

*Medical Care Act*

on each individual to bring back the cost of hospitalization roughly to what it was before.

If you can, Mr. Speaker, let your imagination visualize the scene. With roughly 50 members of the legislature, at least half of them, if not more, were trying to catch the Speaker's eye. They all wanted to say that this was not their view. My colleague from Nanaimo-Cowichan-The Islands will probably remember the scene. The Speaker gave the floor to the hon. member from Saskatoon, and he used a phrase that I will never forget. He said that he didn't care if he spent \$1 million, he didn't want one sick person kept out of hospital in Saskatchewan. Up jumped the leader of the Liberal party, who said that the views expressed by the opposition member were not the views of the Liberal party. In due course an election came and that poor, unfortunate member was defeated.

I simply tell that story as a warning to members here. People want some form of universal medicare, unemployment insurance and accident insurance as part of the egalitarian movement in all countries of the world. Naturally we must be concerned about cost. This is why many of us have taken to wondering what positive way we can evolve to find a scheme that would take away none of the essential services, yet provide people with what they want. By this time some of us had access to figures relating to the United Kingdom scheme. The United Kingdom had brought in hospitalization and medicare with a great rush, without the infrastructure being present. The cost of the scheme had escalated 300 per cent to 400 per cent in the first two or three years. The question was whether all the people in the United Kingdom could afford these services, with the tremendous utilization of those services, with costs climbing at such a rapid pace.

Therefore, a number of us put forward a plan about which I will speak in a few minutes. This plan attempted to grapple with the problem of rising costs when you provide a needed service on a universal basis. Before I refer to this plan, I want to step ahead in time and say that the party that I belong to had come out for prepaid hospital services and prepaid medical services in Saskatchewan at our convention in Moose Jaw in 1936. When we formed the government in Ottawa in 1957 we started to look at the various proposals that we had and at the tremendous amount of detailed figures that were available. We agreed, as a government, to set up a royal commission which became known as the Hall commission. This was under the government of the right hon. member for Prince Albert (Mr. Diefenbaker). Having read and listened to a number of speeches in this debate, I get the impression that no member has gone back and examined the basic conclusions of the Hall report, as if it made no difference that it was the only definitive study in the history of Canada and that of other countries, including China and Russia, of such a medical scheme. Apparently no one wants to introduce that knowledge into the debate we are now having.

I would recommend that the views of people who were strongly for the principle of a universal medicare plan across this nation, as put forward in this report, should be remembered and that these views should be reread. They had in the back of their mind that they had to put forward a program that not only met the needs of the people but which also had a built-in control mechanism that would

keep costs within the capacity of the economy to pay. For example, they recommended that proposals be brought in across Canada in a series of stages. The first of these was diagnostic services, which I think were estimated to cost about \$5 per person. In other words, as you introduce medicare, you first of all provide clinics in every community, rural and urban, to which people could go, get diagnostic treatment, find out what is wrong with them and then get the proper type of service. That was the first proposal.

There were many others, Mr. Speaker, such as setting up a scheme for training nurses and doctors. Various levels of accommodation were provided for all kinds of illness in all parts of the country. If this were done step by step, you would avoid the mistakes that were made in the United Kingdom. In addition, the commission had the benefit of the Saskatchewan situation. I am not quarreling with the sincerity of any member of a party in this House who has a common desire for a universal hospitalization scheme, prepaid medicare, and so on. I am simply saying that the time has now come to direct our thinking into what is going to destroy this scheme. I contend that what will destroy these open-ended schemes of ours is our failure to get at the driving motives of the people themselves.

As you listen to me, Mr. Speaker, I am sure you are thinking that the principle of universality creates a demand factor many times greater than any ordinary planning would consider normal. That is true. We see it today with unemployment insurance. At least half of those drawing unemployment insurance have discovered the technique of beating the act, and they are professionals at it. Yet every one of us here wants this security; we want to know that unemployment insurance is available if we become unemployed. How, then, do we provide the incentive not to abuse this type of open-ended legislation? Even though I am dealing here primarily with medicare, we have to look at the picture in its whole perspective. I am not going to go through all the recommendations contained in the Hall commission report. I am suggesting that the people whom I know are interested in saving these schemes look at the recommendations in that report to see whether, even at this late date, there is not something of value left.

● (1730)

I know time has passed on. We ignored the whole recommendation and plunged ahead with medicare. By means of this bill we are now trying to fight our way financially out of the situation. I suppose that a reading of the whole report would be redundant, but at least in doing so we would have an idea of the practical changes suggested at that time that would have avoided what we are presently facing. So I now come back to the second proposal put forward by the Diefenbaker government, which has largely been ignored by the economic historians. Certainly it has been ignored in this field of social services. My colleague, the hon. member for Prince Edward-Hastings (Mr. Hees), knows about this proposal.

Some of us who wanted to save these schemes and make sure they would work and would be schemes that we could afford, proposed a package which would include hospitalization, medical care, unemployment insurance and, yes, accident insurance—that must come. We would pay into