LEGISLATIVE ASSEMBLY OF SASKATCHEWAN
March 19, 1981

EVENING SESSION

COMMITTEE OF FINANCE

CONSOLIDATED FUND BUDGETARY CASH OUTFLOWS

HEALTH

Ordinary Expenditure — Vote 32

Item 1 (Continued)

MR. SWAN: — Mr. Minister, I was wondering if you could give me some reason why your department has cut back the average daily census in the town of Rosetown? It's a fairly large hospital that's full most of the time to the point where you can't get in, and yet you're cutting back. I'd like to know the reasoning behind it.

HON. MR. ROLFES: — Mr. Chairman, the answer, I think in part, was given this afternoon when we were discussing centralization in the hospital system — people by-passing their own hospitals and going to larger hospitals. The formula, as the member knows, is based on the population served, and it seems that in the last year a number of the people in that hospital area didn't use their hospital but went to others. Therefore, the number of its approved beds went down this year.

MR. SWAN: — Mr. Minister, I'd like you to be a little more specific. How much was the drop and which parts of the area served were affected? How will that affect the amounts of their grants?

HON. MR. ROLFES: — I don't know if you have the annual report there, but on page 12 there is an explanation and an example as to what we mean by "population served." It is based on the population in that particular area, based on age, sex and the use the people in that area make of the hospital. It has dropped by 1.3 beds — from 26.3 to 25. We have a formula that we use right across the province.

MR. SWAN: — The people there tell me that the hospital has been filled to capacity most of the time. As a matter of fact, they're about to approach you to increase the number of beds available in Rosetown, because they can't service the public. So the figures aren't adding up, in my opinion, and I'd like to know what we're missing. What's wrong with your figures?

HON. MR. ROLFES: — The ratio used across the province is 5.1 beds per 1,000, which is the highest ratio in all of Canada. In B.C. and Ontario they have something like 3.5 or 3.6 beds per 1,000. We use 5.1 beds per 1,000. My officials tell me they can get you the population tomorrow. I think you could easily work it out then by using the figure 5.1 beds per 1,000.

MR. SWAN: — I'd like to know if that is 5.1 funded beds.

AN HON. MEMBER: — Or rated.

MR. SWAN: — It's not rated. It's just funded. I'd like to have those figures provided to me.

I'd like to come back to some of the statements that you've made over the past while saying that medicare in the province is provided free, and all those flowery statements that I hear you making. I'd like you to take a look at the mill rates levied in rural Saskatchewan. You can perhaps tell me precisely what they are. I haven't got them all, but I can tell you that they run from 6 to 10. And out there when you're farming a fair number of acres of ground, if you're paying 7 or 8 mills it doesn't end up that medicare is free by any means. I believe you'll find many cases that people are paying $30 to $35 on a quarter section. And if they're farming 10 quarters, that comes up to a fair number of dollars; if they happen to farm twice that much, it's a lot more. So, I'd like you to give some rationale for why we pay in rural Saskatchewan and the cities get off without paying a mill rate.

HON. MR. ROLFES: — Mr. Chairman, I have a couple of things. First of all, the average mill rate in Saskatchewan for hospital purposes is 5.3 mills. That's in the union hospital districts. It has to be remembered that many local people want that flexibility so that they won't have to be solely under a rigid provincial program. They like a little bit of flexibility so they can improvise and increase or decrease — increase, particularly — where they feel the need is. Or they want to enrich their program.

From Regina we get 2 mills, so it's not entirely accurate to say that we don't get anything from the cities. It's true Saskatoon has no mill rate levied at this particular time. But Saskatoon owns its hospital. They are negotiating right now with the province over rebuilding or constructing a new hospital. And if Saskatoon wants to keep ownership of the hospital, they will have to levy a fairly heavy mill rate to pay for their part of the construction, because Saskatoon doesn't levy a mill at this particular time. If we proceed in the near future to construct a new hospital, they will have to levy a mill rate, I would assume, somewhat higher than the average across the province.

The last point I want to make is this: I'll challenge the member to find one quotation from this Minister of Health which says that medicare is provided free. I've always said that medicare and hospitalization are provided without any direct charges to the individual. We support hospitalization and medicare out of public taxation revenues. I challenge the member to find one statement where I said that medicare and hospitalization were provided free. You will not find one.

MR. SWAN: — You talk about public funds, Mr. Minister, but when it comes down to a person paying it in his tax dollars, I don't know whether you call that the public or whether that's direct. You know, when I go to the municipal office and I write on a personal cheque the amount of the hospital tax, it gets pretty direct. So, I don't quite agree with you when you say that it's paid out of public funds. It's paid out of my pocket, nobody else's, and for that reason I say that we're indeed paying directly.

Every time my wife goes to the store (and she likes to go there), she spends a fair bit subject to 5 per cent tax. Maybe that's a little bit indirect, but it's still a tax which comes right back to the people — a very personal tax. So I think it's time you started to say that yes, indeed, in Saskatchewan there is a charge for health care.

You are the one who said we have a 5.75 mill rate across the province. That gets to be a fairly large number of dollars coming in to health care. So, I think, Mr. Minister, that you're going to have to change your method of announcement, put it down in actual

facts from now on, and say that there is money coming and that it's coming directly from the people.

HON. MR. ROLFES: — Mr. Chairman, I'm not going to get into a rhetorical debate with the hon. member. I only want to remind him that in Ontario, after tonight's election, they will still be paying their 7 per cent, plus they will be paying when they go to a hospital, plus they will be paying higher drug costs, plus they will be paying higher dental costs.

Mr. Chairman, I just want to tell the member that when I say that hospitalization and medicare are paid for out of public funds, I am making a pretty darn accurate statement. Certainly there are some charges for drugs, but they're still the cheapest in all of Canada.

MR. SWAN: — There was a little book put out like this by the Minister of Finance a few weeks ago, and he has a statement in here that I'd like to read for you. He says:

> As a government we are strongly committed to the principles basic to a good health care system. Most important is accessibility. Health services should be available to all people throughout the province without financial or other deterrents.

Well, I don't believe that that's the case. I think that you're not providing it under those terms. You're indeed charging a pretty healthy fee to many of the agriculture people out there and to the people in the cities. You say that they are paying two mills in Regina this year. Well, at least they are starting to pay something in the cities. But if you compare that 2 mills with what the average rural person pays, it still is pretty small . . . (inaudible interjection) . . . Yes, but I think, Mr. Minister, you have to correct your statement to the general public. It's not fact.

HON. MR. ROLFES: — Mr. Chairman, I stand by my statement. I take no responsibility for any other member in this Legislative Assembly or for their particular statements. The accusation was made against this minister, me, and I challenge the member to find anywhere where I said that medicare was provided free. I said that medicare is basically funded out of public taxation and public revenues, and I stick by that statement.

MR. SWAN: — Mr. Minister, I have letters on my desk from a number of people out in the Rosetown area, and I think they've also sent copies of those same letters to you. What they're telling me is that when they go to the doctor they are indeed paying out of their pocket, and they're paying because the doctors don't feel they are getting enough money. So, many people are having to pay directly for medical help when they go to the doctor.

HON. MR. ROLFES: — I'm sure that the hon. member has done his bit in trying to convince doctors that extra billing is eroding medicare and infringes upon one of the principles of medicare — accessibility. I'm sure that in his duties as a member of the Legislative Assembly he felt it incumbent upon him to make sure that he drew that to the attention of his doctor — as I draw it to the attention of not only the doctors in my own constituency, but as Minister of Health, to all the doctors in this province. I take it for granted that he has done that. I think my stand on extra billing has been made very, very clear. I have also indicated to your colleague for Thunder Creek, this afternoon, that on the average in 1980, specialists made $100,000 in the province of Saskatchewan. I believe the general practitioner made around $82,000, and I think the average for all

positions was $94,000 last year. I don't think that is a bad income, and I stand by the statements I have made.

MRS. DUNCAN: — This afternoon you said a little more than 2 per cent or less then 3 per cent of physicians in the province extra-bill. Is that correct?

HON. MR. ROLFES: — It fluctuates somewhere between 2.5 and 3 per cent.

MRS. DUNCAN: — Could you give me, Mr. Minister, a very detailed example of how a small percentage like that is eroding and undermining our medical system in Saskatchewan, and making the health services not available to a majority of people?

HON. MR. ROLFES: — Mr. Chairman, I'm not sure whether the member opposite is defending the principle of extra billing or not. I will make it very clear as to how I think it is eroding and infringing upon the principle of accessibility. I made it clear on a number of occasions that it was unacceptable to me as Minister of Health. You will find specialists, let's say anesthetists, all extra billing. That to me erodes the principle of accessibility because you need anesthetists in order to have some major operations. And if they all extra-bill, then people simply don't get a choice. That is a good example . . . (inaudible interjection) . . . Philosophical? Anesthetists are not philosophical; they are very pragmatic. That is a good example, and I will give you another example. In certain areas, Mr. Chairman, we have two or three doctors practising in a particular community. If you have two doctors and both extra-bill, people do not have, in my opinion, free access to doctors who do not extra-bill. I think the principle of accessibility for people in that community is infringed upon, and I said again to the SMA that this is unacceptable to me. If people have an alternative, if there are, let's say five doctors in a particular community and two do not extra-bill, I think the principles of accessibility is less eroded. If we have, for example, in Regina and Saskatoon and also some of the other communities where anesthetists are practising, many of them not extra-billing (although some may), I think, then, my argument is weakened considerably. But when you find specialists (and some kinds we have very few of) all extra-bill, I think the people of the province will find that the principle of accessibility is being eroded.

MRS. DUNCAN: — Can you give specific examples of people who were refused medical treatment or operations or specific services because they couldn't pay? Are you saying that doctors who extra-bill refuse to see patients? That's exactly what you are saying.

