

to what I as a layman, reflecting the attitude of the population, consider to be a development that is contrary to the public interest.

The more lucrative specialties have concentrated themselves to the extent that in a province like Ontario many, if not most, of the specialists have opted out of medical care. They now bill the patient with their fee and the patient is reimbursed on the basis of the agreement reached with the Ontario Medical Association. And the average patient then pays a premium.

In the province of Alberta that is not quite the case. There are not so many who have opted out. The doctors have agreed—

**Mr. Rodriguez:** Things are always different in Alberta.

**Mr. Lambert (Edmonton West):** Let me tell the hon. member for Nickel Belt (Mr. Rodriguez) that the doctors of Alberta have agreed to an increase in their fees within the income guidelines. That shows the responsibility of those doctors and of the government of that province in regard to health care costs.

**Mr. Baker (Grenville-Carleton):** Go back to sleep, Rodriguez.

**Mr. Lambert (Edmonton West):** Frankly, Madam Speaker, I have never been more astounded by some of the representations I have received from individual doctors and from the Canadian Medical Association, whose former president, now a minister in Ontario, had the unmitigated gall, and I think foolishness, to say, according to press reports, that there were too many foreign students in Canadian medical schools, particularly Toronto. Of course some of them are so chauvinistic that anyone who is non-Caucasian in appearance becomes a foreign student.

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Many students have parents of foreign origin whose skin is not white, but their intelligence and other attributes exceed all too often those of some of their native Canadian-born colleagues. They are prepared to work a little harder and dedicate themselves to their university preparation with a greater degree of sincerity. I regret the unseemly spectacle of some months ago when the former President of the Canadian Medical Association lumped together Canadian-born of non-Caucasian origin with the foreign born, and presumably non-white, as foreign students, and therefore presumably undesirable in Canadian medical schools.

All I say to the members of the profession is that if they endorse the actions of their former president, shame and double shame! I say also to the minister, shame and double shame on him because he has accepted this sort of thing. In his statement he says that curbs have been imposed on the immigration into Canada of foreign trained doctors.

Let us look at how many doctors there are in Canada, how many graduates we have had annually from our Canadian medical schools since 1971, and how many physician immigrants we have had admitted to Canada since that time. I also have some statistics, thanks to my colleague from Mackenzie, who placed a question on the order paper as to doctors practising in Canada. The answer of

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January 23, 1975 also shows the net loss of Canadian trained doctors to the United States. In addition I have had provided to me by the Canadian Medical Association the estimated cost of training a doctor in Canada for his total career. According to these statistics we can show how nonsensical the restriction has become.

I think the testimony of every one of my colleagues, and of every one of the minister's colleagues who represents a rural population will show whether Canadians are over-serviced or over-provided with doctors. Let them go to any small town any place outside of the major metropolitan centres and ask the doctors who are there, and ask the nursing superintendents in the local hospitals, those little 30-bed hospitals, what the difference of one doctor means.

**Mr. Rodriguez:** Ontario is closing them all now.

**Mr. Lambert (Edmonton West):** Ah! The member is trying to make political capital out of that. I will tell the hon. member for Nickel Belt that in the past 15 years across Canada, in respect of hospital and school construction, all that was necessary was "ask and you shall receive." Some of the older hospitals should be closed. Prodigality was rampant in this country in the past 15 or 20 years in respect of many of the things built. They were monuments to the glorification of certain hospital boards.

**An hon. Member:** And certain governments.

**Mr. Lambert (Edmonton West):** The demand for which was initiated by many of the colleagues of the hon. member. Let him not stand up "holier than thou." His ears have already flopped down to his shoulders from the weight of his halo.

Now, Madam Speaker, from our statistics—and I must confess here that I am a little bewildered by the results as I see them.

**Mr. Guay (St. Boniface):** You are right on.

**Mr. Lambert (Edmonton West):** The hon. member for St. Boniface—

**Mr. Guay (St. Boniface):** I paid you a compliment.

**Mr. Lambert (Edmonton West):** You know, Madam Speaker, the chief government whip this afternoon was constrained to ask the Minister of Labour whether he had music with him. If he would ask a question now he might get the information. Instead of that the hon. member had to bellow out. That is his chief capability. In any event in 1973 Statistics Canada gave out our latest figures which show that there were 36,095 active physicians in Canada. If hon. members want the information I can give the breakdown in respect of provinces as to these figures. I can go back to 1969 as a matter of fact. In 1973, just to show the disparity—

**Mr. Roy (Laval):** Nineteen seventy-three!

**Mr. Lambert (Edmonton West):** I will tell the hon. member that I think we should have something later than 1973. Stats Canada cannot give us anything better than 1973. However, I will tell the hon. member that in so far as a so-called socially backward and maligned country like