

*Medicare*

was in favour of the amendment introduced by the hon. member for Simcoe East (Mr. Rynard). I think this amendment would have greatly improved the bill. The house, however, has made its decision in that regard.

I can quite readily recall some of the problems we had in Saskatchewan when Dr. W. P. Thompson headed the commission to study the principles for the medicare plan. Several terms of reference were laid down. He was asked, as members of the house know, to bring in recommendations which would be acceptable to the people of Saskatchewan, to the medical profession and to the government itself. I was naturally rather embarrassed by the situation which developed in that province when our doctors found themselves in a very unhappy position because of the premature action that was taken by the former premier of that province, the present hon. member for Burnaby-Coquitlam (Mr. Douglas). In the election campaign of 1962 he was interested in gaining political kudos and came back to Saskatchewan with instructions to the minister of health to get the legislation on the books. This was done prior to the Thompson commission bringing in its report. I believe this was the specific reason for the animosity which developed in that province in respect of this particular piece of legislation.

We have gone through all that experience now and, as has been mentioned by the hon. member for Moose Jaw-Lake Centre, many of the wrinkles have been ironed out. The plan now is working fairly effectively, although I have on my file a copy of a lengthy bill which was presented in the legislature and which makes many amendments to the present legislation. No doubt we will have similar problems in respect of Bill C-227 when it finally comes into being. When we try to make it effective, undoubtedly there will be many wrinkles which will have to be ironed out.

Mr. Speaker, we have overlooked one segment of medical health in this country. I am referring in particular to the optometrists. Here we have a class of people who are providing a very beneficial service in the general health and welfare field to all Canadian citizens, and yet they are left out of the provisions in this bill. I have a letter from the Saskatchewan Optometric Association dated September 29, 1966, which sets out some of the criticisms they have with regard to this bill. Perhaps some of these points already have been covered, but I

[Mr. Southam.]

think they should be placed on the record at this time. The letter states:

● (8:50 p.m.)

Since our visit a few weeks ago certain aspects of the proposed Bill C-227 have come to light which I feel will adversely affect both the optometrists and the people of this area. The discriminatory part of the proposed legislation is evident in section 2 (d) and section 2 (f). Because I feel there will be more discussion in the Commons regarding this bill I thought I would point out certain facts of which you may or may not be aware.

Section 2 (d) "Insured Services" means all services rendered by medical practitioners that are medically required, except any services that a person is eligible for and entitled to under any other act of parliament of Canada or under any law of a province relating to workman's compensation;

Section 2 (f), "Medical Practitioner" means a person lawfully entitled to practise medicine in the place in which such practice is carried on by him;

All services of medical practitioners include the services of ophthalmologists, the medical eye specialist. His services include examining eyes for vision problems which in turn is the sole effort of optometrists. In effect the bill insures the services of ophthalmologists, but does not include optometrists. It therefore discriminates against optometrists and their patients. It restricts the right of choice of the patient, a right which medical people always staunchly defend when it concerns them. It offers a service to the people which is not available to a great many people in this area because there are no medical eye practitioners here. In this area there are optometrists which directly serve the public from the following points; Estevan, Oxbow, Carnduff, Carlyle, Redvers, but no ophthalmologists.

With regard to section 2 (f), the definition of medical practitioner should be amended for the purposes of the act. If optometrists are included in the definition of medical practitioner then the services we provide would be available in the same way they are provided by the ophthalmologist.

In Canada there are 1,500 optometrists as compared to 300 certified ophthalmologists and it is estimated that 65 to 70 per cent of Canadians seek vision care from optometrists. In our area where there are no ophthalmologists the percentage is probably higher.

In my view the important point is that whenever a service is offered in the plan that any practitioner who is legally and academically qualified to practise the service should be included. Both ophthalmologists and optometrists should be included in any plan in order to properly care for the patient. In this area patients which show any medical abnormality are referred by optometrists to medical general practitioners in the area or to the ophthalmologists in Regina.

The important aspect concerns what the act means by medical practitioner. If it means what it appears to mean, then a great number of the Canadian public are going to be short-changed and have to pay double for any service that the medical man cannot supply, for various reasons.

I hope that these comments will be of value to you and that you will present them on behalf of your constituents if the opportunity arises.