a hospital at ten o'clock at night in an emergency and does not have the required $25 deposit will not get in, and no bureaucrat will be able to convince me that anyone can get $25 from a social agency at that hour of the night.

The deterrent fee in connection with hospitalization is equally vicious. At $2.50 a day for the first 30 days, and $1.50 a day for the next 60 days, a total extra tax of $165 is imposed on a sick person who has the misfortune to be hospitalized for 90 days. The reason most often given to justify the imposition of deterrent or utilization fees is that they serve to curb abuses of the hospital and medical services. This is pure baloney. In fact, the baloney is no longer pure. It is old, it is bad, and it smells to high heaven. Abuses by whom? Where, when and how is there an abuse? Not the slightest evidence has ever been researched or presented to indicate that there is any significant amount of abuse. The infinitesimal number of people who might be considered hypochondriacs should not be deterred either, because they are sick, too. They may be a little bit sick in the head but that does not mean they do not need a doctor. They need a psychiatrist.

Mr. Osler: We are all here.

Mr. Benjamin: I know there is one here from Winnipeg and I hope he can get to his psychiatrist real fast.

Mr. Knowles (Winnipeg North Centre): That is Winnipeg South Centre (Mr. Osler)!

Mr. Benjamin: To suggest, and some people have been stupid enough to do so, that deterrent fees will correct abuses of the use of hospital beds is to ask us to believe the unbelievable. No patient can admit himself to hospital or stay in a hospital one day longer than his doctor says he can. If there are abuses in the use of hospital beds, charging a patient extra for something over which he has no control is both callous and unjust. If there are any abuses of hospital admissions and length of stay, they can be laid entirely at the door of the doctors and the hospital administrations, not at the door of the patient.

The Hall Royal Commission, appointed by a Conservative government, came out strongly against deterrent or co-insurance fees which their report stated would simply deter the poor and have no effect on the unnecessary demands in the middle and high income categories. Such a policy would mean Canada was simply continuing to ration health services on the basis of ability to pay. This position was subsequently endorsed by the Canadian Welfare Council.

I submit that this principle was accepted by the federal government on the day in 1966 when the Medical Care Act was passed. The criteria then established included comprehensiveness of medical service, universal coverage, administration by a public authority, and portability between provinces. Surely, the imposition of deterrent fees negates two of those four principles. Surely, it negates the principle that provincial plans must be universal, that the provinces must make health services accessible to all without regard to financial circumstances. And surely it negates the principle of portability, when someone from a province which does not have deterrent fees has to use hospital or medical services in a province that does, and thus has to pay an additional tax. Surely that inhibits, impedes and precludes the principle of portability. In giving effect to the medicare plan, the federal government is rightly accepting responsibility to see to it that every citizen in Canada, no matter where he might reside, will not be denied the basic right to reasonable access to hospital and medical care. According to the act of 1966, reasonable access means financial access.

I said earlier that there is not the slightest evidence that there are abuses in hospital use by patients, nor do I think there are abuses of the doctor's time by patients. If there are, the doctor is fully free to turn the patients away. But I believe there is evidence to prove that deterrent free do in fact impede, or inhibit or preclude people from having full and reasonable access to hospital and medical care services under the national and provincial plans. I know that the minister has given grants for studies to be made on the effect of deterrent fees, and I believe he knows there is evidence already at hand, probably in his office, to prove this statement.

May I ask the minister what other studies are being carried out? What further plans does he and his department have to carry out more investigations? What is he doing? I believe there is evidence that the imposition of deterrent fees reduced the costs of the total plan to the province of Saskatchewan in 1968 by 6 to 7 per cent. Although they may claim it reduced costs by as much as 10 per cent, I suspect the books have been cooked a little bit. I know that there is evidence that the reduction of costs resulting from the imposition of deterrent fees has been transferred to the patients and that transfer of those costs has fallen most heavily on certain categories. It has had very little or no effect on middle and high income groups, and as much as 25 per cent of certain families have been adversely affected. The worst effect of all is on the large families, on the aged, on the chronically ill, and on the low income groups. I believe there is evidence to force a conclusion that the imposition of deterrent fees has caused, and is causing, a reduction in service to these groups. Surely, the principle of medical care and hospitalization plans is to reduce the disparity in medical and health services available to people. Surely, it is apparent that deterrent fees fly in the face of that principle.

I believe investigation will turn up evidence to show that there have been many changes in the way doctors function since deterrent fees have been imposed in various places. For example, I will bet a dollar to a hole in a doughnut that investigation will show there has been a marked increase in total examinations. This is only logical. When a patient who only needs an arm or a leg examined, comes to see the doctor the fee for this is $4. After deducting $1.50, the doctor can only bill the medical care insurance plan for the remaining $2.50 and hope to get the $1.50 from the patient. If the doctor conducts a full examination, which pays $8 or $10, he can deduct the $1.50 and then bill the plan for the balance. This is