

Private Members' Business

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[English]

Brain Tumour Surveillance

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Mr. Bill Casey (Cumberland—Colchester—Musquodoboit Valley, CPC)

moved:

That, in the opinion of the House, the Minister of Health should continue to work collaboratively with Statistics Canada, the provincial and territorial cancer registries, and key stakeholders towards the ultimate goal of creating uniform national standards and guidelines for the surveillance of all malignant and benign brain tumours, including data collection, analysis and reporting.

He said: Mr. Speaker, it is with a great deal of pride and emotion that I stand today to talk about this private member's motion. It identifies a gap in Canada in research on brain tumours, especially benign brain tumours.

There is a gap in the information gathered in that there is no consistency from province to province and territory to territory. There is no opportunity for comparisons of environmental, geographic, hereditary or lifestyle causes of brain tumours.

We have definitely focused on this as a gap in research and we are asking the government to fill that gap and provide consistency with research and record-keeping right across the country, as has been done in other countries, while many other countries are working to establish the same standard.

First I want to speak to how this happened to come to my attention. Two families in my riding had children afflicted with brain tumours. They came to my office seeking help in a number of ways, including help in raising public awareness or seeking additional research and access to assistance for their predicament, which is most troubling and most difficult to handle.

In 2001, Allison and Wanda MacDonald came to me in my office in Truro, Nova Scotia about their son Matthew, who had passed away the year before. Matthew was diagnosed with a brain tumour at the age of 11 and died at the age of 14. I did not know Matthew, but everybody I talked to said that he truly was an inspiration. I understand that he visited Parliament and was here during his short life. He was named an IWK champion, that is, an Isaac Walton Killam champion, for his positive attitude and his great outlook while he was a patient at Isaac Walton Killam Hospital in Halifax. It is my understanding that he won everyone's heart.

Matthew's father became the chair of the Brain Tumour Research Assistance & Information Network, better known as b.r.a.i.n.child Maritimes, and went to work to try to help other parents and other victims of this affliction.

A few years later, another family came to me. Jennifer and Alan Dempsey from Amherst came to me about their son Brandon. Brandon was diagnosed at the age of four and has had several operations and chemotherapy and radiation. At a young age, he has been through everything that one can possibly imagine. He is now 12. He is in grade seven and has an 88% average. He is doing great. He is enthusiastic and courageous and he too is an inspiration to all of us. If I were allowed to say so, I would point out that he is in the gallery, but I am not allowed to say that, so I will not.

Jennifer, Brandon's mother, has assumed the chair of b.r.a.i.n.child Maritimes. I am so proud that both of these families had the courage, commitment and perseverance to take on this cause after having been through this. I am so glad that we in this House are going to be able to help them with this motion, if it passes, and I sincerely hope it does.

Jennifer and Alan began their eight year battle to help Brandon, but what has happened is that their effort to help Brandon has expanded a lot.

They came to my office. I did not know what to do. I did not know how to help them, but I wanted to. We had a staff meeting and decided that our office would do everything it could to help the Dempsey family and to see if we could help Brandon with his challenges.

We started to gather information. We did what we could. My assistant, Lorne Berndt, who always exceeds expectations, said, "Let us do a private member's bill". I said that was a good idea, not thinking that it would get drawn very soon, and maybe not ever, the way things go, but here we are. It was drawn and here we are with a private member's motion and an opportunity to help.

The impact has been astounding. We have not broadcast this in any way, shape or form. This was focused on trying to help the Dempsey family and the MacDonald family and victims in our area, but what has happened is that we have had responses from all over the country. We have had responses from the United States, Australia, Germany and Britain. The response to and support for this very simple private member's motion have been absolutely incredible. It is a very simple motion asking the government to gather up statistics and to do it on a national basis with national standards.

I want to use the words of others, because I believe they are more meaningful than anything that I could ever say. I have divided them into just some of the statements. We have received hundreds of letters.

(1800)

I am going to go through a few lines of a few of the letters to give the House an idea of what we are receiving.

Here is one line from a letter from Steve and Melodie Northey in London, Ontario: "As a father who lost his 8 year old daughter to a brain tumour and co-founder 25 years ago of the Brain Tumour Foundation of Canada, I applaud your efforts" and he says he supports this cause.

This is from Natalie TeBrinke of British Columbia, who says: "There have been three people living within 1/4 mile of my house who have been hit with brain cancer. I'm the only one still alive. We need to have answers".

I think we owe them answers.

I have one from Joseph Baldanza of Toronto, who says: "I am part of a family that has lost one member to a brain tumour and 2 others have been diagnosed with different types of brain tumours". He says that we need help.

