

Standing Committee on the Alberta Heritage Savings Trust Fund Act

2:09 p.m.

[Chairman: Mr. Ady]

MR. CHAIRMAN: I think we have the members here. We'll call the meeting to order and welcome the Minister of Health and her deputy, Mr. LeBlanc. We appreciate you taking time to come before our committee.

For the benefit of the members of the committee, one of the projects funded in the year that we're dealing with is the Alberta cancer research board. There are several projects completed that have been funded in the past, and hopefully you've expended your questions in past meetings when ministers were before you on those. So questions pertaining to the Alberta cancer research board would be appropriate today. We'd invite the minister to make some opening remarks if she would care to, and then we'll move to questions from the committee.

Madam Minister.

MS BETKOWSKI: Thank you, Mr. Chairman. Well, it's nice to be back before the committee. I haven't been here for a year's time, so it's good to be back. I certainly believe that the cancer fund research is an important investment for the heritage fund. It's a relatively small investment compared to others for the heritage fund, but given that we are dealing with a projected increase of 50 percent in the incidence of cancer over the next 10 years, I think we need to be doing research into controlling that rate of increase and hopefully preventing some cancer from occurring. Certainly I am pleased to see the amount of work that's being done in prevention as part of the cancer research.

Do we need to commit more resources to cancer research? Perhaps, but I don't believe that question can be answered in isolation from the other questions we have with respect to health reform in terms of how do we spend our dollars in health. Certainly research is an important part of that, but I don't think we have the luxury anymore of simply pulling out a piece and only examining it outside of the broader context of health.

Health research that's currently under way is certainly the research into how to better run our health care system, how to access new technologies better than we are doing now. Really, the role of research in Alberta in the '90s is crucial to our ability to thrive economically in the global marketplace, so how we use those resources is obviously a vital part of that competitive edge.

Finally, I would just close by saying that I think we sometimes underestimate the competitive edge that our health system gives us generally in Canada and in Alberta. When we think that about 8 percent of our total economic production, our GNP, goes to health to provide a universal health care system, that has to be factored in to the reality in the U.S., where about 13 to 16 percent of the wealth generated by companies is simply used to pay for the health care of the employees of that company, leaving 37 million Americans without any. Although our health system is under reform in this country and has to be if we are to sustain it, I still think we are a long way above and beyond our neighbours to the south in terms of its value as both a social and an economic instrument.

I think I'll close there, Mr. Chairman, and offer to have questions via you.

MR. CHAIRMAN: Okay. Thank you.
The Member for Westlock-Sturgeon.

MR. TAYLOR: Thank you, Mr. Chairman. Madam Minister, maybe you could fill me in on the history or something. Why is this separated from the research foundation that we interviewed this morning?

MS BETKOWSKI: When the Heritage Foundation for Medical Research was originally established, it made the decision not to get into cancer research per se. It's historic. I think, frankly, one of the things that we are looking at as we review all the research funds between Health, Advanced Education, and Technology, Research and Communications is to say: is there a better way to be allocating those research dollars? Do we need a separate cancer fund? We've had to sustain our investment through the heritage fund in cancer research at \$2.8 million over the last two years in anticipation of relooking at our total research package. Although it's been the reality in the past, I don't think one can assume that it'll be the reality in the future. I think we need to look at what we need our research dollars for and how to get the best value out of them without having separate entities to do that.

MR. TAYLOR: Thank you. It is interesting to see that you are contemplating changing. I hope it works out.

The second question. I have a little trouble maybe following the granting agencies; you don't list them here. How is that pursued? Is the investigator the one that comes up with it? Or do you have a department or does the deputy have a department that goes out and beats the bushes for granting agencies and shakes them down, turns them upside down and empties their pockets or whatever it is? How do you go about surveying and finding granting agencies and extracting the maximum out of them?

MS BETKOWSKI: Let me start, and perhaps Rheel LeBlanc, who I neglected to introduce, who's the Deputy Minister of Health . . .

MR. TAYLOR: I can't think of anybody better equipped to do that.

MS BETKOWSKI: Really? Well, you're just going to have to listen to me first.

