

*Medical Care Act*

federal proposals in the health care field and in the whole area of revenue and tax sharing.

The federal government has been less than completely open with the provinces. They have left a large number of questions unanswered about which the provinces need data. They must have these answers from the federal government before making any rational decisions with regard to federal government proposals made over the past several months. It is incumbent upon the federal government to meet them more than halfway in providing that information, as well as complete information on the intentions of the federal government. The provinces must have this before they can start with any degree of responsibility to accept proposals by the Minister of National Health and Welfare.

I urge the House not to let this bill pass, so that the Minister of National Health and Welfare and the Minister of Finance will have to go back to the drawing board and come up with something better to submit to this parliament and the provinces of Canada.

**Mr. Ron Huntington (Capilano):** Mr. Speaker, I rise to offer a few comments from the riding of Capilano, in the province of British Columbia, on third reading of Bill C-68, to amend the Medical Care Act. This act might be entitled "a tale of good intentions and unmanageable consequences".

● (1240)

I would not be taking part in this debate had it not been for some of the political venom spewed forth by the hon. member for Nickel Belt (Mr. Rodriguez) using the occasion to aggravate the condition which exists in the province of Ontario. He paid high tribute to his colleague, the hon. member for Nanaimo-Cowichan-The Islands (Mr. Douglas), and I would like to endorse that tribute. But one thing has to be put on record to correct the statements made by the hon. member for Nickel Belt and those in his party. It is this: some 15 years ago the government of the right hon. member for Prince Albert (Mr. Diefenbaker) recognized that action should be taken to reduce income barriers to adequate health care, and he appointed a royal commission to assess the situation and bring in recommendations.

There were two obvious needs at that time. A minority of the population were not in a position to afford adequate health care, and the care they did receive was subsidized by other patients through the fee structures of hospitals and the medical profession. I agree that this did interfere with the dignity of people with marginal incomes, those at the perimeter of the work force. The second was that families risked being made bankrupt by having to pay catastrophic hospital and medical costs. Many were protected against this hazard by a variety of successful private and corporate plans. In those days, many of us who were then just hard working members of the public, taxpayers of Canada, spoke out with regard to the possible consequences of a universal plan for health care. The Liberals came to power. They considered the studies of the royal commission to which I have referred, and they opted for universality despite the warnings of the provinces and the advice of many of us who were involved in this field as citizens in our communities.

[Mr. Benjamin.]

This decision led to the destruction of the private plans which were looking after some 85 per cent of the people in Canada at that time. Many of us who were members of community organizations were in favour of government subsidies to look after the medical needs of those in the work force whose incomes were marginal. The day has now come when we see clearly that there is no such thing as a free lunch. What people need now is a system of cost-benefit measurements which relates to their own purchasing power. We have hidden the cost of medicare. We have created a system which is out of control. We are failing to utilize our tax resources efficiently. Hence the present debate on an act to amend the Medical Care Act.

Some of us in those days were calling for an end-user tax by means of which the taxpayer could measure the cost of the services which were being provided for him in terms of his own income. Hon. members to my left will immediately scream that such a proposal favours the rich and works against the poor. But we were also suggesting that there be increased tax exemptions at the lower level of the income scale to counter such objections. The chance of having a means of meaningful measurement of cost was thrown away. We offered free lunches all over the country. Now we have to pay the piper.

This program, which was imposed unilaterally upon the country by the Liberal government, has created bureaucracies at the federal level, at the provincial level and at the hospital level. The bureaucracy has grown to such an extent that non-medical administrators exercise more control than the doctors trying to cure patients. There is continual agitation and confrontation between doctors, patients, hospital staffs and the system.

These disputes and the runaway costs of health care are a reflection of the inflation which is causing so much hardship and is bringing our system to its knees. In my opinion, it started with the St. Lawrence Seaway settlement under the Liberal administration of that day—an ad hoc measure for which we are now paying the price. We have since seen an escalation in costs on every side, and a recklessness in the use of our tax resources for which the government in power is totally responsible. The stability of the structure to which the scheme is related is now being threatened.

Having committed the federal treasury to massive expenditures, the government finds itself short of cash, unable to generate sufficient funds to discharge the commitments it has made. In these circumstances, it is preparing to dump the worst of its financial problems on to the provinces although they are already overburdened with tasks laid upon them in Ottawa. The effect of this proposal to cap expenditures will be dislocation of services throughout the provinces. Had the Liberal government, back in the days when insurance schemes were serving 85 per cent of our population, left that structure intact and put in a scheme to assist those on marginal incomes, this dilemma would not exist today.

Members of the New Democratic Party have devoted a good deal of time to attacking the province of Ontario for the readjustments it is making to meet the changes which this bill is designed to impose. I remember that some years ago I personally presented a case for more efficient administration of health services to the NDP cabinet in