

Health Care

\$10 to \$25. This was expensive, this was frightening, only a specialist should have asked so much; at the time, we did not have any. Some were trained; they ask for \$225 or \$250 and it is not better.

At any rate, nobody spoke about them when they rendered service and now, if things continue the same way, we will find—the English word is probably more accurate—a sort of disincentive, a kind of non-stimulant to work as doctors. I do not know of any doctors who are now very enthusiastic about our laws on social security; maybe it is because we went too far. At any rate, if we want to reduce the costs of health care in Canada, we must opt for or against the programs. As far as I am concerned, we should opt out but we should keep essential bases so that everyone is treated the same way in Canada. To this end we should not put the cart before the horse; doctors must be trained. The approach is overhasty. Our medical personnel must be trained, after which the program can be considered. It is all very well to say that we want to train paramedical staff. I have no objection to a nurse, or anyone else, taking my blood pressure, but when it comes to having midwives officiating at confinements, which is still acceptable at a pinch, and is done in other countries, if any complications develop the doctor must be called, or else they can call the blacksmith, the farmer experienced in calving.

In my opinion the approach to the problem has been inadequate. Time should be taken to think over the problem, instead of practicing demagoguery and bandying words one does not quite know the meaning of. It would be much more simple to give the problem intelligent consideration and to define it. The problem of excessive increase of medical care does not rest with the provinces, nor with the federal government. Increasing salaries will not bring about a great change. No hearing has been given as yet to those who are responsible for health care in Canada, it is as simple as that. I may be said to be mistaken, that would not be a novelty, but it might be well to really take into consideration the thoughts of Jules Verne, and see how right he was.

[English]

Mr. Cyril Symes (Sault Ste. Marie): Mr. Speaker, I rise this afternoon to support the motion put forward by the hon. member for Nanaimo-Cowichan-The Islands (Mr. Douglas) which reads as follows:

That this House disapproves the government's proposal to retreat by stages from the present cost-sharing arrangements with respect to hospital and medical care programs and calls upon the government to fund all health services on a 50-50 basis and to expand the health resources fund to enable the provincial governments to improve their health services.

I support this motion in light of the federal government's proposal to limit for the next five years its contribution to the provinces in the field of health care. This plan would limit the federal government's contribution and contain an escalation clause tied in with the GNP. It would guarantee 6 per cent of personal income taxes, revenue from the excise taxes and, ironically, the taxes on alcohol and tobacco, to promote health care in the provinces.

[Mr. Isabelle.]

● (1630)

The provincial governments have already stated their objection to this plan. Our party, and many speakers from the Conservative party have expressed their opposition. We believe that this program would limit financial spending for medical care, with the result that there would be an end to hope of any co-ordinated national health policy and the end to any progressive changes which are essential in this field. Secondly, it would mean that the poorer provinces would fall far behind those provinces which can afford to expand their health care services.

What has prompted this proposal of the federal government? It seems to me one can reason that the government either believes Canadians are so well off in the health care system which now exists that there is no need for expansion of services, or that the Liberal government, despite its high-sounding phrases, is not fundamentally committed to the concept of government responsibility for health care in the nation as a whole. In other words, perhaps the federal government is attempting to pass the buck to the provinces. I suspect the motive of the government is the latter.

Are we so well off in regard to health care that the federal government can wash its hands and say that now the provinces must look after it. Canadians spend, on average, \$260 per capita for hospital and medical care, dentistry and prescription drugs. We are spending more and more on health care, but there is not a corresponding increase in the quality of our health services. One has only to think of the fate of the family doctor and the queues of people in hospital emergency waiting-rooms who are waiting for services which they so desperately need. Are the poor so well off that they do not need extended health care services? Families on low income and the poor of this land may still have to pay a health premium, because some provincial governments are not enlightened enough to include this in the over-all income tax policy. Thank goodness there are three New Democratic provincial governments which have already abolished the premium for health care.

What about the children in this country who have dental problems? Are we to ignore them and say that we do not need to expand health care services in this field? We should consider the cost to families which try to provide proper dental care for their children. When children have poor teeth, their health is affected and sometimes their school work as well. Not only is there the cost of dental care, but also the problem of service. In my area of northern Ontario, this service is sadly lacking. Ours is one of the richest provinces, but communities near mine such as Thessalon and Blind River are without dental care and proper medical services. These are moderately sized towns. What is the situation in respect of the smaller, isolated communities further north which cannot even obtain temporary dental coaches to visit the community to help the people solve their dental problems?

Are pensioners so well off under the provincial health schemes that no improvement is needed in this area? Can they afford eyeglasses, dentures or cardiac pacemakers? The other day I spoke to a pensioner who pointed to his ears and said he was wearing \$300 in each year. He had to bear that financial expense from his old age security pension. Is the problem in respect of drug costs so small