

Health Care

out and leave the provinces to carry the ball. Any provincial government which would think about co-operating with Ottawa to implement a denticare plan, an optical plan or a prescription drug plan, when Ottawa takes this approach to shared-cost programs, would have to be crazy.

The federal government is worried about the escalating cost of the present hospital and medical insurance plans. So it should be. Ottawa is no more worried than is every provincial government in this country because these costs are escalating. There is no questions about it, they are going up at a very rapid rate. So all governments are worried about what can be done. Just as Ottawa has been looking at the problem, the provincial governments have been looking at their plans to see what can be done. A number of suggestions have been made. Many of the suggestions which seem most likely to help reduce costs could be put into action very quickly by the provinces, except that Ottawa is not now committed to pay for alternative care.

● (1520)

Let me illustrate what I mean. The cost of hospitalization in one of our general hospitals is now running at between \$65 and \$90 a day per bed. If a person in any city in this country is hospitalized, no questions are asked; Ottawa pays half the costs for standard care. But many of these people, particularly after an emergency and following the acute stage of their illness, could be moved into a nursing home until they were ready to go home. Many of them could have some form of home care. Both of these types of care are substantially cheaper than the cost of having a person in a bed in a general hospital.

Why do the provinces not adopt such a plan? It is because even though it is cheaper, it is more expensive than 50 per cent of the costs of operating a general hospital, and Ottawa refuses to amend the legislation to pay 50 per cent of nursing home care or home care. The costs of medical insurance, that is, the amount going to doctors, have risen substantially year by year. They have risen whether or not the provinces agree to a formal increase in the rate.

Almost without exception there is an increase in the amount paid to doctors in every province, every year. I am not blaming the doctors. I am not saying the doctors, working the way they do, are charging too much, but we must consider whether there are not other forms of medical care which can be just as effective, or more effective than the present methods and will cost the community less. We should be looking at the possibility of using paramedical people who can do a great deal of the fairly routine work which doctors undertake.

The federal government commissioned Dr. Hastings of the University of Toronto to look at the whole question of medical care. Dr. Hastings made a report and recommended in it very strongly that we move on a voluntary basis toward a system of community health clinics. Some of the provinces—I know that my province of Manitoba is one of them—are very interested in encouraging the growth of community health clinics on a voluntary basis. There is no suggestion by anybody, that I know, that doctors would have to practice in a community health clinic or that patients would have to go to it, but on a voluntary basis

[Mr. Orlikow.]

the province of Manitoba, among others, is very interested in such clinics.

Is there any suggestion that Ottawa will really support community health clinics? If there is, I have not seen it. We are concerned, the provinces are concerned and the public is concerned about increasing costs. The public and the provinces want to slow down the rapidly increasing costs, but not a single province, regardless of what party forms the government, has agreed or will agree to the unilateral proposal made by Ottawa that it will limit the amount of the increase which it is prepared to give toward the payment of hospital and medical insurance plans to the amount of the increase in the gross national product.

It may be that the proposals of the Minister of Finance (Mr. Turner) would cover 50 per cent of the cost of hospital and medical insurance for the next five years. But what happens after five years? As costs continue to rise, the provinces will no longer be paying 50 per cent; they will be paying 60 per cent, 65 per cent or more. Every province will be hurt. The wealthy provinces, such as British Columbia, Alberta and Ontario, can probably manage in one way or another. The people and the provinces who will be hurt are precisely those who can least afford to carry the costs of hospital and medical insurance.

Therefore I am amazed that a federal government which encouraged the provinces to go into hospital insurance, which forced the provinces to go into medical insurance, is now saying to the provinces: We are no longer prepared to honour the commitment we made to you when we urged this plan on you, that we would pay 50 per cent of the cost of these plans.

The proposal of the Minister of Finance and of the Minister of National Health and Welfare (Mr. Lalonde) cannot be accepted by the provinces. It is a proposal of which those ministers should be ashamed. While they have a right to be concerned about the costs of health services in this country, they have no right to renege on the promises and pledges they made to the provinces that the federal government would pay 50 per cent of the costs of hospital and medical insurance.

● (1530)

[*Translation*]

Mr. Maurice Dupras (Labelle): Mr. Speaker, first of all, I must say how puzzled I was after reading the motion moved 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.

I wonder, Mr. Speaker, if we should not read it as saying that his party denies to the provinces the responsibility of ensuring the management of health services. It is exactly as if we were denying the provinces the ability to manage their program themselves. And further on, this motion seeks, it seems, to restrict also the federal government's participation while urging that all health services be financed on a 50-50 basis. When one reads the statement made last Wednesday by the Minister of Finance (Mr. Turner) and that of other provincial Ministers of Finance, one can readily see that the 50 per cent will be exceeded, as stated in the motion.