

Adjournment Debate

department in The Hague have advised that the maximum number of students has already been reached for participation in the 1975 program. Unfortunately, due to current economic conditions in Canada we have found it preferable to restrict the number of foreign students and young workers who are authorized to take temporary employment in Canada this year.

If the farmers in the hon. member's constituency will make their labour needs known to their local Canada manpower centres, I am confident that Canadian students will be provided with equitable wages and working conditions and can meet the needs of these farmers.

HEALTH—MEDICARE—ALLEGED SETTING OF TIME LIMITS
FOR MEDICAL EXAMINATIONS—GOVERNMENT POSITION

Mr. P. B. Rynard (Simcoe North): Madam Speaker, I just want to refer to a question I put to the Minister of National Health and Welfare (Mr. Lalonde), as reported at page 4934 of *Hansard*. I brought to the minister's attention the fact that there was interference with doctors and their examinations in the province of Quebec. In his reply the minister said:

I have sufficient confidence in the ability of my provincial counterparts and in the spokesmen for the medical profession in this country to deal with this matter.

I should like to make a few comments on the minister's answer. First of all, I really wonder whether he does have sufficient confidence in his provincial counterparts. Although he says he has, he never reached any agreement on the sharing of costs. He wanted to give them the same sum year after year plus 6 per cent, but this was turned down. There was to be no more cost sharing for the minister. For a man who has so much confidence, he really oozes cautiousness regarding new programs until he knows what they are all about and are going to cost. He would like to run away from mounting costs, but finds he cannot do so.

Although it was his party and not the minister who brought in the relevant bill, the government is responsible for the quality of medical care and its standards across Canada under the Medical Care Act passed on December 21, 1966. Federal contributions were to be about one half the actual cost, not including administration which was to be carried by the provinces. However, very soon after the enactment of the legislation costs rose and have been going up and up ever since.

It is always easy to blame somebody else. Modern care hospital beds were going out of sight due to rising costs. Then it was discovered that there were no chronic care beds or chronic care homes. This is typical of the way the state does things. It is now in a dilemma and wants to close some of the wards in hospitals, but overhead costs are such that the government would only save 20 per cent. Then people complain about the costs of the medical profession.

The government would like to cut down on the cost of doctors, but if it quit paying the doctors entirely all that the state would save would be another 20 per cent. Now the state has hit on a scheme—the doctors must take only 10 minutes for a check-up. A little more extensive check-

[Mr. Turner (London East).]

up, such as a gynaecological examination must take 15 minutes, and so on.

Doctors cannot be time clocked. When you tell doctors they must allot time and take ten minutes for one patient and 15 minutes for a gynaecological patient, no doctor who practises medicine would tolerate such orders. It would be only one short step until the state would tell the doctors how many patients per day they could see. Our doctors must never forget the central fact that always remains, and that is the care of the patient.

● (2210)

The minister is an intelligent man. How does he even tolerate the suggestion of time limits for examinations when this involves the health and treatment of 30 per cent of the poor in this country?

We have an aging population, with a dropping birth rate. This means we will have more and more patients 50 years of age and over. These are geriatric patients who often have one or more illnesses, and the key to better medicine is the prevention of disease in these older people, particularly chronic diseases and diseases of a disabling type. Only by preventing these chronic diseases as long as possible will we cut medical expenses. To do this geriatric research studies should be going full steam ahead in order to prevent or avoid multi-care programs for the aged, at least controlling some of this runaway expenditure.

I hope the parliamentary secretary will convey to the minister the idea that he better take a serious look at this suggestion of interference with the conscience of the doctor and the patient. This will have a very serious effect in this country by placing the state in complete control of the conscience of the patient and the doctor.

Miss Coline Campbell (Parliamentary Secretary to Minister of National Health and Welfare): Madam Speaker, the hon. member has brought up the point about the care provided by doctors.

I should like to point out that each province has considerable leeway in determining a number of important matters relating to the operation of its medical care insurance plan without jeopardizing its entitlement to receive federal financial support in respect of its plan under the Medical Care Act. For example, each province can decide how its share of the cost of its plan will be financed (that is, through premiums, sales tax, other provincial revenues or by a combination of methods), whether coverage will be on a voluntary basis or not, and whether services additional to those of the national program will or will not be included in the provincial plan.

This prerogative also extends to methods of physician remuneration. Remuneration of doctors is, by and large, on a fee for service basis and has been for many years. Physicians' fee schedules were established by the various provincial medical associations to be used as a guide by their members in determining what fees will be charged for their services. The fee schedules also have been used as a basis for payment by governmental and private insurance arrangements for many years.

The Medical Care Act requires that the medical care insurance plans of participating provinces provide a reasonable level of payment for insured services. General-