HON. MR. ROLFES: — The logic of the member opposite certainly alludes me. I have had, Mr. Chairman, since I have been Minister of Health, a number of senior citizens either write to me or come to me, and say, "Look, I think it's unfair that I have to pay extra." I'll give you an example of a little old lady who came to see me in Saskatoon. She told me her income was the old age assistance, the guaranteed income supplement, and the provincial supplement. She went to see her doctor and she was billed $35 extra. She said to me, "How am I going to pay this?" And I said, "Why don't I take your name and we will talk to your doctor?" She said, "No, I don't want you to do that." And I said, "Why not? Otherwise I won't be able to speak for you." She said, "Well, if I do that I'm afraid he may not see me next time."

Doctors don't have to refuse. He doesn't have to deny service for people not to see a doctor. If a senior citizen lady who lives by herself has only the old age assistance and guaranteed income supplement and she knows that her doctor is going to extra-bill her, she may not go and see her doctor when she should. I think the principle of

accessibility is being infringed upon. There are a number of cases that we could use. I think the member for Rosetown-Elrose indicated he's had a number of letters from his constituents who complained that they have to pay extra, and some of them probably told the hon. member that they couldn't afford to pay. I think that's an infringement of their rights.

MRS. DUNCAN: — Did you, as Minister of Health, tell that little old lady that SMA had a board set up to review cases just like hers?

HON. MR. ROLFES: — Certainly, and I want to indicate to the member that we have referred a number of cases to that particular committee. But that still hasn't solved the problem. It doesn't solve the problem of people who don't want to pay extra, and simply won't go to their doctor out of fear they may be charged extra. I don't think that principle is acceptable to me, and it certainly wasn't a principle acceptable to Emmett Hall. It wasn't acceptable to him in 1962 and wasn't acceptable to him in 1980 and it certainly shouldn't be acceptable to anyone who endorses the principles of medicare.

MR. TAYLOR: — Mr. Minister, a few minutes ago I heard you going on about the costs of medicare in Ontario. Even if that be so (and I take you to have your facts right), it would seem to me that there's quite a lot in Ontario the voters are happy with, in view of the results tonight. I think tomorrow we'll see just how people down there are thinking.

I want to talk to you about the apnea monitors. Do you know what an apnea monitor is? I didn't ask that to embarrass you because when I first heard of it, I didn't know what it was either.

HON. MR. ROLFES: — You didn't embarrass me; I know what it is. Mr. Chairman, just so there will be no misinterpretation of what it is, I'll put it on the record. An apnea monitor is used both in hospitals and at home as an alarm device for infants requiring stimulation and/or resuscitation as a result of an apneic spell, that is, respiration failure.

MR. TAYLOR: — Right on, Mr. Minister. Mr. Minister, after considerable coaching I'd say you've passed that exam. However, let's get down to the basis of this. As I was telling you, until I was confronted with this, I didn't know what one of these monitors was either. The situation came to my attention last year, just around Christmas time, when a young child in my constituency was born prematurely. That child was in the General Hospital here, and was able to go home if he had one of these apnea monitors which would indicate when he quit breathing. With this little blanket underneath the child, some lights would come on and the parents would know and would be able to save that child's life. I approached your department — the cost of these are approximately $1,500 — under SAIL to provide one of these, or to purchase one or rent it, as is the situation in Ontario. Maybe this is part of the reason for the vote down there. I quote from Dr. Heather Bryant from the Sick Children's Hospital in Ontario who provides these for parents in Toronto who, meeting the appropriate medical criteria, can rent monitors for $15 per month. That may be one of the reasons that they are voting for the Conservative government today.

Dr. Bryant put her monitor into practice in February 1974. Since then she has monitored 150 babies in the Toronto area and currently has 28 patients hooked up in their homes. Dr. Bryant says:

> I've only had one death with the monitor. The machine was operating

properly. The mother was a trained nurse, did everything correctly, and got to the baby quickly, but she just couldn't revive her.

Mr. Minister, I approached your department and was turned down flat. I searched around and, thanks to the University Hospital in Saskatoon, I found out that they had some of these devices and there had been some out in the city of Saskatoon — in your own city. With the help of some people there I was able to find a real estate man who had a little child who he had saved by having this apnea monitor. I feel strongly about this, Mr. Minister, because I lost one of my own boys by infant crib death. I talked to that man and he sent that monitor back to the company in Calgary to check it out, so that it would work properly. He provided that monitor for this family in my constituency. Their little boy is now home with them. He should be past the condition, according to the specialist, when he's seven months old. Once, since he has been home, the monitor went off and the mother rushed to the baby's aid.

This is a priority. I don't believe that we can detect every child who is going to die from infant crib death syndrome. On the other hand, if you read the medical statistics, you will see that, in certain families, there is a tendency toward this. It should certainly be a priority with a premature child who suffers from this condition.

If we're going to have aids to independent living in this country (and in this province), then I say, shame on you and your department if you can't provide these or rent them to people where the doctors know the children could die from infant crib death syndrome. You could rent them, as they do in Toronto, for $1,500. Why haven't you provided this service? Your own officials will tell you and the people at the University Hospital in Saskatoon tell me, that there is an ever-increasing demand.

I'm not asking you to safeguard the life of every child in Saskatchewan. Certainly, there will be children who will die from infant crib death syndrome. But, for goodness sake, when specialists tell you that this is a devise which will save the life of a child, I ask why you aren't providing them at a nominal fee — if you're giving the top-notch medicare that you have been telling my colleague from Rosetown you are providing in this province.

HON. MR. ROLFES: — I remember the hon. member contacting the department at the time. Certainly, I have a lot of sympathy for the particular case that he makes. I don't like some of the rhetoric he uses — that if you have a SAIL program you should have everything covered. You said you thought this should be a priority.

MR. TAYLOR: — In SAIL.

HON. MR. ROLFES: — Exactly. What I am saying to you is that we would never get a SAIL program started anywhere if that was the assumption we had to make: unless you cover everything you don't have a program.

We are expanding the SAIL program on a yearly basis — maybe not as rapidly as members would like us to. But I think our people in this province are better off under our SAIL program than they are in some of the other provinces where they have no SAIL program at all. I'd like to have it expanded so that some other items would be covered, but it's a matter of priority.

The member knows that the medical profession certainly isn't in complete agreement as to the value of this monitoring machine. That it has some value can't be denied in

certain cases. But the medical people are not unanimous.

Once the machine has been accepted by the medical people, we will certainly look into it and see if we can find the money to purchase some and rent them. I don't like the idea of renting. But I can't argue with the point you are making. I wouldn't argue with someone else who said, "Look, you should have osteopathy completely covered." In fact, I'd like to see it covered too.

One has to make decisions. You can cover this and you can't cover that. You make a good point, but, it's a matter of priority.

MR. TAYLOR: — Thank you. I'm glad to see that you think this is a concern. A few of your arguments are rather futile, such as saying the medical profession doesn't agree on this. I don't think you'll find things that the medical profession agrees on in many cases. Still, one has to make decisions and go ahead. I think that to bring a new life into existence, and to keep that baby alive, is a priority of aids to independent living. It is a priority in my mind. I may be wrong, but to me that seems to be a very important part of it. I said, if you were listening, that I didn't expect you to be able to bring them in for everybody. I know that. But if we had some, Mr. Minister. I would like you to stand up in this House and answer me if you will give serious consideration to providing apnea monitors either free, if you wish, or on a modest rental to people in Saskatchewan?

HON. MR. ROLFES: — I will certainly give it serious consideration.

MR. TAYLOR: — Thank you. I would like to go on to rural hospitals, Mr. Minister. We have spoken on this before. I think you know my feelings about the need for adequate rural hospitals, and I think we have some good ones. However, it seems strange to me that in this age of modern technology, almost instantaneous communication and modern transportation, in hospitals which are far better equipped than when you and I grew up in rural Saskatchewan, there is virtually no surgery going on. Now in many cases, there are qualified doctors who can do surgery. I am not asking for complicated surgery (I think you understand that) but for some basic procedures which could be done there. It seems to me there is a tendency to bring all surgery into the cities, and that the local hospital is becoming nothing more than a maternity ward, a place to put the senior citizen before he enters the geriatric centre, or just a recovery area for people who have had surgery. I can't understand, with the modern facilities and better trained doctors we have, and with our concern with maintaining rural Saskatchewan, why there can't be some of these operations (I won't call any operation a simple operation, because I don't think there is such a thing) adequately done out in those areas. That would keep the nursing staff and doctors out there. The doctor just doesn't want to be out there in a kind of babysitting capacity.

HON. MR. ROLFES: — Mr. Chairman, we had what I considered a good discussion on that this afternoon. The member for Maple Creek brought this up and I indicated to her that the centralization which was taking place was a concern of mine. I think though, as I told the member for Maple Creek, that that must be done at the local level. I think the hospital board and the local town councils must sell their people on the value of the services offered by their hospitals. I don't know why people are by-passing their local hospitals to go to regional or base hospitals to have simple surgery done which I think the doctors out there are well qualified to do. But as I indicated to the members this afternoon, 70 per cent of all these surgeries (and much of that is tertiary surgery) at the University Hospital comes from outside of its district. Fifty per cent of the services

rendered in the other base hospitals in Saskatoon and Regina come from outside of their districts.

We had a discussion on that with the college and the SMA at our think tank just a few weeks ago. We are discussing how we can have visiting specialists go out to the smaller hospitals to consult and back up the doctors in that hospital. Everybody is concerned about it, but I think it has to be remembered that many of the doctors do make their referrals from the rural areas into the city. If they make a referral to a specialist in the city, it is difficult to get that person to go back to the smaller hospital to have the operation. He or she will stay in the city and have the operation done.

I agree with you. As I said this afternoon (it's all in *Hansard*), I met with about 70 doctors in a regional hospital the other day. They are expressing exactly the same concern as you are. I think all of us are concerned about it. We are having discussions with the medical profession, the college and the hospitals in rural Saskatchewan to try to resolve it. We don't like what's happening, but it's happening right across Canada and all health ministers are concerned about it. It's not just happening here. But I think we have to address ourselves to the problem.

MR. TAYLOR: — I won't ask you to explain your reasons twice. If you discussed it this afternoon, I can read it in *Hansard*.

