

*Supply—Health and Welfare*

national plan is inadequate. Private insurance plans are never this comprehensive. None of them include dentistry and only a few of them include partial drug payments. All of them are covered with exclusion riders, waiting periods, exceptions, omissions and fine print. It often takes a lawyer to interpret them and one often feels that to collect from them is committing a felony.

I cannot see how a national plan would cause an increase in expenses. Medical care is now costing X number of dollars, and the only increase would be the cost of administration and the proper care of those inadequately cared for now. Part of the cost of administration would be offset by the removal of profits now enjoyed by the private insurance companies. In other words, a national insurance plan would simply level expenses, as does any insurance plan.

I turn now to the opposition to medicare. The main opposition to medicare is purported to be the doctors. The doctors have stated that the people would abuse the plan. In my opinion, this only proves that people are being inadequately treated now because they do not want to burden themselves with financial expenses they cannot afford. Must we use financial inadequacy as a deterrent to medical care? Doctors are represented as being dedicated people, dedicated to the care of others, and yet all their arguments against medicare have to do with their own, private feelings. I should like to quote from an article in the *Globe and Mail* of May 21, 1963. This is a short joke which reads as follows:

Fred: What did your doctor tell you?

Al: He told me to cut down on my smoking, try to walk a mile a day, and to be sure to write a letter to my member of parliament against medicare.

Doctors belong to many associations such as the Ontario Medical Association, the Canadian Medical Association, and their colleges of physicians and surgeons in the various provinces who are their licensing bodies. These bodies lay down the rules and laws that govern the ethics, behaviour and economics of the medical profession. Doctors who do believe in a government sponsored compulsory medical health plan are afraid to go against this norm that is set down by the association to which they belong, and say what they truly believe. Is this the true purpose of an elected body that is supposed to portray the wishes of all its members?

I have seen letters from doctors in Saskatchewan, and after reading them I was actually ashamed to admit I was a member of this profession. Am I idealistic when I state that I always thought doctors belonged to a profession that served sick people and

that this was their prime function? I realize that economic problems and factors are important and that doctors must live, but must they appear to be interested in the welfare of people and yet, at a time of crisis, show a selfish interest in their own welfare? Medicare eliminates a doctor's economic problems. I do not believe the associations that represent the medical profession truly express the feelings of the members, but rather their own feelings. The impression that is given to the public is that these bodies do truly express all the doctors' views, and I feel that this is a false impression. It is not my intention to deprecate the medical profession, especially since I am a member myself, but I do feel that the misrepresentation should be known.

There would be no harm in this if it did not involve the health of the working man and his family. Health is a necessity for making a living and the responsibility for this lies with the medical profession. These doctors are hard working and most are truly devoted to their duties, but in many instances are misrepresented by their own elected governing bodies. Is it fear of these bodies that prevents us having a properly run, government sponsored all-inclusive medical health plan? There are no private plans that are adequate, as was proven by work done in Hamilton at the Steel Company of Canada. The Ontario Medical Association is stating that up to 70 per cent of the people have adequate medical care. This is truly deceptive because only 47.2 per cent of people have some form of health insurance. It now only remains to show the inadequacy of present plans.

P.S.I. is considered to be the best of the private plans, and it covers 18 per cent of the population. An exhaustive survey was conducted in Hamilton by the department of political economy of the University of Toronto with the help of the steelworkers union. By comparing P.S.I. with a profit-making plan, P.S.I. was found to be the best, and yet P.S.I. paid only 23.5 per cent of the average total health costs of the families who subscribed to it. The people who have P.S.I. are better off than others who have one of many profit-making plans that cover only 12.9 per cent of the average family's total health cost. These plans are riddled with escape hatches for the insurance companies in the event they are paying out too much to any one person. These policies may be cancelled at the whim of the company by refunding premiums, or exclusion riders may be attached after an illness in order to exclude the system involved or any future diseases which may develop. What kind of protection is this for anyone? What kind of

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