

Medicare

doctors now practising in Saskatchewan are non-Canadians. Will our young Canadian doctors continue to emigrate to the United States because of the threat of medicare?

I should like to refer to the hospital plan that we already have in effect. I am referring to the hospital insurance plan under the Hospital Insurance and Diagnostic Services Act which became effective on July 1, 1958. In the eight years past the government has contributed \$2 billion to the provinces under the plan, which is an average yearly contribution of about \$250 million.

Reducing these astronomical figures to understandable dimensions, the Minister of National Health and Welfare in a speech to the B.C. Hospitals Association convention on October 7, 1966, said:

The per capita cost for the five year period from 1958 to 1963 rose nationally from \$21.23 to \$39.44 and it is now estimated at more than \$50.00 per capita.

It does not follow that there has been a 100 per cent improvement in patient care between 1958 and 1963. The facts would appear to indicate that a service paid for by the government is more costly than when it is paid for by the individual.

Earlier on, I said that the minister should give sober second thoughts to some of the aspects of medicare. I used the word "sober" because it appears to me from the legislation that the minister is drunk with power. He has been adamant in introducing his own version of medicare. He has rejected all suggestions for improving the plan. He has selectively disregarded portions of the Hall Commission report. He has spurned the plight of the provinces as expressed by the premiers of the provinces. Bearing these facts in mind, I wish to say again that we are trying to save medicare, and not kill it.

Quoting from the pamphlet *The Interpreter* of August, 1966, I should like to express to the house the opinions of the various premiers with respect to Bill No. C-227:

Alex Campbell, newly-elected Premier of Prince Edward Island, said his province cannot afford medicare unless it gets a better share of federal tax money. Nova Scotia's Premier, Robert Stanfield, said he has never been happy about the financial arrangements inherent in the federal medicare proposals—

Speaking for the Quebec Government, Education Minister Jean-Jacques Bertrand stated that his province would not submit to a national medical care plan imposed by the federal government. He said grants to the provincial schemes should be unconditional. Premier E. C. Manning of Alberta described the federal proposal as burdensome, and reiterated his stand that Alberta is opposed to the

compulsion implicit in the federal requirement for universal coverage . . . he favours a voluntary scheme that does not require the elimination of privately-operated health insurance plans.

Manitoba's Premier, Duff Roblin, said the federal plan should be scrapped and a fresh start made. The compulsory part, . . . is not necessary—a voluntary plan would be better . . . Ontario's Premier John Robarts said he was dissatisfied with the manner in which Ottawa went about drawing up the legislation. He said there has been no opportunity for consultation, and demanded that there be a top-level federal-provincial conference on medicare.

—The objections voiced by the Premiers, with one or two exceptions, appeared to reflect their dissatisfaction with the inflexibility of Ottawa's requirements for participation in the plan.

It is for these reasons that the minister ought to be aware that the present concept of medicare is dead, before it gets off the ground. The co-operation of the provinces is needed to make it successful.

The Calgary *Herald*, in an editorial of August 5, after the provincial premiers conference, had this to say, in a column headed "Federal Medicare":

There are several important questions which will have to be answered at a future federal-provincial conference.

Can the poorer provinces afford participation? What happens to the federal requirement of portability if some provinces reject the plan in the final analysis? Does Ottawa have the right to force a compulsory plan on the provinces?

Ottawa's argument, of course, is that the provinces have a choice as to whether they wish to participate in medicare.

But the question of choice becomes a very theoretical point when the provinces will have to contribute through taxes in any case whether or not they participate in the plan.

Ottawa must reconsider its present position and be prepared to make reasonable concessions to provincial objections if there is to be any hope for a workable federal medicare scheme.

That is why I say to the minister that this concept of medicare is dead. If some of the suggestions which have been made are accepted, we may be able to make it survive.

As I said, Mr. Speaker, the minister has selectively ignored portions of the Hall Commission report.

● (9:10 p.m.)

Here are some of the suggestions made in the report of the Royal Commission on Health Services:

That in view of the shortage of qualified pharmacists in the Atlantic provinces there be established a school of pharmacy at Memorial University, St. John's, Newfoundland, at the same time as the medical school we have recommended and as a department thereof.

That annual professional training grants of \$2,000 each be made available to graduate pharmacists