LEGISLATIVE ASSEMBLY OF ALBERTA

Standing Committee

on

The Alberta Heritage Savings Trust Fund Act

Monday, September 18, 1978

1:30 p.m.

Standing Committee on The Alberta Heritage Savings Trust Fund Act

Monday, September 18, 1978

Chairman: Dr. McCrimmon *1:30 p.m.*

MR. CHAIRMAN: Good afternoon, gentlemen. We'll call the meeting to order. We have with us this afternoon the Hon. Gordon Miniely, Minister of Hospitals and Medical Care. He has with him two of his support staff, Mr. Beck and Mr. Chatfield. Mr. Minister, do you have any opening remarks?

MR. MINIELY: Mr. Chairman, I'd just like to give a brief overview of the capital projects and the applied research projects that are being funded through the heritage savings trust fund. I'd like to say to begin with that the projects are moving along very well. The implementation facilities which were set up on the Health Sciences Centre and on the Southern Alberta Cancer Centre are proving to be very effective in terms of interdepartmental co-ordination, managing with the two boards that are involved.

The Health Sciences Centre is on target in terms of the anticipated date of completion, and also in terms of budget is well on target. The boards report to us that they are finding working with the implementation committee going very satisfactorily. As well, the annual report which is available and can be tabled publicly indicates that the development of the Health Sciences Centre project is consistent with the original intentions of goverment to co-ordinate health education and research in patient care, and also to include in the concept, of course, a major expansion of medical research.

There are a couple of questions in the development of the Health Sciences Centre which require further decision by government. One is that there was a decision made that the medical examiner wished to have his own facility, and this thereby freed up 1,666 square metres of space in the Health Sciences Centre complex. Dr. Bradley, who is chairman of the Health Sciences Centre implementation committee, and who has the Deputy Minister of Hospitals and other departmental representatives on the committee, is going to take a look at this space in conjunction with the developing policy on medical research. A decision on that will be forthcoming in the future; whether or not the space could be used, for instance, for a health research foundation has not yet been made.

The off-site facilities of laundry and dietary were required to be built off the site of the Health Sciences Centre because of the fact that there is not enough space on the existing land on the Health Sciences Centre. The decision was made that these would not be funded through the Alberta heritage savings trust fund in that there would be elements of both those that could provide laundry and dietary capacity for other hospitals as well as the Health Sciences Centre.

The most recent decisions made on the Health Sciences Centre included, at my instructions, a review of annual inflation experienced on the project. In that basic decision we now have accepted or approved a provisional inflation rate for the year 1978 of 8 per cent on the project. What we are doing is

reviewing each year the experienced inflation, then on that basis adjusting the end cost for project management purposes, and then projecting a rate of inflation for the coming year. Based on that, the current cost estimate including inflation -- I think this is 1978 experienced inflation -- is $110,585,158. That figure again, the estimated end cost including inflation for 1978, is $110,585,158. Now that's for management purposes. This is being done by sequential tendering. So each series of tendering is being examined in relationship to that end cost. As I mentioned earlier, the costs to this point indicate that they're on target.

Now, through oversight by the former commission and the hospital board at the time the project was estimated, planning costs of $3 million had not been included in the original figures. We reviewed that, and now are adding $3,289,565 planning costs. The best I can say about that, Mr. Chairman, is that was just an oversight on everyone's part. Making a total estimated end cost now of $113,874,723 for the project. The percentage completion at the present time is 25.6 per cent.

MR. TAYLOR: As of?

MR. MINIELY: March 31, 1978. Our annual reports are prepared on the basis of March 31, 1978. The target date for completion of entire phase one remains August 31, 1982.

MR. CLARK: What does phase one include, Mr. Minister? Could you just refresh our memories?

MR. MINIELY: Phase one, the components: I'll read them all off to you.

MR. CLARK: Are they included in the report?

MR. CHATFIELD: Yes, it's in the report.

MR. CLARK: Very good.

MR. MINIELY: But I can read them off to you. They had some slowness in the project as the result of labor, general province-wide strikes in the construction industry. But my understanding now is that that is back to normal and they're proceeding on with it.

Mr. Chairman, there are two ways of approaching this. I could give an overview on each major project, and then have questions, or I can give an overview on all of them, and then have questions.

MR. CHAIRMAN: I think, perhaps, if you just give an overview on each one and then at the end we can carry on with questions, perhaps going from one project to the other and when we finish one, go on to the next one. Is that agreeable to the committee?

Mr. MINIELY: Southern Alberta Children's Hospital. The total cost of the Southern Alberta Children's Hospital apparently is $29,765,073, of which the Alberta children's hospital foundation is paying $1,840,705, and the Alberta heritage savings trust fund is financing $27,924,368. This project is a real success story in the sense that again they are coming right within budget targets. They have completed the school, fully. And the hospital at the last date of reporting, Gary, was 5 per cent completed. So it's early in terms of

the hospital. But their tender -- of course this is a one tender. It's not like the Health Sciences Centre and the Southern Alberta Cancer Centre in that it's a total project tender price that we're working with, so we know there that we won't have any budgetary difficulties. The other projects, which are on project management or sequential tendering, we have to monitor the costs on a regular basis. I think it would suffice to say additionally on the Southern Alberta Children's Hospital that the estimated completion date remains the spring of 1978.

The Southern Alberta Cancer Centre. Last year you will recall, as I had done with the Health Sciences Centre, I made a decision because of the magnitude of this project to have an implementation committee working with the two boards involved, the Provincial Cancer Hospitals Board and the Foothills board, to implement a project of this magnitude. I also expressed a concern relative to costs. The committee last year was substantially involved in the Southern Alberta Cancer Centre, and for that reason set up the committee with immediate terms of reference on the Cancer Centre, including examining the preliminary costs and reporting back to me. I'm pleased to say that that has proceeded well, and that we have now given go-ahead approval to the Southern Alberta Cancer Centre and both boards which are involved.

As a result of an engineering study that was done we have reduced the cost, I think it's $3.1 million, on the basis of shelling in the psychiatric -- I should get it specifically. We will be shelling in the psychiatric and renal dialysis area, and those two represent a reduction of $3.1 million. So the current cost estimate that we're working on with the implementation committee and the project management or sequential tendering basis, is $64,415,679. I believe that's in 1977 dollars; yes, 1977 dollars. So we've included inflation up to 1977.

We will be taking the identical approach with the Southern Alberta Cancer Centre that we have with the Health Sciences Centre in terms of monitoring the project, both in cost terms and the consistency of the development of that project with what government's objectives and the approved components were to begin with. The report that I have back from both boards is that they feel that the implementation committee is really working very satisfactorily on these projects.

We have to work out, again because it's a total concept with two boards involved, which is something Mr. Chatfield's meeting with both boards on, the management of cancer beds within the overall concept. That's something that Mr. Chatfield and the two board chairmen are working on. I do not have at the present time an estimated completion date, Gary. Do you have it?

MR. CHATFIELD: Spring of 1980, but not a specific month.

MR. MINIELY: No, it can't be spring of '80.

MR. CHATFIELD: Spring of '81; sorry.

MR. MINIELY: Spring of '81.

