

Medicare

I am not a lawyer, but I am led to believe that from the constitutional viewpoint the business of medicare is the responsibility of the various provinces. Therefore, Mr. Speaker, I reiterate that I believe our responsibility as a federal government is to pay our share of the costs of those subsidized by provinces which have a plan—and they will all have such a plan eventually. We should pay our share of the subsidized portion whereby the provinces will take care of everyone who cannot afford medicare. In other words, no one would go without medical care.

Another point is that this is a very costly proposition for the provinces and the federal government. It will be a major cost item, and the largest portion of the cost will fall upon those provinces which are objecting to the federal plan, particularly Ontario. The federal government will pay half the average cost of basic medical care to participating provinces. Ontario, which provides half the federal revenues, will thus pay half the national cost, but its own share of the cost will be larger per capita than that of the other provinces.

● (7:10 p.m.)

Basic medical costs in Ontario average about \$40 while the national average is estimated at \$35. Ontario would receive only \$17 per capita from the federal purse and would have to pay \$23 itself. The position of Quebec would be little better, and probably worse because they are now faced with the improved program of education, and with an industrial program which they find should have priority. And yet upon provinces such as Alberta, British Columbia and Ontario which together contain over half of Canada's population, the minister is trying to force an enormous and costly program. Moreover he is doing it without making any effort to determine what other needs the provinces will have to meet—for each and every province has its own obligations and problems. It would have been only right and proper for the minister to have waited for the Carter royal commission report, the Ontario committee on taxation report, and the Belanger royal commission report in Quebec, so as to give each province an opportunity to find out whether or not it could enter into such a gigantic program as this national medical plan. The minister says: "You will come in on my terms or get no help from Ottawa. While you will pay for a program you may not be able to

afford if you stay out you will pay for those who come into the plan." These are his terms.

Medicare has not yet become legislation. It will not become so until, as I said, these taxation reports are in, at which time the provinces will have a much better opportunity to re-assess the whole situation. I feel that the various provinces are living up to their moral obligation which is the requirement to see that medicare is provided free or subsidized for all the low income or high risk groups in the provinces; this is already being done. I say we should keep out of this; we should leave it to the provinces to decide which plan they want, but pay our portion of the subsidy.

I should like to make my position on medicare clear. I am fully in support of a comprehensive health service. I do not like the term "medical service" and later on I will explain why. In my view we should use the term "health service" rather than "medical service". It should be made available to every citizen, whether his income is large or small, and both the federal and provincial governments should bring it within the reach of every family. This is what is being done under the provincial schemes. However, there are too many people who are willing and anxious to imply that a member who stands up in this house and says he is against this particular plan because of its compulsory aspects, its cost or the quality of medicare that will be provided under it, is against medicare. That is far from the truth.

My third point comes under the heading: Canada is not prepared. One could speak a very long time under this heading, but I am of the opinion that before we find ourselves in the strait-jacket of a universal and comprehensive plan of medicare we should assess the whole situation, and maybe set down some of the priorities as we see them.

Can we afford the expansion of education which our economic growth requires, as outlined by the Economic Council of Canada, at the same time as the added cost of an expanded nationalized health service? These are some of the questions we should stop and ask ourselves before we go into this plan at this particular time.

It is alarming to hear the plan being advocated as a program to provide free medical services to the Canadian people. A service does not become free simply because the government foots the bill. It is misleading to give the Canadian people the false impression that their government can take on additional