Really the competition for research dollars, like everything else, is growing. I mean, you have a lot of people involved in research. You do in fact need to beat the bushes and find research dollars that may be available for certain endeavours. The role of the Cancer Board in this specific area is to try and facilitate that kind of response, to target what kinds of areas in cancer we want research done in, and then to work to bring both industry and research funding together to try and compound the effect of the research dollars that we're dedicating through the heritage fund. So it's really a co-operative endeavour, and I think it's been quite productive when you look at the number of multidisciplinary research funds that are the result of these dollars being spread further. Rheel may wish to make a comment.

MR. LeBLANC: Normally what happens when they fit the protocols to the proposals is that they ask the applicant to indicate whether they have applied for other grants such as the National Research Council Canada, the Medical Council of Canada, or National Health and Welfare grants. Those are other sources that are available, and indeed, as the report indicates here, there are also private funds. Private companies can invest and do invest in the foundations of universities. So you have multi sources, but it's normal practice, I understand, that they would indicate that they have applied to other funding agencies.

MR. TAYLOR: My last question would be: is there any sort of unspoken shirttail equation that's used by the investigator to, in other words, come up with a certain amount of funds for the research before you will match or come in? Is there any sort of a matching, or is it a grant?

MS BETKOWSKI: Sometimes there's matching, but it's really project by project assessment. One of the most important roles of the advisory committee that we've established for the Cancer Board, and it exists in the heritage foundation as well, is to have world-class researchers on that review committee to make sure that we're not reinventing the wheel in Alberta and are spreading our research dollars as far as we can. So part of that evaluation is to make sure that this in fact is a unique research project and to make sure that all the information available from other worldwide research is factored in before these research funds are committed.

MR. TAYLOR: Thank you.

MR. CHAIRMAN: Edmonton-Beverly.

MR. EWASIUK: Thank you, Mr. Chairman. I'm really not sure how many questions I have here.

MR. CHAIRMAN: You're allowed three.

MS BETKOWSKI: That's what I thought. Thanks, Mr. Chairman. You only get three.

MR. EWASIUK: Yes. I hope I have three.

We met this morning with the medical research foundation people, and one of the questions that I raised with them, and maybe I will ask the same of you, is: what type of collaboration and communication is there between the people that you're funding relative to the foundation regarding provincewide, nationwide, and international? Is there collaboration and communication?

2:19

MS BETKOWSKI: Yeah. We have an advisory committee, for example, for the cancer fund research dollars which includes a member from the foundation for medical research as well as international scholars who are part of the assessment of those funds. I think in fact that link, if you like, has been strengthened over the last couple of years, as we know that research funds become more and more dear.

MR. EWASIUK: Then maybe just in another direction – you touched on it briefly – is the research on prevention. I think you spoke about prevention, and I think that's really the area to go to, to see if we can prevent the advent of cancer rather than sort of trying to cure it after the activity has taken place. I've always felt that many of our cancer-related problems are initiated in the workplace; that's my own assumption. What is being done in terms of research to attempt to perhaps equate the incidence of cancer relative to employment? Is there any work being done in that area?

MS BETKOWSKI: First of all, on page 15 of the annual report you'll find some work being done not just on prevention from a basic or clinical point of view for cancer but also the comparison of cancer prevention strategies: what works, what doesn't. Frankly, our whole health system has been plagued by criteria not as objective as we will have in place in order to ensure that what we're doing is in fact producing the result that we want it to do, including cancer preven-

tion. So we've got this study going under Dr. Sharon Campbell at the Cross Cancer Institute.

As well, you'll know that the program which the province has launched in the early detection of breast cancer is very much a strategy. While it may not be prevention per se because the cancer has already been sighted, in fact the early sighting can lead to its annihilation if it's detected early enough. So early detection/prevention I think go hand in hand with respect to cancer. There's also another project with respect to colon cancer and the prevention of it.

MR. EWASIUK: Thank you, Mr. Chairman. Thank you, Madam Minister.

MR. CHAIRMAN: The Member for Stony Plain.

MR. WOLOSHYN: Thank you and welcome.

MS BETKOWSKI: Thank you.

