

Another item bothering doctors is the question of increased workload. They say they are already overworked. It is human nature that when a person finds out he can visit the doctor and have his services paid for, there will be an initial rush. I do not say this rush will continue, but there will be an initial rush for medical examinations, whether they are needed or not. This will throw a heavy burden on a profession which is already short of members.

When you get into a program administered by bureaucrats, you naturally seem to accumulate a lot of paper work. When the doctor has worked all day seeing patients, sometimes listening to very sad stories, he does not feel like spending too much time doing paper work. The profession naturally hates it. This is going to take away much of the doctor's time to see patients or so-called patients. The filling out of forms can be very frustrating.

Honourable senators, I always like to tell this story. One night I was called back to my office to see a patient who had been in a car accident and was thrown forward on the dash, unfortunately fracturing his anterior teeth. A few days later I received a form from the insurance company which required me to answer a lot of questions on age, marital status, and so on, of the patient. I was asked to describe the accident, although I had not seen it. Then I came to questions 22 and 22a, set in a very attractive black box. In question 22 the company wanted to know if this claim had any origin or result in pregnancy, and question 22a asked if there were any complications during the pregnancy.

I looked at this and decided I had done enough paperwork in answering the other questions, and I sent the form back without filling this in. It came back from the insurance company with a note stating that I had not filled in question 22. I just marked in N/A, meaning not applicable, and returned it. It came back to me again with a note that I had not filled in the answer to question 22a, as to whether there were any complications during the pregnancy. I was about to write to the insurance company to explain to them that normally males do not become pregnant, but I decided that I had had enough of paper work and I let it go at that.

A doctor in one of the provinces mentioned to me that he is very concerned about the type of form some of the provinces are considering. In this computer age, the form is being designed for the computer. On each visit, the

doctor will be required to check off 23 separate items, so that this card can be fed into a computer. This is a complete waste of valuable time, which the doctor could spend on another patient.

The medical profession also fears that measures of this nature in the practice of medicine may become controlled by economists, bureaucrats who do not understand medicine and who do not think along the line of medical men but will become more concerned with the statistics of medicine than with the actual relief of pain. One of the disturbing features of this bill is that in the act we have done nothing to protect the medical man.

I would like to spend a minute or two on the related or associated professions. I do not particularly like the term "para-medical", because it always conveys to me the idea of a rescue team jumping from an aircraft. I have had my day sitting on a parachute and I would not particularly care to go back to that. I prefer the term "associated professions." There are dentists working in a number of these plans now, such as OMSIP, the Ontario plan. I think there are 18 or 19 forms of dental treatment which can be carried out under this plan, and the dentist is paid from the plan.

A complaint I often hear from dentists is that, under this plan they cannot take X-rays to aid them in their work. This is the danger of having a decision made by someone who does not understand the problem. The dentist at work naturally takes the X-ray anyway, but he does not receive any fee for doing so.

Hon. Mr. Connolly (Ottawa West): Unless he gets paid by the patient, I suppose.

Hon. Mr. Phillips: It would be possible to get paid by some patients, but I think the average patient would be most reluctant to pay the fee if he felt that OMSIP was looking after his bill.

Recently I was talking with a dentist in Ottawa, a member of a small group who do charity work in one of the hospitals here. He told me that they see approximately 3,600 patients a year for which they receive no fees whatsoever. I was very impressed with the fact that these extremely busy gentlemen will give that much time to see that number of patients without receiving any fee.

The particular dentist in question told me that on one occasion he had gone back to his own office, and was so far behind in his appointments schedule that he told his nurse not