

Medical Care Act

minister say some time ago that there was in our area in 1968 one physician for 769 inhabitants and now there is one for 586 inhabitants.

Mr. Speaker, I would very much like to know where the minister has taken his statistics when you find only three general practitioners in a constituency of 12,000 people such as mine. No wonder that their patients must wait 15 days or more to get an appointment. Here is the best example I can think of. About a month and a half ago I wanted to have one of my children examined. I had to wait a month and a half for an appointment.

This does not mean that the physicians do not do their utmost to help the people, but since there are only three of them for 12,000 people, they are simply overworked. The case I have just mentioned occurred at Chibougamau, in the constituency of Villeneuve; at Senneterre, there is one physician for 8,000 people and in Lebel-sur-Quévillon, two for 7,000 people. Then the minister tells us that he wants to reduce expenditures.

Mr. Speaker, how can a physician be expected to give good service under those conditions? The minister also said a while ago that they were afraid to train too many doctors.

I enjoyed the remark of the hon. member for Roberval: Is he really afraid there may be too many physicians or is he concerned because this would reduce their earnings? But in areas such as Lake St. John, Abitibi, Témiscamingue, Gaspésie and the North Shore, I am not worried, because doctors will always be able to make a good living.

Mr. Speaker, I can assure you that in my area we could do with more doctors, I do not mean one, two or three, but a dozen to take care of the people I have mentioned. It is said that this happens in farming and rural centres, and I agree. But why should rural centres have to put up with such a situation and have no medical care, particularly in the field of surgery?

Mr. Speaker, I realize the statistics are erroneous because specialists and doctors serving the people are lumped together and sent to the large centres instead of being helped to settle down in our areas.

As I said a while ago, it always boils down to a matter of money. If doctors could get an isolation bonus as some others do, I am convinced they would be willing to settle and practice in remote areas like ours. Unfortunately, because the government gives priority to money matters over medical problems, it refuses to act and solve that serious problem. It would rather reduce medical services and thus deprive the population of some services rather than alter the financial system.

The quality of the medical services Canadians are entitled to must not be lowered. As long as the government tries to solve the problems by cutting down medical services, those services will deteriorate and the situation will worsen. The government should roll up its sleeves and attack the real problems, the urgent problems such as that of reforming our economic system.

Mr. Speaker, a while ago I said that the government does not want to help—at least, it gives no indication of wanting to do so—remote populations such as ours. Bearing in mind the fact that remote areas are faced with very serious problems at this time with regard to the quality of medical

[Mr. Caouette (Villeneuve).]

services because of a shortage of doctors, and I am referring here to areas like Gaspé, northwest Quebec and Lake St. John, particularly the Chapais and Chibougamau areas. For several years, people in these areas have asked the minister concerned, either provincial or federal, whether it would be possible to provide those areas with doctors. The only answer they get is that this matter is within provincial jurisdiction. I agree that this is within provincial jurisdiction, but one could also ask, since the federal government is subsidizing programs within provincial jurisdiction, like the teaching of French, why the minister could not do the same regarding doctors. I believe that the whole population in my constituency, as well as the population in the constituency of Roberval and many others I am not aware of, would be enormously satisfied with the services they could get, and would be satisfied with the minister representing them today.

[English]

Mr. Gus MacFarlane (Hamilton Mountain): Mr. Speaker, it is important to address ourselves to the subject matter of this bill. The minister has always been concerned about the health and safety of Canadians: he places great emphasis on health. I suggest that this is not the time for sheer opposition for opposition's sake. I know that some hon. members opposite who are personally interested in the health of Canadians and in the extension of medicare to the most remote areas of Canada have made interesting and valuable contributions to this debate. However, a number of opposition members have lambasted the government for proposing to bring in ceilings on the rate of escalation which will be recognized under the medical care program for the next several years. These hon. members do so on the grounds that this will represent a destruction of the standards of service built up, the reversing of co-operative federalism and, on occasion, even the undermining of confederation.

● (1700)

I would like to comment on these charges. These are the same members who continually insist that we should reduce government spending. However, it seems that in this case, because of the horrors of the woods and the ghosts in the closet, this government must overexpend or go further to chase away the demons. Reasonably complete information is now available on the experience in the ten Canadian provinces from 1971-72, the first full fiscal year of participation of all the provinces in medicare, to 1974-75. While final data is not yet available for 1975-76, such data as is available is compatible with the experience for the previous years. During this period, by far the largest factor affecting the increase in per capita costs of physicians' services was the increase in the number of physicians per 1,000 injured persons, which increased at almost twice the rate of increases in fee schedules and rather more than three times the rate of the population growth or the normal growth in utilization per capita of physicians' services.

A year ago, at the request of and in collaboration with the provinces, the federal government closed the door on unrestricted immigration of physicians from abroad through the device of assigning zero points for physicians as a class and requiring that physicians, like any other occupational group, show evidence of need through a firm