MR. WOLOSHYN: I want to be on record that I'm very pleased to see the intensive focus on breast cancer research quite specifically. I think it was long overdue, and if nothing else, it will hopefully put a lot of people's minds on the right track.

The question I have. I know this might be slightly early in the program, but since there was such an intensive focus on research with respect to breast cancer, are there any new treatments that might be coming out just around the corner to deal with this rather severe problem?

MS BETKOWSKI: I don't have an answer to that, on new ones. I know that the Cross Cancer Institute was one that in very basic biological research found one of the trends that identifies what cancer cells are going to grow in breast cancer. It was a very basic biological research discovery. In other words, you could take a look at an early detection mammogram and be able to detect the manner in which it would grow just because of the makeup of the cells. That was a very major discovery, and as a result, early detection is even more of an imperative in Alberta and the biopsies that have to go on as a result.

As for new discoveries, I don't have an answer for that, but I'd be happy to check with the cancer research and find out.

MR. WOLOSHYN: I'd be very pleased because that's of a rather personal interest. I'd like to know about that one.

The other thing that I would like to ask. I notice that there was just Dr. Bryant in 1990-91 who had a small amount for the provincial breast screening program. Now, it has not gone. I understand that it has expanded. Who has picked up the screening program and the promotion of it to ensure that it's an ongoing portion of, I guess, our health prevention or early identification program? I notice it has been pulled out of here, which has good reasons for it, I'm sure.

MS BETKOWSKI: Well, Dr. Bryant is in fact a she, just for the record.

MR. WOLOSHYN: Oh, sorry. My apologies to Dr. Bryant.

MS BETKOWSKI: That's okay. We now have two fixed sites for early breast cancer detection. We are targeting women over the age of 50 in Alberta, and the Department of Health has been quite proactive in terms of contacting women all across this province to say that the early detection sites are in Edmonton and Calgary. We've gone out to rural areas across the province because we now

have mobile units which can go out and travel around and work with the population. I think, in fact, it's a model of program development. I hope we can continue to show a means by which we can deliver the health needs in a large metropolitan area but, as importantly, in the rural area.

The increase has simply been on the program side. It's funded by contract through public health, and its siting is within the public health context. We moved it out of the acute cancer hospitals in order to be an incentive to women, to come more into the public health, which is a softer model of health care delivery than the acute care hospitals were.

MR. WOLOSHTYN: Also, I'd venture a guess, a lot more comfortable place for the ladies to come to, because they're tuned into it through the well-baby clinics and whatever little goodies they have through there.

MS BETKOWSKI: Yeah. It's good to hear all those well babies screaming.

MR. WOLOSHTYN: Okay. Now, we've started this intensive focus on breast cancer, going out to the community with mammograms and whatnot, as you just pointed out, and I would assume that this will somehow continue. What is the next cancer area that you're going to bring under an intense focus like you have in this particular breast cancer research?

MS BETKOWSKI: Well, I don't have a simple answer to that. I think that would depend upon what the places are where a preventive is really going to work – and Rheel LeBlanc may have a comment on that – in terms of where the Cancer Board sees the next area of prevention. My suspicion is that it's in colon and prostate cancer, but I may be wrong.

Let me just remind you that one of the things we've done, with our focus on investing taxpayers' dollars in early prevention, is to say that we have set as a target a decrease of 15 percent by the year 2000 in the incidence of breast cancer in women over the age of 50. We think from looking at the results in Sweden, where they've been doing breast screening for a lot longer than we have, that that's a realistic target. So what that does is focus our energies, and at the end of the period of time we're going to be able to say, "Yes, we were successful," or "No, we weren't, and here's the reason why."

The other area is with respect to lung cancer, Rheel LeBlanc points out, and the whole linking, if you like, of no-smoking policies to a healthier population. As you may know from when I was in the Legislature, the whole issue of having an appropriate nonsmoking policy and backing up municipal effort in this province is part of provincial legislation that I would like to see come forward ASAP.

MR. WOLOSHTYN: Thank you very much.

