

Medicare

be considered as being opposed to the principle of the bill on second reading. That is where I stand. I appreciate the attention which the house has given to these remarks.

Mr. R. D. McLelland (Rosetown-Biggar): I rise to take part in this debate in order to add a few points which may have been overlooked by previous speakers and to add my name to those hon. members of this house who are basically in favour of a medical care plan.

Planned medical care has been a reality in Saskatchewan since July, 1962. At that time a plan was accepted by our doctors and by the Medical Care Insurance Commission. Since then doctors and patients seem to be reasonably satisfied.

As this bill now reads, four main points are set out for provinces to comply with in order to qualify for federal medical care assistance. Briefly, provincial plans must be portable, they must be universal in application, they must be administered by a non-profit organization appointed by the government, and they must be comprehensive.

As has been mentioned, Saskatchewan qualifies under these terms, since the plan now in operation there meets all these requirements. The Saskatchewan plan is portable, it is universal, it is administered by a medical care insurance commission and it is comprehensive, covering all permanent residents of the province.

Saskatchewan people as a whole will welcome a national plan. They would like to see this plan become a reality as soon as possible, and for that reason I will vote for the bill before us when I have the opportunity. Saskatchewan needs the \$12 million, or whatever the total will be, that is likely to be forthcoming when this measure comes into operation. This amount will be used to improve the quality of medical care in our province. Saskatchewan, as is the case in other provinces, lacks adequate facilities for caring for the chronically ill, or for the mentally ill. There is also a shortage of nursing homes of a suitable type, as well as a severe shortage of facilities at such homes.

In Saskatchewan, as in other provinces, there is a lack of teachers in our medical schools. This applies to training during both the clinical and the preclinical years which go to make up the education of our doctors. In Saskatchewan, as in some other provinces of Canada, research is almost non-existent. This situation has been brought about by shortage of qualified personnel, inadequate

facilities and, of course, the absence of funds sufficient to attract medical teachers to engage in research. When Saskatchewan receives this \$12 million from the federal plan we hope our provincial government will see that it is spent to improve the situation with respect to some of the items I have mentioned.

As the minister knows, we are just setting up a veterinary school in Saskatchewan. This institution will need money, just as any medical school does. I understand that the funds available to the Medical Research Council are inadequate to meet all the requests the council receives. As an elected member from Saskatchewan I think the government should not delay the introduction of this plan, because my province can use these additional sums of money to improve its existing scheme.

I believe that in the near future a medical data centre will probably be established. I understand that certain states in the United States already have such centres in operation or under study, and that provinces which approve of the establishment of such centres can allocate funds accordingly.

Having made those few remarks, Mr. Speaker, I say again that I intend to vote for this bill when I am given the opportunity.

Mr. G. D. Clancy (Yorkton): I should like to make a few remarks about this bill.

Some hon. Members: Hear, hear.

Mr. Clancy: Thank you, gentlemen. Our friends in the gallery have called this a filibuster. Well, according to the government's own announcement, this bill will not become effective for at least 21 months, so why are we in such a hurry to get through? Here is our opportunity to take these 21 months to discuss the bill and think about it.

Medicare will be with us for a long time—with our sons, our grandsons and our great grandsons. Let us sit down and look at it.

An hon. Member: That is a good idea.

Mr. Clancy: Yes, we are going to do that, and we are not fighting an election on it—and I am not selling my soul to the N.D.P. like you are. Let us get that over with.

Why does the press say this is a filibuster? Why be in such a hurry? Are members opposite afraid of the bill? Do they know how many provinces will come in? They do not know. So they fight an election, saying: We brought in medicare but we cannot do

[Mr. Fleming.]