

The fourfold task of provincial emergency health services is to ensure that vital health functions are maintained during or reorganized after an emergency or disaster, to encourage and assist local planners in the establishment of emergency medical units, to train health professionals and the general public in emergency health procedures, and to place emergency medical units from the national stockpile at strategic locations.

5.3 Physicians

5.3.1 Number

As of December 31, 1972 there were 34,508 active civilian physicians in Canada including interns and residents (Table 5.1). Well over one third, 13,364, were located in Ontario. That province and British Columbia had the most favourable population-to-physician ratios at 591 and 595, respectively, compared with the national figure of 637.

Province-to-province comparisons of ratios that include all physicians are to some extent distorted because of the differing proportions of interns and residents to other physicians in each province. If the intern-resident category is excluded, the most favourable ratio, 663, was in British Columbia, compared with the national figure of 768. Ontario, at 714, was the only other province with a population-to-physician ratio below the national average.

Table 5.1 also shows trends since 1962 in numbers and ratios for all active civilian physicians combined and for physicians excluding interns and residents. In each case the figures include physicians engaged in such activities as administration, teaching and research within the medical field, as well as those in the clinical practice of medicine.

5.3.2 Earnings

The average gross professional earnings of self-employed fee-practice physicians in 1971 were \$56,824, 11.8% higher than in 1970. The average annual rate of increase over the period 1961 to 1971 was 8.2%. The highest average gross earnings in 1971 were reported in Alberta at \$62,188, followed closely by Ontario at \$61,657. Manitoba was close to the nation-wide average at \$56,517. In the remaining provinces the average gross earnings ranged from \$55,081 in Newfoundland to \$48,865 in Nova Scotia. Generally, through the decade 1961-71, average gross earnings have been at a higher level in Newfoundland, Ontario and the western provinces than in Quebec and the Maritime Provinces. But in 1971 earnings in Prince Edward Island, Quebec and New Brunswick rose swiftly to approach the national average.

The net returns to physicians, after deduction of the expenses of professional fee practice, reveal some shifting in geographic patterns compared with earlier years. Average net earnings for Canada as a whole were \$39,203 in 1971, 14.1% higher than in 1970. The highest provincial average net income was reported by Ontario and Quebec, at \$41,803 and \$41,131, followed by Alberta at \$40,357.

The unusual over-all increase in the average professional earnings in 1971 over the previous year was primarily the result of 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 three 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 38.4%, respectively, while the corresponding increases for the rest of the country for the same period were only 4.5% and 3.8%.

5.4 Health statistics

5.4.1 Government expenditures

In the years ended March 31, 1966-72, expenditures by all levels of government on health tripled, from \$1,603 million to \$4,855 million. If these figures are adjusted to take account of the growth in population, the increase in per capita expenditures from \$81 to \$224 was 176%. Government expenditures may also be measured in relation to major economic indicators; on this basis, annual government expenditures on health and social welfare over the period 1966-72 rose from 3.7% to 6.4% of personal income and from 2.8% to 5.1% of gross national product. Table 5.2 gives the relevant statistics.

The federal share of health expenditures rose from 27.1% in 1966-67 to 33.0% in 1971-72