

Health Care

The questions of cost-sharing is not new. The federal government has always paid its share. That we may want to withdraw might make sense because provinces each have their own priorities. But I would not want our withdrawal from those plans to result in the balkanization of Canada. It is absolutely essential that the federal government show leadership and say, O.K., we are going to withdraw gradually over a certain number of years when you will become entirely self-sufficient, provided that criteria and standards have been set up to prevent the citizen of the province of Quebec from getting treatment in New Brunswick or Ontario, or the citizen of Ontario in Saskatchewan.

Remember the hospitalization problems that arose between the cities of Ottawa and Hull when people from Ottawa would go to Hull for treatment and vice versa. It would be a pity if that became the rule throughout Canada, and we ended up with ten different plans, which would result in moral suffering for many people.

People say that doctors make a lot of money—and it is an easy thing to say—if they work hard, of course they will make money. But if not, they do not make money. It is easy to say. In fact, it is just a smoke-screen. People say that doctors are getting too rich, saying for example that a doctor in Quebec earned \$43,000 doing urine tests. Now, I do not know what this doctor actually did, but it seems to me that he cannot have done anything else but urine tests, Mr. Speaker.

In any case, there are always exceptions. There are fools in every profession, maybe more perhaps among politicians. Let us say that there are fools everywhere. We must not get excited over the fact that a doctor is earning \$200,000, \$100,000 or \$30,000 a year. If he earns \$200,000, he is going to pay income tax and the money will come back to the government, which can then redistribute it to the provinces for them to run their hospitals.

To my mind, the problem does not lie there.

I was listening to the hon. member for Brome-Missisquoi (Mr. Grafftey) who quoted his book. I cannot quote from mine: I have yet to write it. But, in any event, he complained about the shortage of doctors. There will always be a shortage of doctors, Mr. Speaker, because . . .

● (1620)

[*English*]

Mr. Deputy Speaker: Order, please. I regret to interrupt the hon. member, but his allotted time has expired. If it is the wish of the House, he may continue. Is it agreed?

Some hon. Members: Agreed.

[*Translation*]

Mr. Isabelle: I thank you, Mr. Speaker, as well as my colleagues. This is almost Christian charity, because I would like to insist on one specific point. Some complain about the lack of doctors. In Canada, there is one doctor for 826 citizens. In the USSR, there is one doctor for 413 citizens. But if we really dig deep in the statistics, we realize the situation is not nearly as serious as it would seem. In the province of Quebec, everyone lives either in Montreal or in Quebec City. It is not possible to remove the doctors from Montreal. To my mind, there are too

many doctors in that city, as well as in Quebec City. There are quite a few there. They should go elsewhere. Doctors should be conscripted, so to speak; they should be told: You are coming out of the university; you will practice for two years where there is a shortage of doctors, then you can come back to the city.

This applies with regard to specialization; no one specializes on coming out of the university. One does not become a blacksmith after a few courses at a technical school. One must practice medicine to become aware of all its advantages and disadvantages to know how to practice and how to take care of the human being. It is important. One does not treat people like the hon. member for Brome-Missisquoi said. There are too many animals or too many veterinarians in his riding, I don't know. It is easier to obtain veterinarians than doctors.

Mr. Speaker, concerning specialization, the provinces are responsible to see about it. If they do nothing, then we must act. That is why every doctor should practice for three or four years before "embalming" himself in a specialty. If there was such a program, maybe we would maintain equal distribution between those who normally specialize and those who do not and would go as doctors in needy regions. I think this is what we should do.

The third step that should be taken to obtain more doctors, would be to prod universities and medical colleges which have done almost nothing since Canada exists. They are beginning to react a little because they have been prompted a little by medicare and other legislation. They are more careful than before. We should urge universities to lower the standards of admission which are set at about 80 per cent. If you have not obtained 80 per cent in science—not philosophy or catechesis but pure sciences—you cannot be accepted in medicine. What does that mean? It simply means that if you are admitted at medical school with 80 per cent, you are almost a genius. In medicine, so much is not necessary. We badly need people who want to work, tend patients and do something about health care in Canada.

Indeed, anyone cannot be accepted in medical school, but it is also true that current criteria are much too strict and those supermen who complete their studies with 80 per cent all want to become specialists, even psychiatrists. This is another matter which should perhaps be more closely considered, Mr. Speaker.

If we continue to increase the number of psychiatrists, as it has been happening for the past few years, we will be asking questions. We will be wondering whether we are in the right country, Mr. Speaker.

If the provinces are not astute enough to recognize the real problems which have given rise to today's high costs, I think that we should provide leadership and tell them: This is what we are going to do; we will give you some money, the methods may be altered according to your priorities, but the program, the basic system will remain the same.

● (1630)

If we act otherwise, it is the balkanization, the end of Canada as regards this program and others. We speak of the general practitioner, Mr. Speaker, when he made deliveries for \$5, nobody spoke about him. Deliveries went from