Now, cancer research. I'm really proud of this one, because I think it demonstrates some really important principles in the way the Provincial Cancer Hospitals Board and government can work together. The principles that it demonstrates are the response to the medical science community and the medical profession that we need ongoing understanding between the Legislature and medical scientists if we're going to recruit good people. We have, subject to annual legislative approval of course, come to a five-year understanding on

cancer research with the Provincial Cancer Hospitals Board, which includes a lot of cancer research programs. Each one must receive specific approval.

We also have received the assurance of the Provincial Cancer Hospitals Board that commencing with the first allocation of $3 million that they would contain future years' cost escalations to a 6 per cent figure, which overcomes a concern we have in the applied research area, both in cancer and heart disease, that we must have some handle on the whiplash costs on future years when we're spending on research programs. We have that understanding with them. They've submitted an extensive list of cancer research programs which we've given specific approval to. If the committee wishes, by questioning we can give you exactly the different research programs that are being funded within that figure.

As well, the deans and faculties of medicine are tying in on an evaluation and educational basis with the Provincial Cancer Hospitals Board to ensure that we have an ongoing evaluation of the effectiveness, and that we have a full evaluation at the end of the five-year period of the cancer research programs, whether or not they should be then financed within our normal operating budget or brought into our normal health care delivery system in terms of expanding it throughout the entire system. I think it's an exciting development in cancer research in Alberta and is moving along between the government and the Provincial Cancer Hospitals Board in a very successful fashion.

Heart research. I mentioned last year it would have been my hope that we would have had decisions made earlier on this. But we couldn't anticipate the very high expectations of the hospital community and the medical profession, and the submission of, basically, proposals by the hospitals to the former commission and now the department simply beyond our capacity to fund within the amount of the Alberta heritage savings trust fund, heart disease. Also, it was my desire that we not develop programs in isolation; that if we're going to develop programs we should do it in terms of providing the patients with a continuity of care and ensuring that programs were developed within the patient need for each, not simply on the basis of institutional competition or rivalry.

In the area of heart disease we don't have the advantage of a central board like we do in cancer, so we're dealing with all the metropolitan hospitals in Calgary and the city of Edmonton in terms of provincial referral programs, in the fields of cardiovascular surgery, in the fields of coronary care units, in the diagnostic area, in catheterization -- it's very expensive to equip cathatarization labs in our major referral hospitals -- and the fields of short-term and long-term rehabilitation of heart patients.

For that reason, you will recall, I structured a comprehensive cardiac care committee which pulled together all the people who are necessary to ensure that we develop these programs within priorities for patients, and develop them in a sound interrelationship on a province-wide basis through the heritage savings trust fund. The committee has had its deliberations and has provided its recommendations to me. I am in the process now of making the recommendations to my cabinet colleagues, and I anticipate that that decision is now imminent. I will be making announcements in the field of heart disease in the very, very near future.

MR. CHAIRMAN: You've heard the minister. Who would like to start off the questions? Mr. Taylor.

MR. TAYLOR: Mr. Chairman, I would like to know the research programs that the cancer research is going to tackle, if you have those.

MR. MINIELY: Radiation oncology; diagnostic radiology. Those two are in Edmonton and Calgary, in both centres. A cancer incidence atlas and projections study; an occupational and environmental study; radiobiology; estrogen receptor laboratory, which is a technique for diagnosis of breast cancer, I believe; a department of epidemiology, which is the science of statistics in the health care field, and basically related to cancer statistics; radio-labelled steroid analogues -- you can define that one for me; and the Provincial Cancer Hospitals Board's assessment or evaluation of the programs.
I think that's all we've approved to this point.

MR. TAYLOR: Does that pretty well cover all major areas of cancer in our society today?

MR. MINIELY: Well, the Provincial Cancer Hospitals Board, Mr. Taylor, advises us that these are the key areas now that should receive attention. We're looking at radiation. Of course the new techiques are developing in the treatment of cancer; that's the treatment aspect. In the diagnostic area there are a lot of breakthroughs, as you know. We're constantly having to devote funds to keep up with the latest technology in scanners, ultrasound, and diagnostic techniques as well as the treatment techniques. Do you have anything you'd add to that, Gary?

MR. CHATFIELD: I don't think so. Part of the main thrust of the cancer reasearch projects to date is in breast cancer. Specifically about four of the projects the minister referred to are orienting themselves towards breast cancer.

MR. TAYLOR: Are any related to cancer of the throat?

MR. MINIELY: I would have to ask that specifically. It's very hard. I know when I've been there, talking to them, I think I've raised some examples with them. That particular one, Gordon, I haven't.

MR. TAYLOR: Cancer of the stomach?

MR. MINIELY: I think a lot of these things are related to internal cancer. Of course, your radiation techniques are exactly that.

MR. TAYLOR: These are all studies now; these programs are completed. Will we then have a pretty complete picture of how to treat cancer in any of its phases, wherever it occurs? Where will we be when this is all completed?

MR. MINIELY: I think that's hard to say. I think the Provincial Cancer Hospitals Board acknowledges very honestly that these things have reached the stage where they should be funded and are very important to cancer research and treatment. But as with some other research and treatment, we won't know the benefits until the evaluation of effectiveness is done. And it's too early yet to know whether or not these are going to be effective.

MR. TAYLOR: Because when you get one window open, then two or three more appear. Is that it?

MR. MINIELY: That's right. That's the nature of it, but we should still be trying to find solutions, both in the diagnostic and treatment areas.

One of the major items that I just recently dedicated in Calgary and in Edmonton, is the new technique of what they call ultrabeam, or beam. It's a beam for radiation treatment rather than the old cobalt. That's what's happening now, the latest technology; an electronic beam. What they call, technically, ionization. It's a supplement to cobalt. It's not going to replace it totally, but it's an additional form that's just recently become available. Those two units, I think which are both fairly costly, running in excess of $1 million per unit, have been provided through the heritage savings trust fund. They are a new form of radiation. They're able to pinpoint much more specifically so that they minimize damage to healthy tissue as opposed to the cancerous tissue. That's one specific example, to give you an idea.

MR. DIACHUK: Just a supplementary to Mr. Taylor's question, Mr. Chairman. Mr. Minister, are we working in co-operation and consultation with any other cancer research facilities in Canada?

MR. MINIELY: They tell me this is being done all the time. The Provincial Cancer Hospitals Board plays that role on behalf of all Alberta, in terms of co-ordinating with other cancer research, with the national council, and worldwide people in cancer.

MR. PLANCHE: Mr. Chairman, when you talk about cancer and heart research, is it fair to presume that cancer research will be predominantly in the Southern Alberta Cancer Centre eventually, and that heart research will be the Alberta Health Sciences Centre?

MR. MINIELY: It will be developed equally in both locations. The idea of the Southern Alberta Cancer Centre is to provide Calgary and southern Alberta with the same treatment and research facilities that we now have in Edmonton and northern Alberta.

MR. PLANCHE: At the Cross Institute?

MR. MINIELY: That's right. So the intent would be an equal thing. Now I'm sure that people will always say, depending on the particular stage of development, that it isn't equal. It will be some time before Calgary has all the same treatment and research programs that have historically been provided in Edmonton. As you know, that goes back to the '60s. Our intention now is to develop that fully in Calgary.

