

The Address—Mr. Coldwell

in this regard—a vote was held in the rural area around Regina; and there again the people voted themselves into a health unit. This is not the kind of health unit that is in effect in Swift Current, where the services are available as I have indicated, but more particularly one in which sanitation and preventive methods may be used to combat the spread of disease, and the like.

Today more than half a million people, or over two-thirds of the population of Saskatchewan, are included in some health region or some health unit. The success of the hospitalization plan is so well known that when, for example, in the recent general election in the province the Liberal opposition sought power it made the claim that it could improve the hospitalization plan. They did not suggest that they would do away with it or eliminate it, but rather that they would improve it. We know they did not get the opportunity to carry out their plan; but their attitude indicates that the plan has the support of all parties in Saskatchewan, because the people of that province are familiar with its benefits.

Various excuses have been given as to why this could not be proceeded with. The principal excuse is that there are not enough hospitals in Canada. As hon. members from Saskatchewan are aware, when the hospital plan was put into effect in that province there were not enough hospitals to take care of the people who wanted hospitalization, because so many people had deferred operations and other medical care. Then, suddenly, they found they were able to go to the hospitals because they were not then placed under a heavy financial burden in doing so. At that time there were less than four hospital beds per thousand of population. Because of the Saskatchewan government's building program, and then through federal aid which came two years later, we have now something like eight beds per thousand of population. I suggest therefore that these excuses will not hold water.

In order to place our views before the house, and to test the feeling of the house I move, seconded by the hon. member for Vancouver East (Mr. MacInnis), the following as an amendment to the amendment:

That the amendment be amended by deleting paragraphs (d) and (e) and by substituting therefor the following:

"We regret further that Your Excellency's advisers have failed:

(a) To recommend legislation establishing a nation-wide health insurance program, with provision for provincial administration;

(b) To implement their proposals to the dominion-provincial conference of 1945."

[Mr. Coldwell.]

There are several points that I suggest must be kept in mind in connection with any plan. First of all, we think that the plan must be contributory, and that these contributions should be based upon ability to pay. This is somewhat different from the old-age security program, where some today are required to pay no more than \$30 this year and \$60 next year and thereafter.

Secondly, we believe that the plan should be so arranged—it can be, and indeed has been so arranged in other countries—that every individual shall have the right, as of right, to the very best of medical care and attention that can be provided. We believe, too, that every individual should have the right to choose his doctor, and that every doctor should have the right to refuse to take a patient if he does not wish to take that patient. In other words there should be no demand to regiment either the individual or the doctor, as is so often suggested. I am convinced that whether or not we get this now, we are going to get it. The whole civilized world is demanding that suffering shall not be allowed to continue, but that relief is the duty of the community.

In other words it is the application of what sometimes we describe as the Christian principle, though it has a much wider application than the Christian principle alone; that is that we are told to bear one another's burdens. I know of no better way of endeavouring to bear one another's burdens than by relieving this terrible amount of sickness that goes uncared for in so many parts of the world.

Putting it on a much lower level, may I say that last June, I believe it was, the Minister of National Health and Welfare (Mr. Martin) told the house that losses on account of illness and disability, through accidents and for other reasons, cost the country about a quarter of a billion dollars, and that the loss in days last year amounted to something like 137 million man hours. Those are economic losses. But when we consider the great losses through suffering, the anguish of people who are not able to get all the treatment they need when they need it, I think we must see immediately how important is this piece of legislation to the national well-being of the Canadian people.

I had intended to discuss cost. However, all I am going to say about cost is that I believe the cost to the people of Canada collectively would be less than the amount we now spend for the very inadequate services we get. It is estimated that individuals spend about \$500 million a year, and that the dominion and the provinces spend \$175 million, making a total of \$675 million.