However, I want to point out a situation in my own area where this is taking place. There was an anesthetist who would come out from Saskatoon and perform tonsillectomies on Saturdays. But that was stopped. I'm not saying the medicare commission stopped it. I don't know if it was that or the college of physicians and surgeons. But something in Saskatchewan is going against the trend that I believe in and you seem to be supporting.

HON. MR. ROLFES: — It is the college that licenses the doctors. It's not me. The hospital boards grant hospital privileges. I don't know the specific case that you are talking about. It certainly wasn't our doing that that particular service was stopped.

MR. TAYLOR: — It seems strange to me that this doctor, who was well qualified to do the work in Saskatoon and was coming out into our area performing a valued service for the people there, for some reason stopped. I'm not saying you stopped it, but somebody did. If this is going on in my constituency, it's possible it happens elsewhere. That's certainly contrary to what we've been discussing here. I would expect you would look into this to see if it could be reversed. This was a very appreciated service and was bringing our hospital into far fuller use.

The next thing I would like to discuss with you is the topic of venereal disease. I understand, from reading in the magazines, that there is spreading around this country a new strain of venereal disease called the dreaded herpes — herpes simplex. I was looking through your venereal disease act and found that it isn't even mentioned in there. Mr. Minister, are you aware of that? If you are not aware of it, will you take a look at it and will you amend the act? If one is to believe the magazines, it's a very serious problem. We should certainly be amending the act. You and the Minister of Education, if this is true, had better get up and start educating the young people of this province about this fact. Were you aware of it? Were you thinking of amending the act? Would you consider implementing some type of public education pertaining to this?

HON. MR. ROLFES: — Mr. Chairman, I'm certainly not an expert on herpes, but we will

certainly look into it. If you say that our act doesn't cover it, it may well not cover it. Maybe we should update it.

Too bad you weren't here this afternoon. I'm not blaming you, but we talked about that this afternoon. We need to upgrade our curriculum in our school system and make our young people much more aware of the responsibilities that they must have for their own actions. If they know the facts, they will act much more responsibly. We went through a lot of that this afternoon, and I don't disagree with the member at all.

MR. TAYLOR: — I would urge you, along with your colleague, the Minister of Education, to do something because, if it is as reported, something should be done quickly.

I would like to talk about the appropriation for the alcoholism commission. I'm going to move to subvote 24, with the chairman's permission, where I see that there is only $500,000 that has been raised in the moneys for the alcoholism commission. Am I correct in that?

HON. MR. ROLFES: — You are correct about the grant to the alcoholism commission itself. Yes, it was a 12.5 per cent increase or (I assume your figures are correct) $500,000.

MR. TAYLOR: — During the discussion this afternoon in question period, the Premier was pressed about the beer ads and the blue movies. I listened to the Premier go on about how concerned he is about the ravages of alcohol in this province. I agree with the Premier, but if that is so, as the Premier outlined, then this is just chicken feed. Let's put some money into it, so there can be an adequate program to assess this problem, as outlined by the Premier of the province this afternoon. I mean, what's $500,00 going to do, in view of what he was saying, as an addition to what you're already doing?

I think some of your programs are fine and dandy, but I sat here and listened to the Premier go on and on to the member for Thunder Creek about the problems of alcoholism in Saskatchewan today. And not doubting the word of the Premier, I think that should have had a much heftier shot of money than $500,000.

HON. MR. ROLFES: — Mr. Chairman, very quickly, the member is just taking the grant to the alcoholism commission, which is certainly not the total amount of money that is for alcohol programs. The total amount of money for alcohol programs, I think, is somewhere in the neighbourhood of $9,569,000. It went up 11.9 per cent, so it went up a million dollars. We may well agree that a million dollars still isn't sufficient, but I think the Premier's argument is all the more valid. What he is saying is this, "Look, let's try and take off this glamorous advertising" . . . (inaudible interjection) . . . No, I know you're not disagreeing, but I want to make the point that the Premier was trying to make, and I agree whole-heartedly.

That's why I made the statement the other day about smoking. I think we should try to cut out all this advertising that promises the young people that if they only participate they can have the good life. The advertising does the same thing. It says that if you participate, you can have the good life, but it doesn't tell them about the diseases and the consequences. The Premier was simply saying, "Hey, look, we've got to cut out this advertising." We know that the amount of alcohol that is consumed is directly related to the availability of alcohol, the advertising of alcohol and the price of alcohol. Now we are (and I'm not casting any aspersions here) having some difficulty with a least one of our neighbouring provinces in trying to get the price of alcohol raised. It has not kept

pace with the rise in salaries, wages or incomes that people receive. I think if Dr. Faris, who used to represent the seat of Arm River, were here, he would certainly agree with me that these three points are directly related and that what we must do again is try to instil it in our young people, through our educational system.

We are setting up, through the SSTA (Saskatchewan School Trustees' Association), I believe, a committee which will deal with this. I've had discussions with the SSTA, and with my colleague here, about setting up a committee to try to work within the school system. I think we should just take away this advertising that says, "Boy, if you're a drinker and if you participate, there's something really good waiting for you." A lot of the young people, I think are suckered into it — not only alcohol, but also smoking. We've got to try to prevent young people from starting . . . (inaudible interjection) . . . Well no, I'm not. No, I said young people. I want to tell the member that he has cut down the chances by 40 per cent of ever being an old man, because he's smoking.

MR. TAYLOR: — Mr. Minister, my colleague from Rosetown would like to ask a question on this topic.

MR. SWAN: — Mr. Minister, you talk about cutting out advertising of alcohol; I'm not opposed to that. I think it's a good idea. But every time you put on a government function of any description, you start it off with a bar. Now, to me that says that the government condones and encourages it. So, that's another area that you could look at when you talk about advertising. I think that advertises to our young people, perhaps far more than the radio, the television and the newspaper.

HON. MR. ROLFES: — Mr. Chairman, the Department of Health has already contacted the other departments and expressed our concern. Again, I don't disagree with you. As I said before, I think the availability of alcohol is certainly a contributing factor.

I did want to mention one further thing — not that I'm bragging — but we do have something going here in Saskatchewan. To my understanding, we have the lowest consumption of alcohol of the three prairie provinces.

SOME HON. MEMBERS: — Hear, hear!

HON. MR. ROLFES — Maybe we just have to continue. And I think in part . . .

MR. SWAN: — Mr. Minister, don't you feel like you're taking money out of one pocket and putting it in the other? You operate the liquor stores in the province to provide the alcohol, and then you turn around and pour money into the alcoholism commission to try to cure the people you have sold the booze to. Do you suppose the Saskatchewan government could get out of the alcohol business?

HON. MR. ROLFES: — Mr. Chairman, could we have some order on this side? I know they're trying to pay me back for the other night.

MR. CHAIRMAN: — A little bit of order from the government side of the House, please.

HON. MR. ROLFES: — Mr. Chairman, I forget what the question was now.

SOME HON. MEMBERS: — Hear, hear!

HON. MR. ROLFES: — Oh yes. It was about operating our own liquor stores. No, I would have to disagree. Go back, Mr. Member, to the committee report of the House which came in, I think, in 1972 or '73. There were, I think some very sincere members on that committee. I remember Arthur Thibault and Dave Boldt were on that committee. I think Dr. Don Faris was on that committee. They recommended that the best way to control the consumption of alcohol, unless you're going to have prohibition, is to have the governments take over the total industry. By having control, I think you can control the outlets, the price and the hours. Certainly, that may be not in keeping with the philosophy of some people, but I think in this particular area, we may have a common thread.

I don't agree with those people who have said lately that we ought to freeze the price of beer or other hard liquors because . . . (inaudible interjection) . . . No, because they say it's adding to inflation. I just don't agree with them. I think the price of alcohol should rise even further.

MR. TAYLOR: — I would like to discuss the topic of abortion. I don't have my health department statistics here. How many abortions were carried out in Saskatchewan last year?

HON. MR. ROLFES: — The answer is 1,557, which was a decrease of about 3 per cent from 1979.

MR. TAYLOR: — Does that 1,557 cover all types of abortions that may have been performed in this province? Are there other medical techniques or treatments performed that would result in abortion?

HON. MR. ROLFES: — The only answer I can give the member is that the therapeutic abortions reported to our department were 1,557.

MR. TAYLOR: — Mr. Minister, will you stand in here and say there are no other operations, or medical treatments, performed in this province and funded by medicare, which result in abortions?

HON. MR. ROLFES: — I would like to ask the member if he can give me some examples so I could answer yes or no. My answer to you would be: I can neither confirm that, nor deny that. When they report the number of therapeutic abortions which are performed, these are the numbers they have given. If you ask me how many therapeutic abortions were performed, this is it. If you have anything else you think there may be, you'll have to give me some examples.

MR. TAYLOR: — When a doctor performs a D and C, does he state in his report whether the woman was pregnant at that time?

HON. MR. ROLFES: — I don't know of any cases where that would happen. If there are, the tissue committee in each hospital would have to investigate that.

MR. TAYLOR: — You don't know, but would you find out if this is reported? That's what I want to know. When a D and C is performed, does the doctor report if the woman was pregnant at the time?

HON. MR. ROLFES: — Not to us.

MR. TAYLOR: — Is there any way you can find out?

HON. MR. ROLFES: — Mr. Chairman, this is a difficult area for a Minister of Health to get himself involved in. Unless there is a specific case which we are asked to investigate, I think it would be difficult for the minister to get involved in medical decisions by professional people. I think it would set a dangerous precedent for any Minister of Health to question those decisions.

MR. TAYLOR: — I am not asking you in any way, shape or form to question a medical decision. I'll ask you this question: when you make a payment from MCIC to a doctor for performing a certain operation, do you know what took place in that operation? In other words, do you know what you are paying for?

HON. MR. ROLFES: — Yes, we do. If the individual indicates it's a D and C, we pay for a D and C.

MR. TAYLOR: — What if it's some other type of operation? Is there any description? When you get the doctor's bill, is it just coded to indicate that there was such and such an operation? Does he say it as an appendectomy and describe the anesthetic, the sewing up and so forth, and that is what you are paying for? Or, does it just say appendectomy — zap — so many dollars?

