

State Medicine

tive would be killed, incentive to do best work gone, while the dead wood of the personnel would remain. For these reasons alone the public would not be getting the best service, to which it is entitled, and which it is imperative it should receive.

As I suppose every hon. member knows, sickness is a convenient excuse for avoiding many things. Our medical knowledge is not and never will be sufficient for us to say definitely whether a man is sick or not. We can say that there is nothing organically wrong with him, but we cannot say that there is nothing wrong with him. The mere fact that he wishes to complain of sickness means that there is some maladjustment in his make-up; even laziness could be considered to be that. At any rate, it is a bad habit, and state medicine would assuredly be imposed upon.

The healthy, of course, for their own protection must always care for the sick. This is one of the reasons why it is easy for people outside the medical profession to stimulate interest in public health. But I am concerned now with the fact that in recent years the burden of payment for medical services has fallen upon the middle class. The rich can afford to pay for it and the poor get it free. That is one of the difficulties of our system. We might be in a better position if we had adopted the Chinese system of paying the doctor so much to keep us well. But the Canadian system has been that doctors are called in only in the case of sickness. As was pointed out this afternoon, doctors themselves have assumed the responsibility of keeping people well by wholesale vaccinations and inoculations against the various infectious and contagious diseases. For years we have fought to improve public health.

There is still another phase of the question. As mentioned before, the burden of medical costs falls upon the employee in the lower wage brackets. Because he cannot afford a proper diet or because of the general conditions under which he lives, he is more often ill than those who are living under better conditions. In his budget he does not make any provision for the event of sickness. He will not say, "This year I am going to break my leg," or "Next year I am going to have my little boy's appendix out." Customarily he works upon the assumption that he is going to be perfectly well. And sickness is a very expensive proposition.

Whether or not health insurance should be compulsory is a debatable point. Personally I would favour a compulsory plan because it would not be as expensive as the voluntary plan. I should, however, like to see federal

[Mr. Fleming.]

responsibility for the unemployed and indigent, because there is little doubt that we are approaching the time when relief will have to be assumed as a national responsibility, also health insurance for at least those in the low-wage brackets. I should like also to see the government give extensive grants for preventive medicine and for medical research. In that manner we could safeguard and improve the health of our people without recourse to state medicine or the socialization of medicine.

I plead with all hon. members. Do not give ear to those who would take away from the medical profession their individuality and self-respect. With that assurance I am sure that the medical profession will re-pledge ourselves to the public service and well-being.

Mr. J. K. BLAIR (Wellington North): While I favour state medicine to some extent, I do not believe it is the duty of this government to deal with the problem in an expensive manner; it should remain with the provinces, just as in the case of relief. This government does not administer relief; it is controlled largely by the provinces and subsidized by the federal government. The provinces know better the conditions in their localities. I believe the same is true with regard to medicine. There are occasions, I believe, when the dominion government could properly subsidize the provincial governments for some purposes. For instance, many cases of confinement are not paid for. I am sure that every doctor in this chamber can find, on looking through his books, as many as six confinements in one home, for none of which he has been paid. I do not think that should be so. The difficulty is that one cannot tell whether a person is indigent. It is said that we should prove indigence and put in a bill; but this involves a great deal of trouble, and it seems to me that in the rural districts the doctors should be entitled to receive compensation in respect of confinements which after two years have not been paid for.

The second proposition brought forward was a payment of two dollars a month per capita. Hon. members must realize that this would involve an expenditure of \$264,000,000, no small amount for the Dominion of Canada. Another movement that is on foot is to centralize maternity work in the larger hospitals. That is a sad mistake, because the maternity mortality in hospitals in such cities as Toronto has been very high. That point has been taken up; I have mentioned it for four or five years; now the city of Toronto will not furnish a report of its maternity mortality; at any rate I have tried for the last three