

He goes on to say:

Sections 2(d) and 2(f) are discriminatory against the profession of optometry, other health professions and the public, as presently worded; e.g., any medical doctor, such as an ophthalmologist, could perform a refraction (eye examination), paid for by the plan, while optometric patients must pay for this themselves. If the definition "medical practitioner" were to include optometrists, etc., for special purposes only, such as eye care, all intentions of discrimination would be eliminated—

If no changes are made before the act is put into effect, this would mean optometric services are being included, but optometrists excluded.

He goes on to say:

In fact, in eye care, optometry serves Canada with 1,500 practising members, while there are only 300 certified ophthalmologists.

He goes on to refer to the position in Britain, and says that there—

—it took only a month or less to discover that optometrists had to be included in the health plan where eye care was offered.

He also emphasizes that nearly 70 per cent of the population requiring vision care services seek out optometrists. This letter from Dr. McWilliams emphasizes the need for more studies to be made of this plan to make it more workable and more acceptable to the public.

● (8:40 p.m.)

With regard to statements made concerning the medicare plan now operating in Saskatchewan, I should like to say that it certainly is not the plan which the C.C.F. government at that time, led by the hon. member for Burnaby-Coquitlam (Mr. Douglas), had in mind. In fact it was only after many consultations and conferences with members of the medical profession that the plan was worked out, as the hon. member for Assiniboia said, and now has reached a point where it is working very satisfactorily in Saskatchewan.

I should like to read from a booklet published by the Saskatchewan Medical Care Insurance Commission. It is entitled "About Your Medical Care Insurance Plan". A few items in this booklet indicate the changes that were made in the Saskatchewan plan before it was acceptable. One statement is:

Beneficiaries have free choice of physician and physicians are free to accept or reject patients.

That amendment was brought in as a result of conferences with Saskatchewan doctors. In respect of payments we see the following:

Under the Medical Care Insurance Plan, physicians' accounts are paid in one of three ways:

Direct Payment—The physician may submit the account directly to the Commission, and payment is made to the physician.

Medicare

Payment through Approved Health Agency—if patient and physician are members of the same approved health agency, the physician submits the account to the agency, and payment is made by the Commission to the agency for payment to the physician.

Payment to Patient—Where neither of the above methods applies, the physician provides an itemized statement to the patient. To obtain his insurance payment, the patient submits the itemized statement to the Commission, and payment is made to him.

Under this method, the beneficiary is responsible for payment of the account to the physician.

I have placed these items on the record to show that there is considerable elasticity in the plan in Saskatchewan as it is operating at the present time. I think the debate on this plan should be held over for a while. As I say, the federal-provincial fiscal conference is going on and I am sure the representatives at that conference have some ideas on this subject which we should like to hear. I also think we should get on immediately with the promised relief to old age pensioners.

In speaking at this time I wish to explain how I stand in respect of this matter. I agree with others that there should be adequate medical care for Canadians. I appeal to the government to listen to reason and try to work in some of our suggestions. If the government will not do so, then on the final vote on this legislation I will have no other choice but to vote for the bill, although I think it could be greatly improved. Thank you, Mr. Speaker.

Mr. R. R. Southam (Moose Mountain): Mr. Speaker, as a member from Saskatchewan I have had some experience in respect of the medical care plan there, and as has been mentioned by the hon. member for Assiniboia (Mr. Watson) and the hon. member for Moose Jaw-Lake Centre (Mr. Pascoe), I feel I should place on the record a few comments concerning the very important piece of legislation now before the house. I am a little concerned about the government's haste in bringing this to the attention of the house at a time when there is so much other important legislation which should be considered, and especially in view of the fact that they now have decided to postpone its coming into effect another 22 months.

I believe there are many citizens and organizations in Canada representing various medical services, such as optometrists and chiropractors, who in many cases have not been in a position to make their views known in respect of this bill. Personally I feel I must support the general principle of the bill. I