

*Supply—National Health and Welfare*

have one group of speakers come forward and say we should spend more here, that we should spend more there, that we should do this here and that we should do that there, that we should do more for old age pensioners; that we should find more ways of helping these people. All these things are desirable. We then have the next group of speakers at a different stage of the debate and in a different context criticize the government because it is spending too much money and creating inflation.

We cannot do this and split ourselves into little packages, hoping that the packages are never put together in a way which will make things very embarrassing. I believe that the estimates now placed before this house and the program we are now considering represent considerably less than many of us would like to see. There is no question about that. But like many other things that come before us, this is a compromise and the result of many considerations the government must face. It is a responsible presentation on behalf of the department whose employees, I am happy to say, well deserve the tribute paid to them by the hon. member for Winnipeg North Centre. For some years I have had the privilege of joining with those employees who prepare these estimates and I am glad the hon. member said that. He went on to say he regretted I had left that service and presented myself as a candidate for public life. To return the compliment, if I may, much as I respect the way in which he has contributed his concern and interest to government expenditure, I cannot thank him for the interest he has taken in the measures the government is proposing in respect of fiscal stability.

**Mr. Ritchie:** Mr. Chairman, in rising to speak on the estimates of the Department of National Health and Welfare I am aware of the tremendous change that has taken place in our social attitudes to health and to various forms of social services. Society, from its very beginning in time, has been concerned with some type of community health service. Indeed the very wealthy people of last century discharged some of their social awareness by donating large sums of money to hospitals, and other institutions which provide service to needy people. Illness often affects those of the aged who are unable to earn money and have no resources of their own.

The medical services in Canada in the first part of this century were largely the result of

[Mr. Francis.]

private initiative. Most people paid their doctor and hospital bills if they could. If they could not, the bill was either not paid or it was absorbed by an institution as a charge on those who could pay, or it was subsidized by the community by donations or government subsidy, local or provincial.

The government has increasingly become involved in the health care field. At the present time there is little health care which does not involve the government in whole or in part. This is in line with the experience of almost all the countries of the western world. The sophistication of the health resources of the various countries of the western world, especially in the west, largely depends on the general industrial development of the country. In the North American continent there has developed a very high level of medical service and care, and the volume of research and knowledge emanating from the medical complex of the U.S.A. and Canada far outstrips the whole of the rest of the world. However, there have been arguments that this medical knowledge and these medical resources have not been applied as well as they should be, to give the general public the service that modern medical science has evolved for their care.

This discussion has been centred on the fact that, as many of the health services were paid from the patient's own resources, the individual did not have the necessary income to maintain proper health care, and that if these facilities were taken over by the government with the institution personnel being paid directly by the government, these people would have proper medical care.

• (4:10 p.m.)

The aim of this is laudable, and there is agreement that the best health services should be available to all, regardless of the ability to pay, or the circumstances. However, this in effect is far too simple, because the mere allocation of money does not procure health service for an individual. When the patient paid for his health services out of his own resources there was an automatic barrier beyond which he could not go, or he had to depend on charity for the provision of these services.

Now that the government has entered the field and has made available to its citizens most, if not all, of the health services, various and important problems have arisen, and decisions have to be taken as to how much care and to what extent health services