

*Medicare*

1968. We say that the federal government should consult with the provinces to design a plan that will be acceptable to them. I am sure it would not be difficult to amend the present bill to make it acceptable to all provinces across Canada.

The next point in our amendment is:

(b) recognizes the principle of voluntary choice by the individual;

The Minister of National Health and Welfare (Mr. MacEachen) has gone to a great deal of trouble trying to make it appear that the government proposal is not compulsory. It is obvious from the terms of the bill that it will be almost impossible for the provinces if they want to participate in the benefits, for which they have been taxed, not to compel their people to join the plan that the federal government is putting forward. In every sense of the word, therefore, it is compulsory. I do not know why the government should insist that the plan be compulsory. In view of the constitutional position, why does the government not give the provinces the option of joining the plan in such a way that the provinces can give an option to their people in regard to joining?

Another point overlooked by many people is that if the compulsory part of the plan is adopted those people who now contribute toward a private medical insurance plan and who have part of their premiums paid by their employers will lose the advantage of having their employers make that partial payment. It seems incongruous to have persons paying for two insurance schemes. Something like 60 per cent of the working people of Canada have private schemes into which the employer pays part of the premium. Once the compulsory scheme comes into effect those people will lose that privilege. I maintain, therefore, that it should be up to the individual to say whether he wants to join a government scheme—I refer to schemes such as exist now in Ontario, Alberta and British Columbia—or whether he wants to stay with his own scheme, which might be better so far as he is concerned.

In case the government is of the opinion that the compulsory feature of this measure has been accepted by the people of Canada, I draw the attention of the house to "News & Views" of March 26, 1966, containing the result of a poll. The *Toronto Star* on February 10, 1966 printed the results of the most recent Canadian Institute of Public Opinion poll on compulsory medical insurance. According to this poll, as printed in

[Mr. Chatterton.]

"News & Views", 52 per cent of the people who gave an opinion were in favour of a voluntary government scheme as opposed to 41 per cent who were in favour of a compulsory scheme.

The next point in the amendment is:

(c) makes adequate prior provision for sufficient medical research, the training of adequate numbers of doctors and other medical personnel;

I go back to my original statement. We propose a plan that will be effective. If a universal plan is passed and medical insurance is available to everyone it does not mean that medical services will also be available. It does not mean that at all. The fact of the matter, from what is contained in the Hall Commission report, is that, particularly if the government scheme is implemented, there will be a grave shortage not only of doctors but of all the other personnel involved in medical care.

For example, the Hall Commission report indicates that four new medical schools must be established by 1971-72. The report states elsewhere that it takes from eight to ten years to establish a new medical school. A fifth medical school should be established shortly after the other four. The report also recommends that the existing schools expand their enrolment. When the house is in committee I hope the minister will be able to tell us how the actual enrolment in medical schools existing in Canada has been increased.

● (5:20 p.m.)

The Hall Commission report also points out how a shortage of doctors may arise or be increased. At present in Canada the ratio of population per physician is 857. This ratio steadily improved between 1951 and 1961. The Hall Commission report points out that if the ratio continues to improve at the rate it has, by 1976 there will be a shortage of 4,691 doctors and by 1986 there will be a shortage of 13,329. We should keep in mind that today there are roughly 24,000 doctors in Canada. The commission indicates that the ratio of population to doctors might well remain as it is at present. However, judging from the circumstances in other countries, I submit there is room for much improvement in Canada with respect to the ratio of people to doctors.

In the United States, for example, there are 752 people per doctor, in New Zealand, 700, and in the U.S.S.R., 550. It seems obvious that in Canada, because of the vast distances to be covered and the way in which population is