

*Medicare*

Premier Campbell has already said that Prince Edward Island cannot afford a medicare scheme unless it gets a better share of tax money. The Minister of National Health and Welfare (Mr. MacEachen) suggested in this house yesterday that he expected the co-operation of all provinces. Prince Edward Island is one province which has already served notice on the government that it cannot co-operate unless it gets a better share of federal money. It appeared at the preliminary conference held here in Ottawa just a few days ago that Prince Edward Island stands to gain only about \$200,000 or \$2 per capita. Is it any wonder that Premier Campbell told his confrères here in Ottawa that this increase amounted to merely a skunk bounty? That is what the premier thinks of the generosity of the federal government so far as the province of Prince Edward Island is concerned—a skunk bounty. The premier reiterated his stand that in Prince Edward Island we cannot afford medicare on the basis suggested by this bill unless we get a larger share of federal moneys.

• (2:40 p.m.)

At the same conference just a few days ago, while we were promised only \$2 more per capita the province of Newfoundland was promised \$45 more per capita, and Nova Scotia and New Brunswick \$25 more per capita. So the per capita amount is only \$2 more for Prince Edward Island, a province in which the personal income is away below the national average and where there are virtually no industrial corporations from which large tax revenues can be derived.

I suggest that this is one of the reasons why the government should introduce more flexibility in this medicare bill. The fiscal reason is not the only one, although it is fairly important. There are reasons other than financial why we in our province cannot go into such a program on a 100 per cent basis at the present time at least. We have at the present time, and we are proud of this fact, a higher per capita number of medical students in colleges than all the other provinces of Canada. At this time 30 of our young people are in medical schools, but unfortunately on the average only one or two of these will return to Prince Edward Island to practice.

The reasons for this are probably academic. First of all, in a small province there is naturally a lack of opportunity for continuing medical education. Second, practising in rural areas, with long hours of work, is not too

[Mr. McQuaid.]

attractive to young men entering the medical profession today. Unfortunately, too, in many cases the remuneration is not as adequate as it is in other provinces. So we lack in our province today sufficient doctors, I suggest, to implement this plan on a 100 per cent basis.

There is a serious shortage of doctors in our province, just as there is in the whole of Canada. At the present time there are only 67 practising doctors in Prince Edward Island. At least 10 of these are doing specialist work. This leaves about 57 doctors in general practice to service 108,000 people, or one doctor for approximately every 1,900 people. In the constituency I represent the situation is even worse. We have a population of approximately 18,000 and we have only seven practising doctors, or one for every 2,600 people. I most earnestly suggest that with this serious shortage of doctors we cannot provide adequate, competent medical services to all our people.

I suggest quite seriously to the minister that perhaps it is not necessary at the present time, although we favour medicare, to institute it with such a broad coverage, particularly in respect of those provinces which cannot afford it and are not equipped for it. I am convinced that there is a large body of people who need free medical services, who need to be relieved of the stress and strain of what may happen to them should they suddenly become ill. I notice that the report of the special committee of the Senate on aging, published in 1966, has this to say with reference to the income status of older people, who are among those we are chiefly interested in now:

Without question the most serious problem encountered by the Senate committee in the course of its investigation was the degree and extent of poverty which exists among older people. Witness after witness at the hearings spoke of incomes insufficient to ensure proper food, housing and medical care; and every form of analysis made for the committee, on the basis of the 1961 census and the 1962 survey of income statistics, supported the proposition that older people are a low-income group, and that many of them eke out an existence at or near the subsistence level.

It is obvious, therefore, that people in this category need medicare protection and of course should be provided with it. I have examined the situation in my own province as carefully as I can. It would appear that about 30 per cent of our population are totally self-supporting, that is, 30 per cent of our 108,000 people can, when required, pay for their own medical services without any undue hardship to themselves. About 20 per cent of our population can be quite correctly