

*Medicare*

on Nov. 8, 1965. He has been good enough to furnish me with material and I present his arguments as my own because I think they are sound. He points out that there are some 1,500 optometrists in Canada and only 300 ophthalmologists. In Nova Scotia there are a few eye doctors, to get away from that tongue twister, who serve in Halifax and Sydney. The rest of the province has to depend on the optometrists.

Then there is the report of the Canadian Association of Optometrists—I am not reading anything new to the house; we have all received these documents in the mail, and some of us have even read them. The Canadian Association of Optometrists says the bill before us would demolish, or severely interfere with, the public's method of obtaining health services from optometrists as well as from other members of the health professions, such as dentists. Then the association adds:

The bill makes it clear that all eye services will have to be included if the provinces are to qualify for the federal grant. This means that such services as major ocular examination, tonometry and orthoptics as listed in the schedule of fees of the Ontario Medical Association, will be included. These services are regularly provided by optometrists for their patients.

Optometrists are legally and academically qualified in all provinces to perform—with the exception of such services as surgery and treatment of disease—all of the services required in the major ocular examination referred to in the Ontario Medical Association schedule. Optometrists prescribe treatment if the defect is functional, which it is approximately 95 per cent of the time. If there is indication of disease, referral is made to a medical practitioner.

I suggest that the standard is just as high among optometrists as it is among ophthalmologists, that is, the patient is given the best treatment possible and the best advice possible. So I think it behooves the Minister of National Health and Welfare (Mr. MacEachen) to take a serious look at this departure by his own government from a sound recommendation by the Hall Commission. It also occurs to me that the optometrist might charge less than the ophthalmologist. The optometrists have not presented this as part of their argument. Nevertheless the minister might be able to save a little in that direction and in a small way I think I have suggested a better method of fighting inflation than the minister has by listening to the siren screeches of the Minister of Finance (Mr. Sharp).

There are two other points I wish to make. The first concerns the question as to who

should administer the program in each province. Reading the set-up proposed by the minister I was not sure whether this could include the long established stand-bys which have been operating programs in the provinces. In the case of the province from which the minister and I come, it is Maritime Medical Care.

• (9:20 p.m.)

I think it would be a pity if these privately run schemes should be brushed aside simply for the glory of the Minister of National Health and Welfare and for the sake of building up some super-bureaucracy across Canada. Over the years these people have proven their ability to come to grips with the nuts and bolts and the collecting of money for doctors involved in medical care. I hope the minister will give an assurance before this debate concludes that these privately operated associations will be allowed to carry on.

One point made by the hon. member for Simcoe East (Mr. Rynard) concerned the 90 per cent formula in the legislation, whereby at least 90 per cent of the people of a province must be covered. This is not going to be of concern in Nova Scotia. A number of years back when we adopted our hospital insurance plan, as the result of the sensible formula devised by the right hon. gentleman from Prince Albert, we had complete coverage in Nova Scotia. We still have the best hospital insurance plan in Canada and no one from any other province can stand up and deny that.

I am sure that when medicare comes into effect Nova Scotia will give 100 per cent coverage under it. In some other provinces, included in the 10 per cent who will not be covered will be a lot of unfortunates who will be in need of medicare. I speak strongly on this point because I believe it is an abandonment of responsibility to suggest that 90 per cent coverage is enough.

I have enjoyed taking part in this debate, which has been conducted on a very high level. I hope that wittingly or unwittingly my own contribution has not changed the level. I have enjoyed listening to the other speakers. I share the sentiment expressed by the last speaker that we anticipate hearing from the Minister of Finance (Mr. Sharp) and also from the Prime Minister (Mr. Pearson).

I began with a football analogy and I might as well end with one. Seeing the sweeps of the Minister of Finance around the Minister