

Then, to show why we are foolishly rushing into this medicare scheme, this is in a field of medicine which is supposed to require a more expensive kind of care than others and, incidentally, has been almost entirely Government administered for the last one hundred years.

Here is a real sore spot in the body-medical of Canada, and the Canadian Medical Association have urged that steps be taken to correct this. Up to date, these urgings have fallen on pretty deaf ears.

All groups agree, including the medical profession, that there are groups of Canadian citizens who are unable to pay for medical care because of their financial difficulties. The Canadian Medical Association believes the Government has a real responsibility here and urges them to provide total or partial help to Canadians who need it.

Until midsummer of this year, the Canadian Medical Association had some reason to believe that Government authority agreed with the association, and we were somewhat complacent about the future of health care in Canada. This complacency was rudely jolted on July 19, 1966, when the Prime Minister listed his famous four points, in which there was to be a Government agency, to be initiated, at that time, on July 1, 1967, and which is now deferred until July 1, 1968.

The provision of this so-called "opting out" right of the doctors I believe to be essential in any plan desiring the co-operation of Canadian doctors. That is, the right to opt out of the plan as an amendment, as I said in the earlier part of my remarks and as Senator McCutcheon referred to under clause 8.

Only in this way can we preserve our rights—our patients' rights to receive and our right to provide the kind of medical care dictated by the patients' need and the doctor's conscience—rather than by the deputy ministers or by the treasury officer.

The present situation regarding the Health Resources Fund—of which Senator Burchill spoke, and also my fellow colleague on the Board of Governors of the University of Toronto, Senator Lang—illustrates the ever-present possibility of control. I emphasize this on the record. It seemed logical that the informed bodies in the training and research fields, for example, the Association of Canadian Medical Colleges to which Senator MacKenzie referred, as I did, should at least be well represented on the final administering body. The Canadian Medical Association then confidently sat back to await such action.

On February 1, 1966, a two-day meeting of the federal and provincial ministers of health concluded. The communiqué emerging from this conference reported as follows:

In considering the composition of the advisory committee, the ministers decided that a body of this kind should consist of representatives of the federal and provincial ministers of health.

The advisory committee would be empowered to call upon professional bodies for advice on technical matters.

The position of an on-call advisor to an advisory committee scarcely reassures the informed professionals of this country that they will have much of a voice in planning for facilities which are of vital importance to them.

I quote again briefly from Dr. Galdston's book some comments on the British National Health Service:

In Britain, the National Health Service is virtually the sole purchaser of the services of the doctors.

Galdston concludes his remarks on the British National Health Service as follows:

What stands forth in terms of its effect on the profession is bureaucratization with all its attendant evils, principal among them the conversion of medical practice into the pursuit of a vocation rather than that of a profession. In effect whether medicine is practised as a vocation or as a profession cannot but prove of great consequence to the recipient of medical care. It must affect the moral and intellectual fibre of the medical corps, it cannot but deleteriously affect medical education and the advancement of medical science. Only those ignorant or unmindful of historical experience, can doubt that these must be the inevitable sequelae of the bureaucratization of the profession and of the practice of medicine.

Let me add another telling voice to this debate. For many years the late Henry Sigerist, the Professor of the History of Medicine at Johns Hopkins University, a man who surveyed the Saskatchewan situation and was most influential in shaping the thinking of Mr. T. C. Douglas and who was an outstanding medical spokesman advocating the nationalization of medical service.