Sherry Fleming from Dartmouth wrote: "I am the mother of a child who is a brain tumour survivor!...I am not confident that all is being done that can and should be done for prevention and treatment of these tumours".

I hope we can help Sherry.

Joanne Morrison from Mississauga wrote: "My husband Guy was diagnosed with a malignant tumour in December 1997 and passed away from this terrible disease in March of 2002".

Another letter states:

--I have survived since my 2001 diagnosis of a malignant brain tumour.

I was an active, healthy 43 year old wife, mother, and small business operator... As a family, we continue on our healing journey. The doctors have told me it is only a matter of time before the tumour returns.

She totally supports our efforts with Motion No. 235.

I even have a letter from Dr. Thomas Chen of Taiwan. I am sure some members know this man. He emailed me and said that his sister was recently diagnosed with a brain tumour and their family is totally devastated and stressed to hear it. He says, "We are sure that all Canadian citizens...and even the world would support you".

Those are just some of the letters we have had from the families and the victims.

Now I want to read for members a few letters that doctors and people in the health care industry have written to us.

Here is a very poignant one. Dr. Michael Cusimano emailed me two or three times. He is a neurosurgeon at St. Michael's Hospital in Toronto. He said:

Dear Mr. Casey:

As a neurosurgeon who deals with a large number of these patients and their families, and someone who would like to study the causes of these tumours in our communities, I applaud this move.

The foresight you have shown in moving this forward will advance the hope for thousands of patients. I hope that this will be the first of many advances for these patients who are often most disenfranchised members of our society because of the nature of their tumours.

He is referring to benign tumours. He went on to explain that in a later letter.

We have had letters from all across the country and from medical facilities everywhere. They are totally supportive of this motion.

One from the B.C. Children's Hospital states: "As the director of the pediatric neuro-oncology program BC, I applaud your efforts" and he says to please push on.

A letter from Princess Margaret Hospital in Toronto states: "As the Administrative Secretary of the Pencer Brain Tumour Centre at the Princess Margaret Hospital...I am writing to express my strong support".

A letter from the Health Sciences Centre in Halifax at the Queen Elizabeth II Hospital states:

I am the Brain Tumour Coordinator at the Queen Elizabeth II Health Sciences Centre in Halifax...As a neuro-oncology nurse who deals daily with the devastating effects the diagnosis of brain tumour has on patients and their families, I applaud your efforts to promote a national, standardized approach to the collection of the...information....

At the University of Calgary, the Calgary Health Region Foothills Medical Centre said the same thing in a letter written by an oncology neurosurgeon and cancer researcher.

These people are busy people, but they see the need.

One letter really is quite amazing. It is from the Princess Margaret Hospital in Toronto and states:

We are writing today to offer our support of your Private Member's Motion M-235.

The passing of Motion M-235 by the House would be a very positive step toward the creation of uniform national standards and guidelines for the surveillance of all malignant and benign brain tumours. This valuable data will be of great assistance to us,

and our colleagues around the world in directing future research into treatments for these devastating diseases and ultimately finding a cure.

This letter was signed by five doctors: Dr. Warren Mason, Dr. Barbara Ann Miller, Dr. Mary Elliott, Dr. Normand Laperriere, and Dr. Cynthia Menard. I am so grateful to them for taking the time to do this.

Another letter came from Australia, from Denis Strangman, chair of the International Brain Tumour Alliance. He said that he had just returned from Australia and the New South Wales cancer registry has decided to count benign brain tumours in all of its information. That is exactly what we want to have done here.

I want to thank the doctors who took the time to send me my last batch of letters.

(1805)

This letter is from the Brain Tumour Foundation of Canada. Every director of the board sent me a letter, but here is one of them. It states:

I am writing to express my strong support...As a neurosurgeon and Vice-Chair of the Board of Directors of the Brain Tumour Foundation of Canada...This information may help patients and families to access the resources they so desperately need.

I received a letter from Dr. David Colman, Ph.D. from the Wilder Penfield Institute at McGill University and the Montreal Neurological Institute. He says:

As Director of the Montreal Neurological Institute and Hospital at McGill University...This motion will help us answer questions about the incidence, best treatment practice and outcomes for brain tumour patients...

As a coincidence, Dr. Wilder Penfield operated on my grandmother decades ago when she went blind. Dr. Wilder Penfield operated on her and restored her sight somehow through brain surgery. She is long gone, but it was such a surprise to get this letter and to have that memory revived.

