that there is a widespread policy not to put profits back to work, to create jobs for Canadians, we may have to implement our policy at that time. But I think that parliament as a whole would oppose government action which would act retroactively in this regard. I take it that business will be concerned about the fact that if they fail to put that money to work for Canadians, there could be a re-introduction of the levy. I hope they will take note of this aspect of my statement this evening.

Mr. Speaker: Order, please. There is some indication of a disposition on the part of the minister to ask for the withdrawal from the order paper of the ways and means motion.

Mr. Macdonald (Rosedale): Mr. Speaker, I would be much obliged if hon. members would give their consent to the withdrawal of the ways and means motion from the order paper.

Mr. Baker (Grenville-Carleton): Is the minister referring to the one having to do with the export levy?

Mr. Macdonald (Rosedale): Yes.

Mr. Speaker: Is that agreed?

Some hon. Members: Agreed.

Mr. Speaker: It is so ordered.

Order No. 14 discharged and motion withdrawn.

GOVERNMENT ORDERS

[*English*]

MEDICAL CARE ACT

AMENDMENT TO LIMIT ANNUAL INCREASE IN PER CAPITA COST OF INSURED SERVICES UNDER MEDICAL CARE PLANS

The House resumed from Wednesday, February 25, consideration of the motion of Mr. Lalonde that Bill C-68, to amend the Medical Care Act, be read the second time and referred to the Standing Committee on Health, Welfare and Social Affairs, and the amendment of Mr. Gilbert (p. 11210).

Mr. Stan Darling (Parry Sound-Muskoka): Mr. Speaker, last evening my remarks were interrupted by a knock at the door, after which Mr. Speaker and the House proceeded to the Senate.

I had been saying that the federal government had reneged on another pledge when this bill was introduced without warning. As has been pointed out, the federal government has on more than one occasion pledged that it would not introduce any changes in the cost-sharing arrangements in the absence of consultation with the provinces. How is it that none of the provinces are aware of such consultations having taken place? This is further evidence that the government only honours its agreements with the provinces when it is in its interest to do so. Instead of members of a party in one corner of this House using the bill for partisan political purposes we should be united in opposing the measure; that is the only way in which we can convince the government that we intend to throw the whole weight of the opposition against this bill and other legislation of this kind.

● (2050)

I wanted to get some first hand information on this bill from my own riding so I got in touch with a couple of doctors in my home town. I asked one of them, Dr. Dempster, what his opinion was. "There was no doubt about it," he told me by telephone, "medicare is here to stay. There is no way we can ever go back to private billing because nobody can afford to do so. We have too many doctors being paid under the scheme now. It would make us bankrupt if we had to go back to private billing."

Medicare was aimed at helping people who could not afford medical services. That was the primary reason for starting it. It is said now that doctors are seeing people unnecessarily, that hypochondriacs are coming in all the time and that they should be discouraged by the imposition of a deterrent fee. It has not been demonstrated that this, in fact, is the case. The wealthy people who could afford to pay would pay and come anyway, and if the old age pensioners and the welfare recipients, those who, by and large, most need medical care, were required to pay they would not come because they could not afford it.

The doctor went on to say that in his opinion it had not been demonstrated that the plan had been abused significantly. "I think they could probably prove or disprove this by pulling the profiles of patients with a computer", he added. It was, he said, a time for consolidation. There was no sense in each little bailiwick carrying out a research project which was never likely to be of any significance. He further stated, "There is no way you are going to back down from medicare. As far as the federal government's contribution is concerned one accepts that it is a moral responsibility, and if you accept it you have to pay for it."

I appreciate Ontario's point of view because, as one of the have provinces, they are carrying a tremendous load, along with British Columbia and Alberta. The doctors have agreed to an increase of 8.3 per cent. They are living with it and I guess they should be commended for doing so. The doctor's comment on this point is interesting: "Well, they had to, by God!" This young doctor had attended the meeting which was held in Toronto. The doctors originally wanted an increase of 35 per cent, plus other things as well. In his conversation with me, the doctor I was speaking to commended the Ontario Minister of Health. Frank Miller, he said, must be an exorcist, having succeeded in talking the meeting out of that.

Further, in conversation, he expressed the opinion there were too many doctors in Ontario now, one for every 585 of the population, whereas the accepted average was one for every 650. There were, however, shortages in certain fields. There is a shortage of phychiatrists, anaesthetists and cancer specialists. Possibly, my contact suggested, some of the younger general practitioners might specialize in those fields. This might very well be.

I am aware that there are smaller communities in northern Ontario to which it is difficult to attract doctors, ever under the provincial scheme for this purpose which ha: