

Canada Health Act

country if she went after that particular problem than does this whole Bill which does nothing but, in my mind, take a giant step toward total socialization of medical services. It is all under the guise of accessibility and universality but it still slices like bread. That bread is the total socialization of medical services in Canada.

Mr. Blaine A. Thacker (Lethbridge-Foothills): Mr. Speaker, I want to argue against Motion No. 1 in the name of the Hon. Member for Winnipeg-Birds Hill (Mr. Blaikie). But first I want to compliment the members of the Standing Committee on Health, Welfare and Social Affairs. During the past two months the actions of that committee have shown Parliament at its best and how this House should operate in the sense that dozens of amendments were accepted and incorporated into the Bill both in terms of word changes and whole new clauses which acted within the concept of federal-provincial relations. I know the members worked hard. They heard many witnesses and they made the changes. Nevertheless I was astounded this morning at the CBC coverage. It appeared as though Parliament had not been doing anything on this Bill. As has happened so often to us, we participate in debates here in the House but then when you watch the news at eleven o'clock at night and see what is reported, you wonder if is the same debate in which you have participated. I guess that is just the typical CBC pattern on things.

As far as Motion No. 1 is concerned, I submit it is too aggressive within federal-provincial relations. It is they who have to deal with health care. The amendment of the Hon. Member for Winnipeg-Birds Hill mentions federal dollars which, as you recall, Mr. Speaker, amount to some \$5 billion which Canadians through Parliament are allocating to health care. We are simply saying to the provincial governments that for that \$5 billion we think we are entitled to reasonable conditions. That is where these five conditions came from, portability, accessibility, and so on.

A very delicate balance has to be maintained between federal and provincial jurisdictions. In terms of the Constitution, the jurisdiction is purely provincial. That has been the case since 1867. During the 1950s and as a result of the Hospital Insurance and Diagnostic Services Act, which was passed by the Diefenbaker Government, and then the Medical Care Act passed by the Pearson Government, the federal Government allocated cash to provincial Governments and, as a result, we demanded some conditions.

Let us examine, Mr. Speaker, the wording of the amendment which reads:

(e) must, in accordance with the regulations of this Act, provide for an acceptable ratio of ward versus private and semi-private beds in hospitals, including hospitals owned or operated by Canada.

That mentions an acceptable ratio. But acceptable to whom? Presumably it is acceptable to someone in the Department of National Health and Welfare. That is what throws the whole process, this delicate balance between the federal and provincial governments, out of whack. Federal bureaucrats here in Ottawa will then have the power to make decisions as to what is an acceptable ratio of beds in hospitals in all the

provinces. I think that is aggressive and unacceptable. That type of decision should be left with the provinces.

In support of that argument, I will read into the record the clause which was accepted by all Parties. We find it in the preamble. It reads:

Whereas the Parliament of Canada recognizes: that it is not the intention of the government of Canada that any of the powers, rights, privileges or authorities vested in Canada or the provinces under the provisions of the Constitution Act, 1867 (formerly named the British North America Act 1867), or any amendments thereto, or otherwise, be by reason of this Act abrogated or derogated—

And, therefore, as parliamentarians we are making the statement that we want to respect that original jurisdiction because the provinces are closer to the people and have much more flexibility to change things around.

I speak against Motion No. 1 and I hope the House will agree with me.

[*Translation*]

Mr. Claude-André Lachance (Rosemont): Mr. Speaker, I was not going to speak to motions Nos. 1, 2 and 3 which are now before the House, but after the comments of the previous speaker, I would like to continue in the same vein and say, although there are people who claim this does not happen often enough, that sometimes in the House of Commons, Members on both sides of the House do a good job. As a Member of the Standing Committee on Health, Welfare and Social Affairs, I wholeheartedly support what was said by the Member for Lethbridge-Foothills (Mr. Thacker), who expressed his appreciation for the thorough job done on the Committee by Members on both sides of the House. That the Bill was amended and improved the way it was, is certainly a good indication. I must say it was the result of efforts on the part of all members of the Committee, irrespective of party lines.

That being said, and since I have the floor, I would like to say a few words about motions 2 and 3. In Committee I had an opportunity to explain extensively my position with respect to the complaints aired by the Canadian Association of Interns and Residents and its Quebec counterpart.

Like my hon. friend, the Member for Gloucester (Mr. Breau), I would like to point out that I support the intent of the sponsors of the motions, since there are two that are similar, and this debate in Committee has brought out the very real problems facing young doctors in negotiations with provincial governments, that determine the geographic distribution of physicians in the provinces. I think few Canadians were aware of these problems, and the representatives of the Association of Interns and Residents very skillfully described the realities with which they had to cope.

The problem we had as Members of Parliament was to find a reasonable way of accepting the principle that these problems existed, without directly interfering with the direct contractual relationship between the provincial governments,