

Medicare

inclined to subscribe. The patients treated by non-subscribing physicians will nevertheless be remunerated by the underwriter on the basis of tariffs agreed upon.

4. The right of doctors to choose the type of remuneration they prefer must be respected.

5. Negotiating mechanisms will have to be set up which will enable the medical profession to be present at every stage of development of the medical care plan.

We witnessed one of these imbroglios between the government, between the state and the Saskatchewan medical practitioners, and the member for Burnaby-Coquitlam (Mr. Douglas), when he was the premier of Saskatchewan, saw this for himself when he had to meet the physicians in his province who did not want to submit to dictation of their line of conduct by the socialist government which he was leading.

6. Once the plan is established, administrative and legal mechanisms under which the medical care plan will function must provide adequate representation of the medical profession at all levels where decisions affecting medical practice are to be taken.

Mr. Chairman, the Ralliement Cr ditiste is in favour of this freedom, declares that the patient's freedom to choose must be respected and wants the medical practitioner to be respected in the exercise of his profession.

● (3:50 p.m.)

When one tries to interfere with this liberty, one is not doing his duty. And today, Bill No. C-227, and the Minister of National Health and Welfare (Mr. MacEachen) knows it, because of its interference, is an affront not to medical practitioners as such, but to optometrists, podiatrists and chiropractors, who should be recognized and included in this bill if the province or the provinces should decide to include them in their own medical insurance plan.

No matter if it is one, two or three years from now, the minister should come out and say, once and for all, that optometrists are entitled to perform eyesight examinations under the act, under the medical plan submitted to and approved by the House of Commons.

Then, Mr. Chairman, we will show respect for the patient, the chiropractor, the optometrist, the podiatrist and even the whole population. And the Canadian parliament will assume its responsibilities, not in accordance with an outdated monetary system, but in accordance with the possibilities we have to provide for each and every one, the medical care they need and to which they are entitled.

[Mr. Caouette.]

[English]

Mr. McCleave: Mr. Chairman, in continuing the discussion on subclause (d) may I say that by now it will be obvious, even to the most obtuse on the government side, that there is a great deal of dissatisfaction with the wording of the subclause. It is a moot issue because we will either come up with a very good plan of medicare for Canadians or we will come up with one which will turn out to be quite fossilized, rigid and almost incapable of change.

The proposal which was presented to us by the Minister of National Health and Welfare—who, because he is a Nova Scotian, should know better but does not—is one that is fossilized, rigid and almost incapable of change. What is enshrined here in the legislation is not simply a federal act; it is a concurrence on the part of federal and provincial authorities, or at least I presume it is. I had hoped that at least someone would have tried to work out partnerships with the provinces, although sometimes I wonder about it after hearing the government's comments. The minister put forward legislation which would be almost impossible to change, should we want to do so at some future time. I say this very sincerely and seriously.

I know that the same complaint has been leveled at the Canada Pension Plan, that it is almost impossible to amend it. I suggest that this very rigid formula which we have before us would be impossible to change in this parliament unless the provinces were to raise such an outcry that even we would be driven to accept the common sense of their complaints. But such will not be the case because there will always be one province holding back. We have, therefore, decided to adopt the definition suggested by the minister for the least common medical denominator which it is humanly possible for any government to adopt. Most of us in the house are not satisfied with that approach. I suggest that much of the dissatisfaction is among the members on the other side of the house, and this would become apparent if they ever had the courage to stand up and proclaim their doubts.

So far three amendments were ruled out, two of them have been advanced by members of the New Democratic Party and one by a member of my party. I will suggest another amendment but I will not propose it formally because I am getting tired of these pernicious and unnerving exercises in pedantry on niggling, parliamentary procedures.