In the heart disease area the programs that we're looking at are about balanced between the two. I don't think it's one more than the other. In the heart disease area we're looking at providing basically the same programs in Calgary and Edmonton.

MR. PLANCHE: The question I really wanted to ask following that was: I wonder if you could give us some kind of assessment of what renowned research medical practitioners or research scientists expect in the way of treatment beds to accompany their research, and where those would be. It was my understanding as a layman that in order to attract these kinds of people they have to have

an accompanying facility of some kind or another to treat in, if you're going to compete to get them. And if that's the case, where will those beds be?

MR. MINIELY: Well, that's certainly true. But that's a hard one to give you an exact answer on. But let's take conceptually the idea of the Health Sciences Centre. There are some doctors -- and I see a few, a handful of doctors on the medical staff -- who are saying that they will require more treatment beds in the Health Sciences Centre. The overall opinion of the board, the administration, the Department of Hospitals and Medical Care, the medical staff of the U of A hospital generally, and the Dean of Medicine, is that the number of beds that are provided in that facility provide for the combined needs of patient care, research, and education. That's the way the concept's developed. It's hard to draw a black and white line in that kind of teaching centre between the treatment bed and, for instance, the research or educational bed, because it's a combined concept. Nevertheless, we are confident; all our recommendations indicate that there are sufficient treatment beds.

Now, if you take the Southern Alberta Cancer Centre, the concept there with the Foothills Hospital has been developed similarly: that will be your southern Alberta cancer treatment, educational, and research program, tied in with the Faculty of Medicine, and that the numbers of beds overall that are being provided will allow for those combined functions. If you look at it on a province-wide basis, basically we have to say again in our metropolitan centres that we have more beds, including our research and science efforts, than, for instance, Toronto, and they have health science centres in Toronto. I don't know whether that answers your question or not.

MR. PLANCHE: Well, it does. I understand that the competition for these kinds of people is pretty keen, and that they are reluctant to come to a place like Alberta, for instance, because of the number of people here. The incidence of what they're particularly looking for would be less, say, than in New York City or any place else where there's a population . . .

MR. MINIELY: We have more beds, so I would have to question that.

MR. PLANCHE: No, I'm talking about the attraction because of the population concentration. If you want a researcher, then he'll go where the most people are, because he's likely to have a recurrence of what he's looking for. Okay? So to compensate for that competition, I'm wondering, as this thing gets more and more sophisticated, whether or not we have in fact in place enough beds to attract these kinds of people. That's all I was asking, and not in specifics; just if that's been thought through, and presuming more people will come than we have now.

MR. MINIELY: My advice is yes.

MR. CHATFIELD: Could I make a statement? I think the answer is yes. Some of the research projects, for instance, now approved don't even require beds. There are a couple that are doing some follow-up work both in Calgary and Edmonton on radiation techniques after breast surgery. So you're talking about outpatient follow-up. I guess the two critical points on attracting and keeping the research people are (a) a continuation of funding, and we're seeing some of the carnage now from the federal cutback on research programs across Canada and, secondly, the facilities. I think on the second one we've

now got, or are in the process of developing, good facilities both in Edmonton and Calgary for medical schools to attract the qualified research people. And on the assumption that the heritage savings trust fund continues to move in the direction it has in heart and cancer work, I think we can move.

MR. CHAIRMAN: Mr. Clark.

MR. CLARK: Mr. Chairman, if anyone is going to continue asking questions in this area of research, perhaps they would want to. I was going to get to more mundane things, such as operating budgets and beds.

MR. MUSGREAVE: I just had one question on research.

MR. CHAIRMAN: Is yours on the topic we're on right now? Perhaps you can go ahead, Mr. Musgreave, and we'll come back to Mr. Clark.

MR. MUSGREAVE: I was very concerned, Mr. Chairman, to Mr. Chatfield. You mentioned breast cancer. Are you suggesting that we're having duplicate programs of research in Calgary and Edmonton?

MR. CHATFIELD: No. They're taking different approaches. One of the problems that the Provincial Cancer Hospitals Board is trying to do on the breast surgery question is to determine what is the most effective treatment modality, for instance, after major surgery. Do you move with the cobalt, or do you go into different types of programs involving chemical agents? My understanding of what they're attempting to do is break up, so they don't reinvent the wheel, and get different projects, one in Calgary, one in Edmonton. This is tying in with an overall cancer research registry that is being developed for all of North America. So hopefully the researchers here in Alberta can find out what's going on in Texas or anywhere else.

MR. MUSGREAVE: This is a concern I have; I get the feeling that there's a little empire building and maybe a possibility of duplication.

MR. MINIELY: There are some areas. I don't think Gary Chatfield's trying to imply that there aren't areas at times that are duplicated. In the system historically that's been the case. Some of them are fully justified by the population base that each metropolitan centre has to provide services for.

MR. MUSGREAVE: Perhaps this isn't the area to ask this question, but I am concerned. Has any research been done as to why people don't get cancer? We're spending millions on the after-effects; what are we doing on the preventive side? Anything?

MR. MINIELY: Well, I wonder if the occupational and environmental study wouldn't provide that. That's one of the research projects that's being looked at.

MR. MUSGREAVE: Is that being done both in Calgary and Edmonton, or just in the one?

MR. MINIELY: I'd have to check that specifically, where that's being done. I don't want to leave an incorrect impression to the earlier answer either, because your question was geared to beds needed for treatment that combines

with research. I don't want to leave the impression that in Alberta we aren't going to have to build additional beds, because our population growth has doubled. Whereas we've had enough beds up to this point, for some time we've known that we'd have to take a look at it in the 1981-82 time frame.

MR. PLANCHE: Well, fine. I didn't want to labor it. I can see us coming into a competitive circumstance with the amount of talent available. I'm hopeful that we're planning to provide for that.

MR. CHAIRMAN: Mr. Notley, is this on the same subject?

MR. NOTLEY: This is a supplementary question.

MR. MINIELY: This is specific. You might like to know this before you get on that. This is on Mr. Musgreave's question. The objective of the cancer incidence atlas and projection study is to study cancer incidence in Alberta on the basis of geographical distribution and determine if there is a relationship between cancer incidence and environmental -- they use a very scientific word here -- etiology. I don't know what that means.

MR. CHATFIELD: Just environmental factors.

MR. MINIELY: Environmental factors, you could say.

MR. CHAIRMAN: Mr. Notley do you have one on this subject?

MR. NOTLEY: Just on the question of determining who does what, then, I'd like to follow that up. In some instances research in both Edmonton and Calgary would duplicate, where there is a need in the community. Who has the deciding powers to allocate one type of research to Calgary, and some other type specifically to Edmonton, and how often would that occur?

MR. MINIELY: The Provincial Cancer Hospitals Board.

MR. NOTLEY: How often would that occur and to what extent?

MR. MINIELY: They're making those planning decisions all the time, I guess.

MR. NOTLEY: I just want to clarify it in my mind.

MR. MINIELY: It's fair to say, Grant, that the government, if we don't think that they're doing it fairly as between parts of the province, we would tell them that. But you know the Provincial Cancer Hospitals Board I think is balanced between Edmonton and Calgary in terms of the representation on the board. We have Calgarians on the board and northern Albertans and southern Albertans from rural parts of the province, so it's structured to be a provincial body.