HON. MR. ROLFES: — Mr. Chairman, I am told that what we receive is a description of the service performed. There is a diagnostic code attached to it, and a payment rate related to that. If a doctor put in for, let's say, a D and C, and it wasn't a D and C, it is illegal. Certainly, the tissue committee in the hospitals would be very concerned about that, and so would we. If members know of cases of that kind, I would appreciate it if they would give them to me privately. We would certainly investigate them. That is unacceptable, if it is the case.

MR. TAYLOR: — Mr. Minister, if you do get some description, then, as you have said, of an operation that is done. Then it would seem logical to me that if a D and C were done you would be given some description of whether the lady was pregnant, or do you receive some report from the tissue committee? Is there anything of this nature? What I want to find out (and I think you know what it is) is how many D and Cs are actually abortions. That's what I started with. And I want to get on to the funding of abortion, and how many abortions took place at different age levels in this province. That's the line of questioning I'm following, because, if I believe that abortion is wrong and that it shouldn't be funded by the medicare fees of this province, then it would only seem logical that if some of the D and Cs are actually abortions, they also should not be funded by the medicare fees of this province. So that is why I want to find out how many fetuses are aborted in this province by one means or another. So perhaps, with all of that, you can try to come up with some answers.

HON. MR. ROLFES: — I'm told, Mr. Chairman, that according to the information that we receive on D and Cs, we do not pay for therapeutic abortions under D and C. There is no evidence at all of this. If there is, we would welcome the information, and I can assure you that it will be investigated.

MR. TAYLOR: — Let's get into some statistics on abortion, then. There were 1,557 abortions in Saskatchewan. Do you have the breakdown in age groups of that? It's in there on age groups broken down year by year, or under . . .

HON. MR. ROLFES: — We have '78 and '79; those are the latest figures we have by age. Under 15, 25; 15, 63; 16, 116; 17, 135; 18, 172; 19, 154; 20-24, 537; 25-29, 200; 30-34, 123; 35-39, 56; 40-44, 43; 45 plus, 5. And that should add up to 1,629. That was 1979. Those are the latest figures we have.

MR. TAYLOR: — Those are all funded by the medicare commission on therapeutic abortions. How many dollars would that be?

HON. MR. ROLFES: — The payment schedule for a GP is $66; for a specialist, $82.

MR. TAYLOR: — It's hard to tell what the total amount of money is unless one knows who it's by. Are most of them performed by GPs?

HON. MR. ROLFES: — Specialist.

MR. TAYLOR: — So you take the specialist fee to figure it out. Do you pay under MCIC for any therapeutic abortions which are done for Saskatchewan ladies outside of Saskatchewan?

HON. MR. ROLFES: — Yes.

MR. TAYLOR: — How many did you pay for in the last year?

HON. MR. ROLFES: — 76.

MR. TAYLOR: — Where were they performed?

HON. MR. ROLFES: — I don't know. They were all over.

MR. TAYLOR: — How many D and Cs were performed last year in Saskatchewan?

HON. MR. ROLFES: — 8,002.

MR. TAYLOR: — 8,000?

HON. MR. ROLFES: — I'm told that's the wrong figure. Hold on. That figure was correct. There were 8,002. I don't make many mistakes.

MR. TAYLOR: — Let's not make light of this; it's a serious situation. Would it be possible, Mr. Minister, that your department could, for another year, ascertain which of the D and Cs were performed on pregnant ladies? If you can't do that statistic now, would it be possible to find this information out for us?

HON. MR. ROLFES: — Mr. Chairman, I think I have to refer back to a statement that I made earlier. I'm really worried about getting involved in medical decisions. I think if any member, and certainly that includes me, as Minister of Health, has any suspicions that D and Cs are done for any other reason, then we ought to contact the college of physicians and surgeons or the tissue committee of that particular hospital and put our case before them. But it would be dangerous for the Minister of Health, personally, to be involved in questioning the medical decisions of people. That's really not my job. That is the job of the college of physicians and surgeons, who determine the quality of medical services in this province. They have an act by which they are guided. The tissue

committees that are set up in each of the hospitals have their particular duties. I would ask any member, if he is concerned about any particular case, to contact either the college or the particular committee of the hospital.

MR. TAYLOR: — I'm not asking you to question the medical practice. I was just wanting you to find out a statistic for me, and I think I'm bringing it by the right avenue, to the Minister of Health. I think it's your job, not mine, to go around questioning the college of physicians and surgeons. I'm not questioning whether the D and C should be done or not. I'm just asking if you know whether some of these D and Cs are actually abortions and if the taxpayers of Saskatchewan are paying for them and if your figure of 1,557 is correct.

I would like you also to give me the age breakdown of the D and Cs that were performed last year in Saskatchewan. There are 8,002 of them; you don't have to provide it for me right now if you can't. That's rather a large number of them. But, do you know, by age category — under 20 or under 16? Have you any stats on this?

HON. MR. ROLFES: — Yes, we can get you the age group. I was thinking of the first question that you had asked. But it will take some time for us to get that. We haven't got that here, but my officials tell me, possibly in a couple of weeks we'd be able to get . . .

AN HON. MEMBER: — A couple of weeks? Why not tomorrow?

HON. MR. ROLFES: — . . . that for you. Yes, a couple of weeks, not tomorrow.

MR. TAYLOR: — I can expect a breakdown on these 8,002 as being something similar to what you gave me as the abortion breakdown?

MR. ROUSSEAU: — Mr. Minister, to clear the air, the first thing I want to say is that I don't want to make a joke of something that happened earlier on cigarette smoking. I fully agree with your point, and although I made light of it at the time, I'm one of those individuals who is hooked and I certainly don't advocate smoking for any other young people; I did not for my own children. I should take the advice of the member of Saskatoon Nutana, but maybe he'll buy my cigarettes for me.

You made several statements tonight and I'd like to take them one at a time. I might be jumping from one to the other.

The first question I'd like to ask you right now concerns the statistic of 1,557 abortions. What is that, expressed as a percentage or as a number per 100 live births?

HON. MR. ROLFES: — For Canada, it is 18.1; for Saskatchewan it is 9.9.

MR. ROUSSEAU: — Although the number of abortions has decreased since 1979 — and I don't have it for live births in 1979 — but in 1977 it was 7.9. In 1978 it was 9.4. You're wrong? Okay, I'll wait.

HON. MR. ROLFES: — Just so there is no mistake about the date, the year that I gave you was 1979 for both Canada and Saskatchewan. We don't have the 1980 one.

MR. ROUSSEAU: — I'll wait if that's it.

HON. MR. ROLFES: — We haven't got the '80 for Canada, but for Saskatchewan it's 9.0.

MR. ROUSSEAU: — So, that also is a slight increase from 1979 but quite a bit higher than 1977. I believe you said 76 abortions out of the province. I take it MCIC paid for those. Would it not seem logical that if there were performed out of province it is because people couldn't get them done in Saskatchewan? They were refused the abortion in Saskatchewan through the board or the committee that decides.

HON. MR. ROLFES: — I'm not making light of this at all. I think my personal stand is well known. I simply want to say to the member that it's a medical procedure, legal in Canada, much as some of us object to it. If I followed his analysis then I should have refused the request he made of me a week ago, because it could not have been done in Saskatchewan. It was done outside the province because it was a medical procedure which we did not and could not do in Saskatchewan. Residents who live, let's say, temporarily in Alberta or visit Manitoba or visit Quebec may have a medical procedure performed there. We certainly cover that as we would any other medical procedure. It's a medical procedure legally acceptable in Canada, and therefore it is covered.

MR. ROUSSEAU: — Well, that brings up a point. You just indicated a minute ago the discussion you and I had a week ago, or last weekend, and you said a couple of minutes ago that it was very difficult for you as a minister to question professional decisions by medical people. But getting back to our discussion of last week, isn't that in fact what really happens? Well, you shake your head and say no.

We have a situation (and I'll just touch on it without talking about the specifics) where a doctor in Saskatchewan recommends an operation be performed outside this province, and your department says, "No, it can be done here." Well, that was in fact what happened. It was changed. By the way, I want to commend you and your Mr. Fyke, who intervened and got quick action on that particular instance; I think that was commendable, and I appreciate it. But the fact is that you are saying (or maybe I'm assuming it) that the decision was made by a medical doctor locally, and then your department said, "No, you can't go there because it can be performed here." Okay. Now that was really what happened. I would suggest to you that the same thing applies to these abortions.

Now getting on with it, and you can come back to it in a minute, there has been some doubt cast tonight as to the legalities or the intent of the D and Cs. We are saying that perhaps some of these D and Cs were, as my colleague said and I understood it (maybe I'm wrong) . . .

AN HON. MEMBER: — Not the legalities.

MR. ROUSSEAU: — Not the legalities? I'm sorry for my wrong terminology. I should have said, "the possibilities of these D and Cs being really abortions." Now, if there's any doubt on that, aren't you as the minister the one, and the only one, who decides? I refer to section 5 of the Criminal Code, where it is only you as the Minister of Health in this province, who has the power to require information regarding therapeutic abortions. Isn't that a fact?

HON. MR. ROLFES: — I thought I had made it very clear with the member for Indian Head-Wolseley. He was not casting any aspersions. He simply wanted to know whether we were paying for therapeutic abortions through D and Cs. I said no, without any reservations. I want to make that very clear. I went on to say that if any member has any

suspicions or information whereby they feel that abortions are being performed through D and Cs, they should refer those to the college of physicians and surgeons and to the tissue committee of the hospital. I don't think that I, as the Minister of Health (and I want to re-state that) want to get involved in questioning the medical decisions made by the medical people of this province. I don't think that is my job; that is the job of the college of physicians and surgeons and the tissue committee set up by the hospital.

MR. ROUSSEAU: — Perhaps I used a poor choice of words a while ago, when I said that he cast doubts or aspersions or anything else. But perhaps I should cast the aspersions on this: there are 8,002 D and Cs performed, many of them (and you haven't got the figures to us yet) on teen-age girls. I suggest to you that many of them are pregnant. I suggest to you further that it isn't the duty or the responsibility of the college of physicians and surgeons to police this, because they don't have the authority to demand an investigation. You do, under section 5 of the Criminal Code. Only you have that authority. I suspect that many of those D and Cs are performed on pregnant ladies. Perhaps it should be your duty to investigate that situation.

