

*Canada Health Act*

what we have done. The members of the committee have worked together very seriously on this, and we have done our utmost to improve the Bill while respecting the basic rules of the game to which I had given my commitment. By that I mean, in particular, that in no way should we be imposing on the provinces, directly or indirectly, additional charges to the heavy financial burden they now have. Any Member who knows enough about the Bill can see that we have honoured that commitment.

● (1130)

We have tried to make it a better Bill, and I was pleased at the end of the committee work to hear senior officials, the people who have been implementing medicare in the last 25 years, saying spontaneously how pleased they were that it was not partisanship which had governed the work of the committee but excellent improvements made by the Opposition and the Government to make the Bill better. I think we can be proud of what will be a workable piece of legislation, which is the purpose of any Bill.

We have recognized the concerns of different players who at times may be seen by some of the parties in that complex system as "enemies", in the sense they would make demands on the system for money, equipment or for changes in orientation. We have tried to recognize their legitimate concerns without imposing anything on the provinces which is not our place to impose.

Perhaps I should refer in particular to one clause which is causing worries, it seems, in the last hours, although to my knowledge without reason. I am anxious that all parties have a chance to study carefully the revised version of the Bill with all its amendments, in particular Clause 12(2). In that clause we are adding a possible choice for the provinces who want it by defining a model process for negotiations between the medical associations and the provincial governments. This process originates from the medical associations, more precisely from the Canadian Medical Association. It was put forward first by the Official Opposition, and followed by a counter-proposal in which no mandatory dimension was included.

I know some Members would have liked to see a real process of negotiation enshrined in the law as the way to do things between doctors and provincial governments. We all know that we did not have that power under the Constitution; therefore we did not impose it on the provinces. It would have been wrong. Instead, we added to the old rule of the game, which has been there for 15 years, which says that doctors must receive reasonable compensation. That stands; it is the cornerstone of medicare in Canada.

We added a possible model which all Members thought could be tested, promoted and eventually become the way to do things in Canada. It will work only if the parties want it to work. It will be for provincial medical associations and provincial governments to decide if it is workable. If not, they can choose any other model of labour relations with the medical associations to reach reasonable compensation for doctors. I think this is a key point and I wanted to stress it.

Why do I single out only one occupation in the health system? I do so in a way to do justice to people who are key players in the system and who have been more or less outside of the federal-provincial political scene. They have expressed their views differently but I want them to know, together with other players, that I think they have been heard, that they have advanced their cause and we have to honour a commitment to them by proposing, wherever provinces want to use it, a possible new model of labour relations which can literally respect the dignity of both parties.

[*Translation*]

Mr. Speaker, perhaps I may be allowed to say a few words about my home province. I must say I was disappointed when Quebec opted for political confrontation instead of a dialogue on Bill C-3. I thought it was most unfortunate but I am happy that we have been able to allay the fears they had raised in the health services field in Quebec, and I think that now, the word has gone out that there was no problem and no reason to be alarmed. I am glad that in the process, Quebec officials came to meet with our officials at my Department here in Ottawa, and the point was clearly made that there would no longer be user charges in Quebec for patients or convalescents, and I am referring to what might be called the short-term chronically ill. This practice which started with the separatist Government was spreading, unfortunately, and the Quebec Government, and I am referring to Mr. Lévesque's Government, has acknowledged that it was against the Health Insurance Act, and that in Quebec, patients who must stay in hospital for longer periods of time, for instance, three, four or seven months, before going home, can no longer be charged user fees, irrespective of the length of time they must stay in hospital. I believe this is important, and that we should all be glad we were able to deal with this problem and with a practice that goes counter to the philosophy of health insurance.

Mr. Speaker, I see my time is running out, and I would like to finish my comments regarding the future.

[*English*]

I am sure members of the committee, who were not necessarily specialists in health matters but who have become specialists in health matters after all the briefs they read, the witnesses they heard, the reading they did on the Bill, including the amendments and the background documents, would agree that most participants, if not all, spoke of that Bill as the first step. Some even went overboard and said it was not even important, but everyone agreed that it had to be done. Well, it takes time to pass a Bill through the House and it will be done very soon. It will be behind us very shortly.

I think one of the great advantages of this Bill and its process was to put health back on the map of Canadian concerns. I think Members will share the view that probably because of the recession, having such an expensive proposal, everybody preferred not to talk about it in order not to do it any damage. But all the participants have really said far more