

*Canada Health Act*

Justice Hall appeared before the committee, he said on February 14, at page 510 of the committee hearings:

Accepting that physicians have a right to be fairly and adequately compensated can be stated this way, no more, no less, and the state has a right to be concerned with the problem.

Not only because of his testimony but because we as members of the committee and as an Opposition Party felt there should be fairness and equity in the system if extra billing was to be eliminated, as it is in this Bill, we proposed, and the Minister referred to this this morning, that Clause 12 be amended to add a new section. That proposal was put forward by my colleague for Provencher. He said that the new Bill—

—must provide for reasonable compensation for insured health services rendered by medical practitioners and dentists by the enactment of a law providing for negotiation of compensation with the provincial organization representing a majority of the practising physicians in the province and for the settlement of disputes by conciliation or binding arbitration at the option of the medical profession's organization by a panel.

This panel was to represent both medical professionals and the Government to ensure that all parties were equally treated. We thought that would be a proper mechanism to be built into the legislation. I quoted the amendment at length. I did so because I wanted to ensure that I made a specific point. While the Government did not accept our amendment, feeling that perhaps it was too strong and had gone too far, nevertheless it did force the Government to agree to the concept that we were advocating.

Later, government members introduced a watered-down version of that amendment. That was no small achievement in itself. It was not what we thought would be adequate, but it at least introduced the concept of fair and adequate compensation. We tried to strengthen that at report stage. While it was not all we wanted, it has gone some way to meeting the concerns that we, members of the medical profession and I believe the public at large feel, realizing that this system has to have measures of equity and fairness built in.

Similarly with the second amendment. We listened to many representations, notably that of the Canadian Nurses' Association who argued so eloquently and presented their case so strongly that the definition of those who provide health care services in this country should be broadened to include those other than doctors and dentists. That was a very great concept to put forward. It meant that doctors and dentists would no longer be the sole point of entry into the health care system, thereby permitting the future reorientation of the system from one of illness treatment to one of illness prevention and non-hospital care. Without a doubt, that is one of the major changes that has been made to this bill.

If I may be permitted to refer to the original amendment that was put forward in committee by myself, our version stated as follows:

Health care practitioner means a person lawfully entitled to practise a health care profession in the place in which the practice is carried on by that person.

It would have done more to reorient our health care system to a "wellness" concept than an "illness" concept. Even though the Government did not accept it in its entirety, it did accept

the concept. That has been a major step forward in the system of health care delivery in this country.

I would like at this point to bring to the attention of the Minister a concern that has been raised with me since the Bill came out of committee. It is one which had not been dealt with in committee and which is now causing some concern. I may be wrong in my interpretation of the rules, but before debate ends at third reading, the Minister has the option of closing off the debate with a few words. If she does that, I would urge her to address the concern that I raise. It is something the committee did not deal with and it may be that there was a minor oversight that should be addressed.

I speak of the funding of research in teaching hospitals and the adverse effects that this new Bill may have upon that funding. This point was raised in a letter that was sent to the Minister, a copy of which was forwarded to me by Dr. Lawrence Wilson, Dean of the Faculty of Medicine, Queens University. He wrote to the Minister in this regard. He said:

In examining the possible consequences of passage of the Canada Health Act, I am concerned about one of the provisions of the Hospital Insurance and Diagnostic Services Act which will be repealed. The regulations under the latter act clearly set out that the indirect cost of research in hospitals was an "allowable" cost under the Hospital Insurance Plan.

If the Act is repealed and no reference is made to such costs, we can expect a further reduction of funding of our teaching hospitals. And this would occur in a climate where significant under-funding already takes place. This in turn will have a most discouragingly negative effect on the research potential of Canadian medical schools.

● (1220)

Dr. Wilson brought that to the attention of the Minister and myself and he describes the situation most clearly. It may be that the committee failed to come to grips with that particular concern and, if so, I would hope that the Minister and her officials would look into the matter and see whether or not the point that Dr. Wilson raises is a valid one and whether or not the regulations in the former Act have in fact been transferred to the new Bill so that that issue will be covered. After all, medicare involves the quality of medical service and not simply its cost. It is that quality that is tied up with research and the funding to research in medical schools.

There is one area, however, in which the quality of medical service and its costs are inextricably linked. I refer to the question I raised earlier, which is the reform of our health care system from one of acute hospital care to one of preventive and, to a lesser degree, non-hospital care. That no doubt was an issue that was addressed by almost every witness who came before the committee.

As I indicated earlier, the use of the term "health care practitioner" and not just that of "medical practitioner" opened the door to such a reform. I must say, however, that that opening is little more than a crack which will be of small use if no further action is taken by other governments.

Dr. Helen Glass, the President of the Canadian Nurses' Association, wrote to me the other day after the Bill had come out of committee. Her letter included this statement:

In our view, this change—