

Medicare

As I mentioned before, we have so many things to be proud of in Canada. Surely we have an appreciation of matters beyond political expediency and economic factors. If this bill were amended so that the scheme would work most efficiently, I would not care if we went into debt for 50 years. I mentioned earlier that if we could save one more life, the reconsideration of this bill would be worth while. But we are not talking about one life; we are talking about many, many lives.

I do not like referring continually to England, because I appreciate that country so much; but it is very close to us and therefore provides a comparison. A very eminent authority from England was in Canada a few days ago, and he pointed out the fallacies of the program over there. As a matter of fact, most of my notes today are taken from his speech. The summary of his speech was simply that if they could revert right now—I think he was referring to the exodus of the graduate students who left England only two years ago, and the latest figures will show this exodus to be even greater now—to the old methods, it would take them 20 years to catch up. For heavens' sake, Mr. Speaker, if we are not going to introduce this plan for two years, why not shelve it now and have a better look at it?

Do we balance election promises with human lives? I would quote a very, very eminent English surgeon who four months before the medicare bill was introduced in his country had a waiting list of 65, and five months after it was introduced he had a waiting list of 365. And what did he say frankly and honestly to himself and to anyone who asked him? He said: "I get no thanks for it. Sometimes I have worked 18 or 20 hours, but now I get no thanks for it."

• (6:50 p.m.)

Mr. Speaker, we should certainly take a second look at this bill or consider some amendment which would allow us to reconsider this legislation. I make this plea in all honesty and frankness.

This is a measure of socialization. We have seen a horrible example of it—and I hesitate to mention it, but I feel very strongly about it. Over the week end we heard about the terrible disaster which took place in Wales. What brought it about? I do not know, but I wonder whether this has not happened as a result of inaction by their government. The investigation will bring the truth out, but the government took over an industry and time

[Mr. Gundlock.]

and time again its attention was called to a possible danger. The situation resulted in a terrible disaster, and probably the only excuse the government can have is that they did not have sufficient money to take the necessary preventive measures.

As I said earlier, I challenge the statement that we cannot afford to bring in this legislation now. If it is all that good, and if it means maintaining our tremendously successful and famous medical research, then we can afford it. Believe me I would hate to take any part in a program which would jeopardize research in Canada. Let us think again of the internationally famous doctor who in his study of stress developed the relaxant which brought us to the fore in the whole world, including the United States. Let us also remember our famous neurosurgeon who has received world acclaim, as well as the well known doctor who has discovered a method permitting open-heart surgery, one of the greatest advances in medicine today.

When we think back to the famous Canadian researchers and teachers we realize the importance of this bill. Therefore, Mr. Speaker my plea to this house and to the minister is that we should take sufficient time to study the matter thoroughly, and perhaps to bring in the necessary amendments. Meanwhile we might consider the old age pension legislation which has been banded back and forth so much.

In conclusion I should like to ask the minister to reconsider this bill. If I have done wrong in holding up the legislation, then let me take the blame for it, and let me be on record as saying that I am proud of having done so. I hope the minister has listened carefully enough and will consider my plea. After all, we have time—those are his own words. Let us now go on with the other business of the house.

Mr. Lawrence Watson (Assiniboia): Mr. Speaker, I want to make it quite clear at the outset that I agree with the principle of prepaid medicine, as I believe do most of the people in Canada and all the members of the house. I think that all of us who through the years have contributed to plans such as the Blue Cross, M.S.I. and similar plans have proven the point that we believe in it. Industrial and business firms all across Canada have set up medical plans for their employees, who believe it is a necessary fringe benefit, and who welcome it, as it enables people in that category to pay hospital and doctors bills in cases of emergency.