

Medical Care Act

The Acting Speaker (Mr. Turner): Order, please. The hon. member for Sault Ste. Marie.

Mr. Cyril Symes (Sault Ste. Marie): Mr. Speaker, I too hope that the Parliamentary Secretary to the Minister of National Health and Welfare (Mr. Kaplan) will rise in his seat and explain this regressive and backward piece of legislation and the rationale behind it, because we on this side of the House do not accept the arguments the minister has put forward. Bill C-68 to amend the Medical Care Act and to amend the formula of payment by the federal government to the provinces is one of those backward steps this government seems to take. The government is reneging on an agreement and on a responsibility to pay half the cost of medical care in this country.

If this bill should pass it would mean that ordinary Canadians will suffer in terms of the kind of medical care to which they are accustomed, and which we hope to improve. They will also suffer because of higher taxes and deterrent fees which will be the inevitable result of this welshing by the federal government on its commitment to the provinces.

Under the formula proposed in this bill the federal government will limit its contributions to the provinces on a declining percentage formula. In the year 1976-77 the maximum contribution will be allowed to increase only by 13½ per cent. In the year 1977-78 it will be allowed to increase by 12 per cent, and in the year 1978-79 and thereafter it will be allowed to increase by 10 per cent or less. The reason the Minister of National Health and Welfare (Mr. Lalonde) gives the House is that health costs are escalating too much too fast, and therefore he has launched an attack against the provinces by saying the federal government will not match the inflationary increase in health care costs but will saddle the provinces with that responsibility, knowing full well that the provinces are limited in terms of their tax revenue.

The federal government has wider options. It can afford to continue paying half the cost of medical care, while the provinces today—and this is evident in respect of any province, and especially my province of Ontario—are feeling the pinch. If this legislation should pass we will see more hospitals closed down in this province, and not just the ten that the present Ontario minister of health has closed. We will see multiplication of that kind of indiscriminate closure in this province and in every other province throughout the country. That is a backward step.

The people of Canada can be proud of the health care system we have built, a system I need not remind hon. members that was first introduced by my colleague, the hon. member for Nanaimo-Cowichan-The Islands (Mr. Douglas), when he was Premier of Saskatchewan heading the CCF and NDP governments. I think this bill really is indicative of the kind of commitment we have to medicare by the Liberal government. This is a commitment it reluctantly accepted. Medicare was promised by the Liberals back in 1919, but we did not get full medicare in this country on a nation wide basis until the 1960's. In light of that delay and the bill we have before us today, I do not think the Liberals are really too committed to the principle of universal free medical care.

[Mr. Baker (Grenville-Carleton).]

The Liberals are committed to the dollar sign rather than health care. They try to construct the argument that because we are in an inflationary period—and much of that inflation rests with the government of course—the dollar will take precedence over health care. I say that is a backward attitude. There are other ways to cut health-care costs than to cut back arbitrarily in the funding to the provinces.

Mr. Kaplan: What are they?

Mr. Symes: If the parliamentary secretary will wait I will enumerate them one by one. I hope that after I have finished he will rise in his place either to support or rebut the arguments I make. Let us first look at the components of increasing health costs one by one and then examine whether there is anything we can do to keep them in line. The most obvious reason for the increasing health cost is that more people in this country are using health services. Surely that is a fundamental objective of the program as currently designed, that is, to make the services available to people so that they will go to their doctor when they have early symptoms of illness rather than, as in the past, before we had the universal plan, hold off going to a doctor until the illness has become so complicated that they end up in hospital undergoing very expensive treatment.

If more people use the health services more people will be treated, and thus more people will be in a healthy condition rather than suffering from complicated illnesses. That is an important point to remember. We should not try to hide our heads in the sand. If we are to have a universal scheme obviously people will make use of it. That is the whole point of a universal medical scheme. The practice of going to doctors should not be limited to the wealthy. It should be available to all Canadians.

There is a second component of course to the increasing health cost. That is the wages paid to the hospital staff. Obviously the people who work in hospitals—and I am thinking of nurses, nurses aides, the technicians in the laboratory, the cooks, the cleaners and everyone else—are performing a vital job. They are facing the ravages of inflation as everyone else is, and they have quite legitimately asked for salary increases and in certain cases received at least a percentage of what they were seeking.

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I remember examples that were quoted in my province of Ontario of a dog catcher or a zoo keeper who was making more than an hospital attendant. When you compare the services that those people were rendering, that was certainly a shameful state of affairs, and we have not as yet really acknowledged through the kind of salaries we provide to hospital staff the vital service that they give to patients. Therefore I do not think we can be niggardly and parsimonious when it comes to providing adequate wages for people who provide such vital services. That is something we will have to accept.

Likewise, a third component of rising health costs are doctor's salaries. In my province of Ontario in 1975 the average general practitioner was earning \$58,000. The salary for the average ear, nose and throat doctor was \$71,900, and the average salary of the orthopedic surgeon was \$63,000 a year.