

Medicare

There is no one else available there, Mr. Speaker. He then says:

They would not longer have the traditional right of choice of practitioners unless they pay extra for the services of an optometrist.

I feel that both optometry and ophthalmology must be included if the visual welfare of the nation is to be properly cared for.

I think this appeal deserves serious consideration.

I would also like to comment, if I may, on a statement made by the Minister of National Health and Welfare (Mr. MacEachen). I would like to read this statement but before I read it may I say that I agree with it wholeheartedly, and I think it is well said. The statement was made by the minister in a speech given by him to the Dental Association in Halifax on June 15 of this year. It reads as follows:

Good health is a national goal and the federal government has a responsibility to initiate, encourage and support programs and safeguard the health of Canadians generally.

• (8:40 p.m.)

I agree that this is a field in which the federal government has a great responsibility; however, I would like to ask a question in connection with that statement. What example are we, as members of parliament, giving the citizens of Canada? I am speaking of the members in this chamber. What provision is made, for example, to keep our bodies trim? Surely, keeping fit enters the medical care question. I should like to ask, what facilities are provided on the hill? This is the question I have wanted to ask for a long time, Mr. Speaker. At the present time in this country we provide wonderful facilities for our school children, wonderful gymnasiums. There are many in my small city, and with this I agree heartily.

But I go on to point out that those children would exercise anyhow because in most cases they have the natural exuberance of youth. You could not hold them down if you tried. But what about our lack of facilities here? Is it due to an acute shortage of funds or to a fear of public opinion? Could we not even afford a ping-pong table to relieve some of the tensions built up by sitting for hours on end? In conclusion, Mr. Speaker, I may say I obviously intend to support the amendment, which I hope will make the bill worthy of support.

Mr. R. W. Prittie (Burnaby-Richmond): A few minutes ago, Mr. Speaker, the hon. member for Peace River (Mr. Baldwin) mentioned

a letter which members have received from the Canadian Medical Association. This letter was addressed to the Prime Minister (Mr. Pearson) and copies were sent to all members. I feel the Canadian Medical Association should get an "A" for effort. In the past, they put their efforts into opposing medical care altogether. Now that the general principle of medical care insurance has been accepted in this country, they seem to be putting their efforts into making the plan as innocuous as possible. I am surprised that they still make these efforts, after all the debate that has taken place in this country and the general acceptance of it by the population. I am surprised they make these efforts in view of evidence we have had from other countries that medical care plans work very well. We hear a great deal of criticism of the United Kingdom plan. I think much of the criticism is unjustified. You can turn to other countries with medical care insurance plans in effect for much longer than the United Kingdom and find those plans working very well.

Even if you ignore the experience of other countries, one finds enough evidence here in Canada that a plan with universal coverage will work very well. The Saskatchewan plan has been in operation for nearly four years. Even many of the doctors who were opposed to that plan in 1962 recognize the value of the plan today. We had an exhaustive study made of medical care by the Hall Commission, a very complete study. It would seem to me that all of the possible objections which the Canadian Medical Association and other critics could have raised were answered by that very complete report of the Hall Commission. However, in spite of all this, we still get these letters from the Canadian Medical Association asking us, in effect, to introduce something less than a complete, comprehensive plan which would cover the whole of the population.

On page 2 of their letter to the Prime Minister, the association lists seven major criticisms of the plan as outlined in Bill No. C-227. The first objection is as follows:

That the virtual compulsion contained in the bill restricts unnecessarily the individual rights of citizens to choose the insurance best suited for their needs;

This point was dealt with by the Hall Commission. They pointed out that the plan must have universal coverage in order to give Canadian citizens the best possible medical care for the lowest possible cost. The commission is speaking of health care based on a