

The Address—Mr. Ogle

However, at the end of the 23 days there had been a basic social change in the history of our country. I feel now that those 23 days had a great influence on my life in relation to many other social questions. It was an education to be there and to see that finally social change of a basic nature came about only when a group of people had in themselves a vision and, more than a vision, the courage to bring about that vision even though everyone seemed to be against them.

Some hon. Members: Hear, hear!

Mr. Ogle: From that beginning in Saskatchewan in 1962 the notion of a medicare scheme spread to other provinces. However, that came after. Because there was a problem of magnitude—medicare would affect everybody—a former prime minister, now deceased, the Right Hon. John Diefenbaker, made an historic decision and appointed in 1961 Mr. Justice Emmett Hall to study the health needs of Canadians. I believe the resulting report should seriously be looked at again by all Canadians because that document outlines the basics of medicare.

Some of the recommendations in that report have been put into effect, but many have never yet been attempted. There are visions in that document which have not really come to light anywhere as yet, but I invite one and all to look again at that document. In the document there were four basic principles which were necessary to have a medicare scheme function. The first was that there should be comprehensive coverage; everyone should be in the scheme. The second principle was that there should be universal availability; that it would be possible for everybody to receive health care. The third was that there should be portable benefits; one could travel from one place to another and still be taken care of. Finally, it should be administered by a central, non-profit administration. That has worked, more or less, in different places and in different ways, but in the last year or so I feel that obvious cracks have begun to appear in the system. Doctors are now opting out, which has a different wording in different places. There is double billing or something else, which is to say that the system is not being followed. Premiums are now going to be charged in Newfoundland, for instance, which again goes against the very basic nature of the medicare idea.

When things like this begin to happen, we have a dangerous situation on our hands. To draw an analogy, the four principles to which I referred could be regarded as something like the legs of a chair. If one leg of a chair was shorter than the others, the chair would be wobbly and a very uncomfortable place to sit. If one began to cut the legs so that a balance could be obtained by giving up a part of one of the legs, the chair really would not become balanced. A more critical situation would develop, finally causing the person sitting on the chair—and I do not know what words I can use in the House—to fall to the floor. That is what will happen with the medicare scheme and plan unless something of a drastic nature is done to stop the erosion that is taking place.

● (1520)

Some hon. Members: Hear, hear!

[Mr. Ogle.]

Mr. Ogle: Now I should like to quote from the speech which Tommy Douglas gave in Toronto this weekend in which he expressed ideas that are very close to mine. I should like to state the ideas of a person for whom I have great respect and who, in total truth, can be called the father of medicare, namely, Mr. Douglas. He said, and it is true, that the majority of doctors across Canada are operating under medicare plans. He said also that if fee schedules are not adequate under provincial plans, then fair schedules should be negotiated between the provinces and the doctors. There is no point in saying that all doctors are unjust, that is just not true, but they should be given fair fee schedules.

Some hon. Members: Hear, hear!

Mr. Ogle: Mr. Douglas also said that there should be no opting out. That was a very clear principle in the Hall report.

Some hon. Members: Hear, hear!

Mr. Ogle: Another thing that Mr. Douglas said, and which I feel is a very good point, is that if a doctor wants to opt out, then he should be allowed to do so, but he should opt right out and not use the scheme to get part of what he wants and something else to get some more of what he wants. The vast majority of doctors will remain with the scheme and receive an adequate income for their services, but if they opt out, then, I suggest, they should do without the public services which they frequently use under the medical care plan. That is a very serious point and one which I hope this government will take to heart. I hope that the government will ensure that that practice stops under the present legislation.

There are certain areas of health care which I think deserve special attention. I will pass over them quickly. I feel that health care in the whole area of industry is a point to which this government will have to pay special attention. In the area of health care, psychiatric care in the penitentiary system, special notice will have to be taken by the government. Odyssey, a group of inmates at Millhaven working for constructive, non-violent change, produced a working paper in August of this year alleging that medical and psychiatric neglect and abuse are rampant in Canadian penitentiaries. That should be dealt with immediately by the government.

Then there is the whole problem of the Indian native population. A serious injustice is being done to these people because of the appallingly inferior level of health care being provided to the native communities. The average life expectancy is 10 to 20 years less for a native; health and mortality is two to three times as high as the national average; their caloric intake is well below the national average; the number of doctors and nurses caring for them is well below the national average.

In the new charter which Mr. Hall produced the following is stated:

There is clearly an overriding national interest in the health of Canadians wherever they reside. We are a mobile people and illness knows no provincial boundaries nor other differences... What the commission recommends is that... as a nation we now take the necessary legislative, organizational, and