

*Medicare*

that. Another alternative is to adopt the motion suggested by the hon. member for Kamloops. I am afraid I do not have copies of an amendment written out—

**Mr. Douglas:** Be careful; he will charge you legal fees.

**Mr. McCleave:** —but it seeks to amend clause 2(d).

I move, Mr. Chairman:

That paragraph (d) of Clause 2 of Bill C-227 be amended by inserting the words "or authorized" after the word "rendered" in line 17 thereof.

I apologize to the committee for not having copies in English and in French.

● (4:20 p.m.)

**The Deputy Chairman:** Before there is an expression of opinion on the validity of the amendment, I think I should read it to the committee. It is moved by the hon. member for Halifax:

That paragraph (d) of clause 2 of Bill No. C-227 be amended by inserting the words "or authorized" after the word "rendered" in line 17 thereof.

**Mr. MacEachen:** Mr. Chairman, aside from arguing against the form of the amendment, which I would do very strongly if it were before the committee, I simply want to repeat the argument which I made yesterday in connection with the amendment moved by the hon. member for Kamloops. This amendment had the effect of adding after the words "medical practitioners" in line 18 the words, "by or on the advice or with the consent of medical practitioners."

The purpose of that amendment was to provide a method by which other health professions would be brought under the purview of the bill, and that method was "by or on the advice or with the consent." We have now precisely the same approach in the amendment moved by the senior member for Halifax, except that we have substituted for the words, "by or on the advice or with the consent of medical practitioners" the words "or authorized."

The effect is identical to the effect of the previous three amendments, namely, it would widen the scope of the bill beyond the terms of the resolution and bring in all the other professions which, however desirable at some future point, is certainly not authorized or foreseen in the resolution.

**Mr. McCleave:** If I may speak to my own amendment, Mr. Chairman, I would point out that there are some slight differences between

[Mr. McCleave.]

it and the one moved by the hon. member for Kamloops. For example his said "with the consent of medical practitioners", and I believe the fair meaning one could take from my amendment, which would read "or authorized by medical practitioners", is that a patient or client may go to a professional man and be referred to a better source of relief or help.

I do not believe anybody has to assume that this involves a greater outlay of money from any public treasury. It simply means that the services that are being provided are being provided from the best possible source. They might cost a dollar or \$2 more in one case, and \$5 or \$10 less in another case; for example, if a man goes to an ophthalmologist or eye doctor and is referred to an optometrist, or he goes to a doctor and is referred to a chiropractor. In such a case, nobody can argue that this means a greater outlay of money from the public treasury.

The point I am making, and it is one which could have been made with respect to all the other amendments, is that it is wrong for the minister to say that we are trying to spend money from the public treasury. We are not. We are trying to provide the best level of medical service at whatever level it is best provided. This is the whole argument which is being presented by over 100 members on this side of the chamber. This is our primary objective. The minister cannot tell you, nor for that matter can I tell you, Mr. Chairman, within \$100,000 whether the treasury will benefit or lose a certain amount of money. Nobody can tell you that. We on this side of the chamber are simply saying, in the best way we can but apparently ineffectively under these rules that have come down to us from the time of George I or perhaps before that, that there is another way of looking at medicare. The other way probably does not involve a greater expenditure of public money, perhaps involves less expenditure of public money, and certainly provides better health services for Canadians. That is the point I am making in trying to show that my amendment is in order.

**Mr. Winkler:** May I ask the hon. member a question. Is it not possible that the charges made by some of the paramedical people would be less in many cases?

**Mr. McCleave:** Yes, I will say that, and I will say it for the hundredth time this afternoon.

**Mr. Douglas:** Mr. Chairman, I do not wish to speak on the proposed amendment or on