I have letters of support from the Robarts Research Institute in London, Ontario, the Algoma District Brain Tumours Support Group, the brain tumour research and assistance network at the IWK Health Centre in Halifax and the North American Brain Tumour Coalition in the United States.

This is a letter from Dr. Dr. Cusimano. He said, and this is the key:

It is extremely important to realize that the word "benign" is not entirely appropriate when it comes to brain tumours....This work represents a critical first step towards making meaningful progress that will not only have ripples throughout Canadian society but also help those with brain tumours elsewhere by the new knowledge, research and awareness it will raise.

Those words are far more effective than anything I can say. I ask members in the House to support the bill. It will do nothing but good and will help a lot of people, young people, old people, people who have no place to turn now. This will provide them with a great deal of tools and research ability that they do not have.

I do not want to finish without thanking Jennifer and Brandon for their incredible contribution to this cause and for their dedication and Allison and Wanda MacDonald, who lost their son Matthew and who are still working on this cause to raise attention and public awareness. They have put the spotlight on this gap in research and we are all very grateful for them.

I want to thank all those hundreds of people and doctors who have so surprisingly written me and our office with letters of support, all the organizations which supplied us with the details. I want to thank the Minister of Health who has supported us 100%.

I want to thank the Prime Minister for taking the time today to meet with Jennifer and Brandon. It meant so much to them and so much to us. He took the time to invite young Brandon to his office. He chatted with him and talked about what he had gone through in the way of treatment. He also asked how he was doing in school.

I want to thank all the MPs in the House today for listening to this and for their support. I want to thank my staff especially Lorne Berndt for his dedication and great work drafting this.

In closing, I will read a quote by Jennifer Dempsey, Brandon's mother, from the *Amherst Daily News* today. She said

When I first started on this I was doing it for Brandon, which was rather personal and selfish of me, but I believe this is going to help people all across Canada and in other places.

For Jennifer and Brandon, they already have helped so many people. They have done a great job and we are all very grateful for their persistence and determination.

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Hon. Larry Bagnell (Yukon, Lib.):

Mr. Speaker, I thank the member for his excellent bill and his thoughtful presentation. I think he will find a lot of support in the House for this tremendous initiative. The member's speech was very well researched and he had a lot of interesting information. Is there anything that he has not had a chance to say that he would like to say? I would like to give him that time to complete his speech.

A constituent of mine has complained, validly, about the determinants of cancer, which we could control such as chemicals in society. Could the member answer these two questions. First, why has he not extended this to all forms of cancer? That information would be helpful in saving living lives in other forms of cancer. Second, if the research could then be also studied to analyze or enumerate the causes of those cancers, could help prevent it in the future?

(1810)

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Mr. Bill Casey:

Mr. Speaker, these cases have honed in on a gap in the research. There are more research statistics on cancer than there is on benign tumours. This is the issue. Benign tumours are often overlooked. As Dr. Cusimano from Toronto said, it is an inappropriate word. Because they are benign, often they are left off the statistics. Some people think that if benign tumours were included in the statistics we have now, there would be 40% more tumours listed.

My understanding is that there are 55,000 Canadians now suffering from brain tumours of one type or another, and we do not want to prevent anybody from having research. We want to ensure that they are all researched and recorded in a uniform way across the country so we can determine just exactly what the member raised.

Is this a cluster of people who have tumours and why? Is it hereditary, or is it environment, or is it lifestyle, or is there another group that may live near some kind of a mine or something, or some radiation? We have no idea. Without statistics, we cannot say. We cannot match the groups to find out.

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Mr. Steven Fletcher (Parliamentary Secretary to the Minister of Health, CPC):

Mr. Speaker, I thank the member for the bill. The member's commitment to fighting cancer is commendable, and I think all Canadians should be very proud of the work he has done.

Could the member talk about the initiative, the Canadian Partnership Against Cancer, and how there will be synergies between the member's initiative and the \$260 million over five years that the government has committed, of which the entire cancer community is supportive. Could he comment on the government's work on cancer and how it works with his private member's bill?

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Mr. Bill Casey:

Mr. Speaker, I want to emphasize, as I said it quickly, that I thank the Minister of Health for his support. He has been instrumental in us drafting the bill. After we drafted it, we asked him if he could support it. He said that if we could make a few little changes, he would love to support it. I am not allowed to say what goes on in caucus, however, he spoke in support of it, but I cannot tell anybody.

He has been very supportive all the way along. In fact, he said we should make this part of our \$260 million cancer strategy, on which the parliamentary secretary worked.

