

*Canada Health Act*

proposals she put forward was for a national health conference to continue the debate which I think has been well dealt with in committee. She did not ask us for any specific proposals today with regard to the health conference. I might suggest to her some dates for the conference. Perhaps the dates June 14 to 17 would be a time when she would consider holding such a conference. She might think that would be a better debate to take place than some of the other things that might be going on at that time.

As the House and those of us who have been following this debate will be aware, the Progressive Conservative Party has supported this Bill. It supported it at second reading when we were debating it in principle and has supported it at committee stage. But Mr. Speaker, I do not want the House to come to the conclusion that because the Progressive Conservative Party has lent its support that means that we are totally satisfied with this Bill. Throughout the debate we have said that we consider it to be too narrow, too restrictive, and that it really does not come to grips with the basic issue of how to provide for a more effective and efficient health care system in the country or how such a system could be adequately funded. Those things were not dealt with in this Bill. In some ways, as has been said so often in this debate, even the title of the Bill itself is a misnomer.

Our criticisms throughout were aimed at improving the Bill. We tried to do that conscientiously. We did not do it by trying to obstruct or hold up the workings of the Bill in committee. Throughout committee sessions and at report stage of the Bill we put forward amendments which we believed would improve the Bill. Some of them were accepted, at least in concept, and others, I regret to say, were turned down. Nevertheless, we did work as responsible committee members to try to make the Bill more acceptable to the groups who were intimately concerned with it. As we did this we always kept in mind the health care needs of the Canadian public.

In this regard, Mr. Speaker, I would like to pay particular tribute to the work done by the Hon. Member for Provencher (Mr. Epp), the health critic for the Progressive Conservative Party. Because of a long-standing commitment in Manitoba today he is unable to be here. When he left last night he was not aware that the health care Bill would be up for debate today. He has been diligent and untiring in his efforts not only to improve the Bill, but also to contact and discuss it with the various groups concerned—the Canadian Medical Association, the Canadian Hospitals Association, the Canadian Nurses' Association and the provincial health ministers. He met and discussed with all those who had a particular interest in the Bill in order to reduce the controversy which has swirled around it.

I would also like to commend my colleague from Oxford (Mr. Halliday), another full-time member of the committee. He also is unavoidably absent today. However, he has single-mindedly devoted his time and attention to this Bill over the last several months.

Upon its initiation in 1966 medicare was acclaimed as one of the greatest triumphs of our political system. It remains so to

this day. My colleague from Provencher put it very eloquently at second reading when he said:

Medicare is more than medicine and economics. Medicare is a service for individual Canadians and one of the critical bonds of Canadian federalism. Without it, we would suffer both as individuals and as a country.

Those were the remarks made by our Party's critic on health and welfare at second reading of the Bill when we approved that Bill in principle. We did so, Mr. Speaker, in part at second reading stage because of the objectives and purpose of the legislation as spelled out in Clauses 3 and 4. We thought the objectives and the purpose of the Bill were its very heart and core. You can imagine our surprise and astonishment, Sir, and indeed the surprise and astonishment of the many witnesses who had appeared before the committee, when, after all the witnesses had been heard, the Minister moved to change substantially these key clauses with little or no explanation to this date.

I would like to cite the policy objectives which were removed from the original Bill to show the way in which the purpose of the Bill was narrowed when the Minister belatedly changed her mind and brought forward these amendments. I will state what was in the original Bill and what was removed. She deleted from Clause 3 these objectives:

● (1210)

It is hereby declared that Canadian health care policy should be designed and administered (a) to encourage effective allocation of the nation's health resources; (b) to facilitate the provision of adequate health services throughout Canada—

From Clause 4, the purpose of the Bill, she removed this paragraph:

The purpose of this Act is to advance the objectives of Canadian health care policy while recognizing the primary responsibility of the provinces for the provision of health care services—

Those were critical statements, objectives and purposes which were removed from the Bill before us today. In that respect, it makes it a lesser Bill than it was at the beginning. Many witnesses with whom I spoke after those amendments were introduced and pushed through by the majority of Government Members of the committee felt that they had been duped, that they had been misled. They appeared before the committee on the basis on which the Bill had been presented to them in which the objectives and the purposes had been spelled out clearly. They provided their testimony on those criteria, not on the radically altered criteria that appear in the Bill today. We argued this at committee stage. I want to point out once again that I think that the changes that have been made in Clauses 3 and 4 by the Minister diminish the Bill.

I wish to turn my attention for a few minutes to two amendments which, after lengthy argument and debate, were accepted by the Government. At least the concept was accepted. The first deals with the question of guaranteeing medical practitioners a reasonable payment for their services. As Mr. Justice Hall pointed out to the committee, the elimination of extra billing should require that a mechanism be put in place that would guarantee, or at least allow for, a fair and equitable level of compensation for medical practitioners. When Mr.