

Medicare

inevitable. Our own provincial attorney-general and minister of health in Nova Scotia has made this comment, and it is one I agree with. We have full awareness of the need for continued assistance to those who are on fixed incomes and who otherwise, for any one of a number of reasons, cannot afford to pay medical bills themselves; but this is going to put a heavy burden on our province.

• (6:10 p.m.)

The bold statement that provinces such as Nova Scotia cannot afford this plan under the present system remains a fact with which the government and the minister have not seen fit to deal. The minister's concept of universality has limited the application of the scheme. The provinces have never been given an opportunity to set out clearly their positions on this matter. I would invite the minister to meet with the premiers, and in particular with the premier of his own native province, and to raise this whole matter either privately or otherwise. I believe he is already aware of the point of view held by our minister of health and our attorney general. The cost to Nova Scotians would amount to some \$15 million, an amount which cannot be raised simply by taking it from the provincial treasury.

No serious effort has been made to devise a plan which would take these various economic differences into account, or the differing need for medical care which arises from province to province. The federal government has dictated priorities without allowing the provinces to suggest meaningful methods of putting medicare schemes into operation.

It is our desire in Nova Scotia, as I am sure it is in all other provinces, to find means of enabling everybody to meet their medical bills without too great a strain on their finances. The bill before us fails to take account of the effects of the continuing cost of a program such as this, or to suggest its relationship to the primary cost. The plan does not permit the provinces to deal with escalation in the cost of medical coverage, yet they must find the money somewhere. On one hand, our province is faced with the expenditure of a staggering amount of money—I have mentioned that this is likely to cost Nova Scotia \$15 million—and on the other the federal authority is threatening shortly to remove, through cut-backs in defence expenditures, millions of dollars which presently flow into provincial coffers, the economy of some of our rural areas, municipal treasuries, and so on. If one leaves all other items to one

[Mr. Forrestall.]

side, the combination of these two during the next three or four years will spell some form of disaster.

I do not know what the government intends to do about this situation. I do not know indeed whether it intends to do anything. As the previous speaker suggested, this motion for second reading will ultimately come to a vote in the house and it will be carried. As I pointed out at the beginning of my remarks, I think this is right. But I still believe that advantage has not been taken of the opportunity to hear the comments of provincial ministers of health. Reference of this measure later to the committee of the whole for further discussion does not, in my view, provide an opportunity for the total study which ought to be given in committee when a matter of this kind is under consideration.

There is no special need for haste. We have until July, 1968, or some such date, before the bill will be implemented. The minister in his explanations, and I listened to them with great interest, did not deal with the bill in the depth which a measure of this sort merits. As has been pointed out, it will be with Canadians for many years to come, so it is of great importance that it should be given proper consideration by this house. Change for the sake of change is never good; our actions must be based upon the fullest understanding of all the implications.

Surely, it is of the greatest importance to consider the impact of plans such as this upon the local economic situation. We must be concerned about the ability of the local economies to sustain them, as well as with the capacity of the medical profession to cope with them. These questions have been raised before, and I suppose later speakers will refer to them too. It is my understanding that we need between 1,200 and 1,400 doctors each year, and that present numbers fall short of this requirement. It has been argued, and, in my opinion, correctly, that until this need can be met we should continue to study the situation in order to discover ways in which this and other difficulties may be overcome. The medical profession is recruiting, at present, about 800 doctors a year, while 2,400 are needed. We might well be concerned, too, about the morality of attracting doctors from countries which already have too few doctors. We are a rich young nation and surely we can afford to deal with this legislation in a manner which would best bring these necessary services to the Canadian people.