

Health and Welfare

today since eventually we are going to abandon certain joint programs, the hospital insurance, among others.

However, we would have to discuss the principle on the basis of which hospital insurance was established. In 1957, we realized that there were a great many disparities, not with regard to treatment but with regard to those who were stricken by disease, when many ended up the next day as we say, on the street that is faced with bankruptcy in view of the high cost of hospitalization, especially when the illness was rather serious.

An hon. Member: On account of medical costs.

Mr. Isabelle: We shall talk later about physicians.

It was on that principle that the government had based the hospital insurance in those days. Mental hospitals, and T.B. sanatoria were subsidized by provincial governments and, as it was question of chronic diseases requiring several years of hospital care, the federal government never contemplated intruding into an area which was very well administered and was subsidized by provincial governments. That was the way to do it, and it was the government's policy when it introduced its hospital insurance plan.

They wanted all Canadians, from coast to coast, to be treated free of charge in Canadian hospitals and to receive the medical care necessitated by some chronic diseases.

And that is why, on the basis of this philosophy, it is easy to understand that medicare complements this—and I must say that I am one hundred per cent for medicare—and if some of my fellow practitioners are against it, it is because they do not understand this program. I have been saying for a long time that we must try to inform them so that they will know what medicare means. In any case, that is the philosophy on which the government has based the establishment of this hospital insurance.

Needless to say, the Hall report recommended also that these services should be integrated and as I said a while ago, it would be useless to start a complete review of the policy, to set out a new policy in this respect, in order to integrate these mental and T.B. services within the framework of hospital insurance.

We know that today psychiatry is very popular. I think that any decent person will sooner or later see a psychiatrist. Things have changed. There was a time when those

people who felt a bit at sea and who told strange stories—not always about politics—when they started to tell funny stories, they were shut up in mental hospitals where they remained until their death.

Today, all this has changed somewhat; they are released from hospitals. It is a new method, which is being tried out, and I hope that there will be drugs strong enough to quieten them down. It is quite a fad today; as soon as some patients are depressed, their physician advises them to see a psychiatrist. I know that this does not happen here, in the House of Commons; we are so busy that we do not feel the need for pills; but sometimes, when I listen to certain members, I feel that it would be advisable for them to receive psychiatric care.

In any event methods of psychiatric treatment have changed considerably; that is why several psychiatric hospitals—which formerly were called “asylums”, an old word which will soon disappear from the dictionary—no longer exist, because it is now possible to treat the patients in the psychiatrist's office.

As for T.B., there is no need to go into the details to prove that in 1953 there were roughly 18,000 tubercular patients in Canada while, ten years later, there were barely 8,000. There has been, then, a huge drop in the number of tubercular patients; that is why sanatoria have had to be closed all across Canada for which there was no longer any use. Today, tuberculosis is treated in the doctor's office. Indeed, great success has been achieved thanks to the medical research and good administration of those who were entrusted with the care of health in Canada.

I must say, Mr. Speaker, that it is almost scandalous to see what amounts are taken out of public funds these days to pay for the cost of hospital insurance, and what it costs per capita for treatment in hospital. It is the responsibility of the government to check the flow of public money, as it actually did with regard to the winter works program. Some incredible things have been brought to light in this connection and I daresay that even more fantastic things will be uncovered in the field of hospital insurance.

That one could seek admission to hospital just for a check-up is beyond my understanding, Mr. Speaker. If someone is admitted for that purpose, provided a bed is available, that person should pay both his insurance and his hospital costs, just like anyone who consults a doctor, or gets an electrocardiogram or an X-ray. The tremendous cost to the country