HON. MR. ROLFES: — Mr. Chairman, I don't know the exact words which the member used, but casting aspersions on the doctors who are performing D and Cs is very serious. If you have information to back up that statement, then I think it is incumbent upon you to make that available to the college of physicians and surgeons or to the hospital committees or you can give that evidence to me. As Minister of Health, I have no choice but to turn it over to the college of physicians and surgeons. I have no evidence to back up what you are saying. Get the evidence and give it to the college of physicians and surgeons. If you give me the evidence, I will take it to the college of physicians and surgeons.

MR. ROUSSEAU: — Well, I don't always use the correct words, Mr. Minister. However, there is no doubt in my mind, and I don't think there is any doubt in the minds of many people in this province, that perhaps that is exactly what is happening. I am certainly not questioning the integrity or the professionalism of our medical profession. That is not my intent. I have no evidence and I don't think you have. But isn't it a possibility that this does exist, particularly if we find that those figures of 8,000 contain a high percentage of young people? But perhaps it should be looked into.

I want to expand a bit on that issue. Under the costs, you indicated that you pay $66 and $82 to the doctors. I have some figures and I'll be very honest with you, I don't know how I got them; I can't recall. This is, I believe, in British Columbia. For an abortion there, under 10 weeks, the cost was $73; over 10 weeks, it was $146 . . . (inaudible interjection) . . . Now, this is a different cost from what you quoted while ago, which is fine. I'm not sure that you were including that in your costs. In fact, I know you weren't. But what about anesthetists' fees, the cost of the bed which is required and the cost of drugs which will vary (perhaps a conservative estimate would be somewhere around $75)? What would you consider a true cost of an abortion, over and above the fee that you pay through MCIC?

HON. MR. ROLFES: — Mr. Chairman, I'm not trying to evade the question, but we just don't keep those kinds of cost analyses of each medical service. If you ask me what the cost of an average appendectomy is, I just can't tell you. We just don't keep those costs available. So, I can't tell you what the average cost of an abortion is. Many of them are done on an out-patient basis. Certainly, many of them, I suppose, must be done on an in-patient basis. What number is done on an out-patient basis and an in-patient basis, I don't know. I think your speculation on what the cost of an abortion would be, would be

just as accurate as mine.

MR. ROUSSEAU: — I am going to move along after I make this comment, Mr. Minister. You know my feeling on it. I expressed it last year in this Assembly, and I still feel, that the Saskatchewan government should seriously consider removing the fee for abortions from the schedule of MCIC. If they want abortions, they can pay for them. I don't see why the taxpayers of this province should be required to pay for abortions on demand. I think it's something that your department, your government, should serious look at. It's about time we took a position on that issue and, certainly, I am taking that position. I speak on a personal basis when I say to you, as a member of this Assembly, that it's time that your government acted and said, "Enough is enough," when we look at the murder of some 60,000 babies a year. Someone, somewhere, is going to have to start it. Perhaps the way to start it and to make abortions illegal once again, is to stop the funding. Maybe that will change the attitudes of some of the people, many of them being young teen-agers. If you want to respond, I will sit down, but if you'd rather not, then I'll carry on. Do you want to?

Mr. Minister, you were quite adamant about the matter of priorities in your department. I'm going to quote from a letter that I received and I'm going to start with the end of the letter and come back to other points of it:

> When a decision was made to honour T.C. Douglas with a landmark-type of edifice, why choose an expensive building to house administrators of the health plan? Why not develop a research facility or treatment facility to tackle the problems which are of special importance to Saskatchewan residents, like multiple sclerosis (we have the second highest incidence of this dread disease in the world, second, I believe only to Iceland), or such diseases as farmer's lung disease from grain dust? One might reasonably ask who made the decision to favour the administrative areas with a facility instead of a facility to help the sick people of Saskatchewan. Once again, who sets the priorities?

You know, we look at an edifice of that nature and (we've talked about this before) the cost of that one particularly, which is well over $100 per square foot, and runs into the millions of dollars, and ask how much benefit it has been to the people of Saskatchewan.

I'm going to go back to the letter and quote from some of the points made that I think your government and your department are failing on, Mr. Minister:

> 1981 is designated as the Year of the Handicapped. For example, a child born . . .

Now I'm quoting out of context as well. I am missing some lines because I don't want any indication of where this letter came from.

> . . . a child born with a club foot has his hospital and surgeon bills covered but not the special orthopedic boots which are usually part of the treatment, and these may cost $50 to $60 basically, and often there is a bill of $20 or $30 to have the boots modified. The same applies to the child with a malformed limb or cerebral palsy. The basic splint may be provided for by public funds, but the boots to which the appliance is fitted are the

responsibility of the parents and these often need to be replaced three times a year.

He switches to another group and I'll go on with that:

> Many elderly people, on a minimum subsistence, are handicapped in their ability to get around by painful feet. Painful feet can often be remedied by chiropodist care. Chiropodist care is not covered in Saskatchewan. A chiropodist does such simple things as controlling corns, calluses, ingrown nails, etc.

. . . (inaudible interjection) . . . I would appreciate it if the member for Shellbrook would keep it down a little bit so that the minister behind him can hear me. If you have something to say, perhaps you'd like to say it outside the Chamber so that everybody else can discuss in peace, Mr. Minister.

> The orthopedic surgeon, of course, has not the time to deal with these minor things but, nevertheless, they are very disabling to the elderly.
>
> Another large group are the diabetics. These people must pay for their own syringes, needles, and insulin, depending on the amount of insulin they require — the number of injections per day. These items plus their alcohol sponges plus their special diet foods add up to a considerable sum, especially when there is more than one diabetic in the family.
>
> Another area — the child born with congenital eye problems. These children often require frequent changes of strong glasses which can be very expensive. The glasses, themselves, are not covered by any divisions of the medical program.

Now these are only some examples, Mr. Minister, and you prided yourself earlier in these estimates that it was a matter of priorities. I ask you once again: where are your priorities?

HON. MR. ROLFES: — Mr. Chairman, I simply want to repeat what I said earlier. If you match our total health programs to those of other provinces, Saskatchewan leads the way in almost every area you could mention. That doesn't mean we have covered everything in every program. We know that, and we'd love to cover more things than we do from year to year, as we have in the dental program. We now cover ages 4 to 15. Many parents in many provinces wish they had that kind of service. Regarding the SAIL program, I indicated to the member for Maple Creek that one of your MPs was in Regina just recently and he said to me, "Look, you have one of the best SAIL programs in all of Canada." He didn't have to tell me that. He experienced it as he went across Canada, and he was surprised at the total health program that people had here in Saskatchewan.

I'm going to say something to the member about many of the items that are not covered. People in Saskatchewan could buy a lot of those for the $480 premiums that they have to pay in Ontario. It wouldn't cost them $480 or the over $200 premiums they have to pay in Alberta. What about the money they have to pay after a certain length of time in hospitals in other provinces and not here? We're proud of the programs we've started and we will continue, as revenue comes available, to expand then to include other things — as we did this year. As soon as the task force on rehabilitation came down with

its report, we announced that we would go with a modern rehabilitation centre here in Regina. There are many other recommendations from that task force which I expect my officials and other departments to act on very shortly. We will be making recommendations to other departments to try to convince them to move very rapidly with some. Some will not cost very much money, but others will. And I'll be the first to admit that many of the things indicated in that letter have a lot of merit, but it is a matter or priorities.

Suppose one were in a province which doesn't have a dental program, a hearing aid program, a drug program or a SAIL program or doesn't cover chiropractors. We're experimenting with foot care (I've forgotten the professional name for it). We're experimenting with sheltered housing; we're experimenting in other areas as far as the handicapped are concerned. There is a child safety program and a prenatal nutrition program; we are co-sponsoring a prevention institute in Saskatoon. We are doing many things.

Are we doing everything which every member would like us to do? No, and I'm sure that everybody could draw up another list of the ones which they think should have higher priorities than others. If your list has a different arrangement than mine, obviously you put your priorities somewhere else. That's why I'm here, and that's why you are there.

MR. BERNTSON: — Mr. Chairman, I have a couple of questions on the cancer clinics and the cancer foundation. Since the inception of the cancer foundation legislation, can you indicate what the turnover in medical professionals in each of the two clinics has been?

HON. MR. ROLFES: — I am told that the turnover is relatively low right now. We are advertising for a director of the Allan Blair cancer clinic in Regina. The one that we have now is retiring, and so, we are advertising for a new one. And I think the member knows that we were very fortunate in being able to get Dr. Klaassen, a top oncologist in Canada, from Ontario. We're very pleased with him. I think things have improved immensely since a few years ago. The 30 per cent increase will do a lot to give it an extra boost.

MR. BERNTSON: — Are both clinics at full complement of medical professional staff?

HON. MR. ROLFES: — We don't know, but I could find out and let you know very shortly. I mean, let you know within a day or so. No, I can't tonight. But we'll get the information for you as quickly as we can. But they don't report to me . . . (inaudible interjection) . . . I know, but they don't report back to me.

MR. BERNTSON: — We fixed that up in the legislation, remember?

HON. MR. ROLFES: — Well, foundation, remember?

MR. BERNTSON: — One of the recommendations in the Watson report was that a strong medical advisory committee be set up to advise the board on medical and scientific matters referred to it by the board. Is that committee functioning and can you list the membership of the committee?

HON. MR. ROLFES: — I am told by my deputy that that particular committee is functioning very well, and that, secondly, every recommendation of the Watson report has now been implemented or carried out. Every recommendation of the Watson report

has been implemented. Which one hasn't?

AN HON. MEMBER: — You haven't got your ambulatory lodges yet?

HON. MR. ROLFES: — I couldn't hear you.

MR. BERNTSON: — I'll give it to you in a minute.

HON. MR. ROLFES: — And thirdly, we haven't got the names, but we can get them for you tomorrow.

