

decisions that must be made about allocation of health care dollars to be made with a view to better health and a disciplining of everyone involved in health care rather than with a view to the interests of the very few who might benefit from a shift to for-profit hospitals and all that that would mean.

Given what I believe is the clear philosophical superiority of a non-profit approach, and the fact that a for-profit approach is not demonstrably superior in any practical way and will probably worsen the problem, it behoves Canadians to: "Leave the for-profit road untaken", to paraphrase a great American poet. "And that will make all the difference." There is no conflict between the virtue of non-profit health care and the vicissitudes of good management. All that is needed is the political will to raise the money and create the system that will enable our health care practitioners to innovate and do new things on the preventive and integrative side, in harmony with the principles of medicare, and in a way that does not threaten the funding of the established model.

The health care model of the future must be allowed to grow within and alongside the current system. More money, rather than less, will be needed for this to happen. Otherwise, rather than a creative transition we will have what can only be called retrogression and the re-emergence of the very inequalities that the founders of medicare set out to eliminate.

Finally, medicare and its principles will only be as valued as the quality of the health care system itself. Equal access to deteriorating equipment and facilities is not what the founders of medicare had in mind. For medicare to be preserved, it must be well funded. For medicare to be transformed, it must be well funded. For medicare to be destroyed, all that needs to happen is to have the current federal funding trend continue. We must not let that happen.

New Democrats realize that the strongest medicare principles imaginable will be powerless against such things as individual carelessness about one's health, traffic injuries due to drunken driving, exposure to hazards in the workplace, carcinogens in our food and water, or malnutrition and bad pre-natal and peri-natal care due to inner city poverty. That is why we will not be afraid to advance the health of Canadians by asking the fundamental economic and political questions that have to be raised in connection with over-all health care policy. We know that in spite of our attachment to the history and the future of medicare, the battle for medicare is not just the battle for a particular health care insurance system or a particular health care model. It is a battle for that total health which can only come as we achieve greater social, economic and ecological justice. All Canadians are invited to join with us in that common cause and oppose the passage of Bill C-96.

Mr. Benjamin: Mr. Speaker, I want to compliment my colleague on his speech.

Mr. Dingwall: He is a great speaker.

Mr. Benjamin: I could even criticize a couple of his comments, but I will not do it here.

Federal-Provincial Fiscal Arrangements Act

My question deals with the current situation with doctors in Ontario and Saskatchewan and the fiscal ability of the provinces to continue the level of medical practice and services in the provinces.

What effect will this legislation have on the fiscal ability of provinces to maintain the level of services and payments to doctors?

Mr. Blaikie: Mr. Speaker, with all due respect to my colleague, I believe I partially answered that question in my speech. It is clear that any reduction in funding to the provinces makes it more difficult for them to do what they want. One of the requirements of their health care systems is to pay doctors and meet the increasing expectations of a growing medical community. This is one of the many problems that I listed and which a simple cut-back in funding does not address. It simply passes the problem on to the provinces.

Ontario doctors are on strike at this moment, some 24 years after the first strike of that nature in 1962.

Mr. Benjamin: I was there.

Mr. Blaikie: The Hon. Member for Regina West (Mr. Benjamin) was deeply involved in the political life of Saskatchewan at that time, as he is now. I am sure we would do well to have the benefit of his reminiscences about that strike.

The Liberal Government in Ontario has moved to ban extra billing in that province. The doctors are resisting this move, as they have resisted it in other provinces. However, Ontario is the province in which most of the extra billing took place and we see that the resistance is much stronger in Ontario and Alberta. The resistance in the Atlantic provinces and other Canadian provinces was not very strong because when the provincial governments realized they would have to pay certain penalties as a result of the Canada Health Act, they quickly passed legislation and came to an agreement with their doctors. However, in Ontario—the locus of extra billing—there is much stronger resistance. I find it regrettable that the doctors in Ontario have chosen to take this action.

I know that there are many doctors who are not on strike and I compliment them. However, it is regrettable that the doctors have chosen to act in this way because what is perfectly clear is that they are snubbing their nose at the unanimous view of the House of Commons of Canada. The Canada Health Act was passed in this House unanimously, without one dissenting murmur, in the spring of 1984. The Ontario doctors, through their action, are basically telling the House of Commons to go to hell. That is what they are telling the people of Canada who, through their elected representatives in the House of Commons, stated unanimously that we have come to the point in the history of medicare when extra billing by physicians is no longer tolerated. Yet, we are seeing what is happening in Ontario today.

I am confident that the doctors can only do themselves harm by this action. They can only damage that doctor-patient relationship which they say they value so much. In the past,