This federal program with its universality feature will also bring social justice to all Canadians. It is welcomed by our citizens and by welfare organizations, and praised in editorials across the country. Mr. Justice Emmett Hall, chairman of the royal commission on health services, has refuted the arguments made by some provincial authorities and some critics in this house who want to postpone indefinitely a national medical insurance plan in favour of education by declaring in Ottawa last November:

> There cannot and must not be any question of conflict or of priority between the needs of better education and good health.

Furthermore, not only social justice but also economic progress could be served by the early implementation of a national health insurance scheme. It is estimated that in 1965 illness caused a loss to our economy of approximately $630 million. I am certain that much of this loss might well have been prevented if adequate health services had been available. Therefore, Mr. Speaker, we cannot afford to deny or postpone indefinitely in Canada an adequate medical insurance plan.

The other parts of the objectionable Conservative amendment can also be shown to be without a sound foundation. The present federal scheme does recognize the principle of free choice in the doctor-patient relationship. The scare of state medicine of socialist countries cannot be justly applied to the federal scheme we are debating.

The third part of the amendment crying for adequate prior provision for sufficient medical research and training of medical and paramedical personnel appears to forget the steady progress in this field since the introduction by a Liberal government in 1948 of the national health grants which poured out millions of dollars for public health facilities, professional training, research and hospital construction. This was continued during the administration of the right hon. Leader of the Official Opposition (Mr. Diefenbaker). This part of the amendment also overlooks the further increase in health facilities and personnel provided by Bill C-199, the health resources fund, which will provide $500 million over the next 15 years. I cannot understand the forgetfulness of the opposition with regard to such a recent act passed by this house on June 27 of this year.

The last part of the amendment, Mr. Speaker, is also untenable. Our provinces have for many years financed the cost of

medical services for persons on public assistance and those in need. The outpatient departments of our hospitals and the public ward beds are filled with patients who receive adequate medical care free of charge or at a very minimal fee. Furthermore, this type of need is now being provided in greater measure by the Canada Assistance Plan also introduced by this government and enacted by this parliament last July.

Mr. Speaker, during the debate on the Hospital Insurance and Diagnostic Services Act in 1956-57 and 1958 objections similar to those we hear now from opponents to medicare were heard. But parliament, in its wisdom, passed that bill providing universal hospital insurance. True, there were differences, difficulties, objections and problems but parliament did not wait for perfect circumstances to institute the Hospital Insurance and Diagnostic Services Act. It was passed in 1957 and since that time we have learned many lessons, gained much experience and satisfaction.

The goal of an effective hospital insurance program was achieved by the co-operation of the governments, hospital trustees, doctors and the public. With diligence, dignity and understanding on the part of all parties concerned, a universal hospital insurance plan initiated by the federal government became a success. I believe that no Canadian today would wish to be without our hospital plan. I also truly believe that the majority of Canadians do not want to be without a national health insurance plan.

• (1:20 p.m.)

Many remarks have been made by hon. members since the commencement of this debate. Most of them were very favourable and included interesting suggestions and constructive criticism. After all, in our parliamentary system it is customary and useful to test in the crucible of debate whether good legislation can be improved. The majority of Canadians, approximately 12 million, are fortunate in having some form of prepaid or government subsidized medical plan. However, today approximately 7.5 million Canadians have no medical insurance except for the medical diagnostic services provided by the Hospital Insurance and Diagnostic Services Act which was introduced in 1957.

But every day now in Canada more and more Canadians have access to health insurance because of the introduction of provincial medicare plans which are now available in