

*Canada Health Act*

● (1115)

**Mr. Blaikie:** Mr. Speaker, I rise on a point of order. I would like to speak to my amendment and then to the amendment of the Hon. Member for Oxford (Mr. Halliday). Must I do that within the same time frame?

**Mr. Speaker:** The Chair decided that amendments Nos. 1, 2 and 3 would be lumped together for debate but voted on as indicated. No. 1 is voted on separately and No. 2 would dispose of No. 3. The Hon. Member is invited to make his remarks concerning the three amendments in this intervention.

**Mr. Bill Blaikie (Winnipeg-Birds Hill):** Mr. Speaker, the intent of our amendment with regard to providing for an acceptable ratio of ward versus private and semi-private beds in hospitals is to ensure that the overall goals of the Canada Health Act are indeed achieved throughout the country. One of our concerns is that if this is not specified in the Bill it is possible that a two-tier hospital care system could develop.

We have seen, particularly since 1977, and more specifically in the last couple of years, a trend on the part of certain provincial governments to encourage hospitals to find ways of generating revenue on their own. One way to achieve that, of course, is by turning more of their bed capacity over to the classification of private or semi-private rooms so that they generate revenue over and above that which would be generated through ordinary ward beds under the health insurance plan.

We wanted to ensure that this Act would provide a mandate to the Minister of National Health and Welfare to take action, should she or he in the future discern that a province is evading universality and accessibility, with respect to clause 12, by not making a suitable number of beds available under the plan. This is not a new idea and has been done before by regulation. We feel this should be made explicit in the Canada Health Act. If this is not done, a situation could arise where accessibility could be threatened by a lack of availability of ward beds. This would then create a situation in which Canadians would rightly want to insure themselves against the unavailability of those beds, if it were seen as something that is inevitable. Eventually Canadians would feel that they have to take out private health insurance to make sure that they could get a bed when they needed it because the hospitals in their area were following that kind of policy. Very soon, the very thing we are trying to prevent in this Bill, through elimination of extra billing and user fees, could take place with respect to the availability of beds. Therefore, this amendment seems to be self-evidently in keeping with the spirit of the Canada Health Act.

I did not see any reason in committee and I do not see any reason now why this amendment cannot be enshrined in the Bill.

The amendment proposed by the Hon. Member for Oxford is a reintroduction of an amendment many of us tried to move in committee in various forms which would meet what I consider to be the very legitimate concerns of the Canadian

Association of Interns and Residents, which is that all people who graduate from medicine and are licensed to practice medicine should be able to do so in the plan wherever they so choose, so long as they want to meet the conditions of the plan.

● (1120)

I am not saying doctors who want to extra-bill in a province where extra billing has been outlawed should be able to operate within the plan. That is not the kind of right we are talking about. We are talking about the right of physicians to have geographical freedom within a particular province. This Bill is directed at what is going on in British Columbia and what could go on in many other provinces where we find provincial governments, through the limitation of billing numbers per area, restricting the right of physicians to practise in a particular area. I think this is something that should be addressed in another way. If provinces want to find ways of redistributing physician manpower, then there must be a way that is more acceptable than refusing the right to practise in this way, particularly when you consider that there are people now graduating from our medical colleges who are now interns and residents and who, if they want to practise in B.C., for instance, face the possibility of not being able to do so. Also, as was pointed out to me by people concerned, there is one case where a husband got a billing number and the wife did not. The wife is also a physician. The only way she could practise medicine was to move away from where her husband was living and practise somewhere else. That is completely unacceptable. We have an opportunity to do something about that in this Bill. This amendment is the result of many, many refinements. I see no reason, nor, I am sure, does the Hon. Member for Oxford why we could not meet in the Bill those very legitimate concerns of the Canadian Association of Interns and Residents.

[Translation]

**Hon. Monique Bégin (Minister of National Health and Welfare):** Mr. Speaker, if I understand correctly, the New Democratic Party Member, the party critic, has just spoken to motions No. 1, No. 2 and No. 3. Regarding motion No. 1, his Party is asking us to amend the Bill to include "an acceptable ratio of ward" (beds), which are usually four to a room, versus semi-private beds, which are two to a room, and private rooms.

We have already discussed the motion in Committee, where it was decided to drop the proposal. The point I raised at the time was, that by including a provision for ward beds in the Bill, we would be putting an additional and unnecessary constraint on the system, and that for the time being, the situation was not alarming anywhere in Canada, and that in any case, the federal Minister could use regulatory powers existing under the Act, if necessary, and without having to resort to an amendment, could pass regulations and discuss them with the provinces, as I said before.

I do not remember exactly what the statistics are, but in Ontario, for instance, which has the largest population of any province in Canada, two-thirds of hospital-days for all kinds of