Medical Care Act

The other thing they might have done, shock of shock, is bring in a progressive income tax structure. They could start taxing those who earn $30,000 or more per year in a significant way in order to do something about narrowing the gap between the affluent in our society and the poor. They did not do that either. The Liberals turned to the average and the poor in terms of programs that affect them, and made the cutbacks there. Bill C-68 does precisely the same thing.

The real significance of this bill is that it goes against the principle that a national program shared by the federal government on a 50/50 basis and providing a service to all, means by definition that the average and the poor will not have to pay directly for that service at market price which, prior to this coming into being, was substantially higher.

The point was made, but little noted in this debate, that as a percentage of our gross national product we are spending less now on medicare than when the program was first introduced. When it was first brought in we were spending more. It is true that in absolute dollars we are spending more now on medicare, but of course we are spending more on virtually everything. That is what inflation has been all about. The real test is how much we are spending in terms of our gross national product. I repeat the point that we are spending less on medical services now than when the program first came into being.

If the government were serious about effecting per capita reduction on over-all costs over a longer period of time it would have been encouraging provinces such as Saskatchewan, Manitoba, British Columbia, and indeed Quebec, which in recent years have introduced preventive medical programs in which the federal government has not shared in the paying. It should have been encouraging expansion of this kind of program so that down the road we would have fewer sick people to deal with and, therefore, a reduced medicare cost. That would have been a more imaginative approach. It might well have involved spending more money now to achieve those objectives, but in the long run the per capita costs could be brought down.

A number of my colleagues, in fact almost all of them, have spoken on this bill and on the amendment. We have done so because we think medicare is a profoundly important social principle, that medical service should be taken out of the market place, that this kind of program introduces an element of equality in society which all of us should participate in, and because the government, via Bill C-68, is taking a regressive step. It is taking us back to the kind of society that existed before universal medicare was introduced.

We have opposed this bill. We did not expect the government would renege on its commitment some months ago to the provinces by proceeding with the bill. We did not expect the government to go back on indications it had given to a number of provincial ministers as recently as last Christmas by re-introducing it. Having done so, the New Democratic Party has made it clear that we are opposed to it. We are going to continue opposing it. We hope, even at the last instant, the government will see the light and change its mind. I hope so.

Mr. Saltsman: Mr. Speaker, I wonder whether the hon. member would entertain a question.

[Mr. Broadbent.]

Mr. Deputy Speaker: This can only be done with the consent of the hon. member who had the floor. Does the hon. member give consent to the hon. member for Waterloo-Cambridge (Mr. Saltsman) to ask a question?

Mr. Broadbent: Yes, Mr. Speaker.

Mr. Saltsman: I must say I listened with great appreciation to the words of wisdom from the distinguished leader of the New Democratic Party.

Some hon. Members: Hear, hear!

Mr. Saltsman: The question I would like to ask the hon. member is: in view of the fact that the future is going to call for a great deal of co-operation between the federal and provincial governments of this country and that there are many problems that will have to be solved by agreement between the two levels of government, is it the view of the hon. member that the federal government reneging on its promise to medicare is going to jeopardize that kind of co-operation for those important programs of the future?

Mr. Beatty: This sounds like an NDP caucus meeting.

Mr. Broadbent: I am glad that question was asked. I suspect my answer will not surprise the hon. member. One of the inevitable consequences of this kind of action, particularly since the minister had indicated to a number of his provincial colleagues from all parties that this bill would not be introduced, whereas in fact of course it has been introduced, is that there is no reason for the provinces to expect the government or the minister to be any more reliable with respect to any other commitments they may make.

● (2100)

Mr. Saltsman: A further question, if I may. Can my hon. friend tell the House whether any of the provinces have received this bill with any degree of enthusiasm—whether any of the provinces think this is wise legislation, including those which have Liberal governments?

Mr. Broadbent: That too is a good question. The evidence is that none of the provinces agree with the government as to the wisdom of this legislation, even those provinces which have Liberal administrations. I would be interested to hear the private views of the premier of Nova Scotia with regard to it. I am sure he would be very much opposed.

Mr. Saltsman: A further question, Mr. Speaker—

Mr. Deputy Speaker: Order. Hon. members may ask questions for additional information but this is not the time or the place to enter into debate or to ask questions of a general nature. The hon. member knows that this is the second reading stage. However, I am ready to allow him one final question.

Mr. Saltsman: Thank you, Mr. Speaker. I appreciate the comments you have made. Nevertheless I wish to follow this important question through because it is most desirable that we should obtain the views of someone who is also known as my hon. friend from Oshawa-Whitby.

Some hon. Members: Oh!