

until the next sitting of the House. Debate is, of course, possible upon a third reading motion at any sitting.

Mr. Blais: Mr. Speaker, through usual consultation the order of business will be Bill C-68.

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● (1550)

MEDICAL CARE ACT

AMENDMENT TO LIMIT ANNUAL INCREASE IN PER CAPITA COST OF INSURED SERVICES UNDER MEDICAL CARE PLANS

The House resumed, from Monday, February 2, consideration of the motion of Mr. Lalonde that Bill C-68, to amend the Medical Care Act, be read the second time and referred to the Standing Committee on Health, Welfare and Social Affairs.

Mr. P. B. Rynard (Simcoe North): Madam Speaker, I am amazed that the federal government should bring in a bill to limit doctors' incomes to a rate of increase far below the rate of inflation, particularly in view of the fact that they received an increase of only 4½ per cent in 1971 and no further increase until 1974. That was a three-year interval without an increase. Then in 1974 they received an increase of 7.75 per cent, far below the inflationary factor. It is hard to believe that this child, national medicare, was brought in to give the highest quality of medical care to all individuals in Canada regardless of their resources or where they live. That any government dedicated to such high principles as the government of the late Lester B. Pearson—a Liberal government at that—could now, so hypocritically, attempt to destroy those worthy principles is hard to understand.

I believe doctors will continue to give the highest quality of medical care they are capable of giving, in spite of the efforts of politicians to lower and undermine the standard of medical care in Canada. Most doctors realize that the strutting politician of today occupies the stage of time for only a brief moment, after which he is gone, leaving the good or harm he has done as a tiny scar on the face of humanity. It is hard to conceive the reasons for which a government beset by scandals and under the table deals involving bookkeeping no auditor would ever pass, would have the temerity to bring in a bill affecting a group whose increase in pay has been far less lavish than the pay increase granted to its own members or its own increase in spending. The bill is wrong; the principle is wrong.

The cost of medicare is declining in relation to the gross national product. Hospitals, it is true, have been running into trouble—I give the minister credit for pointing this out—but they are running at a lower rate of inflation than the government. What is the reason for making health care costs the whipping-boy, the unwanted child of a government which has surely committed worse follies? I wish to quote a statement made by the Secretary of State for External Affairs (Mr. MacEachen) who brought this act into being. I do not in any way blame the Minister of National Health and Welfare (Mr. Lalonde) for the mess we have got into, though I wonder sometimes whether he has made the best use of the talents he possesses; whether he could not do more to influence his provincial counter-

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parts and create an atmosphere in which the job could be done together. These are the words which were spoken by the former minister of health:

Health is not a privilege tied to the state of one's bank account but, rather, a basic right which should be open to all.

I want to put on record, too, the fact that at the federal-provincial conference held in July, 1965, then prime minister Pearson announced the federal government's resolution to provide financial support for provincially-instituted medical care plans. At that time he announced his government's intention to share 50 per cent of the cost of medical services provided the provinces met his principles—eligibility, comprehensiveness, universality, public administration, and portability.

The minister of national health and welfare at that time confidently estimated that the net cost of the scheme to the two levels of government would be \$80 million. I should like to point out that the treasurer of Ontario, when made aware of the contents of the legislation, inquired prophetically, "What guarantee have we that within a few years from now the federal government will not dump the whole responsibility for this program on the province and close off or limit its contribution after it has obliged the provinces to embark on its slippery slope?" That was the statement made by Hon. Charles MacNaughton in November of 1968.

Basically, then, opposition to the federal government's proposal came from two camps and centred on two distinctly different concepts. The provinces maintained that the Medical Care Act represented a federal encroachment upon exclusively provincial jurisdiction. I wish to emphasize once again, though I have already made it clear on a number of occasions, that this program has now become a federal-provincial program and it was the federal government which made it so. This aspect was stressed by the provinces themselves after the federal government had entered the field. During the discussion which preceded the introduction of the program, the provinces also maintained that their priorities were distorted by the availability of federal dollars, that the program was untimely and uncalled for in light of other considerations and existing provincial health care systems, and that the provinces had very little control over administrative costs, procedures or priorities.

I would remind the minister, further, that when Hon. John Robarts, who was premier of Ontario, embarked upon this scheme he was forced into it by the federal government collecting from him, legally or illegally, the cost of the medicare program. Ontario had its own scheme. As to the implications of the bill before us, I would draw the attention of hon. members to a statement made by the Minister of Labour (Mr. Munro) in 1969. He said:

The cost of health services has risen so rapidly in Canada in recent years that three alternatives are imminent:

The standards of health care now available can be reduced, or
Taxes, premiums or deterrent fees can be raised even higher—

That was the second suggestion. I ask the minister why medicare was brought in if there was going to be a deterrent fee. This is exactly the reason it was brought in. That is number two of the premise. The third was as follows:

Ways must be found to restrain the growth of cost increases through better operation of the health service structure now in existence.