

Medicare

this country. Second, it would compel the government to launch a program of research and training which is an absolute necessity and a condition precedent to the successful introduction, establishment and continuation of the measure which we all need and which, to a large extent, is covered by the Hall report. Finally, it would drive the government immediately—and I stress the word immediately—to turn its attention to the provision of medical health services for those people who at this time are really in urgent need of them, rather than to compel these people to wait for the stops and starts, the trials and errors as well as the political overtones which prompted the present bill and will remain with it for some time. I am supported in this last suggestion by a letter which came to my desk from the Canadian Medical Association and which indicates that a conference was to be held today with the minister and with the Prime Minister.

For all those reasons I suggest that the amendment proposed by the hon. member for Simcoe East (Mr. Rynard) is a very sensible and reasonable one, and merits the support of the members of this house.

Mr. H. A. Moore (Wetaskiwin): Mr. Speaker, I have a few words to say in favour of this amendment. I was glad to hear from my colleague, the hon. member for Peace River (Mr. Baldwin) that the government party have now finally been recognized as a revolting party. This evening we have been accused of being opposed to the principle of medicare. That I cannot accept. I think every hon. member in this house favours the principle of medicare and we all agree that health services should be available to all, as they are now to many citizens of Canada. Of course I think that our first concern should be for those people who cannot afford medicare, and this includes many of our older citizens. Some provinces already have medical schemes in operation and others are planning to bring their own in, while still others will require financial help from the federal government to start and maintain a medical care plan. For instance, my province of Alberta has a plan in operation which I am sure compares favourably with the plan of any province in Canada. It is not a compulsory plan and it allows free choice by the individual because private plans are available at competitive premiums. This plan provides in some cases lower premiums for the needy and the older citizens.

[Mr. Baldwin.]

The federal government should not force those provinces which already have plans of their own to change them, but other provinces should be brought up to the same level of medical care. I think the federal plan should be dovetailed into the existing provincial ones.

I should like to ask the real reason why the government's medical care plan was delayed. Was the date moved ahead to curb inflation, or was the reason for its delay the shortage of doctors and related personnel and the cost of the proposed scheme? Our first concern must be for the present shortage of hospital beds and for the overworked doctors. More doctors must be provided if this scheme is to provide adequate medical care. For example, medical care has been provided in Great Britain for 20 years and yet the people there are not too happy with their national health scheme. The shortage of doctors in Great Britain has become acute. We in this country also have a shortage of doctors which is becoming more and more obvious. Recently I saw in the press that there are now many small centres without general practitioners.

Is the shortage of doctors not caused to a large extent, as it is in Great Britain, by a drain of our doctors to other countries, in our case chiefly to the United States, and also by a lack of funds for medical research? Should we aggravate this situation by bringing in a compulsory national medical scheme without adequate preparation?

If I may be permitted, Mr. Speaker, I would now like to refer to an omission in the present bill which was brought to my attention by a letter from a constituent. I will read an excerpt from the letter, which begins in this way:

It has been brought to my attention that Bill C-227, a medical care act, discriminates against optometrists and their patients. Apparently there is also discrimination against other health professions which perform services which are also performed by physicians—

It appears that if the act remains as is, our services are being included, but we as optometrists are cut out of the bill. This could seriously affect the livelihood of the 1,500 optometrists in Canada. I feel that if a service is included in the act, any practitioner who is legally and academically qualified to provide this service should be eligible to provide that service under the legislation.

He goes on to say:

Statistics show that 65 per cent of your constituents who seek vision care, seek it from an optometrist.