

*Medicare*

This letter is signed by Mr. J. A. Seale, O. D., who is a resident of the city of Estevan, Saskatchewan. He is the executive officer of the Saskatchewan Optometric Association. I think his views are well taken in this respect.

I have before me a brief presented by the Canadian Association of Optometrists which also deals specifically with their views as to Bill C-227. This brief in part states:

The Canadian Association of Optometrists expresses its grave concern that the medical care act will have far-reaching and injurious impact upon the pattern of providing health care services that has been established in Canada over a great many years.

That is a pretty strong statement coming from an important body. I think their views should be considered before this bill finally passes the house. The brief then states:

The significance of this aspect of the bill is clear. It would demolish or severely interfere with the public's method of obtaining health services, from optometrists, as well as other members of the health professions, such as dentists.

The bill makes it clear that all eye services will have to be included if the provinces are to qualify for the federal grant. This means that such services as "major ocular examination," "tonometry," and "orthoptics" as listed in the schedule of fees of the Ontario Medical Association, will be included. These services are regularly provided by optometrists for their patients.

Optometrists are legally and academically qualified in all provinces to perform—with the exception of such services as surgery and treatment of disease—all of the services required in the major ocular examination referred to in the Ontario Medical Association schedule. Optometrists prescribe treatment if the defect is functional, which it is approximately 95 per cent of the time. If there is indication of disease referral is made to a medical practitioner.

The brief then states:

The public will be deprived of its traditional and fundamental right to freedom of choice of health practitioner.

Optometric patients (almost six million, or 65 per cent-70 per cent of Canadians who seek vision care) will be influenced to quite naturally seek out the favoured-by-legislation practitioner, i.e. the medical practitioner.

Optometrists would be placed in the suicidal position of having contributed to public funds which will be used to drive patients out of their offices.

It will have a serious impact upon the number of young people coming into optometry.

I think this is a very important point which bears emphasis because, as I pointed out, approximately 65 per cent to 70 per cent of people who require eye services go to the optometrist.

The brief then states:

There would be little incentive to study for five years to become a member of a profession legislated to fade from the scene.

23033—573

It will provide a service which if restricted to medical practitioners will be unavailable to a great proportion of the public, particularly outside the metropolitan areas.

The optometrist is the only vision care practitioner in 60 per cent of the communities where there are optometric practitioners. There are almost 1,500 optometrists in Canada and only around 300 certified ophthalmologists. The need for both practitioners seems obvious.

We recommend that the restrictive and discriminatory elements of the bill be removed and that the definition of "medical practitioner," for the purposes of the bill, be changed to include optometrists.

I think the Canadian Optometric Association brief and those other references I gave bear out the necessity for the government to take a serious look at this bill before it is finally passed. Surely these people should be included in the provisions of the bill because they also prescribe for the health and welfare of a great majority of the Canadian population.

Without repeating myself, let me suggest that a great many of the same arguments could be applied to those people who practise chiropractics in Canada. I have a great respect for this branch of our medical practitioners, and I feel they too have a strong case to be placed before parliament.

I could go on at some length with further references to this particular legislation, but suffice it to say that as a member from Saskatchewan I support the principle of this bill. I am naturally very concerned because the government promised the services to be rendered by this bill to be in effect by July 1, 1967 but has now seen fit to postpone that date for a year. This has come as a great disappointment to many Canadians, particularly those in the lower income and fixed income brackets. The government deserves strong criticism for not accepting the advice contained in the amendment moved by this party to bring in medicare for old age pensioners and those on fixed incomes, because they are now unable to provide the necessary services to which they are entitled.

● (9:00 p.m.)

I believe the government can be and should be strongly censured for at least not starting with the pilot project which would take in roughly 30 per cent of Canada's population which deserves these benefits immediately. It has been mentioned on a number of occasions that when this legislation is brought into effect it will place a very heavy load on the medical practitioners of this country. I believe that the suggestions that have been