

Medicare

turned down. Does the government show any concern for this category of Canadian citizen in Bill C-227? The answer is no.

The government refuses to recognize any amendments. But I will make one prediction, Mr. Speaker. This bill will be amended, and in more than one instance, before it becomes operating legislation in July, 1968. It will not suit the provinces as it now stands. That is why I support the amendment as put forward so well by the hon. member for Simcoe East (Mr. Rynard), and now I urge all hon. members in this chamber also to support it.

Mr. Lloyd R. Crouse (Queens-Lunenburg): Mr. Speaker, when implemented, the measure now before the house, will have a far-reaching effect upon all Canadians for many years to come. The Minister of National Health and Welfare (Mr. MacEachen) has moved second reading of Bill C-227 which authorizes the payment of contributions by Canada toward the cost of insured medical care services incurred by provinces pursuant to provincial medical care insurance plans, and I think it only fitting that members of parliament in all parties give careful consideration to this legislation.

At the outset I wish to state it is my sincere belief that plans for comprehensive medical insurance are not only necessary but are also feasible, and that physicians' services should be available to all through co-operation within existing plans and the government, or through voluntary non-profit plans and the government. These plans should be acceptable to the doctors as well as to those receiving the services.

Since the government first talked about medicare—and that is going back to a long time ago—many people have expressed their concern over the cost of free medical care. In fact it is evident that this factor is of vital concern to this administration, for despite the announced pledge by the Prime Minister (Mr. Pearson) last fall during the election campaign, that the Liberal party would have a full medicare scheme operating in Canada by July 1, 1967, that date has now been moved ahead to July 1, 1968, as a curb against inflation.

Quite frankly, Mr. Speaker, the press in recent months has decried the low esteem in which parliament is held at present. But, Mr. Speaker, how can it be otherwise when this country has a Prime Minister, supported by a cabinet, whose statements cannot be accepted by the public as truth? All too often this Liberal government has taken a stand, only

[Mr. Alkenbrack.]

to retreat from that position, and this indecision and this lack of leadership have caused confusion throughout Canada, and a disregard for parliament which must be laid at the feet of the government.

At this time I think it advisable to examine the medical services we have, and what we hope to achieve by this legislation. Today in Canada almost all citizens in all ten provinces are covered by basic ward hospital care through a comprehensive plan of hospital insurance, substantially financed by the federal government but administered by the respective provincial governments. This program was initiated by a Liberal government and implemented by a Conservative government, and it has won wide-scale public approval.

The legislation as enacted goes beyond the provision of ward care coverage. Diagnostic services are included as insured benefits. The medical profession in Canada does not agree that laboratory and radiological services are hospital services, but has asserted that these services are medical services. Nonetheless, they are now insured services when in hospital, and private physicians believe it is grossly unfair for them to be required to compete with a free service when they provide this type of treatment in their own offices. I mention this because it is just one area in which problems have arisen.

As stated earlier in my remarks, Mr. Speaker, the government's main excuse for deferring medicare is its cost and the effect it will have on inflation in Canada. In view of this attitude I am concerned, and I think this house should be concerned, about the long-term implications, as they could affect this legislation. I ask, will rising costs in the future suggest to the administering agencies certain budgetary restrictions which will be reflected in reductions in the quantity and quality of the services available? Will the inability or unwillingness of governments to assign sufficient revenues for this purpose adversely affect the general implementation of scientific advances in medicine? We have already been made aware that these things are possible by this deferment to July 1, 1968, of a national medicare program.

It is with this background that Canadians must analyse and assess the future of physicians' services, and especially the future of medical services insurance. Most Canadians have now made the philosophical decision that health services should be provided by