

The unusual over-all increase which had been reported in the average professional earnings in 1971 over the previous year was primarily the result of the introduction of provincial medical care programs in Quebec and Prince Edward Island in late 1970 and New Brunswick in January 1971. The effects were magnified by the previous relatively low levels of insurance coverage in these three provinces. For these provinces combined, the rates of increase in the average gross and net professional earnings of physicians in 1971 over the previous year amounted to 37.0% and 47.6%, respectively, while the corresponding increases for the rest of the country for the same period were only 4.5% and 3.8%.

No similar disturbances were present in 1972. Several provinces increased their payment schedules during the year but only slightly, and in any event the effects were not felt over the full 12 months. Other factors, of varying impact, account for changes in earnings. Among the more important of these are changes in the total number of practising physicians relative to population. Additionally, there were changes in distribution by specialty and geographic location of physicians, changes in the composition of the population itself, and changes in demand for services by patients.

5.4 Health statistics

5.4.1 Government expenditures

In the years ended March 31, 1967-73, expenditures by all levels of government on health almost tripled, from \$1,907 million to \$5,462 million. If these figures are adjusted to take account of the growth in population, the increase in per capita expenditures from \$93 to \$222 was 139%. Government expenditures may also be measured in relation to major economic indicators; on this basis, annual government expenditures on health over the period 1967-73 rose from 4.0% to 5.8% of personal income and from 3.1% to 5.0% of gross national product. Table 5.2 gives the relevant statistics.

The federal share of health expenditures rose from 27.4% in 1967-68 to 32.8% in 1972-73 while the provincial share fell from 70.0% to 65.2% and municipal outlays varied erratically.

Compared with the previous year, health expenditures by all levels of government in 1972-73 increased by \$616 million or 13%. This may be compared to the rise of \$618 million or 15% in 1971-72 over 1970-71. Expenditures by the federal and provincial governments increased by 11.6% and 13.0%, respectively, from 1971-72 to 1972-73, principally because of constantly rising expenditures under the Hospital Insurance and Diagnostic Services Act and the Medical Care Act.

5.4.2 Hospital statistics

Canadian hospitals are categorized for statistical purposes according to type of ownership: public, proprietary or federal; and type of service: general, allied special (extended care, rehabilitation, maternity, communicable diseases, children's, orthopedic, neurological, cancer, nursing stations, outpost hospitals, etc.), mental or tuberculosis. General hospitals, which account for the largest proportion of beds, are divided into teaching (full and partial teaching) and non-teaching (with and without long-term units) types, which are further subdivided into varying bed-size groups based on rated bed capacity.

Data pertaining to the number of hospitals in operation (Table 5.3), their classification and rated bed capacity (Table 5.4) were available as at January 1, 1974 but 1972 data were the latest available for all other tables in this Section.

Table 5.3 shows that the number and bed capacity of hospitals operating in Canada have remained relatively stable in recent years. Table 5.4 gives the number and bed capacity of public, proprietary and federal hospitals operating in Canada in 1974 classified by province and by type of service. In 1974 public hospitals accounted for 93.5% of total rated bed capacity of all hospitals followed by federal hospitals (3.8%) and proprietary hospitals (2.7%). Corresponding 1973 proportions of 93.9%, 3.6%, and 2.5%, respectively, were almost identical. The proportion of rated beds in general and allied special hospitals as a group has been increasing in recent years while rated bed capacity in mental hospitals and tuberculosis sanatoria on the whole has decreased. In 1974 general hospitals accounted for 62.6% of total rated beds as compared to 58.9% in 1973 (5.6 beds per 1,000 population in 1974). Provincially, Saskatchewan had the highest ratio of general hospital beds per 1,000 population, i.e. 7.5 in 1974 and in 1973, while Quebec reported the lowest ratio with 4.6 beds per 1,000 population in