

patients are attributed to wards. In fact, public demand is for private or semi-private rooms rather than wards. Since I have been Minister of Health, there have never been, to my knowledge, any complaints from Canadians because they did not have access to a ward. If a patient wants to be on a ward, in other words, a room with four beds, the hospital is obliged to provide the bed free of charge, and if the hospital in question has no ward available, it must provide a semi-private or private room, without extra charge.

I believe this answers the question raised by motion No. 1.

● (1125)

[English]

We discussed Motion No. 2 a great deal because it causes concern to all members of the Standing Committee on Health, Welfare and Social Affairs. The spirit of the motion, if not the exact wording, was defeated.

The motion put forward by the Hon. Member for Oxford (Mr. Halliday) is well intentioned; it wants to overcome a new problem in the system which refers to procedures used by provinces to control the number and distribution of doctors when this applies. It applies in many parts of Canada as we have a great number of doctors in proportion to the population. If provinces had a special practice it was usually to provide positive, financial incentives. This technique has worked best in the experience that has been accumulated, coupled with other incentives such as refresher courses and material or professional incentives. One province tackled the problem by a disincentive, a reduction in salary. Another province started the practice of issuing billing numbers through a provincial mechanism and commission in a way that could be considered discriminatory.

After a study of the legislation by the Department of Justice, we think that medical practitioners are protected for practising within medicare through the concept of reasonable compensation. In other words, it is not for the federal Government to decide where doctors will settle, once they are licensed; this is purely a provincial matter. Through federal legislation regarding conditions for federal funding, however, reasonable compensation must be provided for all medical practitioners who practise within medicare and provide insured services. We think that medical practitioners who provide insured services must be reasonably compensated. They should have a billing number. Individuals or groups—although the latter must be verified—could take a provincial government to court if this were denied to a medical practitioner who provided insured health services.

Motion No. 3 was also presented by the health critic of the New Democratic Party and in a way has the same meaning as Motion No. 2. Unless Hon. Members have questions on it, therefore, I think I have made the point and should not take up more time of the House.

● (1130)

Mr. Bruce Halliday (Oxford): Mr. Speaker, we are debating Motions Nos. 1, 2 and 3 this morning. All three deal with

Canada Health Act

Clause 12 of Bill C-3. Clause 12 defines the requirements that will be expected of the provinces with respect to accessibility to the health care plan in any province. It makes a lot of sense that there should be something in the Bill to provide for a uniform type of insured health service with uniform terms and conditions, as paragraph (a) of Clause 12 provides. Similarly, there should be a tariff payable to physicians and other health practitioners. We take no issue with that whatsoever.

As both the Hon. Member for Winnipeg-Birds Hill (Mr. Blaikie) and the Minister have said, we are concerned that there are changes taking place in the administration of health care in the provinces. Because of the perceived over-supply of doctors and perhaps an under-supply of doctors in certain areas, attempts are being made at the provincial level to limit the number of physicians permitted to practise in a specific area of a province. British Columbia has found a method whereby it can do this by refusing a billing number to a physician.

The Canadian Association of Interns and Residents, as can be surmised from the name, represents the up and coming professionals. They realize that the way the Act is presently written, they have no protection whatsoever. After having spent many years in universities, medical schools and one to six years of interning, graduating and getting a licence to practice, having been granted a licence to practice in any given province—and we must remember the provinces control the education, training, admission to medical schools and the licensing of these physicians—they can then be told by the province that even though they have completed their course successfully and are licensed to practice, they are not going to receive a billing number.

The Canadian Association of Interns and Residents perceived this as a real threat to them after having spent up to ten years trying to learn their profession. For all practical purposes they may not be allowed to practise in their own province. They could practise outside the plan. Across this country, 95 per cent of the physicians want to be in a plan if it is a suitable plan.

The Canadian Association of Interns and Residents are to be commended on the effort they made during the committee stage of this Bill. They had representatives in attendance the whole time the Bill was before the committee. From time to time they supplied us with various amendments which would take care of their problem. They consulted with leading constitutional experts regarding the legality of such amendments. They were assured by the authorities that the amendment would not be in conflict in any constitutional way.

It was my impression as well as that of my colleagues from all Parties on the committee that there should be protection for these young graduate doctors. I believe it is fair to say that the Government feels the same way. For some reason, however, there is not an amendment in the Bill or a change to give the protection that these interns must have.

The Government raises the argument that possibly there will be some difficulty inasmuch as we are perceived as intruding into the provincial domain. The whole Bill is an intrusion into