MR. NOTLEY: Would not, though, some of these decisions have to be made very pragmatically on the basis of the available expertise?

MR. MINIELY: That's true.

MR. NOTLEY: If you had someone in Calgary in one area I can't imagine that you're going to find -- if we develop some of these, I'm not quite sure what the right medical term is, but the political term would be rather exotic types of research, you're not going to be able to get two people, one to come to Edmonton and one to come to Calgary.

MR. MINIELY: If the scientist is in Edmonton, that's right. If the scientist is in Calgary, that's right. But a better way, I think, of answering the question is back to what Gary Chatfield said, that the effort is to try to build on the strength that exists in each place, okay? There are in the health care field in cancer where Calgary has better scientists. There are areas in Edmonton where Edmonton has better scientists, and you want to build upon their particular talent.

MR. SHABEN: Mr. Chairman, I have a supplementary question on research. Is there any consideration being given to examining sort of way-out types of research? Most of what I have heard thus far sounds like the conventional and the orthodox that is going on throughout North America. There's some growing discussion, particularly in cancer and heart research, on the need for nutritional studies and in other areas. This follows the question of, rather than treatment, more prevention. Is there consideration being given to research in these areas?

MR. MINIELY: My definite impression is, again through the Provincial Cancer Hospitals Board, is that that's an element of all the research programs. The whole effort to develop better statistics, the incidence atlas, is first to try to pin down more what the causes are. It's pretty hard to deal with prevention until you are pretty more definitive about causes. I think that the scientists I've talked to -- Gary, you can add to what I say -- the cancer researchers I've had the privilege of talking to are quite honest about the fact that there's still a lot of work to be done on causes. They are doing that kind of work in conjunction with the efforts we're talking about here: incidence and cause.

MR. CHATFIELD: And mainly the thrust at this moment of time is on what we call applied research as opposed, say, to the basic research; the impact of vitamins and nutrition on cancer incidence, this type of thing. We haven't moved at this moment into that type of basic research.

MR. MINIELY: That can be part of the new medical research program which Dr. Bradley is developing and which is currently being developed.

MR. R. SPEAKER: I was going to ask a supplementary question in the same area. I think you've partly answered my question. A number of people, go down to Mexico and various places for kinds of treatment for cancer. Is there some thought of doing research on some of those ideas, or is there a Canadian research group that looks after that?

MR. MINIELY: Not within these terms of reference. That's more of a pure research which, if it were going to be done, wouldn't be done within this.

MR. CHATFIELD: If I could answer. You're talking about some of the cures down in Mexico that have had a lot of publicity over the last year or so. The National Research Council of Canada is doing a fairly major examination and

tying it in with the federal government in the United States on a lot of these cancer cures that have received a lot of publicity. People from both Canada and the States are going down and spending a lot of money. So there's a pretty intensive effort at the federal level, both in Canada and the United States, to try to evaluate whether some of these proposed cures have any factual evidence at all. Hopefully that will start to flush into whatever research thrust we do here in Alberta.

MR. NOTLEY: Mr. Chairman, I wonder if I could follow that up for a moment, because we have many hundreds of people in Canada who are chasing down to Mexico. I take it from what I've gathered, both in the way the minister answered the question and others, that they're very, very sceptical of the laetrile treatment and the so-called Mexico approach to things. Where do things stand on that National Research Council study?

It does seem to me, and I know that this is maybe trespassing in a sense into other areas, that we owe it to the people of our province at some point -- if what is being peddled in Mexico is fraudulent, or semi-fraudulent, then we shouldn't have people wasting their money without getting that information out. And a lot of people swear by laetrile as an approach. We have another group of people who say, vitamin C. I think it was Linus Pauling who was saying that if you take lots of vitamin C you're not going to come down with cancer.

It's fine for us to say we're going to place our thrust in the conventional, as Mr. Shaben said, orthodox cancer treatment methods. I don't quarrel with that. At the same time, if there is other research going on, if that research is uncovering that these alternatives are fraudulent, then at some juncture the people of the country have to be made aware of this.

MR. CHATFIELD: The National Research Council has published some preliminary findings, so has Washington D.C., indicating that laetrile and some of the other treatment modalities have no scientific basis. They're not able to prove that they have a cure factor. One could then argue that the various governments and the States should be publishing this, and there has been a little bit of write-up on it, probably not as much as there should be.

I guess the basic problem is that cancer is such an emotional type of issue that if you or one of your family has been diagnosed as having cancer and somebody says there's a chance of a cure if you go down to Mexico and blow $5,000, I'm not sure -- no matter what public agencies, the medical profession, and everyone else says, there is still going to be a group of the public who are going to say, dammit, there may be just one chance in a thousand and I want it.

MR. NOTLEY: Maybe a smaller percentage of the population, though, if they're made aware of it.

MR. MINIELY: I think that's an important point. You get into the "right to live" thing, and it's difficult for governments to deny that, even though you publish the . . .

MR. NOTLEY: Don't mistake me. I'm not suggesting that we should stop people from going down there. I think, though, that if we do find there are data which show that these particular cures are not workable, that information should simply be made available to the public. If a person in the eleventh hour or stages of cancer decides to go and spend $5,000 or $10,000, whatever

it may be, so be it. But I do think we have an obligation at some point to let the public know what research has taken place, and what the information is from that research.

MR. CHAIRMAN: Mr. Taylor, was yours on this particular subject?

MR. TAYLOR: Yes, somewhat related. I would like to pursue the matter of this research being carried on in Calgary and Edmonton. I have no objections to their being headquarters, but I hope we're not going to discourage research in even the smallest hospital in the province. There are a lot of pretty wonderful doctors in rural areas, and I would like to think that Calgary and Edmonton are central collection stations for information, but that they wouldn't try to monopolize any research that is going on.

The reason I say that: I know we're dealing with different things when we're talking about highways and bridges compared to the health of human beings, but I think the illustration is reasonable. In carrying out research in the Department of Highways we had a central lab, but that was only a place for all the information on bridges and roads from all the engineers wherever they were in any part of the province; if they found out something was happening to something they had done, they had instructions to write that out and send it in, and it was analysed. I think Dean Hardy would be the first to advise us that some very excellent suggestions on research in that area were done out in the field by an almost unknown engineer, but who had lots between the ears and knew what he was doing, and found out certain facts.

I would like to think that there would be some kind of program that would make every doctor in the province part of this team, and when they brought in the information they knew they could send it to a central collection agency and it would be considered along with all the other research. I think we make a mistake if we try to centralize the monopoly of wisdom or of research in one or two points. I think they're fine for a collection agency, but let's make use of all the expertise of every hospital and every doctor in the province. Are we doing anything along that line?

MR. MINIELY: Well, you said it very well. That would be our hope with the cancer incidence atlas, just talking with Mr. Chatfield: to tie it in on a province-wide basis. Our general instructions to the Provincial Cancer Hospitals Board and to the Health Sciences Centre as well are that wherever possible they decentralize research, that they don't just do it all at the central facility.

MR. CHAIRMAN: Mr. Clark.

