

Medicare

discharged, particularly where his case is a chronic one and has to be taken care of in a home situation. There is absolutely no provision in this bill to meet this difficulty. Indeed, its restrictive terms will seriously interfere with the home care program experiment already under way in several provinces.

● (1:00 p.m.)

There is another matter to which I would like to refer before concluding my remarks, and that is the failure of the bill to follow the recommendations of the Hall Commission with respect to mental health. The commission was quite specific in this regard and pointed out that the treatment of mental illness in Canada has not moved much beyond the ghetto approach that has existed since the nineteenth century. The present program is one that segregates the mentally ill from society and aggravates the problem by such a ghetto approach.

Medical science has made remarkable progress in psychosomatics, the approach of treating the whole patient, yet very few of the psychiatric insights provided by the social scientists have been implemented in overt policy. The cost per day per bed of a mentally ill patient is around \$5 or \$6, which indicates that the total treatment services available must be strictly limited. In contrast the cost for the physically ill is somewhere about \$30.

Mr. Justice Hall was quite specific in the recommendation made, and the first page of the summary which was provided in connection with the publication of volume I quotes from the report in these terms:

The commission recommends a complete reorganization and reorientation of mental health services.

Recommendation No. 29 reads:

That henceforth all discrimination in the distinction between physical and mental illness, in the organization and provision of services for their treatment, and the attitudes upon which these discriminations are based, be disavowed for all time as unworthy and unscientific.

The summary adds that this:

—may be said to keynote the commission's views in the field of mental health.

A deficiency of this kind more than necessitates the careful reconsideration and review that has been recommended in the amendments put forward by the hon. member for Simcoe East (Mr. Rynard). This also applies to the field of public health services which have not been taken into consideration under the bill, and which are basic if we are going

[Mr. Dinsdale.]

to have an adequate health care program for Canadians.

I have already mentioned that the bill ignores the services of such groups as optometrists. They are going to be completely excluded. This is something which deserves consideration by the government, and by all hon. members if they are given an opportunity to hear further representations.

On the question of a voluntary program and freedom of choice, again the Hall Commission report was quite specific. I do not think I need to underline that point any further, but I think I should refer to a speech made by Mr. Justice Hall which was published in the September-October issue of the *Canadian Tax Journal*. In his speech he made this point:

This measure of governmental participation in the financing of health services is not socialism. We are convinced that Canadians are opposed to the concept of state medicine. We have urged Canada not to become involved in a battle of semantics. In recommending the program we have proposed, we have steered clear of the views of those on the extreme right or extreme left. We are opposed to state medicine, a system in which all providers of health services are functionaries under the control of the state. We recommend a course of action based upon social principles and the co-operation and participation of society as a whole in order to achieve the best possible health care for all Canadians, an aim that Canadians by their individual efforts cannot attain.

Such action, we insist, is based upon freedom of choice on the part of the citizen, and on services provided by free and self-governing professions. By safeguarding these elements, so vital to a free society, we believe we have avoided the difficulties inherent in a program which attempts to nationalise the services which one group provides for others.

I believe that this fundamental principle has been violated by the legislation before us and by the restrictive four points that have been put forward by the government

Let me conclude by saying that those of us on this side of the house are concerned, in approaching a matter as important and as serious as adequate health care for Canadians, that it be taken out of the realm of electioneering, of leadership, oneupmanship, and that as responsible members of the House of Commons we regard this as an opportunity to implement the best possible health care program.

From the medical standpoint Canada today leads the world in the quality of its medical care. We can only continue to do so under a program that will not disrupt the facilities that have already been established, because we have already moved a long step forward to