

*Medical Care Act*

The provinces no longer trust the federal government. This is a most serious situation in a country like Canada whose very existence depends on a system of co-operative federalism. The House has seen ample evidence of the opposition of the provinces to this bill. Statements have been entered into the record from nearly all provincial ministers of health at one time or another during this debate. I do not propose to quote them further at this time. We have all heard them, and the obvious question still lingers; in the face of such unanimous opposition, why is this bill still before us now? Why has the government not taken the honourable course and withdrawn Bill C-68?

The federal government will no doubt say that it is an attempt to cut government spending, and that health care has become too expensive. That is a sham argument, and we all know it. I will have more to say later on the relative costs of health care. But, regardless of costs, the bills still have to be paid, and if not federally then provincially, and if not there, then where? By the ordinary people of Canada, of course.

● (2030)

Before I continue further, Mr. Speaker, I would like to make one point abundantly clear. I do not stand against the reduction of federal government spending. On the contrary, I am very much for it. What I am against is the prevailing approach of the government, an approach which is sweeping and indiscriminate in nature, and which in this particular case is succeeding only in transferring the financial load to the already overburdened backs of others. It represents, as well, another example of the government choosing to cut back in the wrong area of expenditure. The government is lackadaisical in its approach, thus failing to get to the heart of its spending difficulties. There are several other areas of government expense which could be cut back drastically without causing harm to the provinces or to the general health of Canadians. The singling out of the medicare program by the imposition of spending ceilings is a truly incredible piece of folly.

I do not propose to become embroiled in a debate over general government spending practice at this time, Mr. Speaker. That is reserved for another occasion. For the edification of members opposite, however, I might refer them to the recent report of the Canadian Chamber of Commerce on this very subject. It contains a wealth of worth-while advice on this subject which the government would be wise to accept.

Allow me to return briefly to an earlier statement—that the provinces no longer trust the federal government. Why should they, for they have been cheated? The very presence of Bill C-68 before us is a clear indication of that. Ordinarily I do not like to use such strong language in the House. In this particular instance, however, there is no way round it. The provinces have been cheated, and even as I say it I have an uneasy feeling that the real sting has yet to come.

The provinces were dragged into medicare against their collective wishes, even though assured that the federal authority would pay its way. They were led down the garden path, so to speak, and are now faced with the unhappy though not altogether surprising prospect of having the rug pulled out from under them. One cannot

help but wonder just how far the Liberal government would really like to go on this matter. Is this just the first step to an eventual opting out of the program altogether? Some provinces fear this may be the case and, if it is, then it is the duty of the minister to tell us so right now.

The government is guilty of yet another transgression. I refer to the publicity surrounding Bill C-68. Press reports about this legislation and projected costs in the last budget speech have misled the public by combining medicare and health insurance costs and then picking out the medicare program for specific action. The inference is that increased medical care insurance costs are the major factor in escalating health care costs. This is clearly not the case, and the government is fully aware of it. The proportion of our gross national product spent on medical services in Canada has in fact declined from 1.3 per cent in 1971-72 to 1.1 per cent in the 1975-76 forecasts. The average annual payment increase incurred by the federal government is less than 12 per cent, well below the average yearly increases in over-all federal spending.

It should be noted, Mr. Speaker, that opposition to Bill C-68 is not restricted to the provincial governments, but that such groups as the Canadian Medical Association and the ten provincial medical associations stand firmly against it. The Canadian Medical Association takes the justifiable position that these arbitrary budget controls will produce definite hazards for Canada's health care delivery system. They state that the budget controls will have the effect of restricting the availability of health care to the point at which it would have to be rationed. Obviously such an action could endanger the quality of medical services available to Canadians.

In a letter to the minister, a letter which has apparently been ignored, Dr. L. C. Grisdale, President of the Canadian Medical Association, says:

The permanent cost increase ceilings proposed will result in the rationing of medical care; the cost increase ceilings will inhibit, if not prohibit, the introduction of new medical procedures and make it impossible for them to be made available to all Canadians who would benefit from them. This will be particularly true for those Canadians who live in less wealthy provinces—frequently those areas where improvements in the health care delivery system are most needed.

The effect on the 'have-not' provinces is particularly significant. Since the introduction of medicare, these provinces with less developed health care systems have benefited from the federal-provincial cost sharing formula. The imposition of a ceiling on federal contributions will deprive these less wealthy provinces of further opportunity to improve the level of medical services in their communities. It will be impossible to evolve a uniform program of equitable availability and quality.

As has been noted previously by many of my colleagues, the CMA resents the sledgehammer approach of the government. Surely the Minister of National Health and Welfare is aware that increases in medical costs have been less, on a percentage basis, than have increases in most other areas.

Let us examine more closely some of the figures involved. The increase per capita of medical care costs in Canada from 1971 to 1972 averaged 6.9 per cent. At the same time the average increase per capita of the gross national product at market price was 12.8 per cent. The consumer price index during the same period rose 7.9 per cent, while average weekly wages and salaries in the industrial sector rose by about 8.5 per cent. Obviously,