

to pay for advertising, promotion and commissions to the salesmen who sell the contract, and this increases the cost. The Hall Commission estimates that by using private carriers in Canada the cost of medicare would be increased by some \$220 million a year. Surely, if we are going to establish a plan for the next 50 years for health insurance, we ought to be trying to get the cheapest kind of health insurance so that people can get it at a price they can afford to pay, that for every dollar which they pay they will get back 95 cents in medicare and will have only 5 cents of administrative costs rather than having to pay 27 cents out of every dollar for advertising and promotion gimmicks.

The third reason which the official opposition has given for deferring medicare is they want to make prior provision for sufficient medical research and the training of adequate numbers of doctors and other medical personnel. Well, Mr. Speaker, there can be no doubt about the fact that we will have a problem providing sufficient doctors, although I should like to point out that the doctors are caring for the people of Canada now. If anyone says we will need more doctors under medicare, then surely this is an admission that there are several million people who are not getting proper and adequate medical care now.

We will not solve the problem of the shortage of doctors by postponing medicare, any more than we would have solved the problem of having an adequate number of hospital beds by postponing hospital insurance. It was when we had hospital insurance that the provinces, the federal government and the municipalities became cognizant of the fact that they had to build more hospitals.

• (4:20 p.m.)

I certainly concur in all that has been said about the inadequacy of the health resources fund, and that \$500 million spread over 15 years is completely inadequate. I am convinced that once medicare is in operation the federal government will have to put a great deal more money into training doctors and into medical research. I also agree that we could make better use of the doctors we have by providing funds to enable doctors to set up facilities for group practice, nursing homes and consulting centres where doctors could look after their patients without having to travel for miles. We could make much better use of the doctors we have and get a great deal more service. What the official opposition should be arguing for is more

### Medicare

money for training doctors and for medical research, and not for the deferment of the implementation of medicare.

The fourth reason the official opposition gives for wanting to defer medicare is that they want to provide first for those who are unable to obtain medicare because of their financial circumstances. This is in line with the statement which has just been made by the Canadian Medical Association, that there are five million Canadians who cannot afford medicare. Their argument is that the government should now proceed to look after those five million people and not introduce a general medicare program.

I am pleased that the Canadian Medical Association has now admitted that there are at least five million Canadians who are not getting adequate medical care. This is something some of us have been arguing for years when we were told that there was no need for any kind of health insurance and that everybody was being looked after quite adequately. Let me point out that in addition to the five million people who are not getting adequate health services, there are another six million who have completely inadequate coverage, and they have to be looked after as well. It seems to me somewhat contradictory for the Canadian Medical Association to argue that there are not enough doctors to look after all the people, when in addition to the people they are looking after now they are going to take on an additional five million people and look after them. I think this situation was summed up very well in this morning's *Globe and Mail* by Mr. George Bain, who said:

The Canadian Medical Association urged the government to go ahead at once with a partial medicare plan because some 5,000,000 persons who are needy and are not covered by medical insurance otherwise would be deprived. At the same time, a spokesman argued again—it's an old argument—that there aren't enough doctors in the country to sustain a universal medicare program.

Who, then, would serve the 5,000,000 people the C.M.A. suggests are going without adequate medical attention?

The medical association can't have it both ways. If there are enough doctors to look after this additional 5,000,000 who would account for most of the new case load under a universal plan, there are enough to sustain a universal plan. What the latter would do, of course, in addition to serving the poor, would be to ensure that medical care would be available to everyone, without fear of impoverishment or the necessity of becoming a charity case.

The C.M.A. submission raises the question whether the objective may not have been to urge the government to take a partial step, in hopes that it would become all—and to disguise it as an act of pure kindness.