

*Medicare*

of specialists. The discrimination in favour of medical practitioners, as set forth in this bill, is discrimination against dentists. The argument is made forcefully in a letter to me by Dr. Alexander E. Hoffman, a dentist in Halifax. I quote his reasoning as my own.

Starting with the proposition that dentists are discriminated against by the definition of insured services, which is the clause we are now considering, he says this:

A definition of "medical practitioner" which does not include dentists will have the following harmful effects:

(1) The act will, in effect, imply that physicians as a group are better qualified to perform oral treatment services than are dentists who by education, training, experience and licensure, are equally entitled to render the same services. Dentists have always provided these services and frequently upon the request of the medical practitioner.

That is the point I made in my opening remarks. I continue the quotation:

(2) The public when aware that oral treatment services are compensable only when performed by physicians, will be denied the unencumbered free choice of a practitioner.

That is the point made about a dozen times in the debate so far.

(3) Dental practitioners will be contributing to public funds which will be used to persuade the public to receive oral treatment services from other practitioners.

Touché; Dr. Hoffman is so right.

(4) The education of dentists, and particularly oral surgeons, will be adversely affected. If dentists in practice experience little demand for these procedures under the medical care act, then there's little point in continuing to include training in these procedures in undergraduate and graduate programs. The omission of the pertinent subjects would cause the total of these services to be diminished.

These are powerful arguments by a reputable dentist. The dentists are thinking a lot about this bill nowadays, and though Dr. Hoffman should not be termed the thinking dentists' dentist, he puts very well the points related to the discriminatory provisions of clause 2(d) of Bill C-227.

I have another letter from another dentist in Halifax, a Dr. R. Epstein, who makes these arguments about the bill:

1. It recognizes physicians as the only qualified group for oral treatments when dentists are fully qualified to do these.

2. It induces patients to seek these services from physicians only.

3. It penalizes patients who want these treatments from dentists.

4. Public funds (to which dentists contribute) are being used in a way detrimental to dentistry, as well as to the public.

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**Mr. MacEachen:** May I ask the hon. member a question. Can he tell me exactly what the dentists who write him letters mean by oral treatments? That is a vague expression, and to put any meaning into what is said we have to know exactly what is meant.

**Mr. McCleave:** I am advised by my medical adviser that oral treatment means oral surgery. If I had been left to answer that question, I should have said that it is treatment of a disease or condition around the mouth that, if not treated, would lead to bad health, and if treated would lead to good health.

Surely, the point of the bill we are considering—whether you are treated by a witch doctor, the village blacksmith or heaven knows who—is the good health of Canadians.

**Mr. MacEachen:** Is an amendment to this effect contemplated?

**Mr. McCleave:** Saying that one man who has gone through university for 10 or 11 years should be allowed to cure, and to be reimbursed from the public treasury, but that another man who has gone through university for 10 or 11 years, such as a dentist, should not be reimbursed, is discriminatory. Optometrists go through specialized training for a number of years, perhaps not at university, but they are specialists also. To discriminate in this way is to adopt a caste system in this country, a health treatment caste system that defies rationalization or reason.

I have made the point over and over again and will not repeat it ad nauseam. I ask the minister to consider the guts of the medical care bill, clause 2(d), because we are paying for the healing services of qualified practitioners. Those who treat us, who perform the services under the act, must be qualified. They must have qualifications which would preclude, I would think, the village blacksmith or the witch doctor approach.

Perhaps we might adopt the amendment suggested by the hon. member for Kamloops, or the hon. member for Hamilton South. I will leave out the amendment suggested by the hon. member for Winnipeg North Centre because, had he been able to include optometrists he would have added five or six other categories of practitioner. But he and I are on the same bandwagon, because we are trying to remove the rigidity from medicare. We have a number of alternative ways to do that, one of them being some form of regulation providing for a high standard of care by paramedical groups, if that is the correct expression. I should like the minister to consider