

of people who feel their medical care system belongs to them. They do not want it taken away.

The basic problem is the illusion adopted by the government and by many of the provincial governments. The illusion is that medical care services can be limited, that you can get something for nothing. The doctors of this country are telling us that we cannot get something for nothing—if we want a medicare program we have to pay for it. I think the Canadian people are prepared to pay a reasonable price, Mr. Speaker.

It is this new conservatism, this ideology which has seized the minds of the Liberal party and the Conservative party—that the government which governs least governs best, and that all government spending is bad while all private spending is good. The government has limited itself, it has restricted itself, and it does not now have the means or the ability to deal with the provinces in a way that would enable them—

**Mr. Deputy Speaker:** Order, please. The hon. Parliamentary Secretary to the Postmaster General (Mr. Collenette).

**Mr. D. M. Collenette (Parliamentary Secretary to Postmaster General):** Mr. Speaker, I am glad the hon. member for Broadview (Mr. Rae) brought this subject to the attention of the House last week as I think it should be debated publicly. It is a very serious topic.

Before I answer, Mr. Speaker, I should like to point out that the Liberal party is certainly not seized with a new conservatism. If it were I would not be standing here, nor would I be running in the next election under the Liberal party banner. I should like to put the hon. member at ease in that aspect.

The medicare program has been fundamental to the Liberal party's platform since the early 1960s.

**Mr. Knowles (Winnipeg North Centre):** Since 1919.

**Mr. Collenette:** The hon. member for Winnipeg North Centre (Mr. Knowles) is right—since the convention of 1919 when Mackenzie King became leader. It was finally implemented in the 1960s, and it is something to which members of this party are unequivocally committed.

I do not see any need to increase the federal contribution to the financing of medicare services in order that the provinces may meet the basic program condition of accessibility as required by the act.

The hon. member for Broadview referred to the established programs financing arrangements. These have been quite gen-

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erous to the provinces, but I should point out that it was the provinces that felt they were closer to the people and should have some say in the administration of the medical plan. The federal government took a gamble, perhaps, in instituting this somewhat decentralized system of government. I think one of the election issues in the next few weeks will be whether we will continue with this kind of arrangement whereby the federal government agrees that if the provinces want greater administrative control over certain programs they can have it.

The hon. member for Broadview is correct in drawing our attention to what has happened. The basic tenets of the medicare program, the universality with respect to population covered, the accessibility without excessive user charges, the portability of benefits—all of these could be in jeopardy. I think I need only repeat the reply given by the Prime Minister (Mr. Trudeau) during question period on March 9 to the Leader of the New Democratic Party when as reported at page 3990 of *Hansard* he said:

If anything is done by any province to depart from that principle, we would have to review the very high payment the federal government is making to the province in respect of half the cost of medicare.

It is quite clear; there is no equivocation. The hon. member for Broadview asked in question period this afternoon what legal authority the government has to withdraw funding from the provinces. I would think that the effective determination by the governor in council that a provincial plan had ceased to meet any of the conditions or the five basic points would mean there is no longer authority to make contributions. In other words, if they reneged on any of the basic commitments to medicare, then the federal government would have the moral and perhaps the legal authority to review the money advanced under the established programs financing arrangements. Again, I say, there must be no retrenchment, no equivocation on the basic medicare scheme of this country to which Canadians are entitled, which they want, and which they certainly deserve.

**Mr. Knowles (Winnipeg North Centre):** Physician, heal thyself.

**Mr. Deputy Speaker:** Order, please. A motion to adjourn the House is now deemed to have been adopted. Accordingly, this House stands adjourned until tomorrow at 2 p.m.

Motion agreed to and the House adjourned at 10.32 p.m.