

*Medicare*

I am sorry to be saying this in the hearing of the hon. member for Winnipeg North Centre. I know he is a great repository of such parliamentary virtues as are enshrined in the rules of the house, but rules and procedures can kill the spirit and I am trying to get at the substance of this particular issue. I might say that when I was here before I went into the wilderness for a short period, I used to rejoice in exercises in parliamentary procedure. Now, I think they have as much sense and virtue as the arguments of people in the middle ages regarding the numbers of angels the head of a pin can hold. I leave this exercise to my hon. friend from Winnipeg North Centre and to others.

Mr. Chairman, I say that this formula is rigid and I hope we will fight it all day and, if necessary, all week until even the Minister of National Health and Welfare is persuaded to suggest to his colleagues a more flexible course which, even if only in the field of regulations, would allow for some change. The words I suggest should be added, which I will give the committee in a moment, are two only.

• (4:00 p.m.)

Quickly reviewing the amendments which have been presented to date, there is the one moved by the doctor from Hamilton South, to the effect that health and paramedical services be included in insured services as they are included in provincial plans. So, a provincial yardstick would be used in that case, but it is at least a half way formula, if I may use that expression.

Then there is the amendment moved by the hon. member for Kamloops, who sought to add the words:

—or by or on the advice or with the consent of medical practitioners.

This amendment referred to substituted services if given medical approval.

We then had the amendment moved by the hon. member for Winnipeg North Centre, a man for whom I have great respect; and I say that very quickly because I was a little harsh on him. We do need keepers of the parliamentary procedural keys, and God bless him for every moment he keeps them. He sought the addition of the words:

—and services rendered by optometrists which, when rendered by a medical practitioner, would be considered as insured services.

This again is the substitute approach; that is, the doctor either performs the services so as to make them insured services, or he gives

his blessing that they be performed by somebody else. I am using the same approach; I cannot see any other choice open to us.

I suggest to the minister, his parliamentary secretary, his colleagues, the officials of the department, the deputy minister and others upstairs who are watching us, that they consider insured services as encompassing all services rendered or authorized by medical practitioners. I seek to add the words "or authorized".

**Mr. Knowles:** Why not move it? It might be in order.

**Mr. McCleave:** My hon. friend from Winnipeg North Centre suggests that I should move it, that it might be in order. I think I will accept his challenge but I hope that someone will quickly type out these two words, six copies in English and French, so that they may be distributed around the chamber before I am through. Are there any volunteers?

I make the suggestion because any doctor, lawyer or other professional man worth his salt is not necessarily going to treat his patient or his client himself, having interviewed him in his office. Let us consider the common or garden variety lawyer, for example. Let us suppose that a client who comes into his office has a special problem involving income tax. This problem should not be dealt with by a lawyer at all but by a chartered accountant. Similarly, a doctor may find that a patient who comes into his office requires special attention to his teeth, in which case I presume the doctor would have sense enough to refer him to a dentist. If I may use the example I used the other day from the mining area of Saskatchewan, he may have a patient who has a sore back, and the doctor instead of trying to manipulate his spine suggests that the man see a chiropractor.

One can multiply examples of this kind indefinitely, Mr. Chairman. But the point is that the first professional man a patient or a client sees is not necessarily the person who will cure him or prescribe cures. I am sure that many of us have gone to general practitioners and been shunted along to specialists in heart disease and in other diseases, so that the general practitioner is absolutely sure that the patient is given the best possible advice.

Why should not an ophthalmologist, for example, refer a patient with an eye complaint to an optometrist if he thinks the optometrist is best capable of dealing with the problem, especially if the ophthalmologist need not