To answer the member's question, I had a letter from a neurosurgeon who said that he thought this all tied in nicely with what the government was doing, and he supported it in that way.

Again, I thank the Minister of Health. He met with Brandon and Jennifer today. He had a long chat with them about their circumstances and what they had been through. He has been very supportive.

I am sure we will make progress with this.

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Mr. Michael Savage (Dartmouth—Cole Harbour, Lib.):

Mr. Speaker, I welcome the opportunity to speak to the motion on a subject matter that is often important to many thousands of Canadians who are affected by brain tumours.

I would like to congratulate my colleague, the member for Cumberland—Colchester—Musquodoboit Valley for the excellent job he has done on this issue and for placing before the House this important motion. It is one that I support without reservation.

Often hear in the House we hear members say that issues are not a partisan matter, but quite often they turn out to be that way. In this case it certainly is not.

I first had this issue highlighted to me when I was visited by a number of people, including Ann Chapman, the coordinating nurse at the IWK Brain Tumour Clinic perhaps just over a year ago. She told us of the plight of Canadians who were suffering from brain tumours.

I know Ann a little and I know of her dedication to children as a nurse at the IWK. As my hon. colleague did with the Dempsey family, if I were allowed to mention that Ann's daughter Ashley is with us today, I would, but since I am not I will continue.

As the nurse coordinator, Ann comes into daily contact with young children and their families all the time, families who struggle with this awful disease. She is with families throughout their treatment, and she wrote me a letter, which I would like to read only a small part. She said:

As the nurse coordinator who sits by the bedside of far too many children and families to help support them through this devastating diagnosis and treatment, this bill cannot get passed soon enough. This bill will help raise awareness about the actual number of Canadians diagnosed with brain tumors, both malignant and benign. There are many children diagnosed with "Benign" brain tumors but the treatment and late effects can be hardly considered benign on a young developing brain. Some children with "Benign" brain tumors undergo multiple surgeries and are treated with chemotherapy and radiation, so this word benign is misleading.

I have been on the board of the Isaac Walton Killam Children's Hospital in Nova Scotia before I became a member, Ann Chapman represents the kind of work that is done by so many people at that great institution in dealing with children from Atlantic Canada.

I believe the motion today will help raise awareness of persons diagnosed with brain tumours, both malignant and benign.

Statistics provided to us by the Canadian Alliance of Brain Tumour Organizations really are troubling. Every year in every community in Canada it is possible that someone could be diagnosed with a brain tumour. Data indicates that up to 10,000 Canadians are diagnosed with a primary or metastatic brain tumour in each year. Sadly, children account for about a third of that total.

Although some children are diagnosed with benign brain tumours, the treatment and the ensuing effects are such that it potentially harms a child's developing brain. Many of these people, as we have heard from Ann, have to endure very invasive surgeries that are treated with chemotherapy as well as radiation.

We hear that accurate data on primary brain tumours is needed to facilitate the research. We need accurate pan-Canadian data in order to better understand this disease, and by better understanding it, we can provide improved diagnosis and improved treatment.

The Canadian Alliance of Brain Tumour Organizations tells us that there is no national mechanism or standard for the collection of both malignant and benign brain tumours data. They have a particular concern that jurisdictions in Canada seem to be reporting only the malignant cases. It is clear, as has been suggested earlier, that we need to have a better understanding of the actual numbers to accurately reflect the impact of this awful disease on Canadians and their families.

I am very pleased that this motion calls upon the government to work with its provincial partners and advocacy groups in order to obtain timely and accurate data. I am also pleased to hear from my colleague that this has the support of the Minister of Health and the Prime Minister of Canada.

Brain tumours are second only to leukemia in incidence in children. The effects of brain tumours are particularly devastating because of the fact they are centred in the person's centre of thought, emotion and movement. The impact on families, as we have heard, is devastating.

I would like, if I could, to read a letter. Two constituents of mine have sent me letters today. They talk about the impact of this disease on their family. Marilyn Parker in Dartmouth wrote to me in support of the bill. She said:

Over a one year period Deanna underwent 5 different protocols of Chemotherapy and then finally 6 weeks (30 treatments) of radiation in Boston, USA. Deanna is now 10 years old and in Grade 5 at Robert Kemp Turner Elementary School. Miraculously, Deanna

suffers no neurological deficits but suffer some, what I consider to be minor, physical deficits (vision, hearing, growth, thyroid). She is very active in school and community activities and is the joy of my life (along with her 2 older brothers).

