

Health and Welfare occasionally considers himself a sort of Canadian Father Divine who, as you all know, was a former slave who operated his own church in Chicago, and who built a number of Meccas throughout the United States in which the few enjoyed luxury which the rest paid for.

In the debate in the other house emphasis was placed on the fact that Canadians need not fear any extensive or expensive medical bills in the future as a result of this measure.

At one point in particular I feel the federal Government has been very negligent, namely in its treatment of tubercular and mental patients. Under the Hospital Insurance and Diagnostic Services Act, tubercular and mental patients are not covered if they are in a tubercular hospital or a mental hospital. It is true that they do get coverage if they are in a general hospital, but of course it is extremely difficult for a tubercular patient to be admitted to a general hospital. The larger hospitals do have active psychiatric treatment wards, but they account for a little over two per cent of the psychiatric beds in Canada. These are two of the most expensive and lengthy illnesses that can afflict individuals, and the federal Government does not touch or assist them in any way.

I wish to say something further about the drift towards socialism and its effect on Canada's development. We are all familiar with the division within the Liberal party concerning foreign investment and foreign ownership in Canada. Honourable senators, it grieves me to see a party split, as the threatened departure of Mr. Gordon from public life also grieves me. I would like to make a suggestion to those opposite which will allow them to heal the split in the Liberal party and retain Mr. Gordon, and do Canada a great service. I am basing that remark on the fact that a study of the welfare payments in Canada shows that as these payments increase so does foreign investment in Canada; they run almost parallel.

In all sincerity I suggest to you that if we stop this rush down the road to socialism we shall not only save Canada but also greatly assist the Liberal party. I hope they will take that advice in the sincere spirit in which it is offered to them.

**Hon. Mr. Connolly (Ottawa West):** Physician heal thyself.

**Hon. Mr. Phillips:** I wish briefly to mention the problem of the profession. Probably I should say professions, because I am mostly concerned with dentistry.

First, I will mention the medical aspect. No one will dispute that Canadian doctors maintain probably the highest standard in the world, and that Canadians without medicare at the present time enjoy the highest standard of medical treatment in the world.

**Hon. Mr. Sullivan:** Hear, hear.

**Hon. Mr. Phillips:** Our doctors are extremely dedicated. I have many friends in the medical profession who become rather annoyed when they read of and hear people asking for a 30- or 35-hour week. Doctors would like to get 35 hours in a week to rest. In presenting medicare to the public we must be most careful that it does not reflect upon the medical profession. I for one would deeply resent that.

Canada has, on the average, one doctor for 960 patients. Prince Edward Island is in a worse position, having one doctor for 2,000 people. The United States, in turn, has one doctor for every 740 patients. I mention the United States, because the workload of the American doctor is 30 per cent less than that of his Canadian counterpart.

As I have already stated, we did not have much time to plan for medicare. We made no effort to step up the training of doctors. The Hall Commission recommended that we add 471 students to our medical classes each year.

Honourable senators, this is an extremely expensive task and it is one, of course, that had to be done whether medicare was introduced or not. I am not blaming this on medicare but I want to point out the need of assistance to medical and other professional schools. The University of Toronto, I am told, will be adding 75 students to its class this year, but that is being done at a cost of \$35 million. This illustrates the staggering cost that the medical schools are facing. In fact, I am told that to get the 471 students into medical schools, we would need to create ten new medical schools of approximately the size of Queen's University. The same shortage applies in my own profession, and in nursing. Canada presently needs 35,000 nurses.

One of the problems in keeping doctors in small rural areas is that about half of the doctors in Canada today tend to specialize. The general practitioner fears very much the regulations which will be introduced under medicare, that they may place him in a very awkward position in dealing with his patients. Those regulations may set out that only a specialist can perform certain forms of treatment, and quite often this type of specialist is not available in that area.