MR. CLARK: Mr. Chairman, I'd like to move over to the first of the three or four projects the minister outlined. Dealing with the Health Sciences Centre here in Edmonton, if I got your figures down correctly, in March it was about a quarter completed. How far along is the project now? Is it 30 or 35 per cent completed?

MR. CHATFIELD: About 30 per cent completed; the design component is just about 100 per cent completed.

MR. CLARK: And if my memory is accurate, first when you made the announcement the costs were $76 million. Are you now telling us $110 million? That includes the $3 million . . .

MR. MINIELY: They were $86 million.

MR. CLARK: One hundred and ten million, and then the $3 million for planning that was picked up along the way. Is that right?

MR. MINIELY: That's right. The costs that were originally announced were $86 million in 1975 dollars. Let me check that figure and make sure we've got the $86 million exactly right. That's in the press release, $86.4 million.

MR. CLARK: So we've gone from $86 million in 1975 dollars to $113 million in '78 dollars?

MR. MINIELY: Actually it's in '77 dollars, with a provisional inflation rate for 1978 of 8 per cent.

MR. CLARK: Well, we'll put it in very simple terms: the poor old taxpayer is going to find the total bill go from $86 million to $113 million?

MR. MINIELY: That's our estimate.

MR. CLARK: It's anticipated to be finished in August '82?

MR. MINIELY: That's the estimated completion date, right; phase one.

MR. CLARK: Mr. Minister, how many additional beds will the people of Edmonton and the Edmonton area have as a result of this $113 million? Albeit the research and all that kind of stuff is going to go on, how many additional beds?

MR. MINIELY: There are no additional beds. All the people in health care and all those recommendations are unanimous that we should be oriented to outpatient ambulatory care services. That's the reason there are no additional beds. The emphasis is on . . .

MR. CLARK: If that's where all the advice is, what portion of the $113 million is in the outpatient area?

MR. MINIELY: Do we have a breakdown of that? We'd have to dig that out for you.

MR. DIACHUK: Mr. Chairman, I wonder if, because we're serving coffee and we're interrupting Bob, maybe we could have our coffee and then continue.

MR. CLARK: I'm very agreeable to the suggestion.

MR. CHAIRMAN: Fine. I ordered the coffee for 3 o'clock, and it's come at two. I'm sorry about that.

MR. CLARK: It'll cool off by the time 3 o'clock comes.

MR. CHAIRMAN: We'll make it quick and just take five minutes for coffee. Gentlemen, if we could get back to our topic at hand. I believe that you have a question again, Mr. Clark, or were you answering one?

MR. MINIELY: Mr. Chairman, Mr. Chatfield would like to make a comment about the breaking down of the costs on the Health Sciences Centre project.

MR. CHATFIELD: I think the question was: can you break down the costs relative to beds and outpatient oriented areas? We'll do our best to give you that breakdown. We can't do it today. I guess the problem is the complexity of it and the total cost component of the facility, part of which is rebuilding a number of bed units, as I know you appreciate. But the major thrust is in outpatients. So if it's acceptable in format, we will do our best and respond to the committee as soon as we've got that. It will be rough; in other words, it won't be precise to the last dollar, but we'll do our best.

MR. MINIELY: It can't be precise.

MR. CLARK: Mr. Chairman, just following on, could you also give us what portion of the $113 million total cost of the project is coming out of the heritage savings trust fund?

MR. MINIELY: I think that's the heritage savings trust fund figure.

MR. CHATFIELD: That is the total.

MR. MINIELY: That is the AHSTF figure. The off-site facilities are being financed through Alberta Municipal Financing Corporation.

MR. CLARK: Then does this establish the precedent that when we replace hospital beds anyplace else across the province, we follow this precedent and fund them out of the heritage savings trust fund in the future?

MR. MINIELY: Certainly not. At the time it was announced, Mr. Chairman, through you to Mr. Clark, the concept was a health sciences centre. Part of that concept includes the replacement of old wings of the University of Alberta Hospital. But it's a totally new concept, so it's unique in that sense.

MR. CLARK: Well, then, Mr. Chairman. The question is to Mr. Chatfield. When you're giving us that breakdown, albeit kind of rough, can you give us some sort of breakdown as to what percentage of the beds is used as a part of the research programs, and what portion of the beds is used for, i.e., Edmontonians or people who come in as part of the referral aspect of the University Hospital? The reason I ask that is: it appears to me that what we're doing is funding the replacement of a large number of beds at the University Hospital -- and they're needed -- not all of which are being used for research. But they're all being funded out of the heritage savings trust fund. If we're doing that here, then I suspect that we're going to follow that kind of practice across the province and start what I think will be a very serious mistake of funding all the renewal of beds out of the fund. And that's totally contrary to the fund, as I see it.

MR. MINIELY: We provided, at the time the announcement was made, the hospital boards' estimates of those. They said again that it couldn't be black and white, because you could talk about the percentage utilization, but one bed in the facility could at the same time be utilized for patient care, treatment, research, and education, all at the same time. So to break it down on a bed

basis, they indicated to us, was an impossible kind of thing to do. The whole thing was an integration of those functions, even on a per bed basis. But, Gary Chatfield, is there any way you can respond to the kind of breakdown Mr. Clark has requested?

MR. CHATFIELD: I honestly don't know how we could do the breakdown of the beds vis-a-vis pure research. Given that each bed at the Health Sciences Centre may be occupied by up to 36 people in a year, given an average length of stay of about 10 days, some of those will have a research component; some won't. I'm just not sure how we could go about it, to be honest.

The second part of the question -- could we look at the beds from the point of view of servicing Edmontonians and servicing referrals from other parts of the province -- yes, we can do that on historical patterns. That's quite easy. I just don't know how we could get to any kind of specifics on the first part of your question, to be honest.

MR. CLARK: If you can give me the second information, that at least will be a place to start, Mr. Chatfield.

If I could move on to another area, Mr. Chairman, and it really deals with the Southern Alberta Cancer Centre in Calgary, I notice in the annual report last year it was called the Southern Alberta Cancer Centre. Now it's called the Southern Alberta Cancer Centre and Specialty Services Facility. What's the . . . ?

MR. MINIELY: I think I indicated to the heritage fund committee last year that perhaps the title was not as fully descriptive as it should be, and for that reason we added the "Specialty Services Facility".

MR. CLARK: The estimated cost now is some $64 million. Is that right, Mr. Minister?

MR. MINIELY: In 1977 dollars.

MR. CLARK: How many beds are involved in this hospital? You recall part of the rather ongoing discussion we had last year dealt with extended care beds. What portion of the $64 million is for extended care beds?

MR. MINIELY: Do you want me to go over the components again, or do you want the dollar breakdown?

MR. CLARK: The dollar breakdown.

MR. MINIELY: The dollar breakdown by component: that's $50 million. Is that the building part?

MR. BECK: That's the building tender.

MR. MINIELY: Of the $64 million, then, somewhat around $50 million is construction costs. The rest is equipment and furnishings, consulting fees, planning and studies, alterations and services, and commissioning. So of the construction cost, the two boards provide us with this breakdown: Calgary cancer centre, $9,350,000; provincial laboratory, $2,720,000; extended care, $11,700,000.

MR. CLARK: Could we have the number of beds there, Mr. Minister?

