

Medicare

Finally, I point out that in Canada today we have the services of just over 10,000 general practitioners to look after 20 million people. This cannot go on. More and more of them are wanting to get out because they cannot give the service they expected to be able to give. In Russia there is one doctor for every 550 people. In Israel there is one doctor for every 400 people.

Besides the field of treatment there is the field of preventive medicine. We need doctors badly in Canada. I think the situation should be examined. We are in a crisis. Where are we to get these doctors? I would say that the medical course should be shortened. This could be done in two ways. Either students could go to school and be taught the year round, as was done when the war was on in the forties, or some of the frills could be cut out of the course as laid down by the universities. If it is true, as most of the eminent authorities in the medical field say, that half of what we learn today has to be discarded in ten years time, would it not be better to send doctors back to medical school for six months every five or ten years than to follow the policy we are following today?

This is an urgent business and I do not think the government has sufficiently considered the urgency. In these circumstances I propose to move an amendment as follows:

That all the words after "that" be deleted and the following substituted therefor:

This house, while of the opinion that provision should be made for medical services to be available to all Canadians at an adequate level on a prepaid basis, is nevertheless of the further opinion that no legislation for the provision of insured medical care services in Canada will be satisfactory unless it:

(a) secures co-operation of the governments of the provinces of Canada;

(b) recognizes the principle of voluntary choice by the individual;

(c) makes adequate prior provision for sufficient medical research, the training of adequate numbers of doctors and other medical personnel, and:

(d) immediately provides for those persons who are unable, for financial reasons, to provide medical services for themselves.

The Acting Speaker (Mr. Rinfret): This is a complex amendment and I should like to refer it to the Speaker for consideration. Meanwhile I will put it before the house on a provisional basis.

• (4:40 p.m.)

Mr. Stanley Knowles (Winnipeg North Centre): Mr. Speaker, when the resolution preceding Bill C-227 came before the house on July 12, followed by the introduction and first reading of this bill, we expressed our

[Mr. Rynard.]

great pleasure that this important piece of legislation was before parliament. I think it is fair to say that on that day the house itself was aware of the historic step we were taking and there was a very high hope that it would be followed by early action along the lines set out in the bill presented that day by the Minister of National Health and Welfare (Mr. MacEachen).

In contrast to the spirit of that day, I suggest that this is a very sad day in Canada's history. Indeed, Mr. Speaker, in a few minutes I shall give point by point my reasons for saying that this is a sad day in the history of this country. But I think no one demonstrated it more effectively than the Minister of National Health and Welfare by the manner in which he spoke today compared with the things he said and the way in which he spoke on July 12. Let me remind him of the second or third last paragraph of the speech he made when he introduced the resolution and asked us to give first reading to this bill. These are his words as found at page 7549 of *Hansard* for July 12, 1966:

The introduction of this resolution, Mr. Chairman, I believe marks an historic day for this parliament and for Canada. The program it spells out goes a long way toward closing the gap in our over-all social security system. It is our hope it will result in the commencement of provincial medical care plans covering all Canadians on the 100th birthday of Confederation, July 1, 1967. This would be a most appropriate way to mark our birthday, since it would ensure ready access to medical care to all of our people, regardless of means, of pre-existing conditions, of age, or other circumstances which may have barred such access in the past.

That was the high hope expressed by the Minister of National Health and Welfare on July 12, namely, that on our 100th birthday, July 1, 1967, we would have accomplished the taking of this historic step. Today, in a speech that was so timid and so half-hearted we could hardly hear it, he gave us a new word for what we normally call retreat. Today he told us that flexibility has been built into this legislation. Earlier today on another subject there was talk about words and their meanings and certain members had recourse to the dictionary. I suggest, however, that it is a strange effort on the part of the minister to try to turn the word "retreat" into the word "flexibility".

The minister told us, for example, that in July of 1965 the Prime Minister (Mr. Pearson), supported by the Minister of National Health and Welfare, laid down four cardinal principles upon which the government based