

*Medicare*

1, 1967, all of the provinces will have indicated their willingness to come in under this plan.

I would point out, Mr. Speaker, that there is nothing in this bill which compels any province to adopt a medicare program. This legislation is enabling legislation which merely says that in any province where the provincial government is prepared to set up a medicare program, and its program complies with the four principles laid down in this bill, of providing medicare, of having it portable from province to province, of having it under public administration and of having it universally applicable to every person in the province, then the government of Canada will pay half the costs.

No province needs to come in; any province can stay out. When I hear some complaint, as mentioned by the last speaker, that this legislation proposes to force medicare on the provinces, I would like to remind the house that when we established the hospital insurance and diagnostic services program in Canada it was a Conservative government—I have given it credit on hundreds of platforms across the country for doing so—which made that program available to all provinces.

The Liberal government which introduced the legislation in 1956 put a joker in it which said that the legislation could only become effective, provided 50 per cent of the provinces representing more than 50 per cent of the population came under the benefits of the act. To the everlasting credit of the Diefenbaker administration, one of the first things it did when it took office was to take out the joker and to say that hospital insurance was available to any province which wanted it. That administration said, "It is not compulsory. We are not forcing it down anyone's throat, but any province that wants to avail itself of hospital insurance can do so."

At that time only the provinces of Saskatchewan and British Columbia were eligible; but other provinces came in, and today every province is under the hospital insurance plan. If the Leader of the Opposition (Mr. Diefenbaker) when he was Prime Minister of Canada had not taken that step I doubt very much if we would have national hospital insurance today. Therefore I find it passing strange that while, when the Conservatives were in office, they were quite prepared to pass enabling legislation, allowing any province that wanted it to avail itself

of hospital insurance, now they argue that this legislation is forcing medicare upon the provincial governments.

The second reason given for deferring medicare, as stated in the amendment, is because its supporters want to recognize the principle of voluntary choice by the individual. If by that is meant the free choice of doctor, then of course I agree. But, Mr. Speaker, there is nothing in this legislation which denies any patient the right of free choice of doctor, or denies any doctor the right to freely choose his patients.

Therefore I can only conclude that when they talk about free choice by the individual, members of the Conservative party have in mind the right to choose whether they will come in under a publicly administered plan or whether they will come in under a private insurance plan. Certainly many of the members who have spoken on behalf of the Progressive Conservative party in this debate have argued that the reason they will vote against this legislation is that of compulsion. They say they are opposed to compulsion.

● (4:10 p.m.)

When I interrupted the hon. member for Parry Sound-Muskoka (Mr. Aiken) the other day and said this compulsion that he talked about was recommended by the Hall Commission, he said he did not agree and that that was not his interpretation of the Hall Commission report. Well, I can give many instances but I would like to point out that the Hall Commission started out by very seriously discussing two possible kinds of medical insurance, the first being the kind which obtains in British Columbia, Alberta and Ontario, where those who are able to pay the premiums join some private plan operated by an insurance company or some non-profit group, with the balance who cannot afford to pay the premiums coming in under a government scheme. The Commission, after looking at that proposal, came down against it, and in favour of a comprehensive plan publicly sponsored and publicly administered. They faced up to this problem. For instance, I refer members to page 10 of the first volume of the Hall Commission report in which they say this:

The national interest requires that the risk must be spread over the whole productive population to cover everybody and not only those who choose to insure voluntarily. And the device must be used ultimately to finance the whole spectrum of health services, not merely hospital and physicians' services. To make certain that all our citizens have access to the necessary health services is now