

*Adjournment Debate*

Thus, Mr. Justice Hall recommends amendments to the Medical Care Act—which would have to be made by the federal government—declaring extra billing to be contrary to the intent and purpose of the act. We support this recommendation and we support it in the full knowledge that it is part of a package which also recommends a mechanism to ensure reasonable compensation to physicians, including binding arbitration if necessary, as long as it comes at the end of due process by which doctors and provincial governments have had ample opportunity to come to a voluntary agreement.

The medical associations do not run this country and ought not to run the medicare system. Doctors must realize at this point in our social development, that their special status is a thing of the past; that they have no more right to send extra bills to patients than railroad workers in my riding have to “extra bill” the CNR because they are not happy with their incomes or because their standard of living is not what it used to be, or think it ought to be.

The minister said last night on the program “The Watson Report”, that public opinion in the provinces would have to protect medicare. This insight into the importance of public opinion must not be used by the minister as a way of abdicating her own responsibilities as Minister of National Health and Welfare and, therefore, as the person in charge of maintaining the medicare system in Canada, responsible for ensuring that we have national health care standards and that over a period of time the vision of a comprehensive health care system in Canada will be fulfilled. The public will do its job with regard to medicare and, in fact, has already done so in various provinces.

Any political party that dared to suggest it might want to tamper with the principles of medicare has consistently been rebuffed by the electorate from time to time. So I am not worried about the public, Mr. Speaker. But the government should be worried about public opinion. It should be worried about what will happen a couple of years from now when the public finds that much of the rhetoric and many of the promises made regarding medicare by the Liberal party in the last two campaigns have not been lived up to and that action has not been taken. We hope action will be taken, however, and that is why I am here tonight, not to ask, as the minister constantly does, what our position is or what that of other people is. We are making our position clear and the public position is clear. We want to know when the position of the minister will be made clear and when she will begin to do her part to stem the erosion of medicare.

**Mr. Doug Frith (Parliamentary Secretary to Minister of National Health and Welfare):** Mr. Speaker, in reply to the question raised by the hon. member for Winnipeg-Birds Hill (Mr. Blaikie) I should like to express once again the position that the Minister of National Health and Welfare (Miss Bégin) expressed in the House last week with respect to the

recommendations in the report of Mr. Justice Hall on extra billing by doctors.

I think the hon. member pointed out that two of the major recommendations made in the Hall report dealt with the concept or problem of extra billing and its twin, binding arbitration.

● (2225)

The minister strongly supports Mr. Justice Hall's view that the practice of extra billing is unacceptable. It should be noted, however, that the whole report states clearly that any action to ban extra billing must be twinned with a mechanism to protect the legitimate interest of doctors with regard to reasonable compensation. Accordingly, he recommends to the provinces that they implement a system of binding arbitration. He acknowledges that the federal government cannot impose such a system on the provinces. That is why he does not recommend that this particular mechanism be specified in the proposed amendment to the federal legislation.

As the Minister of National Health and Welfare (Miss Bégin) mentioned in the House last week, immediately following receipt of the whole report, she convened a federal-provincial conference of health ministers in Winnipeg. This meeting was the first step in a process of consultation to be followed by a meeting of deputy ministers of health in November and by a meeting of ministers in February. In the coming weeks the minister and her officials will be meeting frequently with representatives of the users of health services in the medical profession.

This is an issue of great complexity and of vital importance to all Canadians. A deliberate, thoughtful and determined consultation must take place. The government believes that precipitous legislative action at this time could seriously disrupt the nation's health care system. The government's aim is to preserve and strengthen medicare. The Minister of National Health and Welfare has assured hon. members in this House and, indeed, all Canadians that she is personally giving the highest priority to this issue in order to find resolutions to the problems in our health care system.

I think the minister stated very clearly last week that the federal government will not be disposed to act in a unilateral manner. She has given assurances to the deputy ministers of health and to her counterparts provincially that we hope to address this whole problem of extra billing and the binding arbitration mechanism over the months ahead and that we intend to do it by a consultative method.

[*Translation*]

**Mr. Deputy Speaker:** The motion to adjourn the House is now deemed to have been adopted. The House stands adjourned until tomorrow at two o'clock.

Motion agreed to and the House adjourned at 10.27 p.m.