MR. BERNTSON: — In 1972, I think, it was the Johnson report that recommended lodges for ambulatory patients and out-of-town patients receiving cancer treatment. The Watson report recommended the same thing. It was about two years ago that the Canadian Cancer Society offered to build them for you if the Government of Saskatchewan would pick up the operating tab, which the present Minister of Finance was reluctant to do (then he was the minister of health). That was raised in the House at the time. I see that the Canadian Cancer Society has now decided to build at least one of these lodges, I think, in Saskatoon . . . (inaudible interjection) . . . Both of them. That's wonderful. Did they enter into an agreement with you for you to pick up the operating costs of these lodges?

HON. MR. ROLFES: — We expect that the cancer foundation will be putting the operating cost in their 1982-83 budget.

MR. BERNTSON: — The foundation will. Okay. The final recommendation of the Watson report was the establishment of a pediatric oncology clinic in Saskatoon on a firm basis, which I take to mean something a little less temporary than existed at the time. Can you indicate whether that has been put in place or not?

HON. MR. ROLFES: — Not to mislead the member, my understanding is that Dr. Klaassen has resolved that to everybody's satisfaction. It may not be exactly as Dr. Watson suggested: that it be put on a . . . I forget now what the terms were. But my understanding is that the pediatric department is very happy with the set-up that Dr. Klaassen has arranged.

I received the information sooner than I thought. The medical advisory committee consists of Dr. Crosby, Dr. Alexander, Dr. Barclay, Dr. MacRae (I think), Dr. McSheffrey, Dr. Moore, Dr. Poon, Dr. Rusnak, Dr. Twanow and Dr. Walker.

MR. ROUSSEAU: — Mr. Minister, I want to touch on two more areas. I will start with the discussion you and I had last weekend. What is the procedure in the situation (and I will explain it for the record) where a patient is advised to have surgery done outside the province, and your doctor, the one in MCIC, says, "Well, it can be performed here, so we won't pay for it if you go out of town"? Now, what is the procedure then?

HON. MR. ROLFES: — Mr. Chairman, there is an out-of-province committee set up in MCIC. The present committee is composed of three doctors and one nurse. What happens is that when a doctor feels that a surgical procedure has to be performed outside of the province, he then applies to MCIC and requests approval in advance. He may base it on technical difficulties or he may say, "Look, we can't perform the operation here because it's highly specialized," or "We don't have the back-up facilities

to do it." That is presented to the out-of-province committee. If it is approved, the person then has the surgery performed and we pay the out-of-province rate.

MR. ROUSSEAU: — Well, I'm glad you made one mistake tonight. Even I knew that.

Mr. Minister, are you suggesting (and I'm not throwing this out as an accusation) that somebody goofed last week? That's exactly what happened in this case. There was an individual who sought the approval of that bill. It was turned down. It was only through your intervention that it was eventually approved. I suspect that either somebody goofed or the doctor didn't handle it properly. If this is happening to others, it could be a serious concern. What really concerns me is that if one gets by, how many others get by where the patient will pay and not say anything?

HON. MR. ROLFES: — In the particular case to which the member refers (and I prefer not to use any names for obvious reasons) the difficulty is that there was a difference of opinion between the referring doctor and the doctor who was to perform the operation. The referring doctor contacted the people in Ontario, and after his consultations, felt it should not be done here. Then I believe, it went before the out-of-province committee and they, at that particular time, went with the decision of the doctor who was to do the operation . . . (inaudible interjection) . . . No, in this province. Then there was intervention by you, and the out-of-province committee reversed its decision and went with the referring doctor. It is a very close judgmental call. There were two specialists; one felt it could be done here and the other felt it could not. My understanding is that happens very seldom. I forget the particular operation as it had been explained to me, but apparently it is a fairly complicated and rare operation. Some of those are judgmental calls. It is a good idea that this is not in a charter of rights, and we can go to our MLAs and assist our constituents. If you look at the out-of-province committee with three doctors and one nurse, again all professional people, I don't think one could criticize them for either decision that would have been made.

MR. ROUSSEAU: — Mr. Minister, either you have the wrong facts or I have the wrong facts, and that is possible. I'm not sure that I'm right. I'm not going to dwell on that particular case; we are getting too close to naming names. My concern is that perhaps the individual would be told by MCIC that he would have to pay because the operation could be performed here. They would then go ahead and do it.

Let me throw a suggestion out. Perhaps this is the way you are doing it; I'm not sure I understand you. Maybe we're not communicating. We can get together later on this point. I suggest that when this happens, the committee, before making a judgment call, could discuss it with the doctor who referred the patient to the surgeon. I think that's where the communication was missed in this particular case. We will leave it at that, because I'm getting too close to a problem. You and I will get into it later. If this is your procedure, it is a good one, so there's no problem.

I will go back to another point, and then I will pass it on to someone else. I would like to know what your program is for the treatment of alcoholics within Saskatchewan. Let's not misunderstand it; I agree it is a very serious disease. Several patients in Saskatchewan are being treated at Mandan, and apparently it is a very costly treatment. The bill was picked up by MCIC. I believe it was the second time around, but I'm not sure of that. What program do you have in place to have these treatment centres here in Saskatchewan, where we can do it as well as anywhere else? I understand there is one in British Columbia, but very few in Saskatchewan. I suggest to you that you may save a lot of money eventually by having it here rather than paying those very expensive bills

out of the province and out of the country.

HON. MR. ROLFES: — My understanding is that the main in-patient centre for treatment is Calder Centre in Saskatoon. We have a Regina rehabilitation centre, but it's on an out-patient basis. I must admit that I'm not as familiar with the Calder Centre in Saskatoon, but there has been high praise for the work done by the people in the Calder Centre. Someone told me the other day, and I can't recall who the person was, that Calder Centre was recognized as one of the most successful centres. I personally don't know too much about it. I am told by the chairman of our alcoholism commission, who went through it (not that he had to but just for experience), that he advocates that many of us should go through that particular course. He says it is a fantastic course and that those people do a really good job. Mandan, last year or this year, where we sent 69 people, cost some $220,000. It sounds like a lot of money, but it isn't all that much when you consider the cost to build our own and to staff and operate it.

Our regional decentralization program in this province is a good one. We need to upgrade some of our facilities. But I would like to see us try — and I know in the reorganization of the alcoholism commission we are going to try — to decentralize it more on a regional basis and get our people out working in the region. I really can't say whether we need further facilities like Calder Centre in the province. If we do, we have to give that very serious consideration. I wouldn't mind a comment or two from the member about that.

MR. ROUSSEAU: — There's no doubt it's a disease that needs attention, and I'll make that comment. What I also wanted to comment is that it almost sounds to me like (and I wasn't aware of the Saskatoon one by the way) a contradiction of policy. On one hand you say that if you have the facilities and you have the medical doctors and the abilities to perform certain operations within the city, then you won't pay for an operation outside. For example, if he goes to Edmonton for an operation that could be performed here, then you'll pay the Saskatchewan rate, not the extra. Isn't that a contradictory statement of policy if you are doing it for one case, but even though you have facilities here for the treatment of alcoholism, you will pay the American rate in Mandan? I don't quite follow your thinking, unless the reason is you can't handle any more in Saskatchewan and it's an overflow.

HON. MR. ROLFES: — Mr. Chairman, just so the member does not misunderstand, we do not refer people to Mandan. There may be personal reasons why a particular individual could not be treated here in Saskatchewan. Maybe because of his or her position in society, the person would prefer not to be treated here. There could be other therapeutic reasons as to why that individual would prefer to go outside the province, rather than being treated at Calder Centre, or in one of the other centres in the province. Those aren't the only centres we have. I mentioned Calder Centre because that's the main centre in the province. There is a good one in Estevan. I, in fact, visited it not so long ago. There is the Angus Campbell Alcoholism Centre in Moose Jaw; the Slim Thorpe centre in Lloydminster is certainly well-known. Pacada Centre in Prince Albert is doing work with people. Yorkton, Kindersley and now, of course, St. Louis have treatment centres. I can't believe the success rate we're having at St. Louis. It's just phenomenal right now; we think it will have to drop, because it's just too high. It can't continue in that line. Also, we have the NAC (Native Alcohol Council) out-patient centres in the province. So there are others.

I am fairly well satisfied, I think, with the spreading out of the various areas, making certain that it doesn't become too centralized. We may have to upgrade some of the

facilities and personnel, but generally speaking, I'm quite pleased with the program that we have in this province to deal with alcoholics.

MR. BERNTSON: — I think I could support the efforts of the government in dealing with the problem. I know that Estevan has done some very fine work. As it relates to your question on Mandan, I understand that Mandan specializes in specific addiction, such as valium addiction, etc., acquired through trying to break the alcohol addiction.

HON. MR. ROLFES: — My understanding from my people is that that's not true.

MR. ROUSSEAU: — I have just one other question. I mentioned the British Columbia centre earlier. I don't know the name. How many patients have you paid for in the British Columbia centre, or any other out-of-province treatment centres?

HON. MR. ROLFES: — I don't have those figures, but they'll try and get them for you for tomorrow. Okay?

MRS. DUNCAN: — I'd like to spend a bit of time on the drug plan right now, Mr. Minister.

First of all, I'd like to ask why the cough preparations were deleted from the plan this year.

HON. MR. ROLFES: — The action was taken partly in response to a suggestion made by the Saskatchewan Pharmaceutical Association, based on evidence indicating abuse of preparations containing hydrocodone, that such products should be removed from the formulary and be replaced with products free of abuse-potential. It was also considered that most people would be able to buy the ordinary cough syrup for probably even less than they would have to pay under the prescription drug plan.

MRS. DUNCAN: — I think the association disputes that particular claim. They asked that it be replaced, but it wasn't.

I understand that you've gone to a new type of system with regard to payments to pharmacies, and certain problems have arisen. I am sure you must appreciate the sense of frustration which small pharmacies must face when they get pay runs and rejections and whatever, and they can't substantiate the reasons these particular claims were rejected. I would like to read to you what one official in your department wrote to one pharmacy in particular.