MR. MINIELY: One hundred and eighty-eight auxiliary; 47 cancer; 47 cancer hostel or general hostel.

MR. CLARK: Is that 47 general hospital?

MR. MINIELY: Hostel.

MR. CHATFIELD: Hostel. For people coming in from all of southern Alberta just as a motel type of bed arrangement.

MR. MINIELY: Then the shelling-in of renal dialysis, $840,000. I take it this is the shelling-in price, not the completion price. The shelling-in of psychiatry, $3,210,000; radiology and nuclear medicine, $3,450,000; joint-use and shared areas, support services for the entire complex, $9,230,000; and mechanical support services for the entire complex, $9,500,000.

MR. MUSGREAVE: Mr. Chairman, to the minister. I would assume by shelling-in you mean that the floor and the roof and everything is there, but you don't finish it. Is that correct?

MR. MINIELY: It's defined specifically as shelling-in. That means construction of the complete external wall involved, construction of all structural floor slabs, completion of all fire compartment walls and walls enclosing fire exit routes, primary mechanical and electrical services including stub-outs, completion of all vertical transportation systems passing through the area. But no finishes, fixtures, or furnishings will be provided. I think the stubs are put in but not the walls.

MR. CLARK: Mr. Minister, then would it be accurate for me to say that between the provincial lab, which in the past has been a part of the ongoing responsibility of the province, and the extended care beds, 188 auxiliary and the 47 cancer and 47 hostel beds, which comes to between $13 million and $14 million, this also is going to be funded out of the heritage savings trust fund?

MR. MINIELY: The entire complex is being funded out of the heritage savings trust fund.

MR. CLARK: And what's the anticipated operating cost?

MR. MINIELY: We've asked for, on all these projects, a four-year operating cost projection. Now, I can give you those, but with the caveat that these are the boards'. They are very preliminary; we have not approved them. They're under examination by the department at the present time. Do you want additional costs, or do you want the total budget? We've broken it down by additional operating costs.

MR. CLARK: Okay. Additional operating costs. Now, Mr. Minister, when you say "additional operating costs", what do you mean?

MR. MINIELY: Well, that means over the current level that we're spending now. If you take, for instance, the Southern Alberta Cancer Centre and the

specialty services facility, it's the increased operating budget that the entire complex will result in.

MR. CLARK: Well, there's only the provincial lab.

MR. MINIELY: No, but over the Foothills Hospital. The provincial lab won't be paid for on an operating basis out of this budget. The other thing is the operating costs will not be paid through the heritage savings trust fund.

MR. CLARK: I hope not.

MR. MINIELY: The reason we're asking for these is so that we can judge the impact on the department's operating budget in future years.

MR. CLARK: I commend you for asking for them, Mr. Minister. Can you give us them now?

MR. MINIELY: Okay. The escalated cost in 1979-80, again preliminary, not approved, provided by the boards: $965,000; in 1980-81, $1,439,000; in 1981-82, which is when it comes fully on stream, $9,048,000; in 1982-83, $10,079,000, and that's really the level-off budget.

MR. NOTLEY: Could you give us those figures again, Mr. Minister, please?

MR. MINIELY: Nine hundred and sixty-five thousand, '79-80; $1,439,000, 1980-81; 1981-82, $9,048,000; 1982-83, $10,079,000. And that's for the project, Southern Alberta Cancer Centre, specialty services facility. Now, do you want it on the others?

MR. CLARK: Yes.

MR. MINIELY: Southern Alberta Children's Hospital -- again these are all in the same category; they're preliminary and not approved and provided by the board. The Health Sciences Centre -- they've done it differently; they've given us their total estimated budgets. Now maybe we'd be better to break out the additional that they estimate and give that to you, Mr. Chairman, because I think it would be more meaningful to you. In other words, I can give you the figures and you can do your own mathematics, or we can do the mathematics for you and give you the figures.

MR. NOTLEY: Why don't you do that and bring it back tomorrow.

MR. CLARK: Bring it back tomorrow.

MR. MINIELY: Okay.

MR. CLARK: Could you give us the operating costs for the Alberta Health Sciences Centre?

MR. MINIELY: This is the one I'm talking about. We'll have to do the mathematics for you. We've got the total budget they anticipate, but we haven't calculated in the terms of the increase. The children's hospital, I think, has provided us with the increase: 1979-80, $220,000; 1980-81, $2,510,000.

MR. CLARK: Just a minute; '80-81 was?

MR. MINIELY: Two million, five hundred and ten thousand dollars; 1981-82, $4,586,000; 1982-83, $6,832,000.

MR. PLANCHE: Those figures you're giving us now: presumably the children that will be in place are somewhere else now. Would those be net to the people of Alberta, or are those just increases in that particular institution?

MR. MINIELY: Well, these are increases in the institution. But don't forget these are all referral facilities, so that patients are coming from all over the province.

MR. PLANCHE: But they're coming from somewhere where they aren't coming now, presumably?

MR. MINIELY: Yes. The children's hospital expects referral patterns. For instance, in speech and hearing handicapped, to develop much more to the children's hospital as a result of this being expanded.

MR. PLANCHE: But those are just net to the institution, not net to the province?

MR. MINIELY: Yes. But if I'm understanding the import of your question, it would be valid to say that part of this is providing a definite additional service to southern Alberta, as an example, on a referral basis.

MR. CLARK: Really a counterpart to this institution is the Glenrose here in Edmonton.

MR. MINIELY: Not fully; it's not identical.

MR. CLARK: Perhaps it isn't an exact counterpart, but certainly in some respects; the work being done at the Glenrose and which northern Alberta perhaps gets the most benefit from.

MR. MINIELY: The big difference though, Mr. Clark, is that the Glenrose doesn't have any acute care, and the Southern Alberta Children's Hospital has some acute care capacity, a fair amount as a matter of fact. They have nearly 200 beds, as I recall, and the Glenrose has none at all.

MR. PLANCHE: The point I'm trying to make is that if we're going to wander into the numbers area to find out how much the taxpayers of Alberta are going to pay additional, understanding that the population is increasing by 5,000 a month and the dollar is depreciating by 9 per cent a year, and so and so forth, maybe it's important to know whether two of the children who will be there are presently in Lethbridge, who won't be in Lethbridge when this thing comes on stream. So there's a net difference.

MR. TAYLOR: It's also important to know that some of them are down in the United States.

MR. PLANCHE: Or wherever.

MR. MINIELY: The other thing is, don't forget when you're comparing these figures -- that's why I've said they're preliminary; they're not approved. The department will be looking at them from the point of view of what would be the normal inflation in any event. So they've got to add an inflation to these. They've got to add what program additions we would have been funding regardless of the new facility, to make a proper comparison. If we had not built it we would have had some of these increases and probably we would have had some program expansions. So that's the way they'll be analysed.

MR. CLARK: Mr. Minister, might I just -- a rather unusual role for me -- congratulate you on bringing forward to the committee the projected operating costs for the next four years. I would just point out to my good friends on the committee that even though that request wasn't included in the minority committee's report last year, I asked for that and I commend the minister.

