

Medical Care Act

costs related to medical costs are consumed by hospital care or institutional care, while only 20 per cent of the over-all costs can be attributed to physicians' services?

I believe something is drastically wrong with our system when hospital costs are over \$100 a day for room and board. This is an area which the federal government should investigate. It should investigate whether the amount it currently pays for high cost, in-hospital active treatment care in these cost-sharing agreements with the provinces could be reduced. I do not believe this bill covers hospital costs; it is applicable to only 20 per cent of the over-all medical costs of physicians' services. We must also ask ourselves whether control in this area is justified. I should like to quote from the brief of the Alberta Medical Association. In that brief the association points out the following:

Before examining the implications of the ceilings on federal contributions to Alberta, it is worth while to determine whether, in fact, control is justified. In his budget speech, Mr. Turner stated that last year federal contributions to the provinces in respect of the hospital and medical care insurance programs had to be increased 19.8 per cent over the previous year.

The Alberta Medical Association then went on to point out that the average per capita medical care costs for the ten major provinces rose only 5.9 per cent from the fiscal year ended March 31, 1973, to the fiscal year ended March 31, 1974. I hope the minister will respond to this question because I ask him to justify the large discrepancy in the figures. The federal government states that the contribution had to be increased by 19.8 per cent over the previous year, while the Alberta Medical Association points out that the per capita medical care costs for the ten provinces rose by only 5.9 per cent for the fiscal year. I ask the minister, in his statement at the end of this debate, to explain that discrepancy and tell us why there is a difference of some 14 per cent in the two estimates, that of the former minister of finance and that of the Alberta Medical Association.

● (1620)

I also ask the minister what type of over-all effect this bill will have on medical research. It appears to me that drastic cuts will have to be made in medical research. I think it is very important that we repeat some of the statements which were made earlier by hon. members in this debate, because most of what was said prior to my entry into the debate is crucial to the discussion on Bill C-68. The few further comments that I would like to make were well covered by one of my colleagues who cannot be with us today because of the illness of his wife, a classmate of 1974 who raised several excellent points. I should like to quote the hon. member for Oxford (Mr. Halliday) as reported on page 10499 of *Hansard* of January 30, 1976. He said:

It seems to be the concept and the philosophy of the government that the more control it can have over the individual, the more effective and better lives the people of Canada will have. This has been proven historically to be wrong over the centuries. Civilizations have gone down to complete failure and doom where this sort of situation has developed. I hope the government will see fit to begin to reverse its stand whereby it takes away all responsibility from individuals.

I think this bill exemplifies this government's philosophy according to which they know better what is good for the average individual than the individual himself. Our Prime Minister (Mr. Trudeau) has stated this repeatedly but, as the hon. member for Oxford said, this philosophy

[Mr. Elzinga.]

has been proven to be wrong in the past. It is also my hope that the government will see the error of its ways and will reconsider the implementation of this bill. On Wednesday, January 28, our spokesman replied to the minister with regard to this bill. I feel that some of what he said should be repeated. The hon. member for Athabasca (Mr. Yewchuk) said:

The present Liberal government which, unfortunately, is governing this country, has a long history of confronting various groups, whether they be provinces, professional groups, labour unions, business or private citizens. This bill represents once again a provocative confrontation with provinces and with professional groups involved in providing medical service to Canadians. The government's present attitude in this regard is shameful. This bill represents unilateral action on the part of the federal government. It is arbitrary and has been brought forward without meaningful consultation with the provinces. Indeed, it indicates a lack of concern for the opinions of provinces in matters concerning federal-provincial agreements.

The hon. member for Athabasca, who is our critic and our spokesman on these subjects, received limitless compliments on what he said with regard to this bill. I think he has proved his competence in this area, and I consider it an honour to be his colleague on this side of the House. It is interesting to note that even the leader of the NDP complimented our critic on what he said in the following words:

Madam Speaker, I should like to say regretfully at the outset that the Minister of National Health and Welfare (Mr. Lalonde) was not listening to the remarks of the hon. member for Athabasca (Mr. Yewchuk), and that is unfortunate because that hon. member has made one of the finest speeches on the subject of medicare I have heard anywhere, here in the House of Commons or outside . . .

His speech was an extremely thoughtful and competent approach to this very serious problem . . .

Unfortunately, the minister paid not one bit of attention while that official spokesman for the opposition did such a fine job . . .

That is unfortunate, Madam Speaker, and it shows something of the attitude of the minister who ignored the official spokesman of the Conservative party just as he has ignored, during the past year, the provincial health ministers of every province.

When I was travelling through my constituency I came across a good friend who is a doctor from Fort Saskatchewan, Dr. Sheppard, who is a daily recipient of *Hansard*. He said our critic had made a fine contribution on behalf of the Conservative party. I think it is evident, especially in our region of the country, that this government thrives on confrontation. We hope to bring light upon this subject in the House of Commons, but unfortunately all too often what we hope to bring to the attention of the minister or the government falls on deaf ears.

In conclusion, Madam Speaker, I should like to pay tribute once again to our critic, the hon. member for Athabasca, by quoting from the statement made by the leader of our party when he spoke in the debate. As reported in *Hansard* of January 30, 1976, the Leader of the Opposition (Mr. Stanfield) said:

I was also unable to be present in the House when the hon. member for Athabasca (Mr. Yewchuk) spoke, but I read his speech with great interest. I thought it was a thoughtful and strong speech on the subject . . .

The hon. member for Athabasca said just about all there is to be said about the bill when he described it as an arbitrary, unilateral act by the federal government . . .

Here we see the government attempting to impose a ceiling unilaterally, not on the cost of medicare in this country but upon the federal government's contribution toward the cost of a program which the federal government itself has insisted that the provinces establish and