

*Medical Care Act*

from the English in Great Britain. They are far away and their cultural differences are very much their own.

It is the United States that we really are concerned about, that great country to the south of us with a population 10 or 11 times our own and a corresponding proportion of wealth. This makes life very difficult for smaller nations which speak the same language and share many of the same cultural underpinnings but which yet feel themselves different. If you ask yourself what is it that makes us different, or what it is that wants us to be different, you have to look at programs such as medicare. The time you really become conscious of being a Canadian and how valuable it is to be a Canadian—how much nicer it is to be a Canadian sometimes—is when you run into medical costs in the United States and you have to go through the hassle of trying to get payment or trying to get service under their private medical schemes. That is when you say, "I never knew it was that difficult." Of course, those of us who remember what it was like before medicare knew it was quite difficult. It is extremely difficult in the United States in comparison to Canada.

I often listen with pride when an American comes to this country and for some reason or another has to go to the hospital, or has to see a doctor or has occasion to observe someone who is requiring medical treatment in this country, and remarks how wonderfully we have worked out the sharing of the responsibility for health insurance. It is really something that sets us apart from the United States. It is things like that, it is the way we do things, the way we share things, the way we agree on things that establish us as a separate cultural entity.

The United States over all these years, with their greater wealth, have not been able to get agreement about a national medicare program. Out of necessity they have been obliged to bring in programs to look after some of the old, some of the very ill and some of the poor ill, but in many ways you would wonder that a country like the United States would have such an incredible patchwork of medical services and such an unfair and costly distribution of those services. It is for reasons of that kind that I oppose any action which would downgrade medical services in this country and destroy the consensus which has developed about our medical services.

I listened in the earlier part of the debate to the hon. member for Nanaimo-Cowichan-The Islands (Mr. Douglas), my former leader, a man respected not only by those of us who sit in this corner of the House but by members on both sides of this chamber. I am sure that every Canadian, no matter what his political inclination might be, is proud of him. One of the reasons he will go down in the history of this country is that the province which he led, a province which is not the richest in the country, brought in a medical care program, the first in North America. We have much for which to thank the hon. member for Nanaimo-Cowichan-The Islands. When he took part in the debate, he spoke to this House with passion and with knowledge, pleading with the government that they should not impede the progress of medicare in this country. If for no other reason than respect for this great achievement of my hon. friend, I believe the government should give additional thought to what it is doing.

● (1650)

I have spoken to health officials in the province of Manitoba. They recognize the need for restraint. They said they are willing to go along with the federal government on that score, though they have proposals which may reduce the federal government's financial contribution to the provincial governments if they are accepted. They have in mind a change in hospitalization from, let us say, a straight doctor-patient relationship to other forms of medical care that may provide far greater benefits for a given amount of money.

The time has now come when, with the medicare program firmly established, we should start looking at other ways of delivering health services for the future. We should begin to anticipate health programs rather than deal with them on an emergency basis. In the early days of medicare we did not have much choice. Before the introduction of medicare a goodly part of the population had not received the medical services and attention which it really needed and was entitled to get. We have had to do a lot of catching up; we have had to build facilities and provide medical services to the public, and we are now approaching the stage where these matters are not as urgent as they once were. Greater thought should be given to the implications of the Hall report concerning the prevention of illness. They envisaged people braving periodic checks that would prevent serious illness developing and having to be treated at a much higher cost and at much greater risk to the patient.

Medicare has done a great deal for the population of this country, but I think it can continue to be improved. I am sure all of us are quite prepared to find a better use for the money that is being apportioned to medical services. I do not think this can be done in the arbitrary manner set out in this bill, that of saying, "This is going to be the ceiling. Operate within it. If you don't, you are in trouble". I am not saying that cutbacks cannot be made in this form, but whether they prove to be the best kind of cutback or whether the highest costs will be eliminated, no one knows. Nevertheless, it is not as good a way as sitting down and discussing with the provinces a more intelligent approach, one that gives the provinces time to work the matter out as well as the opportunity of putting forward some of their own ideas.

I do not anticipate that the federal government will receive much credit for what they are doing. I know it is very easy to attune oneself to the public mood and to say that the public wants us to cut government expenditure. But let me reiterate what many members on the government side said during the last election. Every time a Conservative raised the question of cutting back on government expenditure, you could always find a Liberal who would say, "Okay; tell us which expenditures you want us to cut". He would go on to say, "Do you want us to cut medicare?" The Conservatives would say, "No, we want you to cut Information Canada".

**Mr. Paproski:** Petro-Can.

**Mr. Yewchuk:** And the CBC.

**Mr. Saltzman:** All right. The point being made by all my hon. friends who are helping me out at the moment, the