

*Medicare*

medical care program which was particularly designed to cover those persons in the province who were not already covered by doctor-sponsored programs. Obviously this plan is cheaper than the M.S.I. plan, which is now being dropped. But it is not as low in cost as it could be if this bill were passed and the province chose to participate. However, the plan which is in effect, imperfect as it may be, goes to prove that the government-sponsored plan does operate more cheaply than the doctor-sponsored plan, which is now withdrawing from the field.

Item six of the major objections of the C.M.A. is as follows:

That a universal program will aggravate the existing shortage of medical and other health manpower, particularly in the field of general practice. The alleviation of these acute shortages should be given first priority in spending public funds.

We have heard this a great many times before, Mr. Speaker. It is the old argument which is raised—that we are not ready to do this. I suggest to you that if the Saskatchewan government nearly 20 years ago had not taken the initiative in the field of public hospital insurance, we would not have it yet in Canada. At that time there were not enough hospitals, or doctors and nurses and still today there are not enough almost everywhere in Canada.

I suggest once again that if the same government had not taken the initiative in instituting medical care insurance, we would not be discussing this bill today. There were not enough doctors in the province at the time and there are still not enough doctors in Canada. What country does have enough doctors?

I also suggest to hon. members that we do not stop the building of schools just because there are not enough teachers. These things have to be done. We do build schools and we do spend money to train more teachers. Some teachers come into the country as immigrants, and we get along as best we can. If we wait until there are enough hospitals, doctors, nurses, radiologists, technicians and all the rest of it, we will wait forever. We must proceed with what we have.

The ratio of doctors to the population of Canada is a great deal better than in other countries in Europe that have had medical care schemes in operation for a long time. Therefore the argument that there is a shortage of medical personnel has to be rejected.

In this connection we are making some progress. A year ago the government did

announce health grants for medical schools. Much more needs to be done in this field, but this part of the Hall Commission's recommendations has to be taken into account and a start must be made. Let us not use this excuse that there are not enough doctors.

I suggest to you, Mr. Speaker, that not all of the horrible things that some people have said will happen in Canada will in fact occur. It has been stated that we will lose doctors as a result of the introduction of medical care. Once more if hon. members read the report of the Hall Commission carefully they will notice there is a close relationship between the income of doctors and recruitment to the medical profession. I am not suggesting that this is the only reason people go into the medical profession, not at all; but income is certainly an important factor and doctors in Canada are among the highest paid anywhere in the world.

With a medical insurance program which insures payment to the doctors, one can expect their income to go up; and I have no doubt that there will be enough young Canadians in the future who will be ready to serve in the medical profession whether or not we have medical care. However, this sort of plan and the certainty of payment which it will bring will help recruitment to our medical colleges.

As some other members have said, Mr. Speaker, we should not at this time be debating the merits of universal medical care. We have had enough debate on this subject. Enough study has been done on the question in Canada and it has already been put into practice in one province in this country. It has also been put into practice in other countries. I suppose really the government is not debating the problem either; we are now down to the question of the implementation of such a plan.

Before I leave the question of the Canadian Medical Association I want to raise one doubt which comes into my mind. The C.M.A. purports to speak for the doctors of Canada. This seems strange to me because I have spoken to a great many physicians at different times and in different provinces. Some of them support the C.M.A. official position on medical care, but many do not. I do not know whether these doctors are silent when conventions of the association are held, but I know from my own experience that there are many doctors in Canada who do not oppose the kind of medical care insurance suggested by the Hall Commission. So I really doubt