MR. MINIELY: It is an unusual role. I appreciate that. But also I think that I have said for at least two years that I know of now, Mr. Chairman, through you again to Mr. Clark, that our efforts in reorganizing the department have been geared towards exactly this kind of thing, and improving our information base, both financial and otherwise. So this was not done, you might like to know, in response to your request. It was under way long before the committee examined this.

MR. CLARK: Too bad no one on the committee knew that.

MR. MINIELY: It was told in the House. You can check *Hansard*. It's on the record.

MR. CLARK: Mr. Chairman, could I ask just one last question of the minister? Mr. Minister, I see the Southern Alberta Cancer Centre facilities, and I compare them in rather rough terms with the W.W. Cross in Edmonton. Now I know they're not comparable, but to some extent they are. I see the Glenrose here in Edmonton and the Southern Alberta Children's Hospital. Both the Glenrose and W.W. Cross have been part of the ongoing operating budget of the province, capitalwise. Where do you draw the line, Mr. Minister, between what becomes a part of the operating budget that you bring to the Legislative Assembly in the course of the budget each year and what comes to the Legislature in the form of requests for moneys for the capital projects portion? Because I don't see a very -- I see no line at all. In fact, to be very honest with you, your colleagues the Provincial Treasurer and the Minister of the Environment said basically it's a matter of judgment as to whether we take the money out of the heritage savings trust fund or whether it's part of the ordinary budget of the province. And I see this line getting fuzzier and fuzzier all the time, especially in light of the fact now that we're replacing beds at the University of Alberta, which has been in the past funded by the people of this province from the ordinary operating budget of the province.

MR. MINIELY: You're throwing in the word "operating". I think you mean ordinary capital budget.

MR. CLARK: Okay. The budget we approve in the spring.

MR. MINIELY: The question is not on the operating side.

MR. CLARK: No, it's the capital.

MR. MINIELY: Operating is all going to be paid through the normal way.

MR. CLARK: No problem there. The concern is where the money is coming from to replace the existing beds at the University of Alberta Hospital today. Because in the past that's come out of the ordinary capital budget of the province, approved by the Legislature. It was my understanding that the heritage savings trust fund was initially set up to do those kinds of things that we couldn't afford to do otherwise. Yet we've afforded the University Hospital beds for years and years and years. We've afforded the W.W. Cross. We've afforded the Glenrose. We're extending those things to southern Alberta; fair ball. But I'd like you to outline where the line is as far as health care is concerned. What comes out of the ordinary budget of the province, and what comes out of the heritage savings trust fund?

MR. MINIELY: First of all, the decision on that in terms of financial policy, I think, is the Provincial Treasurer's prerogative even more than mine. The Provincial Treasurer and I may choose slightly different words, but it is in terms of what's funded through the heritage savings trust fund and what's funded through normal operating budget. I really think that's the Provincial Treasurer's final prerogative and not mine.

I think at the time the public statements were put in place we said they must be capital projects. They must be projects of provincial significance. It's probably true that historically, if we had had a heritage savings trust fund at the time the W.W. Cross was needed and it could not otherwise have been funded, we might have made a decision to build the W.W. Cross out of the heritage savings trust fund, but historically that was not the case. But they had to be capital projects of provincial significance in the health care field. The ones that were chosen -- and I mean "provincial significance" in that all of them are provincial referral facilities that we otherwise would not be in a position in Alberta to fund in the health care field. In the normal operating budget we still have extensive projects that are going on. So that's my view of it, but I think the prerogative is really the Treasurer's.

MR. CLARK: Mr. Minister, you used the term "provincial referral" as being part of the criteria.

MR. MINIELY: Provincial significance; of major political -- provincial significance.

MR. CLARK: "Political significance" I think was the right term.

MR. MINIELY: Major provincial significance.

MR. CLARK: Would you square that with the fact that included in the Southern Alberta Cancer Centre are 180 auxiliary hospital beds? Because if they are of provincial or political significance, whichever term you want to use, 188 auxiliary hospital beds in Calgary, then so are the ones in my riding of Olds-Didsbury. When we want more we should be able to come to the heritage savings trust fund, and so should any other auxiliary board across the province if they're auxiliary hospital beds.

MR. MINIELY: Well, I think I indicated to the committee, and I'm advised by both the Foothills and the Provincial Cancer Hospitals Board, that whereas there are certain beds that are specifically designated for cancer, a lot of the auxiliary beds will be used for cancer patients; secondly, it's a total complex. It's not a complex which stands on its own. They can't even break it out on a design basis. It's been designed as one complex. They've put some estimated costs on it, but at this stage they've designed it as a total complex.

MR. CLARK: More and more there's no distinction at all. It's becoming, as I said earlier, a slush fund.

MR. MINIELY: Well, I would object to that. I think, as I has said, the parameters were indicated at that time through the heritage fund, and they're projects of provincial significance in health care. If you're saying that they should not have been built, the Health Sciences Centre, the Children's Hospital, and the Southern Alberta Cancer Centre should not be built, then you should take the position that we shouldn't do it through the heritage fund. That's fair enough.

MR. CLARK: But when we have accumulated, Mr. Minister, $2.5 billion of accumulated surpluses in this province, that's where it should come from; when we have the precedent for those kinds of facilities being paid for by the taxpayers of Alberta earlier out of the general revenue of the province, not try to slide under the door of the heritage savings trust fund.

MR. CHAIRMAN: I think these are questions of principle that we are talking about now, not the responsibility of the committee. If this is a permanent pattern, I think this should be brought up on the floor of the House, but it's not the terms of reference of this committee.

MR. NOTLEY: Could I ask a specific question, a supplementary that does fall within the purview of this committee? The minister indicated that the final decision lies with the Provincial Treasurer and that there could from time to time be disagreements between a given minister and the Provincial Treasurer as to what should be funded from the capital works division of the heritage savings trust fund *per se*.

MR. MINIELY: I didn't say that. I did not say that. That's not what I said.

MR. NOTLEY: Oh. Well, do you want to just repeat?

MR. MINIELY: I'll tell you what I said. The financial policy of government in terms of the operating budgets, the capital budgets, normal, and the heritage savings trust fund are primarily in a policy sense the prerogative of the Provincial Treasurer of Alberta. Now, the policy certainly is endorsed by cabinet and government caucus. That's history. We made that decision. So I'm simply saying that whereas I express my view on the projects that are funded through the heritage savings trust fund, that policy is a government decision that has been made, and I've stated that.

MR. NOTLEY: What I'm saying is: when we get into these shades of gray decisions -- and I think most of us in fairness would recognize that we're dealing with shades of gray areas -- one could make an argument that auxiliary

beds, as far as the cancer centre is concerned, should be funded from the heritage trust fund for the reasons that you've outlined. One could also make the argument that auxiliary beds should be funded from the capital section of your department that is approved by the Legislature every year.

My question is: was there at any time any consideration given by your department -- or, prior to your department's being established in its present form, the Hospital Services Commission -- to any of these projects being funded out of the normal capital works budget of the province as it related to the hospital program?

MR. MINIELY: I think before the act was passed we had, as we do now, inventories of all possible capital projects on a very preliminary basis, I think that basically when you bring all the projects together, the only document you would have would be a full inventory of capital projects.

