

Use of Medicare Funds By Provinces

large families. Section 4(1) (b) of the Medical Care Act is most explicit on this score. It says that medical services are to be provided for insured persons and that nothing, directly or indirectly, whether by charges or otherwise, shall impede or preclude an insured person—mark those two words—impede or preclude an insured person from access to such services.

Those who support deterrent fees can argue that deterrent or co-insurance fees are not specifically mentioned. Well, they are not, Mr. Speaker. In fact, however, the federal act discourages such charges which could have the effect of impeding reasonable access to insurance services by insured persons, since these fees are not considered as a cost to be shared by the federal government. In fact the federal government, the Parliament of Canada, says in the act that the provincial plans must provide for the furnishing of insured services upon uniform terms and conditions to all the provinces in accordance with the various tariffs, etc., set out under the law. That service must be provided upon a basis that allows for reasonable compensation for insured services to medical practitioners and, I quote, "that does not impede or preclude, either directly or indirectly, whether by charges made to insured persons, or otherwise, reasonable access to insured services by insured persons."

To further strengthen the point, I want to call for my witness the Minister of National Health and Welfare (Mr. Munro) himself, and I am sure that hon. members on the government side will agree with me that he is an ideal, unimpeachable witness. I would refer you, Mr. Speaker, to the minutes of the Standing Committee on Health, Welfare and Social Affairs, issue No. 24, of Thursday, April 1, 1971. As recorded at page 13, I asked the minister if the government considered the use of deterrent fees by any province with respect to its plan, in any way flies in face of the principles laid down in the Medical Care Act. The minister replied, and I quote:

As a general principle, in our dealings with the provinces with reference, say, to medicare, we generally have tried to discourage the type of deterrent fee structure set up by the provinces. We have argued that it is an inhibitor to accessibility, and that we would like it discouraged.

Note that last sentence, Mr. Speaker. The minister says "we"—meaning he, the department and the government have argued that deterrent fees are an inhibitor to accessibility and that they would like them discouraged.

Further, as recorded at page 14, the minister said in response to my questions, and again I quote:

It may appear that I am contradicting myself in the sense that we regard it as an inhibitor against accessibility, and at the same time the studies would indicate it has not had too much effect. Of course that is the trouble with deterrent fees. Once the principle is inaugurated there can be a tendency for them to become a greater and greater proportion. Of course I think it is inevitable, especially with the people these programs are designed to assist, and I am talking about the lower-income groups, that sooner or later it is going to inhibit the accessibility of those people.

In a further reply recorded at page 15, the minister said:

Generally, I would like to see it discouraged. You are not going to get much argument from me in the philosophy you are expounding now.

[Mr. Benjamin.]

Surely, it is obvious, Mr. Speaker, that the effect of these kinds of charges must be to inhibit—to use the minister's word—or impede, or preclude—to use the words in the Medical Care Act—reasonable access to medical or hospital services. Surely, this is most apparent in the case of the poor, the aged, the chronically ill and those with large families. These deterrent fees are being imposed in more than one province. In particular, they are being imposed in my own province of Saskatchewan. There, the deterrent fee is \$1.50 per call on a doctor, \$2.50 per day for the first 30 days in hospital and \$1.50 per day for the next 60 days.

• (5:10 p.m.)

Surely, deterrent fees must inhibit or impede or preclude reasonable access to medical services since it is possible to pay the \$1.50 deterrent fee four or five times in a single day, because it can be charged by each doctor the patient might see for the same illness. You could go to a general practitioner with, say, a stomach ache. He would charge the deterrent fee and refer you to an internist, who would charge you a deterrent fee and turn you over to a radiologist, who would charge you a deterrent fee and then refer you back to the general practitioner who would prescribe medicine. You would be charged the fee for consultation. Even though you have already paid for your medical care through your income tax, your sales tax and your premium payment, you will pay again when you are sick. In addition, the fee is charged for every single office and house call for the same illness or injury, no matter how often you must go to the doctor.

The chronically ill, and more particularly cancer patients, are victimized because of the number of times they must visit their doctors, or the number of times the doctors must visit them in their homes. They are victimized also because of their numerous hospital stays, some of which are very lengthy. Someone unfortunate enough to be ill with cancer has enough trouble, I submit, without being saddled with these various additional unfair and unjust costs. Someone sentenced to death by cancer and forced to lie for weeks or for months in a hospital bed, should not, at such a time, be burdened with extra costs which an unconscionable government, either provincial or federal, has imposed on him.

The problem of deterrent fees imposed on treaty Indians has still not been solved. It is quite clear that the Department of Indian Affairs and Northern Development and the federal government feel that the exaction of these fees would prevent Indian people from receiving reasonable access to health services, and they decided to pay the fees on behalf of the treaty Indians in Saskatchewan. Surely, this is further evidence that the government believes deterrent fees violate the intent and purpose of the hospitalization and medical care acts.

What about the Métis people, whose income in many cases is as low as, if not lower than, the income of the Indian people? Is it not logical to suppose that these fees will affect them adversely, too? What about other classes of people with similarly low incomes? We hear it said that no one will be turned away. But anyone who goes to