(1815)

I have a letter from Colleen Ferguson. She took the time to write to me today. Part of her letter is as follows:

I am the mother of a child with a brain tumour. Our son Mitchell was diagnosed in January of 2001 with a benign brain tumour. Once our surgeon indicated that the tumour was benign, we thought we would have somewhat of a reprieve. This, in fact, was not the case. As a result, Mitch has undergone four major brain surgeries, and a few minor.

Not soon after his diagnosis of a benign brain tumour, he quickly deteriorated. Mitchell was very ill. For quite some time we weren't sure that he would make it. The benign tumour became a mix of benign and malignant. This tumour has resulted in Mitchell undergoing six weeks of radiation and three and one half years of chemotherapy. The benign/malignant tumour, along with the treatments, has left our son with some definite deficits. We are learning to overcome some of these deficits, and with your help, families such as ours, will have more resources to draw upon.

These are pretty devastating stories, pretty impactful stories, from families who are affected by brain tumours. We are fortunate in Canada to live in a country that prides itself on its health care system. Many countries in the world are nowhere near as fortunate.

One of the principles of medicare is that nobody should be denied health service based on where they live or their condition. But we know there are gaps. We hear it all the time. Those gaps affect lives, often dramatically. Gaps can be province to province, perhaps another form of two tier health care in Canada. Treatment options vary dramatically in a lot of cases across Canada, and certainly in the case of brain tumours.

Last year, I presented a statement in this House on the issue of brain tumours after my visit with Ann Chapman and her friends. I have learned a great deal since then about how this issue affects the lives of our fellow Canadians.

As parliamentarians it is our duty to make choices every day and some of those are very difficult. The voices of people with brain tumours speak to the need to do more. We have heard the stories of families whose lives have been turned upside down, of Mitchell and Deanna and their families, of Brandon, who inspired his mother Jennifer Dempsey to work with the hon. member for Cumberland—Colchester—Musquodoboit Valley to bring this motion forward today.

Many of us know people who have gone through chemotherapy or radiation. I have had two parents who have gone through cancer treatments. I can hardly imagine three and a half years of chemotherapy and how that impacts on individuals and their family.

I hope in some small measure that we can all be of help in creating greater awareness of this issue. Again, my congratulations to my Nova Scotia colleague for his work. I urge all members to support this motion.

(1820)

[*Translation*]

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Ms. Christiane Gagnon (Québec, BQ):

Mr. Speaker, this is a motion that calls on all hon. members who are concerned about the growing incidence of cancer to take action. The motivation and concern shared by many members, if not all, sitting here in this House is obvious. I will read the motion:

That, in the opinion of the House, the Minister of Health should continue to work collaboratively with Statistics Canada—

So far, so good.

—the provincial and territorial cancer registries, and key stakeholders towards the ultimate goal of creating uniform national standards and guidelines for the surveillance of all malignant and benign brain tumours, including data collection, analysis and reporting.

The Bloc Québécois cannot support such a motion because it interferes in areas of provincial jurisdiction. I am not the only one who feels this way. I will read what was reported in *La Presse*:

The Quebec government has decided not to join the project. “We are glad the other provinces are joining forces to fight cancer, but we already have our own strategy”, explained Isabelle MÉRIZZI, press secretary to health minister Philippe Couillard.

Since we are talking about health and cancer, I would also like to read what Premier Jean Charest said in reaction to the letter from the federal Minister of Health:

The day-to-day management of the health care network and health services delivery is our responsibility. And it would be a good idea for the federal government not to interfere in how we provide health care. In fact it would be a very bad idea for the federal government to stick its nose in how we provide health care services.

Quebec's health minister, Philippe Couillard, in reaction to the federal health minister's letter said:

We will absolutely not tolerate the slightest interference in our jurisdiction...the organization and prioritization of and our approach to providing health care and social services in Quebec are strictly the concern of the Government of Quebec.

We see clearly that the Bloc Québécois is not the only one pulling these ideas out of the hat, that it is not a recent issue and that it is shared by all political stakeholders in Quebec, whether they belong to a federalist Liberal government, a nationalist Liberal government or the Parti québécois.

So this is a long, ongoing story. When a motion says that national standards and guidelines are going to be created, the Bloc Québécois cannot support it. We are very concerned about the tragedy of cancer, which continues to increase. The figures are alarming. Statistics can be cited today in this House to show the extent of the problem. They say there is a new case every four minutes and eight deaths every minute. Indeed some cases are alarming and this rise of 3% a year in cancer diagnoses is very worrisome.

