numerous hospital visits, which vary in length. Someone unfortunate enough to be ill with cancer has enough trouble, I submit, without being saddled with these various additional unfair and unjust costs. Someone sentenced to death by cancer and forced to lie for weeks or for months in a hospital bed should not, at such a time, be saddled with extra costs which an unconscionable government, either provincial or federal, has imposed on him.

• (5:10 p.m.)

The problem of deterrent fees imposed on treaty Indians is still not cleared up. It is quite clear that the department of Indian affairs and the federal government feel that the exaction of these fees would prevent Indians from receiving reasonable access to health treatment, and has decided to pay the fees on behalf of the treaty Indian people in Saskatchewan. But what about the Métis people, whose incomes are in many cases as low as, if not lower than those of the Indians? Is it not logical to suppose that these fees will affect them adversely, too? What about other classes of people with similarly low incomes? We hear it said that no one will be turned away. But anyone who goes to a hospital at ten o'clock at night in an emergency and does not have the required $25 deposit will not get in, and no bureaucrat will be able to convince me that anyone can get $25 from a social agency at that hour of the night.

Mr. Francis: May I ask the hon. member a question?

Mr. Benjamin: I have only a few more minutes left and I should like to conclude. Perhaps the hon. member would ask his question when I am through.

The deterrent fee in connection with hospitalization is equally vicious. At $2.50 a day for the first 30 days and $1.50 a day for the next 60 days a total extra tax of $165 is imposed on a sick person who has the misfortune to be hospitalized for 90 days. The reason most often given to justify the imposition of deterrent or utilization fees is that they serve to curb abuses of the hospital and medical services. This is pure baloney. In fact it is no longer pure: It is old, it is bad, and it smells to high heaven. Abuses by whom? Where, when and how? Not the slightest evidence has ever been researched or presented to indicate that there is any significant amount of abuse. The infinitesimal number of people who might be considered hypochondriacs should not be deterred either, because they are sick, too, only in a different way. They need a doctor, just as someone with a real illness does. They particularly need a psychiatrist.

To suggest that deterrent fees will correct abuses of the use of hospital beds is to ask us to believe the unbelievable. No patient can admit himself to hospital or stay in hospital one day longer than his doctor says he can. If there are abuses in the use of hospital beds, charging a patient extra for something over which he has no control is both callous and unjust.

In the short time available to me I should like to call one witness—Dr. Neilson, head of the Ontario Hospital Services Commission. I quote from an article which appeared in the *Globe and Mail* on November 3, 1964.

> Frivolous use of hospital beds in this province is a minor problem. Criticism of such abuses has been exaggerated.

The report continues:

> Dr. Neilson went on to suggest to the hospital association members that where such abuse did exist it could be blamed on their failure to set up proper admission standards.

In 1961 the Hall commission was empowered by a Conservative government to recommend such measures, consistent with the constitutional division of legislative powers in Canada, as the commissioners believed would ensure that the best possible health care would be available to all Canadians. In its report the commission recommended, as a primary objective of national policy, a comprehensive, universal health services program to achieve the highest possible health standards for all our people.

The commission came out strongly against co-insurance or deterrent payments which, the report stated, would simply deter the poor and have no effect on the unnecessary demands of those in the middle and high income categories. Such a policy would mean that Canada was simply continuing to ration health services on the basis of ability to pay. This position was subsequently endorsed by the Canadian Welfare Council.

I submit that this principle was accepted by the federal government on the day in 1966 when the Medical Care Act was passed. The criteria then established included comprehensiveness of medical service, universal coverage, administration by a public authority and portability between provinces. The imposition of deterrent fees negates the principle that provincial plans must be universal—that the