

Medicare

plans. The present plan without amendment—and I agree with the amendment now before us—is nothing more than a universal comprehensive plan on a compulsory basis.

I do not wish to take up too much time, but I should like to refer briefly to the history of experience in those countries which have adopted compulsory plans of this kind. I refer primarily to the Scandinavian countries and to England. They have all discovered that a greater amount of research than has been provided is required to make the plan successful. The hon. member who spoke immediately before me suggested that more research was perhaps not necessary because research was being done by other authorities. Certainly that is not the experience of the countries to which I have referred.

There are several provinces in Canada including Alberta which already have adequate insurance medical plans. The proposal of the government is that this plan be forced down the throats of those provinces. I do not think any medical insurance plan should be adopted on this compulsory basis. I have no complaint about the adequacy of the plan now in effect in Alberta, and I might add that it is a good deal cheaper than this proposed plan will be. I had occasion to enter a hospital 2,500 miles from the province of Alberta and I had no difficulty whatsoever in doing so, or in obtaining the care of one of the finest doctors in Canada. One of my family had to enter the hospital in the province of Quebec and there was no difficulty, financial or otherwise, involved at that time.

I think we should be very suspicious of any suggestion that we do not require additional funds for research in relation to this plan, on the basis that someone else is carrying out this job. Let us make sure that we provide properly for medical research, if we are to adopt a compulsory universal medicare insurance program. In order to do that we must amend the bill before us.

As I suggested earlier, we should learn from the experience of other countries that have adopted compulsory medicare programs. England now has had several years experience, and we can learn from them. A very eminent authority from that country and in this field said a few weeks ago in Canada that if England were to revert now it would take them 20 years to catch up.

We are talking now about a plan which, if adopted, will not come into effect for some 22

months and I feel we should be given the opportunity of at least considering it thoroughly in light of other experiences. The only thing we have heard about this proposed plan in the house, and that the Canadian people generally have heard, can be boiled down to one phrase, and that is "political expediency".

What have we been told about the mortality rate under existing plans in other parts of the world as compared to the mortality rate in Canada? The minister may well say that in England the mortality rate has gone down since the adoption of its plan; but we must take into consideration the effect of new drugs and advances in medicine over the past 20 years. If we disregard the results of these advances will the mortality rate of these countries with universal and compulsory insurance plans compare favourably with the mortality rate here? If by that type of comparison it is shown that mortality rate is no better or even worse than ours, then the benefits of a compulsory insurance plan must be considered in that light.

Again I must apologize for taking up the time of this house, but I feel that certain other things must be considered. Cost should be considered, as of course should the sovereignty, if I may put it that way, or the constitutional authority aspect of this issue. I believe that some aspects of our constitutional authority are being breached in the bill as drafted at the present time.

• (5:50 p.m.)

When it comes right down to it, it is pretty difficult to match dollars and cents with our public health. That is one point I should really like to put on the record and leave with the minister. Is public health the real consideration; because if it is, the bill will probably be supported, as it should be. However, Mr. Speaker, it is my hope that further consideration will be given to the amendment, and I believe we should not rush this bill through right now when obviously the plan will not be implemented for two years at least.

Mr. Ed. Schreyer (Springfield): Mr. Speaker, many if not most members in this house have been studying the issue of a public medical care plan for a long period of time. In the process they have no doubt been assisted by some of the systematic studies that have been made of the question, and by the large number of articles which have appeared in newspapers, periodicals, and the like. It is obvious, of course, that some hon. members have