

practicing physician. Therefore, would you ask the House for unanimous consent to continue this discussion a little longer.

**The Acting Speaker (Mr. Herbert):** I do not think the rules allow for an extension of the ten-minute question period. Of course, the House can do whatever it wishes with unanimous consent. Is there unanimous consent for continuation of this ten-minute question period?

**Some Hon. Members:** Agreed.

**Some Hon. Members:** No.

**The Acting Speaker (Mr. Herbert):** Then before I recognize the next speaker—

**Mr. McDermid:** The socialists do not want to be informed.

**Miss Bégin:** Misinformed, you mean.

**Mr. McDermid:** They never listen to the doctors.

---

## PROCEEDINGS ON ADJOURNMENT MOTION

[Translation]

SUBJECT MATTER OF QUESTIONS TO BE DEBATED

**The Acting Speaker (Mr. Herbert):** It is my duty, pursuant to Standing Order 45, to inform the House that the questions to be raised tonight at the time of adjournment are as follows: the Hon. Member for Ottawa-Vanier (Mr. Gauthier)—Bilingualism—Minority rights in Manitoba—Inquiry respecting introduction of resolutions in Parliament; the Hon. Member for Erie (Mr. Fretz)—Fisheries (a) Great Lakes sports fishing—Importance to tourist industry. (b) Minister's position; the Hon. Member for Burnaby (Mr. Robinson)—Labour conditions—Unemployment in Burnaby, B.C.

---

## GOVERNMENT ORDERS

[English]

### CANADA HEALTH ACT

MEASURE TO AMEND

The House resumed consideration of the motion of Miss Bégin that Bill C-3, an Act relating to cash contributions by Canada in respect of insured health services provided under provincial health care insurance plans and amounts payable by Canada in respect of extended health care services and to

### Canada Health Act

amend and repeal certain Acts in consequence thereof, be read the third time and do pass.

**Mr. Joe Reid (St. Catharines):** Mr. Speaker, the debate on this much trumpeted Bill, the Canada Health Act, is about to come to a close. I rise with rather mixed emotions to participate in third reading. There have been questions and answers with respect to the Quebec model and whether or not it is desirable. I agree that Bill C-3 appears to adopt the Quebec model as the national model. But I suggest that there is more to that Quebec model when the medical practitioners in Quebec come before our committee and say, "Please do not adopt that model as the national model". There is more to it, they say, than user fees and extra billing.

As Hon. Members know, the Bill before us bears little resemblance to the Bill we debated at second reading. The great Canada Health Act in its preamble and in its objects and purposes has really been stripped to the bare bones. Witness after witness appeared before us in committee and quickly passed over the reference to user fees and extra billing. They went on to comment about those things which concerned them the most. They suggested numerous changes and improvements which could be and should be made to our medicare system, which has been said by both sides of the House to be the best medicare system in the world. But those witnesses had read the preamble and the original draft of Clause 3 and Clause 4. They were certain that although this particular Bill, Bill C-3, concerned itself with extra billing and user fees, there would surely be a second phase or a second Bill coming along to remedy the wrongs they wanted to put right. The amendments will clearly dispel the illusion they carried through the earlier readings and at committee.

Really, Mr. Speaker, one would have thought that before this Government embarked on medicare reform it would have entered into negotiations and discussions at length with both the medical profession and the provinces, whose responsibility it is to deliver the services and find the money to pay for them.

But what about the doctors? Much has been said at the outset of medicare about the fact that doctors would not become functionaries of the state. That was clearly stated. That great man, Mr. Justice Hall, said a few weeks ago that there was no present crisis and that it was still not the intention of the system as we know it today that doctors become functionaries of the state. There was a possible concern about an erosion down the line if, for instance, extra billing and user fees were to continue to grow. But whenever Mr. Justice Hall spoke of user fees and extra billing, he kept it in balance because he was concerned with the professionalism of the medical practitioners and about continuing the adequacy, or, as some people call it, the reasonableness, of compensation.

I am not sure, Mr. Speaker, whether there still is, but there was earlier, the time to carry out the kind of consultation necessary to ensure the continued availability of the best medicare system available to Canadians. But no, this fixation on user fees, this Minister's abhorrence of extra billing, has moved the Bill forward until we see it before us on third