then, the increases in per capita medicare costs have been lower than in most key areas of the economy.

The medical profession has exercised restraint in the setting of its own fee structure over the past several years. Indeed they have been one of the few organized groups to act in such a responsible manner. Over the past five years Ontario physicians co-operated with the Prices and Incomes Commission and held 1971 fee increases to 4.5 per cent. At their own expense they commissioned a study of the medical profession in Ontario in order to enhance its functioning. Also, an increase in the fee schedule, expected by the members, was deferred at that time.

One of the recommendations of this study was that changes in fee schedules be negotiated with the provincial government. This has been done, and in the face of inflation extremely modest increases of 7.75 per cent for 1974 and a meagre 4 per cent for 1975 have been accepted. Yet this group, undoubtedly eligible for catch-up, is now being dealt with more harshly than the average group of working Canadians. Unlike wage and price controls, which one assumes to be temporary, the income restrictions inherent in Bill C-68 will last as long as the bill is in effect. To think otherwise would be to distort the realities of the situation.

A letter I received from the Canadian Medical Association states:

> There is as well a further reason why we are opposed to Bill C-68. Its very introduction infers an untruth, i.e. that it is necessary to control unwarranted increases in the costs of medical care. In fact, such increases have been modest, particularly when they are compared with increases in other component parts of the total health care bill. Is it ethically defensible to introduce legislation which could well inhibit the introduction of new life-saving but costly medical procedures?

That is a question to which we on this side of the House have been giving serious consideration. It is a question which merits a more serious response from government members opposite. Elsewhere in the same letter the Association's support of worth-while provincial programs is expressed, as is its concern for the quality of health care delivery. Allow me to read one brief but significant paragraph:

● (2040)

> We have encouraged the provincial government in its support of nursing homes as an alternative to hospital bed care. We have encouraged our provincial government in its experimentation with different methods of paying for medical care, including new methods of organizing groups of physicians and paramedical personnel to determine efficient patterns of payment and of practice. If some of these patterns prove to combine efficiency with good quality care, we will be the first to promote them with our members. Surely, the reduction of moneys available can have no other result than to endanger quality, by imposing untried methods of health care delivery just because they are cheaper.

As we are all aware, Madam Speaker, there still exists a critical shortage of doctors in this country. Many rural areas and out of the way communities do not have a general practitioner to care properly for the sick and otherwise attend those in need of medical attention. Citizens of these unfortunate areas are often forced to travel many miles to find competent medical treatment, often at times when it is inadvisable for them to do so.

Yet in the face of truths such as these the government does not take adequate steps to encourage more needed young people to enter the medical profession. In fact just the opposite now appears to be true. Bill C-68 will certainly do nothing to encourage the practice of medicine as a career. It will likely accomplish just the opposite. Shortages will probably increase, service will no doubt decline, and valuable research will go undone. The health of many Canadians may soon be seriously affected. I hope that the government is prepared to accept this responsibility.

[Mr. Wise.]

It is not often that I cannot see at least some redeeming aspects to a piece of legislation brought in by the government, but there is no redeeming aspect to Bill C-68. The bill is totally without merit, and in my opinion serious consideration should be given to its withdrawal.

[*Translation*]

Hon. Marcel Lambert (Edmonton West): Madam Speaker, on January 28, the Minister of National Health and Welfare (Mr. Lalonde) made a rather detailed and I think precise statement on the history of medical care in Canada. But although some of my colleagues and some members on the government side made a few remarks on parts of the minister's statement, I think that until now all members have failed to discuss it. Since I have in hand the English version of the minister's speech, I shall read it in English and continue my remarks in that language, because all the reports I have here are in English and despite all my efforts, I think the translation would suffer.

[*English*]

The minister spoke frankly on a subject that has elicited a great deal of comment, a lot of it emotional, by people who, if they would only admit it—at times I might even put myself in this category—were not sure of their facts. I have tried to be as careful as possible in dealing with this subject to eliminate what I consider has always been a danger in many speeches made in this House, and that is gut emotionalism which does not always resolve questions at issue.

I should like to refer to something the minister said as reported at page 10407 of *Hansard*. He was discussing the doctor-to-patient ratio. He said:

> In 1968 the doctor-population ratio was 1:769. By 1974 this ratio had become one doctor to 586 inhabitants.

He took some satisfaction on behalf of the medical services plan from the fact that this had surpassed the ratio of one doctor per 650 population that the 1964 Hall Commission on Health Services had set as its goal in 1991. The minister went on to say this, and I must confess my absolute astonishment at the naiveté that has been displayed by the minister and his senior advisers in accepting this reaction:

> In fact, at the moment there is concern among some people—including doctors themselves—that we might be heading towards a surplus of doctors. In fact, we may have reached or surpassed that point already in some specialties. Governments themselves have become concerned about the rate of growth in the number of doctors and measures have been taken to restrict immigration.

The last part of that sentence is the important part. I say, Madam Speaker, that that is the most absolutely rotten tripe. The executive of the Canadian Medical Association has apparently had some influence on the minister and some of his political advisers. They have placed themselves among concentrations of doctors in major metropolitan centres where doctors, inflated by the prestige and, shall I say, the incomes derived from specialties, have succumbed