

Health and Welfare

People complain today because the provincial governments have followed suit in the field of hospital insurance and a few years after such hospital insurance programs have been implemented, it is realized that the prohibitive costs are bleeding the treasury white and there is chaos in the hospitals. The same bleeding occurs in the other fields that the federal government has nationalized or socialized, and the same thing is true in the other countries of the world where health care was nationalized when health insurance programs that respect the individuals and the physicians, as medical practitioners, should have been chosen instead.

For these reasons, Mr. Speaker, we are not against this notice of motion, but we think it involves two things with which we should deal separately. One has to do with capital investment for hospitals, to which the federal government gives no assistance; that would not allow provinces to get capital investments, for hospitals, which would be less expensive. Then, a program, not medicare, but health dividend program, should be set up to enable individuals to be free, and to choose by themselves their health insurance program and their doctor; that would guarantee the individual freedom and initiative.

We are happy to say, Mr. Speaker, in connection with a notice of motion that does not appear very significant, but which is similar to the national health program so as to contradict those who now consider that if a medicare scheme administered by civil servants was passed, we would now be better off—we say that it is not true. Once we have implemented such a program, we will realize only a few years hence, that a medicare program will have greatly set back the cause of health in Canada to the benefit of thousands of other civil servants who, far from dealing with health, will administer the red tape.

[*English*]

Hon. J. W. Monteith (Perth): This notice of motion suggests that the government give consideration to the advisability of improving mental hospitals and t.b. sanatoria in the federal hospital insurance program. I recall that back in April 1957 when this act first came into being there was a qualification which made it rather difficult for the provinces to come into the hospitalization scheme. First of all there was a requirement that the majority of the provinces with a majority of the population in them be in favour of the scheme, and then there was a dispute as to which

[Mr. Rondeau.]

provinces might come in, and when. I recall having the honour in the autumn of 1957 of moving an amendment to the Hospital Insurance and Diagnostic Services Act to the effect that any province wishing to enter this scheme could do so. Within two years the ten provinces came in the hospitalization scheme. There were some discussions at the federal-provincial conference held in the autumn of 1957 and some of the provinces wondered if the federal government might not amend the act as it is suggested it be amended now. It was suggested that, if my recollection is correct and I do not have the figure in front of me, the federal share be some \$70 million. Naturally it would be a great deal more now. The costs of the whole hospital insurance scheme have increased rapidly. However it was felt that as the Hospital Insurance and Diagnostic Services Act was a new venture, it should be given time to operate before it is judged.

I do not have the latest statistics at hand, but my primary interest is in mental hospitals. I think there have been tremendous strides in the last several years in the improved care of mental patients. I am sure all of us here recall the time when mental patients were practically put behind barred windows. There have been great changes in thinking in the last few years with regard to this particular disease—and I must point out that this is an illness just like any other illness. We treat it much more openly, and this is as it should be.

The hon. member for Hull (Mr. Isabelle) had a great deal to say about psychiatrists. He also suggested that the procedure of sending patients to hospitals for check-ups could be improved upon. At the risk of making enemies of the doctors who are members of the house, I wish simply to point out that one reason for the tremendous increase in hospitalization costs is the simple fact that to a great extent doctors use hospitals as their offices. Many patients are sent into hospital perhaps unnecessarily. I am not suggesting that doctors cannot look after their patients better in hospitals, but I think we might have escaped some of this galloping increase in the number of hospitalized patients if more consideration had been given to treating patients in their homes.

I think it is obvious that the government is not in favour of this notice of motion. They have given notice of their intent to make cuts in health grants and to make cuts in hospital construction grants. I put a question to the Minister of National Health and Welfare (Mr.