2e | Discours sur la santé | 15 mai 1972 | Richard Potter | Minister of Health | Progressive Conservative Party of Ontario |

Mr. Chairman, in presenting the estimates of the Ministry of Health it is not my intention to make any lengthy statement at this time. I just wanted to make a few comments if I might.

I am sure the hon. members of the House are well aware of my feelings concerning the health programme for the province, and what I would like to see instituted. I think it is sufficient for me to say that it is my intention, at least for the time being, to promote the extension of community health centres-call them community health councils, or district health councils if you like-to try to get the research and implementation and administration of all the health needs of the community into local hands.

At the same time we want to institute, and we are instituting, new concepts in the mental health programme in the province. We are studying new methods of health delivery, and I am sure many members of the Legislature are aware of this because of the planning that is going on in their individual ridings, in which we have pilot projects of one nature or another to determine what is perhaps the best type of health programme for that area and what is the best type of health facility.

The members are also aware that we are experimenting with different types of health facilities; that we realize finally that active treatment hospitals aren't necessarily the best form of treatment, that hospitalization is not always needed and it doesn't always best suit the needs of the patient to be in an active treatment bed. Certainly from the taxpayers' standpoint we have found that there are other methods of treatment which are just as effective or even more effective and much more economical. We are experimenting with different types of facilities such as self-care units, convalescent facilities, rehabilitative facilities, along with home-care programmes and nursing home care.

We are very concerned with the number of medical graduates that we are putting out from our medical schools. We appreciate there are two factors here. One is that we can no longer depend on foreign countries to educate our medical students where, in many cases, they are much more needed in their countries than they are here. Their need is greater than ours. On the other hand, we are depriving our own sons and daughters of the opportunity of obtaining a medical education and becoming graduated in this profession.

We realize that the demand for entrance into medical school is much greater than we can meet. There have been reports submitted on this. I'm sure most of the members of the Legislature are aware of the Mustard report, which has recommended that we take advantage of the vast reservoir of clinical material which is available in smaller hospitals throughout the province-something which I brought to the attention of this Legislature several years ago. We're now at the point of studying this method of increasing our medical graduates and we hope that within the very near future we will be able to supply, certainly the majority of the graduates we need, if not all of them.

In other words, I think it suffices for me to say, Mr. Chairman, that we continue to work toward developing a programme which is best suited to meet the health needs of the people of our province as economically as possible.