

enormity of the task of means-testing this number of persons, quite apart from other administrative problems, can be well appreciated by all honourable senators here.

As honourable senators are aware, of course, the federal Government is even now able to share in the costs of health services for those of our people who are in receipt of social assistance. These health services include medical care until such time as programs are universally available. When the Canada Assistance Plan came into operation it became possible, for the first time, for the federal Government to share with the provinces the costs entailed in providing these services to the recipients of welfare aid.

To this extent, therefore, the federal Government has been empowered to assist the provinces in certain programs based on a needs test. The number of persons involved in these programs, however, is not comparable with the number which would require some form of subsidy under a partial plan such as that suggested by the Canadian Medical Association.

While other significant and important points have been raised during this debate, I have endeavoured to discuss coverage in particular because, frankly, I was impressed by the views put forward in this regard. However, in committee there will be ample opportunity for discussing both this problem and others which have been raised.

Under the heading of "public administration" I should like to mention very briefly a point which seems to me to be self-evident. Public administration is the second basic principle in this legislation. The need for public responsibility, public administration, and non-profit operation is obvious because public funds are concerned. When we spend public funds it seems to me that we must have public control.

The manpower situation has been raised this afternoon, and without getting into an argument I will say that there is a point in this particular discussion that I want to bring out. There is a need for more doctors and other health professionals. However, the Royal Commission on Health Services came to this conclusion:

While we are aware that shortages of physicians, dentists, nurses and other paramedical personnel will make it difficult to establish the full personal health services program our charter envisages, nonetheless the fact there are shortages

must not be used as an excuse to delay initiating programs and plans.

For example, the United Kingdom, France, West Germany and Sweden have a less favourable doctor-population ratio than Canada, yet these countries have had universal prepaid medical care in effect for many years,

The same arguments concerning inadequate resources were advanced prior to the introduction of hospital insurance in 1958. Experience has shown that the establishment of a new program stimulates efforts to increase resources, and assists in their effective utilization. The Health Resources Fund established this year in an amount of \$500 million to support the capital costs of medical schools and training facilities for the other health professions is just one example of this. It will, of course, not have an immediate effect in increasing the number of doctors, but it is a very large step in the right direction.

In concluding these brief remarks I should like to express once more my appreciation to honourable senators for their kind comments on my initial participation in the debates of this chamber.

It is my hope that this bill will receive second reading today and be referred to committee for a full and frank discussion.

Motion agreed to, and bill read second time.

#### REFERRED TO COMMITTEE

**The Hon. the Speaker:** Honourable senators, when shall this bill be read the third time?

**Hon. Mr. Macnaughton:** Honourable senators, I move that this bill be referred to the Standing Committee on Banking and Commerce.

**Hon. A. J. Brooks:** Honourable senators, certain of those who have spoken in this debate—Senator Sullivan, Senator Phillips and Senator Gershaw—rather indicated that this is the type of bill that should be referred to the Standing Committee on Public Health and Welfare, of which Senator Gershaw is the chairman. I know that the honourable senators I have mentioned are very anxious that the bill should go to that committee.

It may be argued that this is a financial measure, because by it the federal Government is guaranteeing the provinces that it will pay a certain proportion of the expenses incurred in carrying out the scheme. But, I should like to point out that the bill is the Medical Care Bill, and it does deal with mat-