Medicare

their care shows it." We know that, they have always been overworked and always will be.

I feel that the bill will be an incentive, not only for the government, but also for the bodies concerned, toward helping the medical profession to expand, so that it might meet all the needs. If you first create a need, you stand a better chance of having to find the necessary means to satisfy that need.

In my opinion, what the learned professor considers to be a major objection will rather be an incentive toward the betterment, the development and the progress of the medical profession.

He adds that the patient will become just a number. That is possible in extremely socialized countries and it is dangerous. But, a clause of the bill provides that all patients will be free to choose their doctors, they will be able to be treated by their family doctor, and it is not likely that the family doctors will consider their patients like numbers, at least as long as we preserve the freedom to choose our doctor.

Referring to the experience in Great Britain, he adds that 'the cost of services in that country has been increased by 500 per

I read on this point some other briefs which are at considerable variance with these figures, and which explain that there has been an increase but that, on the other hand, health in general has improved, because there were too many people who did not get proper medical care or who did not bother with what is called preventive medicine, which is much better than the ordinary curative medicine. He adds that "medical and surgical research will unavoidably be downgraded because of the medical care plans."

I find this very illogical. It is based on the experience of Great Britain. But he says immediately after that Great Britain is training enough physicians to send some to almost every country of the world. Therefore, the health insurance plan has certainly not contributed to slowing down the training of doctors in Great Britain.

He also adds that Great Britain loses 10 per cent of her medical staff and he says that this is due to this project. I would rather think, if this is true, that the project has been ill-conceived. And I find in our project some points that are much better than the plan now in force in Great Britain. But I do

[Mr. Mongrain.]

He adds that "doctors are overworked, that not have time now to comment on that. The good doctor adds that this health insurance plan does not exist yet in the United States. But he finds a reason for that and, Mr. Chairman, I will read it verbatim.

• (5:20 p.m.)

[English]

-because the American Medical Association is so firmly rooted in its beliefs and position.

[Translation]

He sees as an obstacle the opposition of a powerful American organization: The American Medical Association. Of course, this does not convince a layman such as I.

Then he adds that we lack doctors, and that ours go to the United States. There may be another reason for this besides health insurance: perhaps the fees are higher there. Some doctors have told me that in the provinces where part of the medical fees are paid, doctors are very happy with their salary. Therefore, I see this as an argument in favour of the program. He continues in this vein, giving several disparate arguments.

Mr. Chairman, I think the government should be concerned instead with the attitude of the general public, which needs medical care, whatever some doctors who see in this a personal disadvantage may think. Incidentally, I do not think professor Wilcox is speaking for the whole medical profession, for I myself have had the opportunity of meeting quite a few doctors in my riding and in my province, and I must say that nine out of ten would be satisfied with such a program, even if they are ready to suggest some amendments such as those suggested by the opposition. And the doctor concluded his argument to prove that health insurance would be a national catastrophe—this is the word he uses-a national calamity. Let me read the paragraph in his own language as written: [English]

It cannot be stated too strongly that Canada's problem in medical services is in a shortage of doctors and in our loss of them to the United States. I repeat the statement of my conviction that medicare or the fear of it is a major factor in this loss. Even should one choose to question this conviction and to discount the evidence and experience reported here, it must be clear that medicare would be certain to add to the Canadian loss problem rather than to relieve it or to improve our position in any way. Medicare or even the prospect of it is truly a national danger to our maintenance of essential medical and