

73. We should perhaps point out however, that in our submission to the Royal Commission on Health Services we advocated that the terms and conditions of a universal medical care plan should be so arranged as to permit the development, wherever consumers wish to take action, of co-operative joint provision of medical services such as group practice, co-operatively owned and operated clinics, and like endeavours. To make sure our meaning is clear, however, we would explain that this recommendation is not intended to support any form of insurance or group payment for services outside a universal plan. What we were concerned to ensure is that groups of citizens, as consumers of medical services who wished to employ doctors and set up their own provision for group practice or clinics, would receive insurance benefit payments from the universal plan.

74. Co-operative medical clinics have developed in many rural communities throughout Saskatchewan since the introduction of the Medicare Plan in that province. In an article on "Community Clinics in Saskatchewan" which appeared in the Summer 1963 issue of "Canadian Co-operative Digest", Stanley Rands had this to say on the role performed by the community clinics:

"...There is no relationship between the community associations and the Medical Care Insurance Commission. The relationship is between the doctors and the Commission, in that the doctors submit their bills on behalf of the patients to the Commission and the doctors receive payment directly from the Medical Care Insurance Commission....

"The formal relationship, therefore, between a group of doctors and a Community Health Services Association is simply a relationship of landlord and tenant. The citizens have banded together, raised money and provided premises; the doctors practise in those premises and pay rent for the premises and whatever other equipment and services may be provided by the association.

"This relationship of landlord and tenant may appear to be a slender one. However, it contains a great potential and a potential which very quickly begins to be realized. In the first place, it provides the opportunity for group practice. Group practice has many advantages to the patient in that he has at his disposal the supplementary skills and experience of a group of doctors working together as a team. It has many advantages to the doctor, because it makes it possible that he have more time for himself, that he have a better opportunity for professional self-realization, and that he have opportunity for professional consultation and supervision. In short, such arrangements make it possible for doctors to concentrate on what they want to do, namely, practise good medicine, leaving the physical and economic arrangements to the consumers."

The Cost of Drugs

75. The cost of drugs is of vital concern in connection with health services, and for many elder citizens can become a very real financial burden. The Canadian Federation of Agriculture has taken an active interest in this question, and has petitioned the Government of Canada to abolish drug patents in this country in order to reduce the price of drugs, and to establish an authoritative government publication for doctors which would give all the necessary particulars concerning new drugs. The existence of such a publication would reduce the expensive, uncertain reliance that must now be placed by doctors on company literature and sales promotion in the assessment and use of new drugs. We believe such steps would bring some financial relief to the aged who must use drugs, and indeed to all our citizens who require such medication.

Respectfully submitted,

CANADIAN FEDERATION OF AGRICULTURE.