> Your letter of February 11, 1981, is rather incredible in light of the many replies I have made to you in the past. Obviously, you do not absorb what you read. I must, however, dispute your claim that the drug plan owes you $8,000. The maximum we could owe you is three weeks' claim and it would amount to $2,800, not $8,000 as you like to think. If you have doubts, I would suggest you have your accountant straighten you out as far as your account with the drug plan.

This is dated February 16. On February 17, a letter was sent to this official.

> Dear Sir: I almost had a heart failure when I read your letter this morning, thinking that my staff had made a bookkeeping error. However, I am happy to report for my staff's sake that after personally checking, I found that the totals I have been using are correct . . . If it is not your responsibility to pay me for

> the drugs dispensed in good faith, under the Saskatchewan Prescription Drug Plan, then whose responsibility is it? The patients?

So, February 19, this very same official, after questioning the proprietor's integrity, if not her intelligence, writes back:

> Thank you for your letter of February 17, 1981. It would appear that your figures are correct. As I stated, we are behind and catching up. I expect by the first week of March our processing will be current.

I should really read the name out in the House, but I'll send it over to you instead. As the owner of a small business, I know that if our staff treated our customers in a discourteous manner, in what I would regard as a flippant and insolent manner, they wouldn't be there very long. They'd be walking down the road, and I suggest that you look into this, once I give you this official's name.

HON. MR. ROLFES: — Mr. Chairman, the tone of that letter disturbs me very much also. I certainly will not condone any of my officials writing a letter in that particular fashion. The only thing I regret is that either the pharmacist or you had not contacted me sooner, so that we could have dealt with it. I do not condone that type of letter written by any of my officials and I can assure the member that I will have my deputy or me deal with it as quickly as we can.

MRS. DUNCAN: — You've received copies that came from this pharmacy. Another thing I'd like to bring up about the drug plan is that when another pharmacy was experiencing rejected claims which were filled out correctly, and trying to get them resolved, another official in your department just stated, "Well, the government doesn't run the drug plan like a private business. There's no way that they can if there's a sloppy keypunch operator (or whatever you call them), they can't fire them, because they have union regulations and rules that they have to follow." That really doesn't compensate the owner of a pharmacy when he has to go back through his files and check the claims. It's all time consuming, it costs money, and there's no way that these smaller pharmacies are actually compensated.

HON. MR. ROLFES: — My understanding is that although over the Christmas holidays we did get behind a little bit, the turnaround time is about 11 days from the time we receive the receipt — and it is possible that certain pharmacists do not send in their receipts right away.

Now, that's not bad. That's a pretty good record, if what my officials tell me is true, and I have no reason to believe that it isn't.

MRS. DUNCAN: — In this instance, I'm talking about keypunch operators who feed the information into computers and make errors — make a 6 a 5, or a 0 a 9, that that type of thing — and there may be a lot rejected on a pay run. Perhaps a lot of these could be screened before they're sent back to the pharmacies.

HON. MR. ROLFES: — My understanding is that 93 per cent of all the payments made on the first time through are correct.

AN HON. MEMBER: — But 7 per cent are not.

HON. MR. ROLFES: — We are human beings who make errors. No one says that it's 100 per cent . . . (inaudible interjection) . . .

MR. BERNTSON: — That's absolutely right, Mr. Minister; they are human and they do make errors. And the taxpayers of Saskatchewan are paying them. Among those taxpayers of Saskatchewan are the small businessmen running pharmacies. Why should they, then, go back through all of their records when they get a rejection? Why isn't it done here before the pay run (or whatever it's called) is sent back out to them? These pharmacies in rural Saskatchewan have to go through their whole week or month, or whatever they send in at one crack, to verify these rejections and check them to see whether they are rejections or not. Surely, you have the sense, when a rejection comes up, to check to see if there is a keypunch error or a misread, or whatever.

HON. MR. ROLFES: — Mr. Chairman, it should not be assumed that 7 per cent is all due to my people. There are errors on the receipts that are being sent in. People are claiming for the wrong thing. They're claiming, for example, for an adult dosage, when it should have been a child dosage. There are many others. When you have two groups involved, the pharmacists and the paying agency, and on the first round you have 7 per cent error, I don't think that's a bad record. Certainly, we try to avoid as many errors as we can, but there are certainly going to be errors. But those errors aren't always due to our people. They are also due to inaccuracies and lack of information that we get from some pharmacists.

MR. BERNTSON: — I don't dispute that. I do dispute that they are your people. They are our people. We're paying the taxes.

HON. MR. ROLFES: — They're responsible to me.

MR. BERNTSON: — Exactly. I'm glad that someone over there is responsible. A 7 per cent error on the first run is high. I accept that not all of the errors are made by our people. Surely there should be some procedure, before the rejection goes back out to the pharmacist, where it's screened to see that it is his mistake, and not one of ours.

HON. MR. ROLFES: — Mr. Chairman, I'm told that we do have a procedure. We do check if there are errors made.

AN HON. MEMBER: — What's the percentage of error a head?

HON. MR. ROLFES: — Well, no, I don't want to start damning anybody on either side. I think we do have some problems that have to be ironed out. I appreciate very much the member's bringing it to my attention. I think it is wrong to blame one particular side. I'm not going to come down and say that, if all those pharmacists saw to it that everything was put in correctly, we could avoid all of the errors. Not at all. I think we should be more diligent in checking the errors and catching them, just as the pharmacist should make sure that they fill out the forms correctly.

MRS. DUNCAN: — Could you tell me, Mr. Minister, why you have a secret DIN (drug identification number) for certain types of insulin?

HON. MR. ROLFES: — I don't know. I think this one would be better explained directly to the member by one of my officials, but the procedure doesn't allow it here. I'm told it is an administrative function. The health protection branch doesn't assign any DIN (drug identification numbers). There are two kinds of insulin, one is mixed and one is pure. With the pure one we want to make absolutely certain of what has been issued, because it is much more expensive. It is really a control mechanism that we use. I don't know if

that makes sense, but that's what I'm told.

MRS. DUNCAN: — Well, it really doesn't make sense because the same official who has the knack of writing letters also wrote that the drug identification numbers for pork and beef insulin are the same for both NPH in Toronto, as the unit cost is the same. It isn't. NPH pork and Toronto pork is $6.90 and NPH beef and Toronto beef is $6.05, yet you had a secret DIN number to identify those. I can appreciate you wanting to make sure you are paying the pharmacies for the right kind of insulin. Heaven forbid that they would ever use the secret DIN number and get paid a higher price than what they actually dispensed. You must realize that most pharmacies have to order it in specially for special patients. It's all balled up, Mr. Minister. The pharmacy made claims for NPH pork with the old secret DIN number, and it was refused. A special claim was re-submitted January 14, with a letter of explanation along with it, and it was still rejected. You certainly must feel that the pharmacists of Saskatchewan have some integrity and you can surely trust them with the two DINs so that you don't make the mistake when those things are being punched in. When you have them under the same DIN it shows up at the cheaper price, and if the higher price is punched in, it's automatically rejected. Yet it is identified as the ordinary.

HON. MR. ROLFES: — Mr. Chairman, I'm not sure that I will be able to clarify this by trying to give a verbal explanation. I wonder if the member would accept a comprehensive written statement tomorrow morning so that we don't continue . . . (inaudible interjection) . . . Well, you caught me on one that I should have possibly been briefed about. I don't understand it and I will admit that, but I will try to get myself briefed on that by tomorrow morning so you won't catch me again.

MRS. DUNCAN: — Will this comprehensive report be pure or mixed?

HON. MR. ROLFES: — If I supply it, it will be pure because it will be nothing but genuine.

MR. ANDREW: — I have a question to the minister as it relates to certain formulas for children under the drug plan. I can give you the situation. It's a personal situation with me as my youngest child is required to eat a substance called Nutramagen which costs approximately $10.00 a can at most pharmacies. It costs $9.50 to $10.00 a can at the Co-op pharmacy, the White Cross and the other pharmacies in town. The price is very similar, anywhere from $9.70 to $10.00. The particular child in question will probably have to use that formula until age four, and at this point in time he is using more than one can a day, which costs him anywhere from $15 to $20 a day. I'm not so concerned about me because I, being a fairly well paid member of the legislature, do not suffer the financial strain. But a lot of other people do. With the increased number of milk allergies that we're seeing in the province, and I think probably throughout the country, do you not believe it is time — and I believe even officials in your department requested this — that the matter be brought into estimates to be examined in the light of day? In fact, there are some serious milk allergies and the costs are becoming very high, especially for people on lower incomes, so that it is very difficult for them to cover those costs.

HON. MR. ROLFES: — Mr. Chairman, I think again the member touches on an area that is difficult to say no to, or say that it doesn't have as high priority as others, because it does affect a fairly large number of people. And I think he's right. But to include that under the drug plan would be very expensive. And here again, I think some tough decisions have to be made on our part as to what we include and what we exclude.

Now, I believe that there is an exceptional drug status which people can be eligible for, but they must be referred by their own doctor in this regard. I think I am correct in that. It doesn't open it up for everybody. But the doctor can refer individuals and ask that they be put on exceptional drug status.

MR. ANDREW: — In that regard, Mr. Minister, can you explain what the criteria are for that? Is it based on income? Because again in the particular case that we were involved in, the doctor, who is a specialist in Saskatoon, recommended that type of formula and that it should be covered under the drug plan. The letters were, in fact, forwarded to the Department of Health and the answer was simply that that type of baby formula is not going to be covered, although we agree that the cost is extremely expensive for a lot of people. And I think if you're referring it, there quite a few people who are forced into that situation and we just don't have the mechanism to cover it. So whether or not a doctor recommends a product makes no difference.

HON. MR. ROLFES: — The prescription drug plan annual report explains our policy on page 10. I ask the hon. member to turn to that page. It has to be cases where the child cannot take any ordinary food at all. It has to be total, or nothing is covered. In those cases, where that does happen, the doctor can refer the individual for exceptional drug status, and we pay for 70 per cent of the nutritional supplement costs, in excess of the first $100. This is the 1979-80 annual report on the prescription drug plan on page 10.

