

Adjournment Debate

Today I hope I receive a longer and more elaborate response from the Ministry to my contention that this does violate the spirit of Medicare and sets a very dangerous precedent for health care in this country. One of the justifications for Medicare and one of the reasons so many people fought over the years for Medicare, was that we would have health care provided according to health care criteria and not according to the dictates of the marketplace.

With the operation of a hospital by a corporation in the expectation that it will receive a share of whatever profits it can generate from the operation of that hospital, the profit motive is being reintroduced into our health care system in a manner which my NDP colleagues in the House and I find to be totally unacceptable. It is on that basis that we encourage the Minister not only to do something about this particular instance, but also, perhaps, to do something about any potential instances, by coming forward with a proposal for Canada Health legislation, about which there is so much mystery right now.

No one knows exactly the latest proposal in the minds of those in the Cabinet, or in the mind of the Minister of National Health and Welfare. I have asked the Minister before to come forward with an actual proposal for a Canada Health Act. I hope she will do so, and that in such Act we will find clarification of the non-profit principle which would outlaw this kind of contracting on a profit basis for the provision of hospital care. I would hope also that in that Act, among other provisions, we might find clarification of the portability principle.

Just the other day, someone called my office concerning a move from B.C. to Manitoba. Having been hospitalized in Manitoba, after the patient moved from B.C., coverage was nevertheless provided under B.C. medical insurance until the end of the year. It turned out that the per diem rates in B.C. were different than those in Manitoba. The upshot of the whole problem was that the particular patient involved was sent a bill for \$1,436 for 23 days in hospital in December. The fact is that this can happen under our system, when everyone believes that such a thing should not happen. This situation must be addressed by the Government and the Provinces so that this kind of burden will never be placed on the sick in Canada. They must meet to arrive at an agreement whereby this kind of penalty will not be imposed on people. In this case, it simply involved the misfortune of bad timing, through no personal fault; a bill of \$1,436 was the result.

A Canada Health Act, if it is a good Act, could go a long way toward preventing such situations, among others. As I say, it must follow all five basic principles of Medicare. It must have regard to nonprofit, to portability and, I hope, and we will be demanding so, also have regard to universality and equal access. This brings in the whole matter of extra billing. However, it is not my intent to discuss that today.

● (1820)

I would like to hear what the Hon. Member has to say on behalf of the Ministry of National Health and Welfare

concerning the status of the Canada Health Act. At this point, it is mysterious. People are writing letters about it and wondering about its contents. All we have is the draft the Canadian Medical Association is sending around to various Members of Parliament and to the public. It has no official status. We would like to know what the status of those negotiations is, and what the Government intends to do in the meantime, through legislation such as a Canada Health Act, to deal with this very dangerous precedent set by the Ontario Progressive Conservative Government. This is a precedent for the further privatization and commercialization of medicare in Ontario, a province where, I must say with a great deal of regret, medicare is severely under attack by a Government that obviously is not philosophically committed to the principle, and continues to charge premiums and so on. What does the Government intend to do about this?

[Translation]

Mr. Denis Ethier (Parliamentary Secretary to Minister of the Environment): Mr. Speaker, it is understandable that the Hon. Member should talk and behave like this, for far from his interests and concerns are the hospital care and services for the people in the Hawkesbury area. Surely the Hon. Member for Winnipeg-Birds Hill (Mr. Blaikie) would not object to better hospital care or the construction of a new hospital in his region; why, then, does he persist in his opposition concerning the Hawkesbury situation?

[English]

In January, 1983, the Board of the Hawkesbury and District General Hospital entered into a 12-year contract with a private firm, American Medical International (Canada) Limited to manage the hospital's operations. This arrangement has been the focus of concern of some Canadians.

I must point out that the establishment, maintenance and management of hospitals is an exclusive provincial responsibility under Section 92(7) of the Constitution Act, 1867.

It has been alleged that the contract between AMI (Canada) Limited and the Board of the Hawkesbury and District General Hospital violates the principle of public administration of the national Medical Care Program. I wish to point out that the principle of "public administration," which appears in the Medical Care Act (Canada) refers to "a medical care insurance plan of a province." It requires the plan to be administered and operated on a non-profit basis by a public authority appointed or designated by the Government of the Province.

In any event, there is no comparable provision under the Hospital Insurance and Diagnostic Services Act (Canada), although, in fact all provincial hospital insurance plans are publicly administered. The Medical Care and the Hospital Insurance and Diagnostic Services Acts cannot be interpreted as meaning that medical practitioners cannot make a profit or that hospitals providing publicly-insured services must be publicly owned and operated on a non-profit basis in order for a Province to qualify for federal contributions.