

*Medicare*

in providing the kind of program which this government is endeavouring to force upon them?

Are we to be asked to discriminate against our own provincial governments? It would appear that this government will be unwilling to contribute to a provincial program that does not meet the requirements of this bill, even though the taxpayers of those provinces will find their moneys being used by the federal government to contribute to programs by provinces which do agree, or are willing to submit to the legislation as set out in bill C-227.

I have no personal knowledge of the kind of program that the government of Nova Scotia will be proposing as a satisfactory one for the people of that province. Indeed, the government of Nova Scotia is not in a position at the present time to indicate the kind of program it feels the people should have, because it has a special commission investigating this matter at the present time. It is not possible for me to know what type of program will be proposed by this commission when it has completed its investigation. This government is asking me to vote for something, when I am not in possession of the facts as to my own province's attitude on the bill in its present form. Surely they are asking members in a situation similar to mine to be irresponsible. It is not a position in which I would expect any government to place a member, no matter to what side of the house or to what political party he might show affiliation.

The only members in the house capable of giving blanket approval to the present bill are those from the province of Saskatchewan, where a program similar to that set out in the present bill is now in effect. There are nine other provinces in Canada, and none at the present time has a program similar to that envisaged by the federal government. There is little indication by any of them that they agree with the kind of program the government now indicates its desires in this bill.

There has been a great battle going on in the Liberal party. I should like to read from an editorial in the October 12 issue of the *Montreal Gazette*. That editorial refers to this battle and makes many points that all hon. members ought to consider before voting on this legislation. The editorial is entitled "Not just when but how," and states:

Canadians were exposed to a heated debate recently about the federal government's decision to postpone medicare from the original target

[Mr. Coates.]

date of July 1, 1967 to July 1, 1968. And the hottest words, it seems, were spoken within the inner councils of the government itself, in the federal cabinet, where one minister, Health and Welfare Minister Allan MacEachen, was rumored ready to resign.

Again this week at the Liberal party convention in Ottawa, the debate was resumed and was taken to the floor of the convention. More acrimonious words were thrown back and forth among the delegates on the question of the postponement.

But out of all this discussion, there are many Canadians who wonder what all the argument is about. The debate, within the cabinet and without, has had a strange and hollow ring about it; a lack of realism.

The debate has had a hollow ring because it has concentrated almost entirely on the question of timing. And it has shown a lack of realism because there has been little talk of how such a medicare scheme will operate, or what type of service will result. The debate has been on the question of when, not on the more important issues of what, how and by whom.

What type of medicare scheme should we have in Canada? The subject has been brought up before in royal commission studies (the Hall Commission), as well as several provincial investigations. In fact, most of the provinces either have some sort of medical care scheme in operation, or are planning to put one in operation. There is no shortage of suggestions, or lack of material to debate.

The question of how such a scheme should operate has far-reaching consequences. Medicare is the first social welfare measure which raises problems in human relations between the citizen and his doctor, and between the government and the medical profession. Finally, who is going to operate the plan? This is a point which any responsible government or group of politicians cannot avoid.

• (3:50 p.m.)

In Great Britain, the 20-year-old national health scheme has helped to promote real difficulties in personnel. Only last month the Health Minister, Kenneth Robinson, admitted the shortage was becoming acute. The *British Medical Journal* said recently 550 doctors left Britain last year. In mid-September a record 600 British doctors took examinations in London to qualify for practice in the United States.

Canada is also in a vulnerable position to lose its highly trained medical personnel, particularly to the United States. And this country is already short of doctors. At the same time, there are insufficient hospitals to cope with the present load of medical service.

In yet another area, medical research, the amount of money which the government puts into this vital sector of medical service is seriously inadequate. And these are only some of the gnawing issues surrounding the implementation of medicare.

But the heated debates of the last few weeks have not even raised the questions, much less begun a search for the answers. The debate has been on the irrelevant question of whether the scheme should be started next year or the year after.

It may be hoped that between now and July 1, 1968 there will be more discussion about the real issues which medicare raises, and less about the secondary ones; more about substance, and less about style.