Perhaps not all the provinces have done their homework either, and they must each assume their responsibilities. For instance, with regard to wait lists, patients with cancer or prostate cancer receive their first treatment within four weeks. The situation is not the same in every province. They say that Saskatchewan is the province where wait times are the longest. Apparently over half of patients wait more than 12 weeks.

I can understand why a federal minister or an MP sitting here in Parliament feels concerned about patients living in the province they represent. But they should put pressure on their provincial government to better meet the expectations of the population.

(1825)

They say that Quebec's performance is quite decent. It is also compared to Manitoba, which won the top rating for the most efficient system with median wait times of barely a week. Quebec is also aiming to reduce wait times for cancer patients.

Definitely it must also be recognized that Quebec has a strategy of its own. The issue is very complex. We know that health requires many types of intervention from various sectors, be it doctors, local community health centres or additional support provided by organizations involved in the medical field.

In 1998, Quebec adopted an integrated plan so as to improve its response to the problem of cancer. We built on the expertise of several players whose mandate was to ensure the sharing of information to ensure greater consistency in our actions. So it is not a question of pettiness or insensitivity, it is a desire to be more consistent in our intervention strategy.

I can understand the person who tabled tonight's motion. It is a matter of concern to all of us and there is a lot of sensitivity surrounding it. But it is not by voting in favour of this motion that we will help Quebec to do a better job.

Let us revisit an issue that I would have liked to see debated here this evening. As we all know, since 1994, cuts made to health care have been staggering. The Canada social transfer was cut by \$6.2 billion. That included a portion for education, but also a portion for health care. That money was put into paying down the debt. Other spending was given priority during that time and provincial jurisdictions were encroached upon.

Today's debate is extremely important if we want to help the provinces better meet the needs of Canadians. I would like to talk about the fiscal imbalance. It is the Bloc Québécois that laid the issue on the table. Now, the Conservatives have finally recognized this and the Liberals call it financial pressure on the provinces. We are talking about the fiscal imbalance here today only because the Bloc Québécois brought it up and made it clear that there was a fiscal imbalance, which was adding pressure to the finances of Quebec and the other provinces. They must show that they also acknowledge the existence of the fiscal imbalance and that they would also like to be fairly compensated for the sums they do not have in their coffers, so they may better meet the needs of Canadians.

It is all well and good to set social standards and impose them on the provinces. It is easy to take a paternalistic approach, impose standards and say that there have to be objectives and action plans, but the provinces must be able to meet the public's needs. We know that the federal government has too much tax money in its coffers for the responsibilities it has. Who has the hospitals, who has the community service centres, who provides care and social services for the public? The provinces.

We have a motion before us today. I do not think that Quebec and the other provinces do not want to provide information about their own programs or strategies, but all political players have said no to imposing national standards on the provinces.

Today, if we are serious about this, I would have liked to hear a proposal stating that the government recognizes the fiscal imbalance and that it must be corrected so that the provinces can meet the public's health care needs, especially with regard to cancer, and that the government will help the provinces by immediately correcting the fiscal imbalance. Health care must be a provincial responsibility, and the provinces must have all the tools necessary to better meet the public's needs.

(1830)

[English]

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Ms. Penny Priddy (Surrey North, NDP):

Mr. Speaker, I rise to support the motion.

There is no question that this country does not have a surveillance method for brain tumours, either benign or malignant. It is important at the beginning, because when people hear the words "brain cancer" or "brain tumour", they think of a malignant cancer. While a benign tumour is not cancer, it nevertheless can cause a great deal of damage to an individual.

Unfortunately, people who read a bit about medical terminology may hear the word "benign" and not pay much attention, because they think benign means it is okay and they do not have to worry. For example, if someone was suspected of having breast cancer and the result of the biopsy was that the tumour was benign, the person would sigh with relief, because benign to most people means that everything will be fine.

There has been less focus in the area of benign tumours, less focus on surveillance, less focus on follow-up and less focus on the kinds of supports that need to be in place for children or adults who may be diagnosed with a benign tumour. Whether a tumour is benign or malignant, with treatment, people can be very lucky with malignant brain tumours and may do well.

With benign tumours, we know that while the tumour will not spread, it may recur and in point of fact, does recur. It is not at all uncommon. I can think of three people in my life who have recurring benign brain tumours. For at least two of those individuals, the surgery and the treatment for the benign brain tumours has caused permanent physical disability. One person has lost most vision. One person has a number of facial movement and speech disorders.

When a breast tumour is removed, damage is not done to the surrounding area. When a benign brain tumour is removed, there is the potential for damage to the surrounding area, depending on where it is, because of the closeness to all those areas that control thought, smell, sense, movement and all of that.

