

Medical Care Act

● (1510)

In this legislation the federal government is going back on a solemn assurance that it gave the provinces that it would pay half the cost of medicare in this country. The minister of health has been arguing that medicare costs have been escalating and that the only way he can bring them down is to change the funding formula. I dispute that claim. There are other ways to reduce the costs than arbitrarily changing the basic formula of the program. The minister of health has struck a severe blow at those poorer provinces which were reluctant to join the program in the first place because they knew that it would be very difficult to pay the costs. They are now left out on a limb because the federal government has gone back on its word.

Of course health care costs have been increasing. Anyone who was naive enough at the beginning of the program to expect these costs not to increase surely does not deserve to be in elected office. The whole point of a universal program is to get people to a doctor or to a hospital at the onset of an illness so that they may be given adequate treatment which will prevent the illness from becoming more severe, with consequently less chance of curing the illness. In the past all too often the tendency was, especially among low income people, not to visit a doctor if they felt ill but to try to hang on in the hope that things would improve. These people could not afford to go to a doctor or a hospital; hence in the majority of cases they waited too long, the illness became more complicated, and the chance of recovery was less.

It seems to me that one of the fundamental principles of the medicare program was that of prevention; that a person would see a doctor early enough before the illness became complicated. Many Canadians have taken advantage of this opportunity and have been seeing doctors regularly. As a result we have a higher standard of health in this country than we had prior to the introduction of this program, so the government cannot use the argument that this increase in cost has taken it by surprise. The increase in cost is due, in part, to greater usage of the program, which was one of the fundamental goals of the program, a very laudable goal at that.

The problem has been that, with increased use of the program, our institutions have not adapted to the changing situation. Far too many of our expensive, regular treatment hospital beds are being used to care for people who should be handled in less expensive, chronic care or outpatient facilities. Part of the rise in the cost of the program, besides greater use of the program, has surely been the failure of provincial governments, hospital boards, and the medical profession to adapt to changing circumstances and to look for cost saving measures in areas other than the traditional treatment of illness. This is something I want to come back to later because I think it is an avenue for saving that can be vigorously pursued by provincial health care programs and which would eliminate this kind of arbitrary action on the part of the federal government in changing the funding formula.

What worries me at this point, Mr. Speaker, is the formula that the federal government seems to be coming up with. Instead of saying that, no matter what the escalation in cost is, the federal government will pay half, it has put forward the proposal that it will keep its contributions in

line with the annual growth in the Gross National Product in this country. I cannot for the life of me figure out the reasoning of the bureaucrat who dreamt that one up. In other words what the government is saying is this, that in times of recession, such as now, if the economy is growing at a slower rate, then Canadians must be sick less. What an absurd proposition. As if viruses will stop at the border of this country and we can say that, because our economy is stagnant, we must not have any increased incidence of 'flu, polio, or what have you. How ludicrous, how absolutely absurd, to tie health care costs to the growth in the gross national quotient! I just do not understand the reasoning behind this proposition. However, all this may make sense if the House accepts my original premise that it is the dollar sign, not the health of Canadians, that concerns the government most.

I do not want to see this country go back to the situation that obtains with our neighbour to the south which does not have a universal medicare program. In the United States private insurance plans call for very high premiums, higher than any premiums that Canadians are paying for their nation-wide health program administered by the provinces. I do not want to see Canadians face the situation that one Canadian faced when he was visiting New York and his daughter became ill. She was taken to a United States hospital, but before they would admit the girl for treatment the admitting desk told them, since they did not belong to any American program, that until they could investigate the Canadian plan to which the father belonged he would have to deposit a \$1,500 cheque.

We cannot go backwards, Mr. Speaker, and I do not think that Canadians want to go backwards. I fear that most Canadians do not understand the implications of this legislation which surely will mean a return in some form or another to those days when the kind of health care treatment you got depended on the size of your pay cheque, when the kind of doctor or specialist you engaged was contingent upon your own personal wealth. In a way, Mr. Speaker, that is the sort of thing that is going to happen now.

Since the federal government is not going to maintain its share of the cost, the provinces will have to cut back on the services that they have been providing, or being to implement deterrent fees, or raise taxes, or pass other kinds of punitive measures that will affect the ordinary individual as surely as if he had to pay directly every time he or a member of his family goes to a hospital.

● (1520)

The implications of this change in funding are very far reaching, and it seems that medicare is to be the first victim. I have warned Canadians that once this occurs in respect of medicare it will not stop there. We are going to see cutbacks in federal shared-cost agreements not only in medicare but in university funding, in equalization payments, and in other things, which surely is what Confederation is all about, that is, providing a standard of living and a standard of service that are not discriminatory because you live in Newfoundland as opposed to Ontario, or Manitoba as opposed to British Columbia.

We can begin to see what is taking place if we look at medicare legislation and other statements that have been