

those funding shortages are met, we will truly have a medicare crisis. Crisis is not too strong a word to use. Medicare must be as good as we can make it for all Canadians, and it must also be fair and equitable for the medical profession. Physicians' incomes have not kept pace with inflation nor with salary increases in other professions. Dentists, lawyers and accountants have all seen their incomes rise much more quickly than those of doctors. Comparative shopping will soon demonstrate the degree of latitude available to those professionals. Physicians, on the other hand, have not such latitude. Their fees are established by schedules negotiated with the provinces. When a doctor was dissatisfied with the fee schedule, extra billing was allowed to him or her, as the case may be, and an adjustment could be made. Medicare was available to Canadians and was not yet eroded or in a state of crisis. Bill C-3 puts an end to extra billing but is not clear on the matter of how physicians will be compensated, as Bill C-3 Clause 12(1)(c) states. In fact, doctors will have no alternative but to work for their schedule of fees. This is easier said than done. Pressure from many sides, especially from the taxpayers, will be exerted to trim costs or to hold the line. With extra billing gone, doctors have lost the mechanism for registering dissatisfaction with the schedule of fees. In our opinion, it was incumbent upon the Government to find some means of adequately assuring medical practitioners of that reasonable compensation.

● (1640)

So it is with user fees. Like extra billing, user fees rose to a position of concern when costs began to increase in the daily operation of facilities. Public funds have now been stretched to the limit. How is a hospital to pay its bills? We in Ontario have already experienced the option of cutbacks in the number of hospital beds and holdups in expansion plans. Indeed, some of those expansion plans have been shelved. Each cost-cutting option reduces the quality and availability of medical health care. Has the Minister fixed levels of care beyond which the provinces might not slip, and, if they do, what does the Government propose to do and how will it intervene?

I see that you are signalling to me to finish, Mr. Speaker, but let me say that the Government has been careful to point out that Bill C-3 is merely a consolidation of those two earlier health Acts. It is no wonder that one is left to question the medical commitment of the Government. In its concern for accessibility, the Association of Interns and Residents wanted to receive the assurance in the legislation that they would be able to opt in in the provinces that licence them so that accessibility to medicare would continue to be guaranteed to them.

I will close by saying that the Minister had hoped to make an election issue out of this piece of legislation. That plan has backfired rather badly. I hoped that the Minister would be in her seat because I could ask her at this point why she is continuing to use preserved medicare as an envelope stuffer when the time for representation has long since passed.

Borrowing Authority Act

The Acting Speaker (Mr. Herbert): There follows a ten minute period for questions and comments. There are only a couple of minutes left, if the Parliamentary Secretary to the Minister of National Health and Welfare (Mr. MacLellan) wishes to ask a short question.

Mr. MacLellan: Mr. Speaker, in his remarks, the Hon. Member for St. Catharines (Mr. Reid) referred to the per capita cost of \$2,000 per person if all the benefits are provided. I would like to know how he arrived at that figure. If we provided everything that one could expect under medicare, it would still be only \$1,200 per person. How did he arrive at the figure of \$2,000?

Mr. Reid (St. Catharines): The Parliamentary Secretary was not listening. I said there was \$2,200 for every taxpayer. When one considers the number of taxpayers and divides the costs in the blue book Estimates, it results in a figure of \$2,200 per taxpayer.

[Translation]

The Acting Speaker (Mr. Herbert): Order. It being 4:45 p.m., pursuant to Order made Friday, March 30, 1984, it is my duty to interrupt any proceedings now before the House and to put forthwith every question necessary for the disposal of all stages of Bill C-21, an Act respecting Borrowing Authority.

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[English]

BORROWING AUTHORITY ACT, 1984-85

MEASURE TO ESTABLISH

The House resumed from March 28, 1984, consideration of the motion of Mr. MacLaren that Bill C-21, an Act to provide borrowing authority, be read the second time and referred to the Standing Committee on Finance, Trade and Economic Affairs; and the amendment of Mr. Darling (p. 2292).

The Acting Speaker (Mr. Herbert): Mr. Darling, seconded by Mr. Blenkarn, moved:

That the motion be amended by deleting all the words after the word "That" and substituting the following therefor:

"this House holds the opinion that the granting of an authority for the borrowing of a sum greater than the amount required to meet the government's needs to the end of the current fiscal year is objectionable in principle and this House therefore declines to give second reading to Bill C-21, An Act to provide borrowing authority."

The question is on the amendment. Is it the pleasure of the House to adopt the amendment?

Some Hon. Members: Yes.

Some Hon. Members: No.

The Acting Speaker (Mr. Herbert): All those in favour of the amendment will please say yea.