MR. NOTLEY: So there would have been an inventory at that time, presumably established by the Hospital Services Commission, that would have said we should move in the direction of a children's hospital in Calgary; we should move in the direction of a southern Alberta cancer centre?

MR. MINIELY: No, it was not in that sense, because the historical system was expectation; in other words, requests of boards. There had not been any approvals given for these. It was a matter of what expectations there were, and if we inventoried all the expectations throughout the province, from boards and local communities, what were they? Give us a list of them. That's the inventory.

MR. NOTLEY: The inventory would have included these as expectations?

MR. MINIELY: As expectations.

MR. CHAIRMAN: Mr. Taylor.

MR. TAYLOR: I wonder if you could define "auxiliary beds" as you use them, and "extended care beds". What's your definition of "auxiliary"?

MR. CHATFIELD: These are basically long-term chronic care beds, if you will. The term "chronic care" is used in other jurisdictions as opposed to "auxiliary hospital" for patients. In the case of the Foothills, oriented to a fairly large degree to long-term care of cancer patients, but nonetheless long-term care requiring probably in the order of two to four hours of nursing care a day, which makes the distinction from the nursing home accommodation, which is about 1.5 hours of nursing care per day.

MR. TAYLOR: Are these auxiliary beds, then, comparable with the beds in an auxiliary hospital as we know them today?

MR. CHATFIELD: Yes. With the only significant demarcation in the Foothills project of the orientation of the patients to a higher level on the cancer side, as opposed to general chronic illness that you'd see, say, in the Fanning, Bethany, et cetera.

MR. TAYLOR: Will there be any research carried out while they're in an auxiliary bed?

MR. CHATFIELD: I would certainly hope so.

MR. MINIELY: After-care, particularly.

MR. TAYLOR: I think that makes quite a difference, if there is going to be research carried out.

MR. MINIELY: That's why it's a total concept. One of the things you will notice in the Southern Alberta Cancer Centre is that they intend working with the cancer patient much more on an after-care basis, even emotional and psychological problems that the cancer patient has to deal, with which are becoming very important.

MR. CHAIRMAN: Mr. Planche.

MR. PLANCHE: Thanks, Mr. Chairman. I'd like to get back to the conversation we had earlier about the encouragement of research spread out to large metropolitan centres into the rest of the medical profession throughout the province. My impression is that if a doctor gets involved in something that looks like a possible research area, he does get some funding. Is that true? Does a doctor get funding now for research, even though he's a practising doctor? Is there the availability of that to him?

MR. CHATFIELD: I was just going to comment, without getting into the geography but within the context of the two centres, about 60 per cent of the research projects now under PCHB auspices through the heritage savings trust fund are being done by what you could call practising physicians, making the distinction between the pure academic and the chap who is doing actual medical care, even though he's also got part and parcel of his responsibility, say, at the university or a university hospital. But it has not, relative to the projects that have been approved through PCHB, gone outside, say, to individual practising physicians in Lethbridge, Medicine Hat, or outside the two urban centres.

MR. PLANCHE: Just to explain my problem, if I may take a minute, Mr. Chairman. When you talk about funding for cancer and heart disease research, a gentleman I know is involved in infants' ophthalmology. In order to maintain his practice he has to have an office and a nurse and see people in his office and what-not, and he also operates during the day at the hospital. He thinks he has uncovered a way to cure a great percentage of the blindness in premature babies. In order for him to do this thing it takes about half of his time to do the research part of this. If my information is right, he was able to get some research money, but the research money cannot exceed what he gets from his practice. Therefore he simply can't survive. He has the overhead to cover on the one hand and he has to keep his practice low enough to qualify for research on the other. So he is in a conundrum.

I'm wondering if this cancer and heart disease research thing is going to be sufficiently flexible to fit the doctor who happens to come up with something that's interesting, albeit that he doesn't live within walking distance of the Foothills or the University Hospital, or if you're giving that some consideration.

MR. MINIELY: Well, I think the answer to that is that that might fit the parameters of the broader medical research fund which is yet to be developed

and announced. But the applied research, cancer and heart disease, the province once having made the decision in the case of cancer to leave those decisions with the Provincial Cancer Hospitals Board, any doctor in Alberta who wants to do cancer research will have to deal with the Provincial Cancer Hospitals Board.

In the case of heart disease, they'll have to deal with the individual hospital, because basically these funds are going to be provided through the hospital.

MR. PLANCHE: That's as it should be. Come to think of it, the only people who really can sit in judgment on whether or not the guy is doing research are his peers.

MR. MINIELY: That's valid; sure.

MR. PLANCHE: Thank you.

MR. CHAIRMAN: Mr. Notley.

MR. NOTLEY: Mr. Chairman, I wonder if I could just ask a supplementary, because the minister indicated a program of medical research that "had not been announced". I don't know if I understood the significance of that or not. Are we looking at another program here from the heritage fund that would deal with medical research that the government is now carefully evaluating and will be making an announcement on in the next few days or the next . . .?

MR. MINIELY: Mr. Chairman, I refer to the fact that there is a plan which Dr. Bradley, in his role as special adviser to the Premier on medical research, is developing; that the decisions have not been made on that program as yet by the cabinet and the government caucus; that it was in the process of being developed. Having said that, I'm not prepared to say any further. Again, it involves three departments and the Premier.

MR. NOTLEY: It's a form of medical research. But is it going to be funded from the heritage fund? That's the simple question. I'm not asking you to describe it.

MR. MINIELY: You'll have the answer to that when public statements are made. It's not within my terms of reference.

MR. NOTLEY: We'll assume it will be public as opposed to political statements.

MR. MUSGREAVE: Both.

MR. NOTLEY: Both? The reason I raise that, though -- it would certainly be rather interesting to fish out a little more information if we could on this. But getting back to the commitment to the major projects in Edmonton and Calgary, the minister in answering Mr. Clark's question kept coming back to "provincial importance", and that you had referral to these centres and research of provincial importance.

MR. MINIELY: Provincial significance.

MR. NOTLEY: All right, "significance"; I'll use your term. It does seem to me that one of the difficulties with the case that Mr. Planche mentioned -- a particular doctor, however noteworthy and however worthy it may be, say, in a smaller centre, having funds from the heritage trust fund -- is that you are then going to have to change your guideline, because it may not be of significance to have individual experimental projects. It could be, if they turk out, but it may not be. So the more you spread that throughout the province, it strikes me that you are running some risk of offending your own guideline there.

MR. MINIELY: Well, Mr. Chairman, I've already said that I think this area is out of the terms of reference of applied research. It may or may not. I can't comment on what the broader, pure medical research fund may or may not include.

MR. NOTLEY: We'll await with interest the announcement, no doubt this fall.

MR. CHAIRMAN: Any further questions? If there are no further questions to the minister, thank you very much. Mr. Minister, would you give the information that you agreed to give to the members who have asked you for it?

MR. MINIELY: Sure.

MR. CHAIRMAN: Thank you very much for appearing before us.

The next meeting is tomorrow morning at 9 o'clock. It will be in the Legislature. Although they have been tearing up the place a little bit, they tell me that it will be operational for tomorrow morning, although there will be a few odds and ends around.

Thank you very much, Mr. Minister. We are adjourned until 9 o'clock tomorrow morning.

The meeting adjourned at 3 p.m.