

Medicare

that large portion of the population who have a small income and are unable to provide for their medical needs. They seem to hope that either the doctor will forget about their bill or someone else will pay it.

• (8:10 p.m.)

I believe that the provision that a province must have 90 per cent of its population enrolled in a plan in order to qualify for the benefits under this bill, does not go far enough. If this is to be a national plan, then it must cover 100 per cent of the people in Canada. It is the 10 per cent of the people who do not have coverage about whom we really care.

According to the figures, approximately one third of the people in Canada cannot afford medicare premiums. If people were to take a good look at their financial position they would in most cases agree that this is the first and foremost item in their budget and that they should subscribe to medicare not only to look after the needs of their immediate family but also those of other dependants.

I think it is a misconception to say that this plan provides prepaid medicare; let there be no mistake about this. Under the present plan in the province of Saskatchewan the initial premiums of the subscribers to the plan provide only a small part of the revenue, the major part being met by the imposition of taxes.

We must not forget that the medical doctors in the province of Saskatchewan first of all decided to fight the plan. The problem would be much larger if the plan were national in scope. Unless it is completely acceptable to each and every province there could be a major catastrophe if doctors all across Canada chose to walk out of the plan for 23 days, as was the case in Saskatchewan. The dominion government, Mr. Speaker, should have some kind of collective agreement with each of the provinces so that the plan is not only universally acceptable but practically identical in terms in each of the provinces.

The Hall report pointed out that we will require four new medical schools in Canada by 1971-72. At the present time there are approximately 23,000 to 24,000 doctors in Canada. If we are to keep up with increased demands for medical care consequent upon the coverage of people who have not had proper medical attention in the past, we will have to step up rapidly our training of doctors and also find the dollars and cents to build these medical schools, and to operate them.

[Mr. Watson.]

I think that the federal government should take another look at its system of grants for the construction of hospital beds, which I believe at the moment provides \$2,000 per bed. This is not enough. There is not only a problem of building sufficient hospital beds in Canada; we must also keep up with the increasing demand for new knowledge and the type of care that is demanded and expected by the people of this country.

As I have said, Mr. Speaker, the federal government, I believe, should be the only provider of medicare in Canada. The province of Saskatchewan pioneered the way to complete coverage, as we now have it in my province, and this only after having grown tired of listening to promises of medicare at each election—yes, and in between elections—for the last 47 years.

I think it was the hon. member for Saskatoon (Mr. Brand) who mentioned in his speech the other day that 46 per cent of the graduates from the University of Saskatchewan used to stay on in the province to practise, whereas now less than 25 per cent do so. I think this is the result of the doctors' personal feelings toward this plan. I am sure most doctors who have remained in Saskatchewan are doing better today than they did previously, and therefore there would seem to be no other reason for their leaving. Should the same situation occur across the Dominion of Canada, there is only one place where our doctors will go and that is south of the border to the United States. This is a fact that we must face. The plan must be worked out in complete co-operation with all doctors in Canada as well as with all provincial governments. One way in which doctors can be kept in Canada is illustrated by this example in the province of Saskatchewan.

The plan in that province is acceptable, so I would suggest that Saskatchewan proceed with its program. As the hon. member for Saskatoon mentioned, if half of the \$14 million which Saskatchewan would receive under this plan were put into medical research at the University of Saskatchewan, I am sure we would be able to draw doctors back into the province, because they would be assured of good research facilities, unmatched in any other part of Canada. If this were done an added incentive would be given the young men and women of Canada to enter the medical profession, and to stay in the profession in a country that is theirs. They would have no reason to leave.