

part of the medicare program, adding modestly to its cost to enrich its quality.

Many of the points I have dealt with in defending medicare were very succinctly expressed by Dr. Samuel Wolfe, medical director of the Saskatoon Community Health Services Medical Clinic, in his address delivered at the Chateau Laurier last November before the working conference dealing with the implications of a health charter for Canadians. I should like to read this very appropriate excerpt from that address:

There has been a lot of nonsense spoken in recent years about government sponsored medical care plans, and their supposed evils. I have had the good fortune to serve for close to four years as a commissioner of the Saskatchewan medical care plan, and while I do not pretend to speak for the Commission, I feel free to say that we have exploded a lot of myths. First, the myth of administrative cost when a plan is run by government. The fact is that the cost of operating the Saskatchewan plan has been about 6 per cent. The Hall Commission showed that the private insurers of Canada used 28 per cent of every dollar for purposes other than paying benefits. Second, Saskatchewan's plan provides broader coverage than any other plan in Canada, and for example, includes psychiatric care by private physicians, and preventive check-ups. Third, Saskatchewan's plan pays doctors' bills faster than any other plan in Canada. Fourth, the costs of Saskatchewan's plan have risen more slowly than the costs of private plans over the past three years. Fifth, demands for service have risen only modestly, and evidence suggests that increased services may be due more to doctors' decisions than to patients' demands. Finally, the pet myth that free selection of doctor by patient and patient by doctor would be interfered with, has been exploded.

The Saskatchewan experience to date proves that medical care, as one component of social security, can be entrusted to a government agency, with loss of neither individual nor professional independence. Freedom is widened, not narrowed, when the man who earns \$40,000 a year pays more for public medical care insurance than does the man who earns \$4,000 a year.

I should like to speak very briefly about what I consider to be some of the shortcomings of this bill as it is introduced. There are many other practitioners of medicine, aside from medical doctors, who are involved in the care of people who are ill. These include—I am touching on only a few—psychologists, chiropractors, optometrists, dentists and many other paramedical groups.

Psychologists serve an extremely useful purpose in the treatment of a large percentage of both children and adults who could otherwise be very demanding on the overworked medical profession. Realizing that many medical illnesses are of a psychological nature, psychologists are not only treatment specialists but serve to relieve the already overburdened profession which has many

other phases of medicine to deal with. These practitioners of course require consideration in the bill before the house at the present time.

Then, too, many people are treated by chiropractors, who have also been significantly omitted from Bill No. C-227. Another group of the so-called drugless practitioners, who are highly recognized in our medical society, are optometrists. The hon. member for Simcoe East (Mr. Rynard) has mentioned optometrists but I am going to mention them again. The omission of optometric care is a drastic one not only for the care of people's eyesight but again because of a release of the burden on the already overworked ophthalmologists. Almost 6 million Canadians need visual care that cannot conceivably be handled by other than 1,500 optometrists in Canada, and certainly cannot be treated by the only 300 ophthalmologists. It is therefore my strong recommendation that the definition of medical practitioner be changed to include the optometrists of Canada. It goes without saying that there is an extreme need for dental care, which should be included in this bill on a basis equal to that of medical care.

If Liberal amendments go through, medicare will be postponed at least until 1968; and how do we know it will suit them any more in 1968 than they now think it will in 1967, when it is now 1966? I should like to quote from an editorial which appeared in the *Hamilton Spectator* of October 11. The editorial is entitled, "Medical Inevitability" and reads in part:

—Canada's ruling party was telling itself that it was all right to breach the promise made during the election only 11 months ago because circumstances had changed, but that it can promise that circumstances will not change during the next 12 months.

The editorial goes on to say:

The cabinet has thus made itself accountable to the collective minor officialdom of the Liberal party instead of remaining primarily accountable to the people of Canada.

If the amendment the Conservative party has moved were to pass—and I am sure it will not—this would not only get rid of the plan for a year and a half in order that we may think it over, but I am afraid it would get rid of the plan forever. I do not think that even the Tory party can stop this progress that other people in our country are trying to make. It looks as though neither of these parties is willing to face private insurance companies and give the Canadian people any real social progress.