

*Medicare*

pay. Our social conscience demands that our affluent society provide medical and hospital services for all. I believe all members of this house will agree with this concept.

This present debate then is directed more to the how, the why and the when. I see that according to papers of recent date the government has been instructed by the Liberal national convention with respect to the starting date of the plan, so no more need be said about the question of when, except that this postponement gives to the minister a breathing spell in which to give some sober second thoughts to the question of how.

We are fortunate indeed, Mr. Speaker, in considering legislation of this kind, not to be the pioneers in the field of social medicare. We have the experience of several countries to examine and to consider before bringing down our legislation and, if we are as astute as we believe, should be able to avoid the pitfalls of other schemes. We can profit from their mistakes. We need not follow the same paths to discover for ourselves the mistakes which have already been made in other jurisdictions.

Would the minister reconsider the evidence which is piling up indicating dissatisfaction in Great Britain with the medicare scheme that has been in operation in that country for 20 years? There have been numerous reports of this dissatisfaction, and to illustrate let me quote but one that came to hand recently. I quote from *Barron's National Business and Financial Weekly* dated June 20, 1966. No doubt many hon. members have seen this article, which carries the headline "Cradle to Grave?". It appears that the British are turning away from socialized medicine. I quote:

A company called Independent Medical Service Ltd. will seek to sell Britons for cash what they have been getting free from the welfare state for nearly two decades. Executives of Independent Medical Services recently told Barron's that public opinion surveys showed 30 per cent—40 per cent of Her Majesty's subjects are not satisfied with free cradle-to-grave state medicine. They would prefer to make private arrangements with a family doctor. The firm, for a moderate charge, will enable them to do just that.

The people of Britain are dissatisfied, and for very understandable reasons: The doctors are overworked. The national health doctor in Britain has 2,300 people on his list compared to a national average of 752 people in the United States. This creates difficulty when people want to see a doctor and often leads to hasty examinations. Many are dissatisfied because of the loss of the doctor-patient

[Mr. Ballard.]

relationship. They are also dissatisfied because of the long waiting period for hospital beds. Only the most urgent cases can expect to receive prompt attention. As I say, the report indicates that about three quarters of a million people are waiting for hospital beds in the United Kingdom.

● (9:00 p.m.)

It is a well known fact that British doctors are dissatisfied with the impossible working conditions engendered by medicare, and this situation has caused a mass exodus of medical practitioners from the British Isles. This has resulted in a tremendous gain for Canada, but has resulted in a vacuum in the medical ranks of Britain.

To quote again from the same article in *Barron's*:

From 1955 to 1962, an average of 400 British doctors emigrated each year; in 1964, no fewer than 1200 left the country for good, as against 1600 who graduated from British medical schools. Exploring this "substantial permanent loss" Lord Kindersley cited a survey of British doctors who had emigrated which showed: "Unwillingness to enter general practice, or to stay in general practice, as it exists under the National Health Service, was the most common complaint mentioned by those who responded . . . from Canada . . ."

Finally allow me to quote from a brief presented to members of parliament entitled "Medicare in Canada: A National Danger" prepared by Dr. L. D. Wilcox, Clinical Associate Professor, Department of Medicine, University of Western Ontario Medical School, which reads as follows:

Since the initiation of National Health Service in Great Britain in 1947 the government cost of medical care, paid from taxes, has increased by more than 500 per cent. At the same time British standards have notably deteriorated and Britain's medical care today is far inferior to that of the years prior to 1947. Medical research in Britain has also deteriorated and Britain's standing as a leader in medicine and surgery has fallen to a low and regrettable level.

Britain at present is losing more than 10 per cent of its medical manpower per year to the United States, Canada and other countries . . . With the likelihood of medicare in Canada these doctors are now looking to the U.S. as they escape from the medicare program in Britain.

In looking at the British scene, we find that on re-examination, after medicare has been in effect for 20 years, the general public is dissatisfied with the operation of the scheme; medical doctors continue to emigrate at an alarming rate; the cost of the scheme has grown by a fantastic 500 per cent, with a deterioration in the calibre of service.

Should not these facts give us warning not to follow the same path? Over one half of the