

*Medicare*

On subclause (d)—“*Insured services*”.

**The Chairman:** When the committee rose just after six o'clock subclause (d) of clause 2 was being discussed and also an amendment thereto moved by the hon. member for Burnaby-Coquitlam. It was then agreed that the subclause should stand. If this is still the agreement of the committee we will proceed to subclause (e).

Subclause stands.

Subclause (e) agreed to.

On subclause (f)—“*Medical practitioner*”.

**Mr. Rynard:** Mr. Chairman, I have a few remarks to make on this subclause and I wish to bring up a point that has not been stressed. My point is that we are now in a period of acute shortage of medical practitioners throughout Canada. I should like to go back over a period of years and refer to what has happened. For instance, in the year 1910 there was one doctor to every 1,000 to 1,100 people. There were very few specialists at that time and very few doctors in administrative positions. In 1965 an altogether different situation faced us. Last year there was one doctor to every 950 people. But what do we find? We find that out of 20,000 doctors almost 50 per cent are either specialists or engaged in administration. This means in effect that we have one general practitioner to roughly every 1,900 persons.

The point I am making is this. Never before in our history has there been such a need for paramedical personnel as there is today. A great many doctors today are forced to call for assistance to help them with their work. I am sure that if the situation is looked into the minister will find that in some areas—they may be few; I do not know—ophthalmologists engage paramedical personnel to do the optometric work in their offices because they do not have the time to do it.

This is common right across the field of medicine. In the province of Ontario today, and the same in true of other provinces, you will find in the field of physiotherapy that a doctor can refer a specific case to a hospital, with the cost of treatment being paid by the Ontario Hospital Commission. But if the doctor refers the case to a physiotherapist who, although he is not working in a hospital, has received the same training as one who is, the physiotherapist does not receive payment from the hospital but is paid by the patient. To me this practice works unfairly right across the board and is discriminatory.

[Mr. Deputy Speaker.]

The hon. member for Burnaby-Coquitlam quoted some cases in point and I could go on at length to quote other examples. For instance, in the province of Ontario a doctor can refer a case to a chiropractor and the province through the workmen's compensation board will pay the chiropractor for treating the patient.

The point I want to make is, as I said yesterday, that two things are happening to the medical profession today. First of all, either doctors are seeing more patients than they should see to treat them properly and as a result the quality of care is suffering or, second, doctors are refusing to see more cases because they do not want to jeopardize their patients' interests and want to retain quality of care. Consequently some people cannot get attention from them. This comes back to my plea that all doctors should be allowed the maximum paramedical personnel permissible under the provincial act if they are to perform their functions as they should and to the best advantage.

There has been a change of thinking in our hospitals. I remember that about five years ago no one but a doctor could start an intravenous process. In our hospitals today you will see nurses starting intravenous procedures, which shows how technological training is helping the doctor by relieving him of part of his work, and is helping out in the shortage of medical doctors.

Let me take the case of the radiologist, a qualified specialist. He does the screening and examines the plates. But who prepares these plates and takes the pictures? Who is entrusted with the task of turning on the current, taking the pictures and preparing the plates? No one but the X-ray technician, and his services are paid for by the hospital.

● (7:30 p.m.)

This whole question deserves very careful consideration in view of the fact that doctors today require more and more personnel to help them perform their duties. I venture to say that with the changing picture in the medical field very soon we will have technicians assisting in operating rooms across the country. This may take ten years but we will have them there. I should like the minister to acquiesce in this view and plan accordingly because I am sure we are advancing along these lines. In view of the acute shortage of medical practitioners, not only would this help the people and be fair and equitable but it would also help our doctors to perform more work. It would relieve doctors from burdensome tasks which could be performed by