

Medicare

distributed, there must be a major improvement in the physician-population ratio. I maintain there is a real danger that if the plan now proposed is implemented even by 1968 people will be insured but will not be able to get adequate medical treatment because of the shortage of doctors and other personnel involved in medical care. Our amendment says, in effect, that adequate provision must first be made for the supply of such personnel before a national scheme is adopted.

The last point in our amendment is that immediate provision should be made for those who are unable for financial reasons to provide medical services for themselves. Surely our primary responsibility is to take care of those who are not able to care of themselves. This is a basic principle when government interferes in private fields and it does so because the private sector has not been doing the job of caring for those who cannot take care of themselves. There is no need for the government to help those who are capable of helping themselves, particularly when they may not desire government help.

As I have indicated, a large percentage of the working people of Canada have their own private insurance plans. In many cases the whole of the premium is paid by the employer. In others, half is paid by the employer. Many of these people would prefer to retain their own schemes. Why should they be forced to take part in a government scheme when they do not need it and in many cases do not want it?

So we maintain that the scheme should take care immediately of those who cannot provide for themselves by insurance. It may be expected that the provinces which have already introduced their own schemes have borne this thought in mind. In British Columbia, for instance, the province pays 90 per cent of the premiums of those who have no taxable income. In cases where the taxable income is less than \$1,000, the province pays 50 per cent of the premiums. If the federal government were to assist the provinces further, surely the provinces would extend their insurance to cover not only physicians' services but all services, including eye and teeth care.

It is the people who are in need who should receive full coverage in respect of all medical treatment. It is more important to provide those who are in need with comprehensive coverage than it is to provide merely

physicians' care for everyone in Canada. If we accept the fact that there is a shortage of medical personnel, which I think this is clearly demonstrated by the Hall report, then instead of acting initially to extend coverage to everyone in respect of physicians' fees only we should concentrate on those who cannot afford to provide their own insurance and make comprehensive coverage available to them.

I hope the government will consider our amendment in the spirit in which it is offered. We are in favour of a national insurance scheme and we feel that our proposal if accepted would provide for a more effective and a more equitable scheme in Canada.

Mr. Walker: The hon. member has been suggesting that there are not enough doctors or facilities at present to take care of a universal, comprehensive medical care scheme. Has he some idea as to the length of time which might be needed to acquire the necessary facilities?

Mr. Chatterton: According to the Hall Commission report five new medical colleges are required. Remember, that report was submitted in 1964. It takes between eight and ten years to establish a medical college. The commission also made recommendations as to increasing enrolment in the existing colleges. I think the responsibility rests on the government to make an assessment of the position today and say five years from now. There is a possibility of shortening the length of time necessary to establish a medical college and perhaps of shortening the medical course. The health resources fund, it will be remembered, was not approved until this year, two years after the Hall report was submitted. So I maintain that even by 1968 there will be a serious shortage of doctors.

I think it has been shown by the experience in Britain and in Saskatchewan that with the introduction of universal medicare there is an increase in the number of visits paid to doctors. So there is bound to be a shortage of doctors with an adverse effect on the quality of medical services, and I believe the situation will be worsened if we adopt the plan now proposed in its present form.

I maintain that the government should first make a thorough assessment of the position today, two years after the Hall report, as well as a year or two years from now, and that over-all coverage should be delayed until such time as the government is satisfied there