

*The Address—Mr. Coldwell*

now read with the subamendment placed in the proper position:

We respectfully represent to Your Excellency that the prosperity and security of all Canadians will be advanced by government policies which will restore markets for primary products and generally promote a high volume of international trade.

We further represent that this house regrets that Your Excellency's advisers have failed to recommend legislation establishing a nation-wide health insurance program, with provision for provincial participation.

I have indicated that we propose a health plan which should be administered provincially. We are convinced that there should be no interference with provincial health jurisdiction, nor need there be. In fact, one of the measures of success of any national health plan will be the degree to which it is administered locally, and the more locally the better.

This objective can be secured by making federal grants to provincial governments on the condition that certain health services are organized on a universal basis and that certain standards are adhered to. That offer should be made now, and the provinces should be free to enter the scheme as soon as they desire without first having to wait for any given number of provinces to agree. That is the way in which the old age pension legislation was put on the statute books in 1926. Provinces could enter as they wished. British Columbia entered in 1927, and the last of the provinces entered in 1936. That was the province of Quebec. We believe therefore that that is the manner in which it should be done.

One of the aspects to which we have to pay attention is, of course, the provision for general practitioners' services. Contrary to what many are trying to say, this plan would not interfere, any more than the British plan is interfering today—and the doctors in Britain are now confirming what I am about to say—with the patient-doctor relationship, which is there as it was before and is not interfered with to any degree.

Many of the actual administrative arrangements for practitioner services could be handled by the provincial health insurance commission. However, again certain fundamental principles must be laid down. In our plan, first, every individual in the community must be entitled to the service unconditionally; second, every person should have a free choice of the doctor he wishes to consult; and third, the doctor must be free to accept or reject any particular patient. Of course, in an emergency any good doctor would accept any person; but I am talking about the normal doctor-patient relationship.

[Mr. Coldwell.]

With respect to hospital care, a national health plan should make provision for universal general ward service. If a patient desires accommodation in a private or semi-private ward, he should be required to pay the difference in cost between these wards and the public ward.

One of the difficulties which must be overcome is the very serious shortage of doctors, dentists, nurses, hospital accommodation and other facilities. Immediate steps will have to be taken toward relieving these shortages if the people of Canada are to have adequate health care. An interesting development is seen where you have had a hospital plan put into effect, as in my own province. Even before any national health grants were made for hospital building purposes—and the grants have been inadequate—hospitals were built by the local communities as the demand arose. From less than four beds per thousand in 1944 the figure has risen until today there are over seven beds per thousand in Saskatchewan. Some of them were built with federal aid, but some of them were built before federal aid was forthcoming.

In order to get new doctors, dentists and nurses in my own province, a large new medical school is being built on the campus of the University of Saskatchewan, and girls are encouraged to train as nurses through better payment during their period of training.

Generous grants must be provided for bursaries and scholarships to permit increased numbers of students to enter the universities for professional training. These scholarships and bursaries should, of course, be made conditional on the student agreeing to practice in Canada for a given number of years after his graduation.

As I say, this is a bold and imaginative sort of plan, but it is one the people of Canada would support. We want to see the introduction of a health plan coupled with some of the specific measures I have referred to. We believe it will do more than anything else to eliminate human suffering and the shortage of personnel and accommodation that now exists. We say there is absolutely no possible excuse today for delaying the inauguration of such a plan in our country; and if we adopt a co-operative attitude toward this problem we can build a strong and healthy Canadian people.

One last word I would like to say in connection with all these things. We believe, as others in this house believe with us, that the Canadian people must remain free—and they must remain free not only politically but economically. I have been greatly disturbed