

The budget controls will produce definite health hazards for Canada's health care delivery system. The Government of Canada's budget controls will have the effect of restricting the availability of health care... in effect, rationing needed medical care, unless additional funds are provided by the province or the public. This action could endanger the quality of medical services available to Canadians.

The Minister of National Health and Welfare has come up with the magic or unlucky number 13, which may be an omen in relation to health conditions in the coming year. How do we know he will not change this figure downward this year, and more in future years? A great many of us are worried that he may drop the entire responsibility for this program on the provinces, or at least limit future contributions even more.

Newspapers all across the country have been writing editorials pointing out that great care should be taken and the government should take a second look at this. They have also suggested that the provinces must also reconsider the situation. I hope the minister will reconsider amending this legislation. I have here an article from the *Toronto Star* which again quotes the Ontario minister of health as follows:

Health Minister Frank Miller believes that the growth of health care costs can't be curbed unless individuals have to pay part of the cost out of their own pockets.

It's a belief shared by many people as soaring health costs undergo searching scrutiny.

Most of us are aware that the Ontario Minister of Labour, who was the president of the Canadian Medical Association, suggested deterrent fees as a way of restraining health care costs by making patients think twice about visiting doctors. This article from the *Star* goes on to state:

The belief is based on the supposition that individuals, because health care is "free"—that is, paid for out of premiums and taxes—use it unnecessarily. People go to doctors with colds and sore throats, it's said, and others go to hospital emergency wards with minor ailments.

But something more than casual supposition about unnecessary visits to doctors and emergency wards is needed if the government is to take the drastic step of imposing deterrent fees upon individuals.

Later the article states:

These computers could produce patient profiles that would show, for example, whether Patient Smith saw Doctors Brown, Black and Green, all to complain of the same sore throat, within a 10-day period.

They could show how much use is made of the system by patients of the 800 doctors who have opted out of OHIP.

I know that one of my own colleagues who is a doctor is in that category. The article continues:

These patients have to pay themselves the difference between what health insurance pays and what the doctor charges, which in effect is a form of deterrent fee. It would be useful to know whether they see their doctors more or less than people who don't pay extra.

It's important that facts of this kind be available before a decision is made to impose deterrent fees. Otherwise what may happen is that a wealthy hypochondriac will continue to make frequent visits to a doctor, while a mother on welfare is prevented from seeking help for a fevered child.

Before imposing this kind of deterrent on people who legitimately need health care, the provinces—and this would include Ontario—should certainly provide clear evidence that this abuse is indeed occurring. If it is occurring I suggest it is on the part of a small segment of the population.

Medical Care Act

I am in favour of the amendment proposed by the hon. member for Broadview (Mr. Gilbert) that this bill be delayed for a period of six months.

Mr. Kaplan: Mr. Speaker, would the hon. member permit a question?

Mr. Darling: Yes.

Mr. Kaplan: The hon. member made such an excellent speech advocating restraint in the expansion of costs of the medicare program I could not believe it when he came to the end and asked that the matter be put over for six months, particularly since the measures of restraint he referred to are well within the responsibility of the provinces, and the user charge is entirely a provincial matter, so what—

An hon. Member: That is hardly a point of order.

Mr. Kaplan: Having advocated restraint as strongly as he did, what is the hon. member seeking? Is he saying the 13.5 per cent, which is the government limit, is too large or too small? He is asking for some restraint and I would like some indication of just what he thinks the restraint should be. What is wrong with the 13.5 per cent?

Mr. Darling: Mr. Speaker, I am well aware that we are looking for restraint, but there are certain cases and certain fields where there should not be restraint, and this is a particular case where the government has taken a certain decision against the wishes of every province. This was a deal that the provinces were urged to get into in the first place. Now because it is costing a little more, as a great many other things, the federal government is saying: O.K. sink or swim yourself without our help.

● (2120)

There is another point. Although I am not sure of the percentages I can speak with some authority having been a member of municipal government and head of a small municipal council for about 26 years. A very small part of the taxpayer's dollar, I think about 10 cents, went to the municipal government which had to spread it as thinly as possible. They spent it a lot more wisely than higher levels of government. The provincial government receives a little larger share, but the lion's share of the tax dollar, about 65 cents or 70 cents, is in the coffers of the federal government, and since it has the most it should be able to return the most. Public servants do not have to live in these great palaces that are being built across the river in Hull. It is more important to spend the money on hospital beds to look after the health of the people.

Mr. Kaplan: On a point of order, Mr. Speaker, would the hon. member permit a further question—

Mr. Baker (Grenville-Carleton): Mr. Speaker, I do not wish to interrupt the hon. member for Parry Sound-Muskoka (Mr. Darling) who has the floor, but I do not think the parliamentary secretary to the minister should have an opportunity to make a speech by way of asking a question. If he wants to make a speech he should enter the debate and I will be delighted to hear him, but not in this way.