There is no doubt that pride in what one or one's group does is one of our most valuable resources. As legislators we must take very great care not to diminish this pride either through legislation or the way it is being imposed—such as in the case of the Canada Health Act, without consultation.

● (1150)

While we can all accept the basic aim of the Canada Health Act to promote more fully health care accessibility, universality, portability, comprehensiveness and so on, a great deal needs to be said about how the Act was brought about in terms of the way it is being imposed on the provinces and the professions. As a result of this we have seen an alienation of the physicians of the country and the adverse reaction of the provinces to what the Government is trying to do. As a result of that, Mr. Speaker, we are going to be able to predict some difficulties as we move ahead into future plans for the health care system in Canada. We are going to see difficulties with the provinces and the physicians as we, at this level, attempt to improve the status of health care in Canada. It is difficult to sustain pride in what one is doing, from either a provincial or professional basis, if rules and policies are being imposed from another level of government, namely from Ottawa.

One must also admit another very important point, Mr. Speaker. If we are going to have a functioning, successful, high quality health care system, it is mandatory that there be acceptance of the plan offered to the country as well as enthusiasm for that plan by the provinces, the physicians and the health care deliverers of all sorts. There are two basic components to a health care delivery system. There are the receivers of the services, whose perceived needs we have addressed as best we can. We have forgotten the providers, namely the provinces and the health care practitioners. The federal Government has completely forgotten those people in the way it has imposed this Bill.

There are a number of matters of concern which this Bill does not address, Mr. Speaker. As legislators we must look a little further down the road than is the case in Bill C-3, the Canada Health Act. All that is being addressed in this Bill is penalties. We must look at the fact that Canada is faced with demographic trends of horrendous size in terms of the changes in the proportion of older people in the community and the fact that that automatically involves many times more of a burden on our health care system than we have had heretofore.

In addition to these demographic trends, Mr. Speaker, there is also the very expensive trend of new technology. There is probably no field in our day to day existence now which is growing more rapidly than the technology field in medical care. Yet there is nothing in this Bill to address that. If anything, Mr. Speaker, they have done the very opposite in this Bill. This Bill actually takes about $100 million away from the medicare pie that has existed up until now. It takes that away by banning the infusion into the system of about $100 million in extra billing and user charges. If the Bill is adopted by the provinces, that will have to stop.

We are in an era in our society where medical technology is moving ahead in leaps and bounds, yet we have nothing in this Bill which signifies a willingness on the part of the federal Government to help support those extra costs. We heard from nearly all the witnesses that came before the committee that underfunding was one of the major shortcomings of our health care policy at the present time. We see nothing in Bill C-3 that is going to improve this problem of underfunding in any way.

We must look ahead in a few other ways as well with respect to the health care system. We must acknowledge the fact that while underfunding is a significant problem it also ultimately deals with accessibility to medical care or health care in general. The Minister has argued that she wants health care to be accessible to all Canadians. We all agree with her on that. She has picked out the small area of extra billing as one which she feels has obstructed that accessibility in some cases. She forgets to realize that underfunding is also causing a lack of accessibility by virtue of long waiting periods for, and the unavailability of, beds. There are still geographic barriers in existence in the country. We have antiquated equipment in our hospitals. We have insufficient money to fund residency training programs and so on. All of these problems are going to affect the accessibility of Canadians to health care in the future.

I would like to conclude with a couple of thoughts about the future of medicare in Canada as I see it as a result of Bill C-3. We have destroyed our relationships with the provinces. We have further destroyed relationships with professional groups. We have taken away the professionalism that existed with professionals heretofore. The Government has refused to accept Justice Hall's recommendation for compulsory arbitration. It has put in a watered down version of the amendment we proposed. The amendment will not be appropriate to guarantee physicians the rights they deserve *vis-à-vis* appropriate remuneration. It is obvious to me, Mr. Speaker, that if we do not adopt a different route than the Minister has been taking, the day will eventually come in Canada when we will have to have two-tiered health care in the country. The Minister herself said she will go off to the United States if she has to to get hers. Others will have to do the same thing.

I believe I can best conclude by reminding the House of an old saying: "Only a fool cannot learn by his own mistakes, but a wise man learns by other people's mistakes". Mistakes have been made around the world. The United Kingdom is one of the best examples. In fact it was a British statesman who said: "We must have a safety net below which we will allow none to fall, but above which there shall be no limits to the height to which a man may rise".

I suggest, Mr. Speaker, that we in Canada are embarking on a program in our health care system that is going to deny Canadians their right to advance to that height which they want to achieve in the health care system.

The Acting Speaker (Mr. Herbert): There follows a ten-minute period for questions or comments.