MS BETKOWSKI: I didn't answer your question, Mr. Ewasiuk, on the workplace. There is some interesting cancer research being done at the Cross, one with respect to environmental cancers and air and other levels. I would be happy to get you some of the more specific research projects on workplace cancer.

MR. EWASIUK: Thank you, Madam Minister.

MR. CHAIRMAN: The Member for Bow Valley, followed by Edmonton-Meadowlark.

MR. MUSGROVE: Mr. Chairman, as the minister probably knows, we've been striving, as the seniors council for Alberta and the

Edmonton Centre for Gerontology, to get a foundation for research in gerontology. We had at one time approached the Alberta heritage medical foundation and at that point were actually told that because gerontology studies are not necessarily health related, they didn't qualify. I was very happy to hear this morning in our discussion with the Heritage Foundation for Medical Research that now they have taken a small "h" in health and consider other things. I was just wondering what the minister thought about setting up a foundation for research in gerontology, not necessarily the medical side but strictly in gerontology as the word is described.

2:29

MS BETKOWSKI: I'm not sure, Mr. Chairman. I'll look for direction on whether I can express an opinion here.

MR. CHAIRMAN: Well, it's outside the jurisdiction of what we're really talking about here today. This has to do with cancer research, and you're reaching in a general way of a broad study on gerontology. I really think it's out, unless the minister has some general comment.

MS BETKOWSKI: Maybe I can figure out a way of doing it. One of the observations I would make is that I think health developed, not just in Alberta but in other parts of Canada, on disease-related endeavours. We isolated cancer. We isolated tuberculosis. We, I guess, in a way isolate AIDS. Part of the discussion in the health community is: can we keep those isolated pieces? I would say instead that the health of a population should be almost across diseases and across age categories, that we can't compartmentalize health in that way. So we need to look at it in its broadest brush, part of which is the special health needs of the elderly and how we manage those and how we prevent them and how we teach people to deal with those illnesses and get on with their lives with the reality of those illnesses.

So my sense is that we shouldn't compartmentalize age or illness. We should simply look at the health of our population, create some measures as to how we're going to assess that health, and get on with the job, if that's helpful to you.

MR. MUSGROVE: Thank you.

I may be a little out of line, Mr. Chairman. I think I'll forgo a supplementary.

MR. CHAIRMAN: Thank you.

Edmonton-Meadowlark.

MR. MITCHELL: Thank you, Mr. Chairman. I wonder whether the minister could indicate to us whether any focus has been placed on environmental conditions in Alberta or specific circumstances in Alberta that would lead to an incidence of cancer.

MS BETKOWSKI: Dr. Berkel at the Cross Cancer Institute is doing a major environmental research study. Part of his plan is to say that we know we can measure the level of dioxins per trillion cubic feet of water, whatever the measurement is. The question is: what is the impact of the incidence of that dioxin on the health of the individual? To date no one has been able to draw the linkage; we've just been able to quantify the dioxin level. So part of what Dr. Berkel is doing in co-operation with our environmental health group in Health as well as in the Department of the Environment is to try and get some measure of that. The three rivers study in the northwest: he is helping that environmental assessment on the rivers to measure their impact directly on the health of the population. I'd be happy to

give you a report on where his work is at this point. It's actually quite a novel thing that Alberta has undertaken in that way.

MR. MITCHELL: Great. I'd appreciate that.

My second question. Of course, the Alberta Heritage Foundation for Medical Research does a good deal of work into cancer research. What co-ordination is there between your initiatives and theirs?

MS BETKOWSKI: Actually the foundation for medical research doesn't do cancer per se from a clinical or basic point of view, but certainly the foundation is represented on the advisory board, which looks at research fund designation. They are there with other research funds in Canada and world scholars to make an assessment of where the research funds should go. As I said earlier, the collaboration between all of our research funds in Alberta has increased over the last couple of years just because we know we don't want to have to be reinventing the wheel and misusing those research dollars. So there's quite a good deal of collaboration.

