

Supply—Health and Welfare

science of medicine has been transformed. A few decades ago the doctor carried his equipment in a saddle bag. When called by a patient, he grabbed his trusty bag, whipped up Dobbin and proceeded to the home of his patient fully equipped, in the light of the standards of that day, to diagnose the disease and to provide whatever remedies were required. The development of medical science and specialization has altered all that, but we are still thinking in saddle bag terms when it comes to adapting our methods of paying for medical care.

We still pay in the same way our grandfathers did. But what worked satisfactorily for our grandfathers does not work satisfactorily for us. The medical care provided in 1936 is an entirely different affair from that of 1880 or later. The scientific advances of the last few decades have brought an inevitable increase in the cost of treatment, particularly in cases of complicated disorders. No change has occurred in our methods of meeting these costs—an individual still pays his doctor and hospital in accordance with the fee for service principle, notwithstanding the fact that this method of financing medical care is an unsatisfactory one.

Dr. Weir said that nearly 20 years ago. Then he went on to deal with the need of the people of British Columbia to have health insurance. He said:

It is generally recognized that today in Canada and British Columbia only a small part of our population is receiving the quality and quantity of medical attention that modern knowledge makes possible.

How true that is today, 20 years later.

Mr. Low: It can also be said that only a small part of our population is receiving the quality and quantity of automobiles that modern knowledge makes possible.

Mr. Herridge: Yes, but I would place health before automobiles. In Dr. Weir's speech he referred to Dr. G. A. B. Hall of Nanaimo, whom I happen to know. He quotes Dr. Hall as saying:

Lots of people will not call in a doctor because of knowing that they cannot pay him, and they do not like to call him on charity. There are many cases I know of where a person has been sick five or six days or a week, and had reached the stage where it was impossible to do without a doctor, whereas if the doctor had been called in sooner the case would have been much easier handled, and in some cases the life of the patient saved.

Then there is reference to another doctor whom I know quite well. Dr. Weir quoted the remarks of other medical men in his speech, and he quoted Dr. H. C. Wrinch of Skeena as having said:

Too frequently I have had to deal with people who, had state health insurance been in effect, would have been spared much suffering—people unable to meet the costs of medical care. Dreading the expense of such attention, many do not seek help from doctor or hospital when they imperatively need it. I have long since reached the conclusion that a state health insurance system would be the solution of the problem of the people's health.

Then Dr. Weir went on to deal with the fact that health insurance would provide for greater efficiency and in the long run save the country money. In that connection he

[Mr. Herridge.]

referred to Dr. Edwin E. Witte, formerly executive director of President Roosevelt's committee on economic security, who wrote in the *American Labour Legislation Review* for December, 1935, as follows:

The present experience of the European countries strongly supports the thesis that the best possible time to launch an unemployment system is in the early stages of the upswing of the business cycle, when few employed lose their jobs and the labour turnover is at a minimum.

Dr. Weir went on to say that the same argument was valid for health insurance. We in this group believe that health insurance should be established immediately because we are now in the financial position to launch it well before there is any downswing in the economic trend.

I could not help quoting a few paragraphs from Dr. Weir's speech of 1936, because I am one who fully approves the excellent work he did in that connection during the period he was a cabinet minister of the government of British Columbia. I was very interested in reading an article in the *New York Times* of March 13, 1955, entitled, "A New Experiment in State Medicine". I expect it has been drawn to the minister's attention. It points out that Sweden has established a compulsory health insurance plan that is one of the most comprehensive ever introduced.

Mr. Martin: Is that by Rusk?

Mr. Herridge: It is by Waldemar Kaempffert. I read the article with interest and kept it because I thought it was a most interesting story. After reading it I was further convinced that if a country of the size and economic resources of Sweden could undertake such an all-inclusive and successful compulsory health insurance scheme, surely it is about time we began to follow the lead of these smaller and less wealthy countries. I should like to quote a paragraph or two from the article, and I can let the minister have it if he would like to see it later.

Mr. Martin: I know the one. Of course Sweden is a unitary state and they do not have to worry about provincial authority.

Mr. Herridge: I quite admit it is easier to introduce these schemes in a unitary state such as Sweden, Norway or Great Britain. I know there are other difficulties that occur with a federal state. We in this group maintain the government should proceed with legislation and bring in the provinces that want to co-operate in the scheme. This article says:

Since the beginning of this year, everybody in Sweden, including resident foreigners, is guaranteed medical care against illness under a new compulsory health insurance law. It is one of the most comprehensive social medical systems ever introduced anywhere.