

Medicare

Both the government and the members of the N.D.P. have criticized a number of existing medical plans. Incidentally, there is a further distinction as to the situation under which the Hospital Insurance and Diagnostic Services Act came into effect. No hospital plan was in operation when that bill was produced. In connection with medical services, however, several of the provinces have had some years of experience. Their plans are functioning. Their plans are being improved upon. No one pretends that they are perfect plans, just as no one in Alberta defends the Alberta plan as being the most perfect plan. It can be improved upon and in many sectors undoubtedly it will be improved upon. But I will say this much. That plan was worked out in conjunction and in consultation with the people most vitally affected by it, namely, the doctors—

An hon. Member: And the patients.

Mr. Lambert: The patients, certainly—in the province of Alberta. Look at the support in that province for its plan. Look at the support both in federal and provincial elections in so far as the plan in that province is concerned. I can assure hon. members that there was plenty of consultation with respect to the attitude of the public. I would invite the hon. member for Winnipeg North (Mr. Orlikow) to find out what the people of Alberta say about compulsory medical plans.

• (5:00 p.m.)

Perhaps we are tired of the attitude that someone is going to play God, that someone is going to decide what is good for us, that something is going to be done and we will have to accept it. This seems to be the principle underlying some of the doctrinaire thinking which is prevalent in both the Liberal party and the New Democratic Party. Frankly, between the thinking of one large segment of the government party and the New Democratic Party there is little or no distinction.

There are those in the New Democratic Party and among the Liberals who say that the voluntary plans in the provinces which allow people to choose the means by which they will provide for their own prepaid medical expenses, and provide for those who are unable to do so, are examples of a shameful means test. But the government itself has instituted a means test in the Canadian student loan plan. There is such a test in the Canada Assistance Plan. The N.D.P. voted in favour of the Canada Assistance Plan. It

exists in the old age assistance measure; it exists in the War Veterans Allowance Act. When we say we intend to help those who need assistance, it is fundamental that we should use a yardstick. One can adjust the level of income in accordance with the times. As a matter of fact, there will have to be changes again in the province of Alberta because this government and others have failed to accept their responsibilities with regard to controlling inflation.

As I have said, there should have been prior consultation and agreement with the medical profession. There should have been prior consultation with the medical profession and representatives of other medical services because there is a grave insufficiency in this bill as to what are deemed to be medical services. I think the government is doing a great disservice with regard to optometrists, chiropodists and chiropractors. They are included in some of the provincial plans and they should be included within the present legislation. I cannot see why the interpretation of medical services should tend to favour ophthalmologists as against optometrists. The same is true with regard to chiropodists. Why should a man who is a specialist in foot care be excluded? After all, patients are referred to him by general practitioners; in fact, many medical practitioners cannot look after a person's feet. Yet the chiropodist is shut out. Here again, I say there should have been agreement generally across the country as to which medical services would be included.

The third reason is one which I indicated in a letter I wrote to some of my constituents during the last election on this subject. I should like to put it on the record. I said:

I accept and approve of medicare as a scheme, based on freedom of choice, whereby all citizens in this country may have full access to the medical services they require, to do otherwise would be wrong. On the other hand I find the institution of a universal compulsory scheme of medicare based solely on public taxes and administered through public agencies to be incompatible with my participation in a free society. Any scheme of medicare should incorporate the voluntary choice to participate in it. Society's participation should be limited to providing such medical services for those unable to do so themselves so that all persons may be covered. Portability and general uniformity of the standard of services provided must be essential features of any scheme of medicare whether organized on a national basis or as a federation of provincial schemes.

It is emphasizing the obvious to say that Canada's supply of doctors, medical schools, teaching hospitals, technical assistants and nurses is far short of meeting the legitimate demands of any scheme of comprehensive medicare. It is a dangerous delusion to suggest the early institution of