its prospects at the next election. We do not know whether the Government's failure to consult the professions or the provinces was deliberate, although I suspect it was. The Government thought that would serve its purpose in the long run because this failure to consult was expected to offend the provinces, and it has. Knowing that eight of the provinces have Conservative Governments, the federal Government thought this would entice the Official Opposition to vote against Bill C-3. The Bill is nothing but an encroachment on the powers of the provinces and the Government thought that the Official Opposition would rush to the aid of the provinces as a result. Such was not the case; as some of my colleagues explained earlier in the debate, we on this side have been more committed over the years than have the Liberals to the issue of medicare.

We have no difficulty supporting the five basic principles of medicare. Indeed, we have been supporting them since the mid-1950s when the Diefenbaker Government introduced the Hospital Insurance and Diagnostic Service Act. We have no difficulty with the principles of the Bill but we have difficulty with the way it was put together initially, the way it has been implemented and with the lack of consultation in general.

The basic purpose of the Bill is to remove all financial barriers blocking accessibility to medical care by Canadians. We all agree with that. It has been done by removing the direct private billing features, and the direct funding that came from the private sector whether by way of extra billing or by way of user charges.

It is interesting to go back and see how the Act was written when it was introduced on first reading. The purpose of the Bill was described as being "to advance to objectives of Canadian health care policy". It went on to give the penalties that would be invoked if necessary. Originally the Bill said that the Government was going "to advance the objectives of Canadian health care policy". On the basis of that, dozens and dozens of witnesses who appeared at the committee expressed a desire to enhance the health care policy of the country. They were sent away completely depressed and dejected because when they got here they learned that the Government was trying to change its mind. It was not interested in the future of health care in the country but was only concerned about the narrow issue of invoking penalties if a province did not conform to a federal Government request. It had no interest at all in improving the health care status of Canadians.

I have listened with some bewilderment as the debate has unfolded. When the Bill was given second reading on January 16, the Minister of National Health and Welfare (Miss Bégin) said, as reported at page 427 of *Hansard*, that parliamentarians should pay great attention to it "because we are fixing the rules of the game of medicare for years to come". However, when appearing before the standing committee, she repeated again and again that she did not intend to change the basic rules of medicare. On September 7 in Halifax she told the provincial Health Ministers that the object of the federal proposals remains the same—to protect, renew and improve medicare. At the same time, however, she has insisted that she does not want to change it.

With this Bill, have we changed medicare? Have we changed the rules? What exactly have we changed? It is evident that something has been changed, as proven by the acrimony from the profession and the provincial governments surrounding the Bill that has been heard recently.

Doctors say that the Act will change the basic rules governing their professionalism; that it will have the effect of diminishing their professionalism and eating away at their independence. They generally regard it as being another step in the direction of state control, toward what has been termed by some people as state medicine, which one cannot blame them for despising. Their arguments are well known and do not have to be repeated at this time. Suffice it to say that the change is not a welcome one. Indeed, for them it represents a decline in the greatness of what has been perhaps the world's most envied health care system.

What about the point of view of the provinces? How do they view the Canada Health Act? Certainly they see it as more than what the Minister calls "a consolidation of the previous Bills" and "a clarification of the rules of the game". While this sounds innocuous enough at first glance, it has been clear from the beginning that each and every province has expressed either its outright opposition to or its serious skepticism and reservations about the Bill.

This has not been due to any great desire or predilection for extra billing and user fees or to an ideological opposition to universal health care. Generally speaking, the provinces find opposition to the Canada Health Act not so much in its substance as in its more subtle implications. In the Canada Health Act they see yet another example of federal usurpation of their constitutional and jurisdictional responsibilities.

Our Constitution clearly gives the provinces responsibility for health care in Canada. There was a good reason for this and it pertains today: the health care system, in order to help the people for whom it is intended, must reflect those people's cultures, their customs, their needs, their priorities and their economies. Thus, as the Minister recognized in her third reading speech last week, in Canada there have evolved 10 or perhaps 12 different health care systems, each reflecting the particular needs and priorities in any given province or territory.

One of the most interesting things we have noted in the debate, particularly in the representation from witnesses at committee stage, was the appearance of provincial Health Ministers at committee. They showed a genuine pride in the health care plan of their particular provinces. They were rather reluctant to see these draconian measures being forced upon them by the federal Government. In the health care field as in almost any field of endeavour, one has to recognize the important fact that people must have pride in their work. Those Ministers have pride in the plans in their provinces and the professionals who appeared before the committee have pride in the work they are trying to do on behalf of their profession. Yet we saw this all being challenged by Bill C-3.