

**Hon. F. W. Gershaw:** Honourable senators, may I first congratulate the sponsor of this bill on his clear explanation. I also may say that we know Dr. Sullivan has reached the very highest place in the Canadian Medical Association, and his discourse today has been listened to with rapt attention. It has been comprehensive and he has placed material on record which will be of great value.

This is a very important bill for the reason that, when this measure comes into force, it will affect the financial planning of almost every individual in this country.

I take it that the members of the House of Commons and the members of this Senate are all anxious to see medicare made available for every person in Canada. The only point is that there are different ways in which this may be brought about. Medical men try to preserve a certain image. A doctor likes to be closely associated with his patients. He likes to be friendly. He likes to be helpful. He likes to work with his patients.

I am a little afraid, from what has happened in other countries, that this measure will tend to separate the doctor from his patient. Doctors will be in a group negotiating for better terms and better conditions against another group, and there will be some loss of that very fine association between the doctor and his patient.

My chief object in saying a few words today is to bring to your attention something that has already been done and which I think might be a good foundation at some future date for this particular medicare bill. In Alberta, in Ontario and in British Columbia there are plans now in operation whereby any person who is short of money can have a premium paid for prepaid medical care. This scheme has been in operation in Alberta since 1963 and it works very well. The doctors like it and the patients like it. It is now in operation in the other two provinces that I mentioned, Ontario and British Columbia.

It seems to me that if that were general, poverty and hard times would not prevent everyone from getting medical care, and probably later that could be a foundation for further advancement in that line.

The cost of medicare is a factor. It is just one of the factors, but it is usually increased where the fees are paid by the Government instead of by the individual.

The Hall Report at page 879 states that the costs by 1971 will be increased by \$466 million. Now, that has been interpreted as meaning that the Government costs will be that

much more than the individual costs would be for the same form of expanded service. On close reading it really does not say that but, as a general thing, we can be pretty sure that when the Government pays for something, it pays a little more than the individual would be able to pay.

It is estimated that the cost for each individual in Canada will be from \$35 to \$40 per year. Taking as an average 20 million people, that brings you from \$700 million to \$800 million that the taxpayer will have to raise; whereas, by this other plan that I have mentioned, where those who need help get help, it would not be \$700 million, but would be \$157 million.

The Premier of Alberta says that a sales tax will have to be put on there, that there will have to be an increase in gasoline tax and an increase in income tax, to cover these expenses.

Now, as Dr. Sullivan has said, this medicare has been in operation in many countries in the world, and I just want to mention briefly some of the difficulties that they have run up against. For instance, New Zealand has had socialized medicine for a long time, but everybody who goes to see a doctor has to pay part of the fee out of his own pocket. He has to make a payment himself.

In Australia they have had to set up a special discipline committee to prevent fraud in connection with medicare. In Sweden, a country that is always spoken of as a great socialist country, they have completed their scheme in easy stages. First, they had compulsory accident insurance, and then they built it up from one thing to another. But even there, the individual, if he has the money, pays the doctor and then sends his receipt in to the government and gets three-quarters of it back again.

It is said that in Russia the doctors spend more time on documents and forms than in examining patients. Half their time is spent filling in documents, reports and forms of different kinds.

Even in Germany and Austria, where they have had a system of medical care for 70 years, there are frequent disruptions, and it is said today that a doctor sees from 40 to 60 patients in his office every day and makes 15 to 25 calls. He cannot possibly do that much work in one day and give the patient the care he should really have.

Reference has been made to Great Britain. Lloyd George, back in 1911, started the scheme in Great Britain and the national