

Supply—Health and Welfare

whatever extent we can, through private insurance plans and through savings of one kind or another, for the possibility of retirement or death.

At the end of the war we were prepared to hold out to our young people the prospect of having complete medical and hospital care, and we have delayed long enough. I do not know what it will cost to provide medical care for Canada; but I am sure we have the resources to ensure that our citizens have the very best hospital care, nursing, dental and medical services.

The hon. member for Rosetown-Biggar referred to the discussions at Toronto in connection with socialized medicine in the United Kingdom. I noticed a story in the *Ottawa Journal* where Dr. Clegg was being questioned. It was pointed out to him that Canadian critics of the British health plan considered that British doctors had lost prestige because they could not devote as much time to patients as they did before, and also because they now had too much paper work. Dr. Clegg replied that that was a completely misleading and entirely biased statement by someone who had a deep-rooted prejudice against a national health service.

I might add that I have lived in a rural municipality in Saskatchewan where we have complete hospital and medical care on a pre-paid basis. We do not think of it as being free, although of course the services of the doctor are free when you go to his office. If I were told suddenly that I would have to have an operation I would trust my life to those two young doctors who live out there just as readily as I would to any doctor in the city of Ottawa, or anywhere else in Canada. I would have a great deal of confidence in them. If they felt that it was an operation beyond their ability, they would say so, and advise me to go to Regina or Saskatoon where I would find more experienced surgeons. When we pay our taxes each year in that province we pay enough so that municipal authorities can pay the medical doctors on a salary basis. I think the doctors will agree that 98 per cent of the ratepayers are reasonable; and I think 98 per cent of the ratepayers would agree that the doctors are reasonable. One of them is available, on call, 24 hours in the day; and if he is not there, then there is a doctor in the nearest town who would be available to answer an emergency call.

I submit that because these doctors are on a salary basis they have a happy relationship with their patients. They do not need to worry about the embarrassment they may cause when sending their bills. They do not need to wonder whether their bills will aggravate the illness of the patient or whether the

paying of such bills would mean that the patient would have to go without food or shelter.

The municipal doctors scheme came into being in Saskatchewan chiefly because municipalities were paying out large sums of money for the care of indigent patients. A regular fee was paid for these services. Some persons came to the conclusion that by paying a little more money for the care of indigent persons it would be possible to have a doctor working on a salary basis, and in a position to give complete care.

Certainly in our province there is no prejudice against doctors on a salary basis in the sanatoria or the mental hospitals or on the staffs of universities, or in the municipalities. We have a large number of outstanding Canadian medical doctors who are being paid on a salary basis and who are giving as good service as would be available in most parts of Canada.

My concluding remarks would be that we must ask ourselves this question: Have we the young people in Canada who could be trained? Have we the nurses? Can we build the hospitals? Why is it that the very large group of people in the middle income brackets are not able to have proper medical care? And if they do obtain that degree of care, then many of them are handicapped for the rest of their lives with the debts that pile up. I admit that one group in our community, the indigents, are receiving good medical care. Another group in the highest income brackets are able to obtain the best services money can buy. But the very large number of people in the middle income brackets delay visiting their doctors until it is too late, and it is the undertaker rather than the doctor who is called in.

Some time ago the Minister of National Defence told us that the people of Canada spend \$65,000 to train a young chap as pilot in a jet aircraft. It seems to me that the people, who spend money so freely for that purpose, would also be interested in spending public funds to train young people so that they could complete medical courses which would fit them to care for the sick. There is no reason under the sun why we cannot train and support a sufficient number of Canadians to provide for our medical, dental and nursing needs.

So I hope that before the first item passes the minister will hold out some hope to the committee, and that he will indicate that he is now prepared to go out and popularize in Canada the need for introducing at the next session of parliament a nation-wide health insurance program.

[Mr. Nicholson.]