It is important to have surveillance on both. I thank the member for moving the motion, because most of the focus has been on malignant tumours. If surveillance is done, there is an opportunity to determine if it is consistent across the country. Are there provinces or parts of provinces where this is seen to a greater degree? The federal government needs to know that and we need to be able to share that with other provinces.

In the case of neurotubular disorders, when surveillance was done, suddenly we saw a far larger number of children with neurotubular disorders. Although one should never see any, the statistics said that we would see a larger number of children with neurotubular disorders in areas where spraying was going on.

(1835)

It helps us when we look across the country to see if there are places where we need to have a closer look at the environment in which children or adults who are developing tumours live.

It provides us with an opportunity to look at what happens after treatment. We do not currently provide enough support after treatment. The benign or malignant tumour has been treated and halted but there are no support programs in place that provide for education, job retraining, any health care that might be needed because the individuals

do not fit into the existing categories. They do not have particular challenges for which programs have already been developed. They are often simply at home with no support or they are out of school or have to stand back from their jobs which supported their families. There has not been a focus on post-treatment supports that those individuals would need.

I would agree strongly with the member from Dartmouth that we have a health care system in which we believe that nobody should be denied treatment. The better the surveillance that is done, the more likely we are to be able to get more causal information and the better we are able to respond not just to the tumour but to what kind of support people need after the fact.

People in rural areas obviously need more support than people in urban areas because they have to travel for their treatment. That support has to be in place.

It also allows us to look at what we see in terms of population groups. Are we seeing more adults? Are we seeing more children? What percentage of them are children under five, teenagers, or older adults? What are we seeing around age? What are we seeing around cultural background or ethnic background? Do we see more people from a particular ethnic background than another? That would let us do a far better surveillance. It would also let us know more about genetics. Do we think it is familial or not? Surveillance allows us to identify that kind of information as well and then to be able to set up in the way that we have done with other kinds of cancers and whether there is a familial characteristic to a particular kind of tumour.

This may very well require more funds, not just funds for surveillance but because programs are significantly lacking after treatment, there are going to have to be more dollars for health, education and training certainly from the federal government and perhaps provincial governments. We need to make sure that once people are identified as having particular needs, they are not one offs and they are provided with particular programs that meet their needs.

There is a funding issue. We know that provincial governments are struggling for health care dollars now. They cannot meet the needs of everybody, with rising drug costs, wait times and growing populations. Having been a health minister, I know how hard it is to meet everybody's needs within a health budget.

I would like there to be a federal government responsibility to look at surveillance in a more overall way. I do not want people to have to bring a motion to the House every time somebody has a disease on which we need to do surveillance. It is a very cumbersome and ineffective way of doing surveillance.

(1840)

It is not that I do not support the member's motion; I do. In terms of how we do surveillance on illnesses across our country, I do not want it to be a one-off approach just because a member can bring forward a motion because it is important to the member. I would like the approach to be done in a more organized, systematic, efficacious way than we currently see.

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The Acting Speaker (Mr. Andrew Scheer):

I am afraid I have to cut off the hon. member as her time has expired.

Resuming debate with the hon. Parliamentary Secretary to the Minister of Health.

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Mr. Steven Fletcher (Parliamentary Secretary to the Minister of Health, CPC):

Mr. Speaker, I would like to comment on the member's concluding remarks. In fact, this motion is very compatible with the government's agenda to increase collaboration with the provinces and territories and is well aligned with the Canadian strategy for cancer control which has now been released as a pan-Canadian partnership to fight cancer. It also goes along with the healthy living and chronic disease initiative that this government is pursuing to create a comprehensive pan-Canadian surveillance system. The member's concern about surveillance has been addressed by the government, which is very positive.

Speaking to the motion itself, first let me congratulate the member for Cumberland—Colchester—Musquodoboit Valley on this excellent motion. As we know, benign brain tumours have not routinely been collected by provincial and territorial cancer registries and thus are not included in the Canadian Cancer Registry.

There are several reasons why data on benign brain tumours should be collected. First, there is the human dimension. Brain cancer is the most common solid tumour in children and youth. Each year in Canada over 200 children and youth under the age of 20 are diagnosed with brain tumours and nearly 60 die from their disease. Among those who survive, the long term health effects and functioning consequences are serious.