The question becomes though: should we put all of our research funds into one single pot and just go from there? That's exactly the assessment that we're making between the departments of Health, Advanced Education, and TRT, to say: what are the things we need research done in? We know that we don't have enough research, for example, in the area of how to better run our health system. The foundation has a real interest in working with health units on exactly that, the epidemiology studies. I think we still need to be able to say as a society that we need research here or here, but inviting if not forcing the collaboration among those research funds is very important to get the best value out of them.

MR. MITCHELL: Thank you.

MR. CHAIRMAN: Westlock-Sturgeon.

MR. TAYLOR: Thank you, Mr. Chairman. I felt the courtesies of thanking you for appearing and also wishing you the very best in your personal quest. As one of my favourite ministers, you've always rated very highly, except now I question the intelligence of anybody who would want to be kept on the *Titanic*.

MS BETKOWSKI: Just watch us.

MR. CHAIRMAN: Does the member have a question at all?

MR. TAYLOR: And the second mate is in bad shape too.

I'd like to ask you a little bit about the environmental research in a way. For instance, there were studies in Saskatchewan to show that dryland farmers that use fertilizers and chemicals seem to have a higher cancer incidence than others. Are there other areas, say, housewives in different parts of the province? We do a lot of research in agriculture to find out about animals getting diseases from sulphur plants and gas plants, but are we doing much to see whether there is a geographic connection or an occupational connection with cancer and types of cancer?

MS BETKOWSKI: Well, we've done some major studies in this province including a major research project on SO₂ emissions and their impact on health. While we've spent quite a good deal of money in two of those major studies, we haven't come up with the impact that the emissions have on health. You can certainly measure the amount of gases in the air and all those kinds of things, but impact on health is a far more difficult thing to measure. I think we need to work harder at looking at environmental impact. Certainly we know that secondhand smoke has an impact on the health of an

individual. Starting to quantify some of those, I think, is part of the challenge that we face in trying to slow this incidence of cancer increase of 50 percent over the next 10 years. So I think that instinctively we know that the environment plays a big factor in our own personal assessment. We haven't been able to quantify that yet, though, as a health authority.

Rheal, do you want to talk about the studies?

MR. LeBLANC: That's right. It's hard to make a direct link, I think, with some of those.

MR. TAYLOR: Yeah, I see.

So I guess my supplementary will be: should there not be an attempt to sort of quantify or set a percentage aside from just direct cancer treatment, like breast cancer, to maybe research in areas of environmental cancer, taking a bit of leadership rather than responding?

MS BETKOWSKI: Yeah. I think we have to look at not just the input side of doing environmental research and impact on health; we have to be able to have models that quantify that. You can't just start spending dollars in environmental research if you don't have a sense of what it is you're trying to accomplish, and presumably what you're trying to accomplish is to be able to quantify the impact of environmental factors on the health of the population. It seems to me that the work we're doing with Dr. Berkel and the Cross institute to establish that link is a very important part of being able to target those research dollars appropriately. I'm not an advocate for just putting a bunch of money into environmental research if we don't know what it is we're trying to achieve and how we'll measure it.

MR. TAYLOR: Third, Mr. Chairman, is a more specific thing. Has there been any research done into the connection between cancer, particularly childhood cancer, and high voltage power lines? This has been done quite a lot in Texas and a few others in the U.S., but have we done any in Alberta?

2:39

MS BETKOWSKI: I don't think there's been any done in Alberta, but I'll check for you. I've read the stuff from the U.S.

MR. TAYLOR: Thank you, Mr. Chairman.

I still say good luck. You'll need it.

MR. CHAIRMAN: Edmonton-Calder.

MS MJOLNESS: Thank you, Mr. Chairman. We had a presentation when we were in Calgary by the Cancer Board, and there were several components of the whole research area that were explained to us. One is prevention; one is early detection, treatment, and so on. I'm just wondering how the board decides or determines in any given year which area it will concentrate on more or if in fact there is maybe a balance between each area.

MS BETKOWSKI: That's a really good question. I don't have a full answer for you. They've certainly targeted in the past couple of years the issues of theme-oriented group projects, which means taking a particular type of cancer therapy and trying to expand the volume of information around it. Those are the theme-oriented group projects that are described in the annual report. That's been one of their target areas: to try and build on particular areas where they've had some success, to try and build beyond that.

