

*Medicare*

I mention these facts to illustrate that in many other countries of the world the trend has moved away from a relationship of direct control between the government dominated plan and the doctor, and now is based on a refund system which returns to the participants a major proportion of the expenses incurred, but which requires a personal contribution from the insured when he obtains a service. In Australia and Switzerland the trend to compulsion has been reversed. The activities of government are limited to the provision of a subsidy.

One measure of the cost of free medicare is the total of the expenditures made, weighed against the benefits obtained. We must also remember that a change to a government service does not automatically increase the supply of physicians, which is Canada's most pressing need at the present time. I believe a much more practical method to relieve the medical needs of those of low income would be through a process of selective subsidization of medical services insurance premiums. This would greatly reduce the financial commitment of government and as a result would allow the government to concentrate financial assistance in depth to those areas of real need.

Too often the introduction of a government system, backed by relatively limited finances, has resulted in the provision of an unsatisfactory system for all, without substantially alleviating the area of real need. For example, why has the government of Great Britain now found itself in a position where it cannot provide the service it promised at the outset of the national health service? There is one basic reason. Under the national health service the government promised to provide and pay for health services rather than assist in their payment. Thus the government is placed in a position of providing and paying for a service without being able to control the demands for services. This does not apply to any other service underwritten by government. Governments decide what grants shall be made to education and what buildings should be built. In each instance the government controls the amount of expenditure and can defer projects to next year if financial resources are not available. This is not true in the case of health insurance. The basic decision in respect of whether or not he should see a doctor is made by the participant, and his visit can set off a chain of

[Mr. Crouse.]

events reflected in expenditure by the government on medical, hospital, and other services.

If the demands and the expenditures are too high, there can be no deferment of payment until the next fiscal year. The only action the government can take is to restrict its services and when this happens the government negates its reasons for introducing this program. For these reasons I believe the government should confine its activities at present to providing assistance in areas of real need to the low income groups and the aged. Eventually a voluntary participating program could be implemented along the lines I have mentioned. As stated, I am opposed to the compulsory aspect of this bill. I believe the medical profession must be allowed freedom of thought and action so that as free-thinkers they will continue to make progress in their chosen field.

These are not my views alone. Since this bill was introduced I have received numerous letters from doctors in my constituency, and I am aware that this also has occurred in respect of other members. I should like to quote from one doctor who wrote to me as follows:

● (8:30 p.m.)

In accepting such schemes as Maritime Medical Care, Physicians Services Inc., we have accepted the basic philosophy of medical insurance, but only as pure insurance.

Now then as to whether these insurance schemes should be run by ourselves or by the government. The government would have the advantage of being more comprehensive, probably taking in a larger sector of the public than our schemes could afford to cover. I feel we must have the freedom to develop our philosophy of, and skills in, medicine as free men only can do. This means, of course, that we must resist being put in the position when any bureaucrat, medical layman can say to us, in regard to the practice of medicine, you must do thus and so. We just have to resist developing this slavish mentality that acceptance of such dominance will entail. We just cannot permit considerations of party politics to come between our duty and our patients. If 'government' is the sole paying agent, remembering that he who pays the piper calls the tune, consideration of party politics will inevitably intervene. The future of medical care of our patients will be subject to that all too prevalent political coercion, political expediency, political patronage.

It is my sincere belief that the consumers of our medical care would suffer just as if, by analogy, the press were nationalized. It is not difficult to see how the consumers' interest would suffer also.

I believe this quotations sums up the views of many medical men in Canada. The medical profession must find and train the doctors who will provide the increased volume of services