

Medicare

which doubled this amount to \$2,000. But may I remind the government that in 1966 it is still paying only \$2,000 a bed.

In 1958 the cost of a hospital bed in the province of Ontario, and I believe pretty well across Canada, was around \$8,000 to \$10,000. At that time the government at the \$2,000 level was paying about a quarter to a fifth of the cost of hospital beds across the country. Eight years later when the cost of a hospital bed is somewhere around \$25,000 to \$30,000 the federal government is still paying \$2,000. In other words, it is paying about one tenth or one fifteenth of the cost.

In all conscience, Mr. Speaker, how in the world can the government sitting opposite bring in a bill like this when they will not even provide the things which are required to make the bill work satisfactorily? I tell them to pull their socks up before 1968 and pay their share. Let them pay one third of the cost. It should be a 3-way partnership with the provincial and municipal governments.

In case the minister requires any references, I direct his attention to a plea which was made at the Ontario Hospital Association meeting in Toronto for an equal three-way division of hospital construction costs. According to a brief submitted to Premier Robarts, between 1960 and 1965 the cost of building and renovating public hospitals in Ontario was \$293 million. Of this figure local communities paid 59 per cent. So the poor taxpayer at the municipal level was shouldering more than half of the cost. The provincial government was paying 25.35 per cent, or roughly one quarter, and the federal grant was 14.85 per cent, which is pretty disappointing.

The brief of the association stated that it was not calling for total government financing. It went on to say:

We believe very strongly, as do the majority of hospital boards, that a share of the building of a hospital should remain an obligation of the people of a community.

The brief went on to state that the federal government had not increased its basic \$2,000 per bed grant since 1958 and made no contribution toward many essential supporting areas. Finally, the brief stated:

Unless the federal government can be prevailed upon to step up its construction grants to a more realistic level, we have no alternative but to look to the provincial government for the additional support that is so urgently needed.

Beds are scarce and I wonder, Mr. Speaker, how many people in Canada are having more prolonged illness or even losing their lives

today because we have insufficient hospital beds in Canada.

I should now like to dwell on another matter concerning the provision of doctors. It should be our duty to help the provinces provide doctors so that people will not lose their lives because of lack of medical care or insufficient doctors to treat emergency cases. Doctors in Canada today are grossly overworked, though they are doing the best they can. They are on the whole a dedicated profession, but everyone has a breaking point, no matter what his profession or business may be.

Our general practitioners are now serving upwards of 2,000 people each. I wonder how many people are aware of that. More doctors must be provided to teach in our medical schools, and if necessary classes should be held all summer in order to train students.

I should now like to deal with the Hall commission report. Canada has a population of roughly 20 million people and there are just over 19,000 doctors. It is interesting to note that some 9,000 of them are specialists or are engaged in administrative or other work. This leaves just over 10,000 doctors in general practice, acting as the workhorses of the communities, carrying on and healing and referring where necessary to other doctors.

I was interested to look up the statistics in the United States in this regard. There the number of doctors and this is all doctors per capita is one doctor to every 752 persons. In New Zealand there is one doctor for every 700 persons. In Russia there is one doctor for every 550 persons, and their target is one doctor for every 500 persons. This indicates just how badly off we are in our need for doctors. Not only must we have more doctors but we must train more. I will put on the record what the Hall commission report has to say about this situation.

• (4:20 p.m.)

However, Mr. Speaker, first of all I want to deal with Great Britain. Great Britain has good medical schools. Unfortunately, many of the doctors there are leaving the country. In one year—I am speaking of 1964 which was the worst year of all—1,200 doctors out of a graduating class of 1,600 left the shores of Great Britain. On the average Great Britain is losing about 600 doctors a year. I am citing these facts to emphasize what is happening in this country. We are today short of interns in Canada, with hospital after hospital having no interns. In Great Britain the drain has