A second area is multidisciplinary, to try and compound the research funds that are available through the Cancer Board with

matching from other research authorities. If other areas have identified this as a particular area of interest in cancer research, they're trying to say: "Okay. Well, we've got a researcher that wants to do this which is linked with that. We can double our money if we do that." They've certainly targeted those two areas. But in terms of how they come to the conclusion that they should do one theme oriented versus one multidisciplinary, I don't have an answer for you on that. Sorry.

MS MJOLSNES: Okay. Well, I think that prevention is very important, and I'm really pleased to see that as part of the program. It certainly seems to me that some cancers are more preventable than others, at least it seems to be that way anyway.

One cancer that I think people are very concerned about is lung cancer and its correlation with smoking. I understand that it is now the municipalities' responsibility to come out with guidelines in terms of regulations for smoking and so on. I'm wondering what plans the Cancer Board or in fact the government has to become more aggressive in this area if the municipalities don't take up the cause and do something.

MS BETKOWSKI: I think one of the problems the municipalities have is that while they may come forward with certain bylaws or whatever to enforce no smoking policies, when those bylaws go to court, there's no backdrop of provincial legislation or whatever to say that the bylaw is enforceable. In other words, that is a missing element in terms of the ability of the municipalities to move into the area. That's one of the elements that I believe we need to look at in our own provincial legislation. As I say, I would like to see provincial legislation come forward as soon as possible, hopefully this spring, which doesn't create the tobacco police out of the Department of Health but rather is a backdrop within which the strategies of municipalities, who I think want to move into the area, can be enforceable.

Also, I think we need to look at young people and focus on how we can prevent young people from starting to smoke, because the literature and the research is overwhelming that if you don't start by the time you're 21, you're probably not going to smoke, period. So using some prevention strategies, working with municipalities and schools and everyone else, to try and build that I think is what the framework of that legislation should be about as opposed to simply a policing authority to stop. I think we can have a far more collaborative process. Having worked with the ASH group, Action on Smoking and Health, and others, they are convinced as well that we can do things a little differently than just a top-down opposed model. So I'm very much a proponent of appropriate smoking legislation, including smoking in the workplace.

As I always end off this discussion when I'm talking about it, there's nothing preventing us as individuals, as MLAs or whatever, from deciding that we want to create a no smoking environment right here. That's part of the choices that I think we need to accept to have a healthier population.

MS MJOLSNES: Thank you.

MR. CHAIRMAN: Athabasca-Lac La Biche.

MR. CARDINAL: Thank you. Good afternoon. Page 10 of the Alberta Cancer Board's annual report indicates that not all of the \$2.8 million approved for the Alberta Cancer Board was spent. Are there not sufficient research projects worthy of funding?

MS BETKOWSKI: There were a couple of positions that were budgeted for in the '91-92 budget year that weren't filled. They

researched them, but they didn't get filled until the '92-93 year. Consequently the dollars are less than what was allocated. Those two directors are now hired and are part of the '92-93 budget. Those funds lapsed, which is the rule of the Financial Admin Act. Those two people are now hired in the director's side for the '92-93 year.

MR. CARDINAL: Thank you.

Just a short supplementary. Is there a process in place that would trigger doing specific research on a specific project? I know the Member for Edmonton-Meadowlark mentioned it a bit. I know he was no doubt concerned somewhat. Edmonton at one time dropped over a million litres of raw sewage into the North Saskatchewan River, and I know that not very many members from this area mentioned it, tried to hide it in fact. Is there a process in place that would trigger research on a specific accident of that nature that may have some long-term effects to users . . .

MR. MITCHELL: Isn't the Minister of Health a member from Edmonton?

MR. CHAIRMAN: Hon. member, did you get your question focused?

MR. CARDINAL: Yeah. The question is: is there a mechanism, say a research program, that would trigger doing research on a major accident, industrial pollution?

MS BETKOWSKI: Well, I think that in the first instance with an incident like the one you describe, the Department of the Environment would monitor water quality, and if there were concerns with respect to the health of the population either at site or down river, then the environmental health strategy between the departments of the Environment and Health would kick in. Public health would be involved as well, but the first monitoring level would be the Department of the Environment.

