

*Medicare*

those arrangements are concerned, at each new session so that the time would come when every province would have its own sources of revenue and attend to its own affairs.

But, in the meantime, the federal government cannot be blamed, I believe, for showing leadership, for initiating commendable action, and, in all objectivity, it should be said that had the federal government not taken the lead in the field of insurance for the unemployed, the aged, the disabled and with respect to all the other social schemes, it is most likely that three quarters of the provinces would still be without them.

It might be argued that that would be because their means are insufficient. Perhaps. Anyhow, let us try, little by little, to provide them with the necessary means so that, eventually, each of them may tend to its own responsibilities. But, once again, I say that I am not one of those who would criticize the government for showing initiative and leadership at a time when the needs of all Canadians are so interdependent that we cannot hope to develop our trade and our industry without first considering the safeguard of that human capital, health and life.

It is with such feelings, Mr. Speaker, that I am prepared to accept the bill, taking into account the restrictions I have mentioned during my contribution to the debate and insisting that the government must not, later on, come and tell us: You have made a concession, we are asking you to agree to another.

• (3:20 p.m.)

As it is, I believe that the bill meets the requests of certain Canadian leaders, as, for instance, Mr. Jodoin, of a well-known labour union, who stated at the beginning of this session that medicare should be given top priority. I think that Mr. Jodoin was perfectly right in saying so and that in implementing medicare, the government is promoting the commonwealth. Thank you.

**Mr. Gaston Isabelle (Gatineau):** Mr. Speaker, yesterday and today we heard so many speeches on Bill No. C-227 now before the house that I am wondering whether members are able to explain it objectively to their constituents who elected them to the house of commons.

It seems that once again, everything has been mixed up, which is nothing new. Socialistic methods have been discussed, but a

[Mr. Mongrain.]

distinction should have been made, because Bill No. C-227 is a social measure rather than the implementation of a certain socialism. This makes a basic difference, since under a social measure, the individual co-operates with the government, whereas under a socialistic method, the government acts alone.

At this point, I refer especially to certain arguments put forward by members opposite to the effect that special emphasis has been put, for instance, on the free choice of the doctor. I have seen nowhere in the bill, which basically reflects the four criteria that are actually principles to be applied by all the provinces if they expect any federal contribution, that the free choice of the doctor is to be denied. Nowhere have I seen it in the bill. In my opinion, such an assertion is completely untrue or, at least, a misrepresentation. It is not a health insurance plan as it exists in England, which is a strictly socialistic measure under which a doctor is not free to select his patients, while the latter are required under the law to consult such and such a doctor. Following lawsuits which created quite a stir, the medical profession had to withdraw because it had no right to appeal.

It also seems that something else has been brought forward, that is practically the same arguments, set forth in 1958 when the province of Quebec opted out of a hospital insurance scheme. And by the same token, the province of Quebec was the last province to take part in the hospital insurance plan as advocated by the federal government.

It was argued that we were not ready to participate in the hospital insurance, because apparently we were short of beds in the province of Quebec. We adopt this reasoning to the health insurance by saying that we are short of doctors. We shall always be short of doctors. All countries have lacked doctors and Canada is short of them today and will still be short of them tomorrow. Is that a sufficient reason not to implement the health insurance as advocated?

I shall go further. Today, institutions, universities, medical schools are filled up right from the day of registration and, therefore, a very great number of candidates are not accepted. If people say that we do not have enough universities, I admit it. But I object to the proliferation of universities, because in medicine especially, we must expand our existing universities rather than opening new ones which are simply the ramifications of great universities.