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| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Colombie-Britannique | 33e | 1e | Discours sur la santé | 2 février 1984 | Jim Nielsen | Minister of Health | British Columbia Social Credit Party |

Thank you, Mr. Chairman. I have a very few remarks before beginning our discussions on my minister's office vote. Recognizing, as I believe everyone in the province does, that the Ministry of Health reflects the largest percentage of expenditure of the provincial budget — in excess of 30 percent; in dollars, representing nearly $2.5 billion — the 1982-83 expenditures reflected approximately a 7.3 percent increase in expenditures over the previous year. This past year, for which our estimates are now being considered, has been one in which the health care services in British Columbia have been challenged by the necessary restraint on provincial expenditures.

The Ministry of Health, while it's responsible for the allocation of the greatest percentage of the provincial budget, relies to a very large degree on the expertise and cooperation of those responsible for the service of our health care industry and the services offered through our hospital systems by our medical personnel and by others associated with health. This past year, while it has been very difficult for all because of the effect of recession and restraint, in the Ministry of Health those responsible for the delivery of health care services have worked extremely hard, very diligently and with considerable efficiency, and have been able to provide the citizens of our province with a first-class health care system while still working within very rigid budgets and in a very responsible way.

There always will be exceptions and individual difficulties which are identified from time to time, because of the complexity of the health care system in the province. Virtually every person in British Columbia at some time during a year will come in contact with a health care professional. During that period of time, a number of opportunities for error, poor judgment or poor service can occur. But it is particularly satisfying to recognize the relatively few complaints which are received by the ministry over a year, when you compare the number of services offered.

One of the great problems we still have in the province — and it does reflect very much on our budget in the Ministry of Health — is what the government and the ministry have identified as an overabundance of certain levels of health care professionals, particularly in the medical services. A tremendous amount of work has taken place between the ministry, the B.C. Medical Association and others to reflect upon this matter. I think it has been agreed in principle, if not in detail, that indeed we in British Columbia do have a surplus of medical doctors, particularly in the greater Vancouver, greater Victoria and Okanagan areas of the province.

By reaching some type of an understanding on principle, the matter of working out details as to how to remedy the problem is a far greater challenge. I would like to recognize the reasonable amount of cooperation we've had in the past year with the BCMA, although we are still in disagreement over certain specifics. I would also like to recognize the work by the hospitals in the province, the administrators and the various boards in coming to grips with some extremely difficult problems with respect to funding. We have been able to expand and to add, during a time of restraint, in areas of hospitals, hospital beds, various technologies and services offered. But we have been able to stay within our expenditure guidelines — and, I might add, Mr. Chairman, with lessening confrontation in the overall area. We still expect some very difficult times. I think that those who are involved in the health care delivery system also expect difficult times, but we have received commitments from almost every segment of the health care industry to cooperating in resolving the problem,

I might add that the problems are not unique to British Columbia. Without exception every province in the country recognizes the great difficulty each government has in delivering health care in Canada and particularly in British Columbia and other provinces. Each recognizes the difficulty in maintaining the immense amount of funding that is spent in Canada for health care. As you would know, Mr. Chairman, at this time we in Canada are engaged in considerable debate with the federal government with respect to the Canada Health Act, which is not yet law in Canada. It is the opinion of the provincial Ministers of Health, possibly with one exception, that the federal government need not move in this direction, and in fact by so doing could diminish health care services in the country while increasing the costs to the citizens.

Meetings have been held by the provinces, meetings have been held with the provinces and federal representation, with respect to the Canada Health Act. The federal minister has indicated that she intends to proceed, possibly with some minor amendments, and that the time for consultation is over. It's one of those rare occasions when the time for consultation was over almost before it began. The differences of opinion between the provinces and the federal government have not yet been resolved. and more discussion is scheduled to take place possibly later this month.

The difficulty we have at the provincial level — more so in other provinces than even in B.C. — is that we feel the federal government simply will not listen to the provinces and to the people who are responsible for delivering health care and, more importantly, for providing the funds.

I know that members will have an interest in health care because it affects everyone in the province and, as I said, reflects the greatest expenditure of our budgets. We believe we in British Columbia have maintained a high level of service. We believe that we are fortunate in the services we can offer our people by way of health care. We also recognize, however, that we must be extremely responsible in such expenditures, for fear that sometime in the future the weight of the expenditures for health care could force governments to make decisions which may not be in the interests of maintaining the level of service. So a very difficult arrangement must be achieved in maintaining the level that the citizens desire and the level which government wishes to provide while still being able to produce the necessary funding to pay for those services.

We in British Columbia have the largest number of doctors per capita. We have the highest fee schedule in the country. The growth in expenditures over the past decade has been astronomical. The expenditures in health over the past decade have been astronomical. While we're reviewing a budget of almost $2.5 billion, going back about ten years you would find that the provincial budget itself was less than that.

Mr. Chairman, I've been advised that a member has a matter of urgent business he wishes to bring before the House. To accommodate that, perhaps I could move that the committee rise and report resolutions and ask leave to sit again.