

Canada Health Act

addresses some \$150 million out of a \$22 billion expenditure. They wanted to look into the future as to what must be done to reform the health care system in this country.

Those were the policies and objectives that were stated at the outset. After all the witnesses had made their presentations based on those objectives, they were then withdrawn. I believe this was indeed cheating those witnesses and misleading them as to what the Bill was all about.

Would the Member address a problem which I now believe exists in the country, that somehow Parliament and the committees of the Parliament of Canada are seen in a light where we have not acted properly toward the people who came before us as witnesses? The Minister invited them to appear to speak on certain principles and then later changed the criteria to which they were speaking. How can we help redress the feeling which must exist that somehow these witnesses were misled? They were asked to address the long-term problem and then we were told that it can only concern a short-term matter. It is the long-term needs that are crying for attention.

The Acting Speaker (Mr. Herbert): I am afraid that the lengthy comments of the Hon. Member have used up the ten minutes for comments and questions. Debate.

Hon. Warren Allmand (Notre-Dame-de-Grâce-Lachine East): Mr. Speaker, in listening to the comments by the Hon. Member for Oxford (Mr. Halliday) and some other Conservatives, one is confused about whether they are supporting the Bill or opposing it. On the one hand they say they support it, but on the other hand many of their comments show that they are extremely critical of the Bill and many of its provisions.

As one of the few Members in the House who voted for the original medicare Act in 1966, I am pleased to support this Bill, not because it is perfect or because it deals with all health care problems—

Some Hon. Members: Oh, oh!

Mr. Allmand: The Opposition is a little sensitive to honesty. The Bill is essential to halt the erosion of one of the most important social programs ever adopted in Canada.

I consider my votes and other measures in support of medicare in 1966 as one of the most significant acts I have performed here in my 19 years as a Member of Parliament. If we speak to those older Canadians who tried to cope with medical costs before medicare, many of whom went bankrupt or lost their homes because of high bills, they will tell us what it was like before we had a medicare system and what a great relief it is to have this program since they no longer have to worry about their bills for medical care.

As many others have pointed out, the principal purpose of this Bill is to discourage or deter extra billing and user fees. Extra billing relates to those fees charged by doctors in addition to what is charged by the medicare system. This can be carried out in different ways. User fees are the fees charged by hospitals and other medical institutions in addition to what is provided by the medicare system.

We are told that last year these extra billings and user fees added up to approximately \$120 million to \$130 million, up approximately 20 per cent in the last two years. That is still a small percentage to the total costs of the medicare system but it is extremely important to ordinary Canadians because it will serve as a barrier to health care services.

As Justice Emmett Hall said before the Committee on Health, Welfare and Social Affairs, the burden of illness, of accident and death is heavy enough without adding the extra burden of medical and hospital bills at that time. Medical care is no place for any kind of means test. No matter how prudent a citizen is in this country, he or she can never predict the seriousness or length of illness or illness resulting from accidents that might happen.

Of course, I believe our doctors and professionals must be compensated fairly and equitably. We owe a lot to our medical practitioners and institutions. There must be a system to assure proper compensation.

• (1210)

For this reason I welcomed the Government amendment in committee adding Clause 12(2) which sets out a system for conciliation and arbitration for medical practitioners under provincial jurisdiction. It is true that this clause is not obligatory, as some members of the committee wanted, but that is principally because that area is under provincial jurisdiction and none of the provinces would accept that type of amendment. On the other hand, they are ready to accept the type of amendment which sets out a process for consultation and arbitration for medical doctors and other practitioners which is not compulsory. It is my firm hope that most if not all the provinces will adopt such a system so our doctors can be fairly compensated.

As I think most Canadians realize, the delivery of health service in Canada is a provincial matter. The federal Government, through its spending power under the Constitution, is able to help finance medical care and hospital systems. They do that to approximately 50 per cent of the cost, and have been doing that for several years now.

My principal frustration with this Bill, Mr. Speaker, and with the present system, as I mentioned in committee on several occasions, is the deplorable situation in Canada with respect to chronic and long-term care, especially for the aged, which is a growing segment of the population. Not only is the provision of proper chronic care inadequate and in short supply, but some of it is a shame for a country as rich as Canada. As a Quebecer I must point out that it is as bad or worse in that province as in other provinces. Quebec has boasted that it does not allow extra billing and user fees, but this is not so for chronic care.

In committee, Mr. Speaker, I put on the record a letter I received from a constituent in Montreal. It is a good example of the type of user charges we are getting in Quebec and I want to put it on the record here. The constituent is a woman, now a widow. Her husband, prior to his death, was a patient in the Centre Hospitalier Thoracique de Montréal; that is the