

administer. Madam Speaker, surely treachery is not too harsh a word to use to describe conduct of that kind. There is no other word for it. I must say it is consistent with the behaviour of a government which seems to regard itself as in no way bound by its word.

**Mr. Stuart Leggatt (New Westminster):** Madam Speaker, first of all I should like to say that I agree with the previous speaker regarding the remarks of the Conservative critic on the bill, and I would like to associate myself with the remarks of the former leader of this party, a man who knows a considerable amount about this subject. I think the speech of the hon. member for Athabasca (Mr. Yewchuk) showed a degree of sensitivity about medical care that his profession seems to be showing increasingly these days. I see he is blushing slightly, but I may have some things to say about doctors that he may not be so thrilled about.

In any event, I think the medical profession is maturing in terms of looking beyond the needs of the profession and toward the needs of the public in terms of the provision of medical services. The minister is one of the more sensitive and progressive members on that side of the House. That has been the consensus of people in the opposition for a long time. I strongly suspect that this bill is somewhat distasteful to the minister, but I think he is bound by the cabinet decision on the subject and I hope he will address himself to this question at some time. If he had his way, I suspect he would prefer to see the expansion of medical services in this country, and of the federal government's share in those services so that the objective of all of us to see that there is a standard of medical care in Canada which is the same in Newfoundland as in British Columbia, and the same in P.E.I. as in Quebec, is reached. But when the government abandons that position it is taking a step toward a kind of medical chaos which we see south of the border.

This bill is one of several which demonstrate a significant change in the philosophy of the government, the decision to cut back on CYC, LIP and OFY and all those programs which go along with the essential philosophy that we can no longer afford the just society and therefore will have to move in another direction which says "Let the devil take the hindmost."

● (1630)

This legislation does make provision for some increases in medical care. I think the figures are 13 per cent in the fiscal year 1976-77, 10.5 per cent in 1977-78, and 8.5 per cent thereafter. Then, as I recall, the legislation allows the government arbitrarily to set that portion which it is willing to share. It is the height of arrogance for a government which has a deficit of something like \$5 billion to \$6 billion this year to start dictating to the provinces about fiscal responsibility. It should be the provinces teaching this government to balance its budget. The provinces should be telling the federal government how to spend money.

**Mr. Lalonde:** What about the deficit in British Columbia?

**Mr. Leggatt:** I would take the deficit we have now in British Columbia ahead of the one the federal government projects each and every year. British Columbia has a very

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modest deficit compared with the one for which the minister is partially responsible in terms of some of the wasteful spending which goes on here in Ottawa. However, it is typical that the federal government feels it knows best in terms of spending money.

The hon. member for Nanaimo-Cowichan-The Islands (Mr. Douglas) pointed out that we have entered the second phase of the delivery of medical care. The first phase was to remove the financial burden, and we have done that very substantially. The second phase now is to get into those programs which will reduce medical costs, but initially we may have to increase some of our programming. In other words, we must enter the preventive area. We must provide care for the chronically ill in extended care units, properly shared by the federal government. We must consider life-style modification. There is a very interesting report in British Columbia, by Dr. Foulkes, entitled "Health security for British Columbians". Dr. Foulkes did a rather exhaustive analysis of current medical problems. I think this is the most recent major report on the subject. He pointed out that life-style modification through government advertising is at a very preliminary stage because life-style modification through commercial advertising, the promotion of alcohol, the promotion of cigarettes and the promotion of unnecessary drugs in society, is a fairly major life-style determinant.

The government has to redress that balance, not necessarily through censorship but we, as representatives of the people, should be out there balancing that prejudice in favour of bad health, and we should be out there pushing nutrition and a denticare program. A denticare program would be initially more costly, but in the long run there would be a reduction in the total social cost. It is just that it would be transferred from the private area into another area.

Another recommendation in the Foulkes report was routine examination for the apparently well. That would be provided through the use of the community clinic system. Again, the idea of a community clinic and the provision of medical services through a different style than through an independent doctor is one which should be embarked upon as a pilot project so that we could compare the effect of that kind of service we now have in the private medical sector. However, with this kind of legislation, provinces are going to be faced with the significant problem of how to raise money for new programs which obviously the federal government will not share.

The logical approach would be a deterrent fee. A deterrent fee is all right for somebody who makes the salary of a member of parliament, but it is not all right for someone at the low end of the income scale. A deterrent fee is a deterrent, presumably, for those seeking unnecessary medical attention. There are a few, but the number is much exaggerated because, in our society, if people are so upset with themselves that they have to get some kind of advice, surely we have a responsibility to provide at least that much service. I think many members of parliament find that a good number of their calls tend to be something of a catharsis for people who indeed may be in need of some consultation or help. I do not see any reason why that kind of service should not be provided.