In addition, brain cancer is also significant among young adults. In 2003 there were 388 cases diagnosed within the 20 to 44 age group, or close to 20% of brain cancer cases among Canadians age 20 or older. In total, 2,500 cases and 1,650 deaths from brain and nervous system cancer are expected in 2006 in Canada. The number of brain and nervous system cancer cases would increase by between 40% and 70% if benign cases were included. Benign cases contribute to a substantial portion of the total burden of brain cancer.

Second, the creation of uniform national standards and guidelines for the surveillance of all types of brain tumours has the potential to improve the quality and completeness of brain tumour registration across Canada.

Third, having this complete and accurate data on primary brain tumours would facilitate research into the causes of this disease, which may lead to improved diagnosis and treatment of patients. It would, for example, help identify factors that influence the risk for developing various types of brain tumours.

Fourth, cancer registries serve several important purposes by linking available sources of administrative data to obtain information on a number of new cancer cases and corresponding patient follow-up information. This information allows basic surveillance and establishes a platform to provide the additional information needed to develop and evaluate cancer control programs.

There are also links from cancer registries to other administrative databases, such as vital statistics, to further assess the causes of cancer, behavioural risk factors, as well as occupational and environmental exposures. It would also allow an evaluation of trends in the rates of newly diagnosed cases.

Fifth, the inclusion of benign brain tumours is also needed to allow these tumours to be compared across registries both nationally and internationally.

Sixth, there are many subtypes of brain and nervous system cancers. The chance of recovery and choice of treatment depends on the type, grade and location of the tumour and whether the cancer remains after surgery and/or has spread to other parts of the brain. In addition, since studies have demonstrated that some benign brain cancers

transform into more dangerous types of tumours, the full spectrum of information about these diseases should be included in cancer registries.

(1845)

As I said earlier, the motion is highly compatible with the government's agenda to increase collaboration with the provinces and territories. It is well aligned with the objective of the health minister to create a comprehensive, pan-Canadian surveillance system.

I heard some of the comments from my hon. colleague from the Bloc and it is important that Canadians from coast to coast to coast understand that there are synergies that can be gained by working together, that people in Quebec, Manitoba, Newfoundland and Labrador, B.C., Yukon and so forth can benefit by us sharing information and learning from each other's experiences. One of the great flaws that we see in the Bloc's argument time and time again is that somehow pandemic or other diseases respect provincial boundaries. Of course they do not and we need to work together so that all Canadians can be as healthy as possible.

I would also like to take a moment to comment on the leadership that the Minister of Health and the Prime Minister have undertaken with the creation of the Canadian partnership to fight cancer. This partnership has the backing of all the major cancer groups throughout the land, including the Canadian Cancer Society and the prostate and breast cancer groups. We could name any type of cancer group and we would find that they all support the government's initiative.

When I was the health critic, I brought forward a motion on June 7, 2005, when the government of the day refused to fully fund and implement the strategy, even though every stakeholder in the cancer community supported the initiative. It took a change in government and the political will of the Prime Minister and the Minister of Health to ensure that the strategy could be brought forward.

The motion that the member has brought forward demonstrates the importance of the government's strategy to fight cancer. It will be a model for future parliaments on how to deal with chronic disease and, hopefully, we will defeat cancer.

However, it will take all Canadians working together, be it on walks or runs, or just individual responsibility or guidance from the government on how we can ensure that the risks to the health of Canadians are such that fewer Canadians will develop cancer.

Just last Friday, the health minister and the environment minister made a major announcement on reducing and eliminating the number of toxic substances that exist in Canada. This makes Canada a world leader in this area. A suggestion was made that many of the toxins and compounds that will be banned are some of the reasons why people acquire cancer. This government has demonstrated a profound sense of leadership and vision to ensure that Canadians live healthy lives.

This ties in very well to our wait times guarantee and other very innovative and thoughtful approaches that this government has taken in dealing with our health care crisis. As the population grows older, cancer cases will increase but if we can manage that increase and work together to increase, not only the lifespan but the healthspan of Canadians, we will improve their quality of life, reduce wait times and together we will all be stronger as we stand together.

(1850)

No matter what part of the country we are from, Quebec, Ontario or Manitoba, by sharing data and having national standards we can make significant improvements. I

think the bill brought forward by the member for Cumberland—Colchester—Musquodoboit Valley and the initiatives of the Prime Minister, the Minister of Health and the entire Canadian cancer community will go a long way to ensure that Canadians are as healthy as they can be.

I congratulate the member and I thank the members for listening to this presentation and I wish everyone a happy holiday season.

[Translation]

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The Acting Speaker (Mr. Andrew Scheer):

The time provided for the consideration of private members' business has now expired and the motion is dropped to the bottom of the order of precedence on the order paper.