

*Medicare*

prevents him from doing so, as concerns the proposed plan? The financial system. But the minister does not say so. He tells us: we cannot afford to do it. Why not, when it is physically possible, when we have podiatrists, chiropractors, optometrists, when the physical means exist, are tangible? The minister tells us that the budget is too small and that such high expenditures cannot be considered. In my opinion, the fact that Bill No. C-277 is restricted to one or two main social classes will require us to conduct investigations which will cost more to the government than all those professionals, such as optometrists, chiropractors, podiatrists and others were covered by the bill. The minister will find that out. It might take two, three, five years or even longer and the present minister will probably no longer be minister at that time, but in any case, the solution to the medical problem of Canada is not the one provided in the present bill.

I feel rather that the federal government and the Minister of National Health and Welfare should fully co-operate with the provinces. Besides, the province of Alberta has told him: Do not dictate our line of action to us. We have our own plan. Both Alberta and British Columbia have a medical insurance plan and object to the federal government interfering or assuming rights which do not belong to it. The provinces say: Let us administer our own plan; help us if you wish, but do not interfere. We welcome your assistance, but do not dictate our policy. The province of Quebec wants the same thing.

I feel that the medical field comes under provincial jurisdiction and that the only thing the federal government can do is to help the provinces as much as possible; let the federal government contribute on a fifty-fifty basis to the implementation of a medicare plan in Quebec, Alberta and Ontario. Premier Robarts of Ontario said himself: respect our wishes.

Mr. Chairman, the Minister of National Health and Welfare will then help the provinces instead of annoying them. In its present form, Bill No. C-227 annoys the provinces in general. When it is said that the plan should be sponsored by a provincial government but recommended by the federal government, then the latter comes up with the bill and asks the province to sponsor Bill No. C-227.

Third, the portability of benefits from one province to another is an excellent provision.

Fourth, all residents of a province should be eligible. That is also quite good.

But for the federal government to dictate the medical plan to be carried out and ask a province afterwards to sponsor a bill which it has introduced is, I feel, nonsensical and illogical. I agree especially with the former Quebec premier who stated:

Quebec will have its own health insurance plan within two years.

All he asked was that Ottawa help the province establish its plan as in Ontario, Alberta, etc.—

The following may also be read in the newspaper article from *Le Devoir*, and I quote:

Close co-operation among physicians.

What kind of medical care plan will Quebecers have? At present, according to various sources of information, it appears that the government is leaning toward a plan resembling that of Alberta more than that of Saskatchewan.

Because the Alberta plan has more respect for individual freedom, freedom of the patient, than does the Saskatchewan plan.

In doing so, they would be acting in accordance with the recommendations made by the "Collège des médecins" in a brief submitted to the Prime Minister last September.

That was in September, 1964.

The brief recommended a universal medical care plan available to everyone covering the whole spectrum of medical services, including diagnosis, treatment, rehabilitation and prevention, leaving the physicians free to choose whether or not they will subscribe to the plan which will be financed through premiums paid by the individuals and, whenever necessary, by the state.

The "Collège des médecins" made the following suggestions, among others:

1. Services shall be remunerated only if they are performed and prescribed by a medical practitioner duly authorized to exercise his profession.
2. The patient shall be free to choose his own physician—

Therefore, the government should not force a physician upon a patient:

The freedom of a patient to choose his own physician and that of the physician to choose his patients should be respected.

That would mean that the government must not force a physician upon a patient.

3. Remuneration for medical services must be in accordance with services rendered, must not be entirely a function of the financial situation of the disbursing organization and must be acceptable to the "Collège des médecins". Tariffs thus determined by agreement must not allow any fee in excess thereof. If the plan is optional, the public will be