

Medicare

clearly a matter for the public interest. That less than half of our population has some degree of reasonably adequate health insurance coverage for medical services is a matter of grave national concern, and of greater concern is the fact that few organized insurance programs worth mentioning exist in equally important areas such as mental illness, dental, and optical care, drug requirements, retarded and crippled children.

Mr. Aiken: Would the hon. gentleman permit a question at this point?

Mr. Douglas: If you, Mr. Speaker, will keep tab of the time, I will be glad to permit a question.

Mr. Aiken: Will the hon. member not admit that recommendation number one of the commission, to which he indirectly referred yesterday, suggests that the federal government enter into agreement with the provinces in connection with the provision of medical care, and that that is not in this bill? I am giving him an answer to a question he asked me yesterday. Perhaps I have been a little slow in replying.

Mr. Douglas: That is precisely what the legislation provides for. It provides that any province which wants to enter into an agreement with the federal government for the provision of medical care may do so, provided it complies with four basic principles set out in this bill.

Let me refer my friend to page 740 of the Hall Commission report under the heading "issue of compulsion". The commission faces up to this matter by making it a separate item, where they say:

This is an important issue, since it lies at the roots of our democratic system. The essential point to be made is that society, in its collective judgment, has found it necessary to use the force of law to achieve a number of socially desirable objectives: attendance at school, payment of taxes to support schools, licensing of physicians to prevent unqualified persons from practising, regulation of insurance companies, to mention only a few. There can be few who would oppose the element of compulsion present in any of these examples.

Then they point out at the end of this section the following:

As a matter of fact, in a situation such as that obtaining in those provinces financing their hospital insurance program from indirect revenues, it is almost impossible to discover any element of compulsion with the hospital services in any form whatever. In fact, the greatest result has been an extension of freedom—freer access to facilities, and freedom from fear of financial consequences.

On page 743 of the report the commission says as follows:

That, so far as the issue of compulsion is concerned, we believe that as long as decisions of this

[Mr. Douglas.]

kind are made by democratically elected legislatures, as long as they provide only basic essentials (for example, standard ward hospital care) and assure citizens free choice of physician and hospital and free choice of additional items against which they may insure through private arrangements, then we have confidence that our democratic ideals will not only be protected, but, in fact, more fully realized. It is of great significance for a democratic society such as ours that the Hospital Insurance and Diagnostic Services Act was passed by an unanimous vote of the House of Commons representing all political parties.

Mr. Speaker, I think it can be said quite forcefully that what the Conservative members have been arguing is that of the two kinds of medicare, one publicly sponsored and publicly administered and the other what I call "tin cup" medicare, they have come down in favour of the latter. The Hall Commission examined this matter of "tin cup" medicare which would allow the people who can pay the premiums to join insurance companies and private plans and would require those who were in stringent circumstances to come under a government program. They rejected the latter, and rejected it on two grounds. They rejected it first of all because, as they point out, it is an affront to human dignity since it divides the citizens of the provinces and of the nation into two categories—those who are able to pay their premiums and get medicare from some private organization, and those who are required to pass some kind of a means test in order to qualify for public assistance.

I agree with the Hall Commission that this is an affront to human dignity. I am opposed to this type of "tin cup" medicare. Conservative members have praised the Ontario plan and the Alberta and British Columbia plans, but the fact remains that the great bulk of the people in those provinces resent the fact that they have to pass a means test in order to get medicare in the event they are not able to provide the funds themselves.

The second reason the Hall Commission rejected the idea of "tin cup" medicare was that it would increase the costs. It would increase the cost even for the people who are able to pay the premiums, because by having a number of private organizations handle medicare it was found that the administrative costs would be anywhere from 20 to 27 per cent, compared to administrative costs in Saskatchewan of less than 5½ per cent, where they have a publicly administered plan.

This is understandable. When you have a number of private plans operating they have