MR. CARDINAL: So it is possible to trigger research on a specific.

MS BETKOWSKI: Yeah, and actually our environmental health strategy, that we unveiled in this current fiscal year, was to attempt to deal with issues like that. We had the Department of Health monitoring air quality, water quality, yet there wasn't the link over to public health and environmental health in particular to say: this is the impact on health, or this is the concern we have. So we now have the two departments with an environmental health strategy so that if the incidence level goes up on a particular monitor, there's an alert to the Department of Health. The two are working far more in conjunction with one another than was the case in the past.

MR. CARDINAL: Okay. Thank you.

MR. CHAIRMAN: The Member for Edmonton-Beverly.

MR. EWASIUK: Thank you, Mr. Chairman. I'd love to respond to the Member for Athabasca-Lac La Biche, but I won't.

The health care system is a major concern, I'm sure, to the minister and all of us in the Legislature and the people in the province of Alberta: the costs and how we're going to be able to deal with those costs in the future, down the road. So my question to the minister would be this: can the minister direct research that might serve to provide information, data, so that our health care system can become more efficient and cost-effective? Can we use research in that direction through your office?

2:49

MS BETKOWSKI: Yeah, I think it's a very legitimate research endeavour. In fact, I don't think we thought it was maybe five or 10 years ago, but the whole issue of health and health economics has become quite a study and one that I think we need more of.

You will know that The Rainbow Report identified the need for research in the area of better managing the health care system. As a result of that, we have worked with all of our research agencies to try and identify which ones might start working in the area of better use of resources. The foundation has taken on itself to work not from the traditional medical model that's always governed the Heritage Foundation for Medical Research but rather to work with the Health Unit Association, the Public Health Association to look at some of the factors which impact the health of the population and the better use of resources to improve the health of the population. That's a start.

I also think you're right that there has to be a means by which we can say: I want research on this particular area. We have to be able to have that, I think, as a society or as a government: to be able to target some research endeavours. For the time being, we're using the heritage foundation resources to do that, but I don't rule it out as an area that's going to have to grow over the next while.

MR. CHAIRMAN: Hon. member, your first question was too far afield. If you have a supplementary, please focus it better to the funding that's allocated.

MR. EWASIUK: Okay. Well, I was going to follow up, Mr. Chairman, on the health care givers in cancer or cardiology areas. We discussed this morning in a group I was with that the physicians after a cardiac operation aren't sure of the amount of energy, food, that the patient should receive by intravenous. They don't know that, and they may be starving an individual or perhaps overfeeding an individual. It's that kind of research that I think the care givers, the practitioners, in the hospitals need to have, and that's where I was directing my question, in that area. I don't think the Heritage Foundation for Medical Research wants to direct the direction in that area. They're doing more biomedical research than the practical kind.

MS BETKOWSKI: That's the difference between the heritage foundation's type of research, if you like, and the Cancer Board. The Cancer Board is right into clinical research. Some of the treatments that they are giving to people at the Cross Cancer Institute are research of themselves. They're attempting to understand how a particular therapy works on an individual. So the research is actually clinical.

As to other types of research that need to be done, the example you cite of the cardiovascular patient and food intake is really one that needs to be done right in the local practice. There are also funds for research in addition to all the funds that you've identified here, where hospitals are doing their own level of research in consultation with the medical faculty as to what are appropriate therapies or strategies for an individual patient, and food intake would be one of those. Whether or not there's a specific study, as you cite, I don't know. I guess we could check with the teaching hospitals to see if that is the case.

MR. EWASIUK: Thank you, Mr. Chairman. Thank you, Madam Minister.

MR. CHAIRMAN: Thank you. That concludes the list of questions from the committee. Hon. minister, we appreciate your appearing before the committee and the information that you've given us.

I'd like to remind the committee that we'll convene again tomorrow morning at 10, when the Hon. Peter Elzinga will appear before the committee.

The Chair would entertain a motion for adjournment. The Member for Bow Valley. All in favour? The meeting stands adjourned.

[The committee adjourned at 2:54 p.m.]