MR. ANDREW: — That might be what is in the report, Mr. Minister, but that is not what happens. I'm referring to our own child. The only thing the child can eat is this Nutramagen — absolutely nothing else. Perhaps that can change in the next year or so. But for the first year, that's exactly all the child can eat. All that information was forwarded to your department and it was still turned down as not being covered under the drug plan. The answer was that there had to be some changes in the regulations in order to bring it under the drug plan or it would not be covered.

HON. MR. ROLFES: — In order to get a little more clarification, is it a baby formula that you are referring to?

MR. ANDREW: — It's a powdered baby formula called Nutramagen food substitute.

HON. MR. ROLFES: — That's a baby formula. You are absolutely right. We do not cover baby formulas now so that would not be included under this policy.

MR. ANDREW: — I'm fully aware that it's not covered, Mr. Minister. What I am saying is that for a family, let's say, that is earning, perhaps $10,000, $12,000 or $15,000 a year, if they have a child who is required to use a formula that's costing them $15 to $20 a day, it seems to me that that is a pretty fair hardship on them.

It seems to me that you have to look, perhaps, at the priorities. I am no expert, by far, on the question of pharmacies and drugs, but I have the feeling (and I have the feeling held by a lot of other people in this province) that half the drugs (with all due respect to both the medical profession and the pharmacy) prescribed in this province probably relate to tranquillizers and similar drugs. I question whether that type of drug should be

abused the way it is. In situations involved baby formulas for a lot of people who could be very hard-pressed for income, you should be looking at the priorities.

It was a person in your department (and I don't even know the name of the person) who indicated to me that various people in your department have been striving to get this type of thing covered under the drug plan, as they think is proper. The only way it's going to be covered under the drug plan is to bring the matter to light and put a little pressure on the government in that particular form.

HON. MR. ROLFES: — Mr. Chairman, I don't deny that there are officials in my department who have recommended that. It's just that there are only so many that the budget allows. I think that it is the same answer that I gave to the members for Maple Creek and Regina South. I'm given a certain budget. I think the drug plan increases this year were what — 23 per cent? That's a fairly large increase. It would be nice if we could cover everything. I don't make light of the fact that some people are in financial difficulties when these things do happen to them. What I'm saying is that, under the present program, I simply cannot cover them. We will take it under advisement, and I would leave it at that. I'll take it under advisement; we'll consider it. But, I want to make it very clear to the member that we cannot consider it for this year's budget.

MRS. DUNCAN: — On page 10 that you were referring to — nutritional supplement policy — it clearly states that certain nutritional products may be covered by the prescription drug plan on exception drug status when certain disease states do not permit the utilization of food. What is covered under that? You say the requests for coverage must be made by a prescribing physician. Surely to goodness, when a child or infant cannot tolerate any types of food, a formula substitute must be classified as a nutritional product.

HON. MR. ROLFES: — At this particular time, we only cover those that are totally nutritional — not baby formulas. Don't ask me what the differences between the two are — I couldn't tell you what they are. My officials tell me that we are now reviewing the whole area. As I said to the member for Kindersley, we certainly would take it under consideration, and look at it for next year. I can't make any guarantees.

MR. BERNTSON: — Mr. Minister, what is the difference between "totally nutritional" and "formula"? Are you suggesting that formula is 60 per cent filler or something?

HON. MR. ROLFES: — Mr. Chairman, I have been given some examples and maybe this will clarify it somewhat.

For example, if someone has cancer of the esophagus and simply cannot eat anything other than, let's say nutritional, totally nutritional — I guess I'll have to call them foods . . . (inaudible interjection) . . . No, no. If the person can't take natural food as such, we will cover those. But baby formulas are not included in the coverage under the drug formula. I indicated to the member that we are looking at this. I think we need to come up with perhaps a sharper analysis of just exactly what we want to cover in this particular area. And, as I have said before, it's simply a matter of priority. Not that it isn't important, we just don't have enough money in our budget for this year.

MR. BERNTSON: — Will you:

1. Table the regulations that exclude baby formula;

2. At your earliest opportunity provide to this House the amount of money spent by the drug plan under this particular policy;

3. Provide the number of patients who have been covered by this particular policy;

4. Provide the names of the nutritional products in all instances?

HON. MR. ROLFES: — Yes, we'll do that.

MR. SWAN: — Mr. Minister, I don't have the name of the product. I raised it with your department and I haven't had an answer back yet. But I have a lady in the Rosetown district, who is suffering from multiple sclerosis and she's been put on what they call a high nutritional diet by some specialist in the province. I can give you the name. I haven't got it up here. But the cost of that for the lady — and she's been on it now for over a year — is a little in excess of $700 a month. Do you cover that type of formula for a diet? They just call it a high nutritional diet.

HON. MR. ROLFES: — I can't answer that for sure, Mr. Member, but we would certainly appreciate it if you give us all the details on that. I think it has to be analysed on the individual merit, but we would certainly like the information. I'll get my officials working on it immediately, and we can get an answer for you very quickly. But we would have to examine the individual case for me to be able to answer that for you.

MR. SWAN: — Mr. Minister, I've given the information to your staff and they are working on it. I haven't received an answer. But if you'll check with them, they have the information.

HON. MR. ROLFES: — How long ago?

MR. SWAN: — Oh, not long ago. Just recently.

HON. MR. ROLFES: — Okay. They're here and they've heard you. So it'll be very shortly.

MRS. DUNCAN: — I'd like to get into another area of the drug plan. On page 8, with reference to the program evaluation division, it states:

> The committee also initiated a program to release patient medication profiles to physicians and pharmacists. Profiles are released for those patients whose apparent use of mood-modifying drugs exceeds recommended maximum dosages. The purpose of the profile release program is to assist physicians and pharmacists in monitoring mood-modifying drug use.

Could you tell me, Mr. Minister, when these profiles are released to druggists and doctors is the patient also informed that that information has been released?

HON. MR. ROLFES: — No.

MRS. DUNCAN: — I can understand the concern expressed by the drug committee, but I think it would be most horrifying if the people knew that the Department of Health could simply punch a computer button, get out personal information, and distribute

that information without their knowledge.

HON. MR. ROLFES: — My understanding is that the only ones who received that profile are the prescribing doctor and the pharmacist involved, nobody else.

MRS. DUNCAN: — I understand that aspect of it, but don't you think that's close to invasion of privacy, or release of confidential information without the patient's prior knowledge? I can understand why it's being done. But certainly the onus is on you to alert the patient that that information is being divulged.

HON. MR. ROLFES: — In April, 1979, The Prescription Drug Act was amended to permit the release of patient drug use information for the purposes of discontinuing, reducing, or controlling the inappropriate use of drugs, and prohibiting or controlling abuses in the program. The amendment received the unanimous support of the legislature, and I believe the Minister of Health at that time explained what we were intending to do. It was unanimously passed in this House.

MR. ANDREW: — Mr. Minister, I think the member for Maple Creek opens up a fairly significant area of the law that relates to the whole question of freedom of information and personal privacy.

Given the report of the Ontario investigation commission dealing with the entire question of personal privacy, in particular, as it relates to the question of health, have you studied that report? If so, are there any recommendations of that commission that you intend to implement in Saskatchewan?

HON. MR. ROLFES: — I am told that my officials are studying the report right now. I'm also informed that, The Saskatchewan Medical Care Insurance Act and The Hospital Standards Act are very specific in what can or cannot be done to protect individual rights. As far as we are concerned here in Saskatchewan, we do not feel that that is an area that is being abused. However, we are studying that commission report to see whether or not there are any particular areas where we could improve our own set-up.

MR. BERNTSON: — Mr. Minister, I'd just like to know how you can possibly justify hitting your happy little computer button, drawing out this personal information, giving it to a physician, pharmacist, or whoever. It depends on how many pharmacists the guy has been dealing with over the year. If he happens to be abusing mood modifiers, he's not likely to go back to the same pharmacy every time. How can you justify that? Not only do you not have this individual's permission, but you are doing it without his knowledge. Compare that to your refusal to give medical information to the parents of a dependent child over the age of 13. How can you possibly declare that? That's the most blatant contradiction I have ever heard in my life.

HON. MR. ROLFES: — I suppose the member is entitled to his opinion. The profile release procedure was reviewed by the Saskatchewan Human Rights Commission, and they agreed . . . (inaudible interjection) . . . Let me say to the member, I concur with that decision also. What you are simply saying is that you want to discriminate against the blind, and I certainly don't agree with that particular position. It can be on the record that the member from Souris-Cannington discriminates against the blind. Let me make it very clear that all members in this House agreed with the amendments that were passed in 1979. I think it would be interesting to check *Hansard* to see whether any questions at that particular time were directed by the members of the opposition in this regard. But I do want to say that something had to be done in this particular area

because of the abuse that may have been occurring. It's in full co-operation with the medical people and the pharmacists of this province, and I think it is a step in the right direction.

MR. BERNTSON: — Nobody quarrels with the intent of the policy. All I'm saying is that at least the individual affected should be told that the information is going to his physician and to his pharmacist or whomever. That still doesn't explain how you can possibly square this sort of attitude with your absolute refusal to give parents of a dependent child over the age of 13 a breakdown of any medical procedure that may have been done without that particular child's consent.

HON. MR. ROLFES: — It is my understanding, Mr. Chairman, that the member is not correct in saying that we refuse information to parents. I will also indicate to him that we have a human rights commission in this province. They've reviewed it and they concur with what we are doing. I think it's the thing that we should be doing.

MR. BERNTSON: — Okay, are you now telling me that health records of dependent children over the age of 13 are freely available to their parents?

HON. MR. ROLFES: — If there is any doubt of the dependency of the child, then we sit down with the parents and work out the difficulties, and whether or not the information will be released.

MR. BERNTSON: — When was this policy put into place, Mr. Minister? I have, in my office, communications from officials in your department who indicated to me that those records were not available to parents of a dependent child over the age of 13, without the written consent of that child. Now, when was this new policy put in place?

HON. MR. ROLFES: — My understanding is after it was raised in the House last year.

The committee reported progress.

The Assembly adjourned at 10:00 p.m.