

people who are not insured, and the province is trying to induce them to become insured. They are mostly young people who simply do not pay much attention to it or do not feel the need for this protection.

According to the Canadian Tax Foundation, about \$466 million is paid annually by people for medical services, and the Royal Commission on Health Services proposes to transfer that amount from the private to the public sector. That is, instead of it being paid by the person who receives the services, it will be paid by the taxpayers of the country in general. Based on 1963 prices, the personal income tax revenue of that year and the cost of medical care, the taxpayer would have to pay 50 per cent more in income tax to meet that obligation.

The Hall Commission feels that the Government and the people of Canada can afford it, provided that actual incomes increase greatly, that the Government revenues increase rapidly, and that revenues increase more rapidly than expenditures. The uncertain part of that is that most governments spend all they can get by way of revenue, and this service would be a tax burden.

There are certain conditions the Medical Association would like to see included in any agreement. First, they would like to see no interference with private practice. They would like the doctors to be permitted to practice outside of any organization. They would like the patient to be able to make an arrangement with a doctor without losing his benefits.

Then there is the whole question of who pays the first dollar or so; that is, the co-insurance or the deductible features. This is a prominent part of the agreement in Australia, but it is hard to put into operation. Indigents and people who are short of money simply cannot provide the first amounts. It would be very confusing, and this is a point upon which the doctors would like some negotiation and a certain amount of understanding.

The doctors all agree that the Royal Commission on Health has made an exhaustive and valuable report. The fact that the doctors disagree with one part—that is, as to the best method of getting the best medical services available for everybody—does not in any way detract from their appreciation of the great value of the findings of the commission. They agree with the commission in almost every other recommendation it made, but they feel that some things are more important than others.

I wonder if any honourable senator has had

occasion to make an appointment with a doctor or a dentist lately. If he or she has, they probably obtained an appointment for a day next week or the week after. More doctors are required at the present time, and in the country three or four more medical colleges are needed to graduate the necessary number of doctors. There are bright, well-qualified young men today who cannot obtain entrance to a medical college.

I should like to mention also the whole question of research. Today we have heart disease, cancer and strokes as the captains of the men of death, and a united onslaught against these diseases towards finding better means of treating them or curing them would be a great blessing. Much has been accomplished in the recent past with respect to blood diseases, infectious diseases, childhood diseases and so on, and these other great scourges could be brought under control by united action.

For instance, many experimenters are convinced that the eating of unsaturated animal fats tends to bring on disease of the blood vessels, but others say that that is not according to their findings. The whole problem lies in the shadowy land of doubt and conjecture, and more research is needed to ascertain whether the eating of fats and cholesterol products does cause arterial disease. No one feels sure enough about it today to make a definite statement, or to advise all people to avoid these foods.

There is a serious shortage of hospital beds. In this city it may take three or four months for a hospital bed to become available to a person whose condition is such that it is not imperative that he enters hospital immediately.

There are many elderly people in this country, and some of them are in a sad state. More shelters are needed for them. An old person should no longer be required to sit beside the kitchen stove. He should be in a shelter where he can stay in dignity and comfort, and where loneliness and boredom will not shorten his days.

There are many things that are urgent, and these problems should be looked at in the order of their priority. It is my hope that all Canadian people will be able to live in happiness and contentment as a result of this welfare measure.

On motion of Hon. Mr. Macdonald (Cape Breton), for Hon. Mr. Grosart, debate adjourned.

The Senate adjourned until tomorrow at 3 p.m.