

Supply

This was a problem which at that time was brought to my attention by a fellow who lived in Thunder Bay, who is now the member for Thunder Bay—Atikokan, but who at that time was very active in the promotion of improved health care services for people in northern Ontario.

The problem the member raises is related in the sense of how to get doctors into these communities. I come from a tradition in the church where people are expected after their graduation to serve in remote communities as a condition of their education. It costs a whole lot less to put somebody through the ministry than it does to put them through medicine. Yet we have all kinds of people, and we do not begrudge them this, who are getting a very expensive education in medicine. It seems to me that instead of all going to the lower mainland in B.C., or the golden horseshoe in Ontario or whatever the case may be, although it is not quite as golden as it used to be, that they should be expected in some way or another to put something back into the community by rendering some significant service in these more remote communities.

Part of the problem with the health care system now is that we have no way of rationing the number of doctors who are all trying to make a living out of the same population. We get areas in which there is a very high concentration of doctors, and it is only natural that they are going to be in a system which is demand driven but open-ended in the sense of the government reimbursing positions for the fees that they charge, but you are going to run into problems.

What we need to look at is some way of rationalizing the distribution of physicians. Some people have suggested, and it has even been implemented, only having so many billing numbers in a certain area and things like that. I am not convinced that is the answer. We do need to look, particularly when it comes to remote areas, at how we get doctors out into that area. It has something to do with an expectation that is either laid on or very much encouraged that these people have something to give back to the country that provided them with their education.

Mr. Karpoff: On a point of order, this is the first supply day in which the government has not put up a minister, parliamentary secretary or even a backbencher to defend

medicare. I am wondering if we can get some indication from the government whether its silence is that it is now tacitly agreeing with the ending of universality.

Mr. Reid: Madam Speaker, as a backbencher in that list the member mentioned, the government is very anxious and interested to debate medicare. So far, all we have debated are the political intentions of one party or another, and I suspect when we discuss the health care system in this country, which is critically important, you might see the government participating. So far, frankly, it is great entertainment to watch people stealing out of each other's milk bowls.

Mr. Kristiansen: Madam Speaker, another comment on the same subject.

Our concern rests with the fact that a few weeks ago at an earlier federal-provincial conference, I believe it was the Prime Minister, or perhaps another spokesman for the government, who was very quick to disassociate and distance himself and the policy of his government regarding universality when the Liberal premier of New Brunswick had opened up that possibility.

Comparing the silence that has existed in this debate and in the last few days to the continuing questions regarding universality raised by other Liberal premiers makes us worry that perhaps the government, having seen this idea thrown around a little more broadly, is doing some rethinking on its part. We would welcome, and the Canadian people would be very much assured in this matter, some continuing commitment from the government that despite the advocacy of inroads on universality by the Liberal premiers, its policy is still going to be constant with regard to the principle of universality and medicare.

Mr. Blaikie: Madam Speaker, the reason we do not have the minister of health here or the kind of defence of medicare that we might otherwise expect is that there is no commitment to medicare on that side of the House.

I sat in this House for four years as the NDP health critic and not once in that so-called medicare crisis did an Official Opposition member, a Conservative, raise the question of user fees, which were a problem in the early 80s.