

*Medicare*

because it exceeds the principle laid down in the resolution; but the principle laid down in the resolution is to authorize the payment of contributions by Canada toward the cost of insured medical care services. It does not define "medical care services". It is true that the minister may have had in mind a very limited type of medical care services when he was estimating the cost, but when the house passed the resolution upon which this bill was based, it passed it on the understanding that we were talking about medical care services. Medical care services are not distributed narrowly only among those services which are performed by medical practitioners. As a matter of fact, I should like to point out to the minister that if he insists on this narrow definition he will do two things. First, he will greatly restrict the kind of care which can be given to insured persons in some instances. Second, he will be greatly increasing the cost to the plan. There are services which are part of medical care and which are not provided by a medical practitioner.

It is common practice when a doctor is treating a patient for a broken limb, for instance, that there comes a time after the bone is knit when it is necessary to send the patient to a physiotherapist. In the case of a person who has had a stroke and has lost the control of certain muscles, the services of a physiotherapist again are required. Surely, the minister is not suggesting that this physiotherapy has to be given by a medical practitioner. Is he suggesting that this person will have to pay for the services of that physiotherapist? Physiotherapy is an integral part of what this resolution calls for, namely, medical care services. The same thing is true in the case of chiropractors and osteopaths. Those of us who have had experience in respect of workmen's compensation cases know that most of the workmen's compensation acts in Canada have been amended so as to include the services of chiropractors and osteopaths. I know that in the province of Saskatchewan the suggestion that the workmen's compensation act be extended to include chiropractors and osteopaths came from some of the medical men in the areas where coal miners work, because these coal miners were particularly subject to strained backs. The medical profession suggested that some of these men should be sent to chiropractors and osteopaths. The act was amended so that the workmen's compensation board could pay for these services.

What the minister is saying now is that if a patient is sent to a chiropractor or an osteopath because he has a strained back or dislocated spine, these services will not be paid for because it is a service which is being performed by other than a medical practitioner. The hon. member for Saskatoon has a real point in respect of dental surgery; the same thing is true.

• (6:00 p.m.)

With reference to optometrists, there will be hundreds of communities in Canada where there will not be an ophthalmologist available so patients will have to go to the city to consult an ophthalmologist when all they require is eye correction, and eye correction is part of the medical service which could be rendered by the optometrist in the community. What the minister is saying, as he puts this very narrow definition on medical care services, is that the person who goes to an optometrist will not have that service paid for, but must go to an ophthalmologist for eye correction. If all these people go to the ophthalmologists, let me tell the minister that they will become completely overworked and their offices will be filled with prospective patients. They will never be able to handle them all.

I am sure the minister must see that any plan which the resolution defines as providing medical care services must cover paramedical services. Any plan must provide such things as deep X-ray therapy, physiotherapy, manipulation of the spine and all those things that have to do with services which are primarily the function of the doctor but which have been delegated to paramedical personnel who have special skills to supplement the knowledge of the doctor.

It has become common practice in medical clinics throughout the world, particularly in Europe, Great Britain and in Israel, to have attached to them paramedical personnel. Costs in this regard should be included in the services which the minister is proposing to cover. It seems to me that the definition which the minister is now placing on this, or the interpretation which the minister is now giving to insured medical care services, is infinitely more narrow and restrictive than anything that was suggested in the resolution. It may not be more narrow or restrictive than what the minister had in mind, but this committee cannot be guided by what the minister had in mind; it must be guided by what the minister said by the words of his resolution. The words of his resolution are that we are providing for