

*Medicare*

worry because there is no real disease involved? Surely, these points must commend themselves to the medical experts in the Department of National Health and Welfare. I think they commend themselves to the Minister of National Health and Welfare and his parliamentary secretary.

So I ask, Mr. Chairman, why this sort of example cannot be considered a substituted service where it is authorized. If we wish to put the medical establishment fully in charge of medicare, that is all right for the time being. As I have said before, this is going to be a very hard thing to change, but at least give that much flexibility to the plan.

Several million words ago, as we measure time in this place, I took part in the debate on the resolution and said something to reinforce that argument with regard to optometrists. I am not going to go over the ground again except to point out one ground which I did not cover. Volume 1 of the Hall Royal Commission on Health Services report, at page 45, deals with optical services and starts out with this simple proposition:

The problem of visual deficiency is one of our most prevalent health defects. It is most serious among the aged, but failure to recognize and to correct visual deficiency early in children can adversely affect the course of their lives.

The Hall report then deals with the historic development of eye services. I do not know how far back in time the commissioner went, but he seems to have gone back to the days when you could go down to the five and ten and buy some kind of glasses which might possibly do your eyes some good, or to the itinerant peddler of glasses, to whom reference is made. Then the report points out that:

The technique of refraction by a trained "refractionist" which permits a scientific measurement of refractive error and therefore the prescription of accurately correcting lenses represents a more advanced stage. And for the majority of people needing glasses this limited procedure may be satisfactory because the eye is healthy.

In other words, the muscles of the eye are somehow out of joint, but the eye is pathologically sound and good sight can be obtained if one obtains glasses, as 90 per cent of the people in this chamber do.

Then another technological point made by Judge Hall is:

—that of diagnosis of pathological conditions and other abnormalities that may or may not be related to refractive error or which may, in fact, actually reveal pathological conditions elsewhere than in the eye to be treated by medical and surgical procedures.

[Mr. McCleave.]

Again, Mr. Chairman, everyone will recognize the common sense of this, and there is a special name for a gentleman of this kind. He is an ophthalmologist. In fact, if he is a real specialist, he may be what is known as a rhino-otolaryngologist. These are people who deal with the eye, ear, nose and throat.

The Hall report continues:

It is estimated by the professional societies of both groups that there is a shortage of personnel and, in fact, despite increased populations, there were in all but two provinces fewer optometrists in 1960 than in 1955.

In looking ahead to medicare, the commission had to make its decision between the two groups. Should it recommend the one group, should it recommend the other, or should it recommend none at all? It made this finding:

It is obvious that there are not enough ophthalmologists to provide complete services including refractions for the entire population. Accordingly, a decision must be made with respect to the role, if any, of optometrists in the program.

Finally, at page 49 of the report we find recommendation No. 83, which is:

That the health services program provide optical services (but not spectacles) to all insured persons.

Recommendation 84 is in these terms:

That diagnostic services be provided, as now, by medically licensed practitioners.

And recommendation 85 reads:

That refractions be provided by ophthalmologists, other qualified physicians, and by optometrists who graduate in or after 1968, and by optometrists who by the year 1967 have taken the recommended additional training in anatomy, physiology, pathology, and in the use of cycloplegics.

● (4:10 p.m.)

It is obvious, looking at the extensive training an optometrist has, that while he does not have the letters M.D. after his name, he has a great deal of specialized knowledge. I say that to support arguments advanced by many people on this side of the chamber. I am sure that their arguments are supported, though secretly with sealed lips, by members on the government side who think that optometrists and other supporting services ought to be included in medicare.

I emphasize again that the formula we are adopting for a joint federal-provincial plan in this legislation will be inflexible, rigid, and will fossilize the standard of medical insured services in this country. Unless we change our approach now it will be almost impossible to change it later. In making my point I make it thinking of dentists who have been discriminated against in favour of other groups