

*Medicare*

and Germany viewed as the outstanding countries in the fields of laboratory and clinical research.

I hope the minister will have a second look at this bill, in light of the historical experiences I have mentioned. Perhaps he will consider the 1964 statistics showing the number of medical graduates in England in that year, and the number who left that country permanently. My figures indicate that in 1964 there were 1,600 graduates in medicine in England, but that during the same year 1,200 left the country permanently. Surely that tremendous emigration of English doctors can be related to the increase in the number of admissions to hospitals there. What will happen in this regard in Canada?

• (6:40 p.m.)

Here we have something that is unique in the medical field. Let me give you one or two examples. Insulin was developed by Banting and Best, two Canadians. We are all very proud of our neurosurgeon, Dr. Penfield. We are very proud too, of the men who introduced to the world of medicine some of the matters I referred to earlier, including the theory of relaxation which has enabled open-heart surgery to be carried out. This is something we have read about in our week end magazines. I believe some 17 operations of this type have been performed and all but 4 have been successful, due to Canadian research and the dedication of Canadian doctors.

Do we want to rush into scheme, Mr. Minister, without taking a second look at medicare history in Europe? Surely the experience in similar schemes means something. Doctors and professional men are not leaving England at the moment because of wages or monetary return. These things are very easy to evaluate. They would be making much more money had they stayed in England. Why did 1,200 doctors and professional men leave that country? Why does a person become a doctor? Why does a person become a lawyer? Why does a person become a farmer? It is not necessarily because people think they are going to become millionaires.

As I said earlier, Mr. Speaker, political expediency and economic considerations are no real reason for dealing with medicare in this way. As I have said publicly on many occasions—in fact I said it many, many years ago before we were even talking about medicare—our main consideration should be the mortality rate. Whose mortality am I speaking about? It is the minister's; it is

yours, Mr. Speaker; it is mine and my children's, and that of our friends in the street. This is what we should be considering. In the light of the history of medicare in other countries I believe the minister should take a hard, second look at this scheme.

We on this side of the house are accused of holding up the business of the house, legislation increasing old age pensions, and so on. Maybe we are. But believe me, if our holding it up will result in the saving of even one life I am glad that I have taken part in this debate. I should like to come back to the question of comparison in this area. I mentioned state medicine. I mentioned very briefly what we in Canada have to be so proud of.

What is going to happen in this field? I should like to ask the minister what is beginning to happen right now. Canadian doctors have maintained that spark of something which I cannot properly describe. In Canada in 1936, in the depths of the depression, after a person had studied for at least eight or nine years why would he enter this profession of doctor when he knew he would not be paid? There must have been a spark of something in his heart, and he was not motivated by the pay he received. Doctors worked long hours and asked no questions, and suddenly what were they faced with? What were they faced with in Saskatchewan in the dark and dirty 30's as they are often called? Suddenly there was a state medicare program, which I think went to the extent of paying 41 per cent of doctors' bills.

I need not tell you the result of that scheme, Mr. Speaker. In my area half the doctors are from England and Saskatchewan. The ones from Saskatchewan are admittedly earning less money, and those from England are earning even less than that. These people gave up their careers and their homeland to move across an ocean and a continent. There must be some way in which we can appeal to the minister to reconsider this program and bring it about in another way. After all, with the experience of 100 years of state medicine we should be able to devise a better scheme than this. This experience must be valuable. The government does not have to introduce an identical state medicine plan. I am no scholar of history, and certainly I am no medical or hospital authority, but if the bill is introduced in its present form I see no reason why we should not expect the results that have occurred in other countries.