

Canada Health Act

Party. What I would like to clarify, first of all, is that I never even mentioned extra billing. What I am talking about is a level of bureaucracy which is trying, from its vantage point, to tell a doctor where he can practise or how he should practise and under what constraints. It is trying to say how the system will work. For instance, as a very specific example, if a consultation were required under the system as it was practised—I do not know if it is the same way now in Quebec—this might mean that a patient could well be exposed to radiation through an entirely new set of x-rays just so an additional consultation could be undertaken on behalf of that patient. That is the only way that a specialist would be able to be considered financially, if you will, for a consultation on behalf of a patient. Those are the types of things which happen.

Those impositions, such as telling a doctor where he can or cannot practise, are every bit as important as anything like extra billing. If the Hon. Member wants to talk about extra billing, I can talk about that as well. However, I suggest to every Hon. Member in this House that the biggest example of extra billing we have anywhere is taxation, because all we are doing is taking it with one hand and laying it out with the other hand to get elected.

Mr. MacLellan: Mr. Speaker, I believe if the Hon. Member is concerned about allegations with respect to credibility, he has no one to blame but himself. I would ask the Hon. Member to clarify the record by indicating where he got the \$3 million figure he used for advertising, because the Department's records indicate \$1.1 million, none of which was not used for television or radio advertising. It was used for posters and commercial health forms and inserts.

I would also like to have the Hon. Member refer to the blues of this morning. He will find that the Minister did not refer to a general over-abundance of facilities in the country. She was referring to one province, Alberta, and not the country as a whole.

I would also like to ask the Hon. Member to tell us which Hon. Members on this side of the House were smiling when he, in his opinion, was making an important point in his speech. I do not recall any Hon. Members smiling in any kind of fashion at the Hon. Member, certainly not with pleasure.

Mr. Gurbin: If the figure of \$3 million was wrong, then I will easily apologize. If the \$1.1 million is correct, then that only indicates a level required to support 22 Canadian lives rather than 60. I do not believe it changes the basic point I was trying to make. However, I will apologize for the inaccuracy of the figure.

In terms of whether it is the Province of Alberta or any other province, the province has the responsibility to the citizens—

Miss Bégin: That is not the point.

Mr. Gurbin: That is very much the point. The people in my area of Bruce-Grey who are living in a certain environment

and who are involved in activities as Canadians in a province of Canada, have every right to expect to receive health care at levels which are the same, as far as possible, as those in high density downtown urban areas. That is a principle which I fear is jeopardized by the attitude of the Minister because, I believe, the sensitivity, to start with, is certainly not there. It is hard enough at the provincial level to relate to the individual concerns of a small community, let alone try to do that at the federal level, and we are talking about countless communities across Canada. We cannot manage what we are doing here now.

Mr. Fisher: Mr. Speaker, I would like to ask a factual question. Could the Hon. Member tell us if, in his riding, the people have unfettered access to general family practice and to specialist services without extra billing? In other words, if someone becomes sick, can that person be admitted to a hospital in his area, and be given anaesthetist services without having to sign forms saying that he realizes there is extra billing involved? Can a woman find an obstetrician and gynaecologist quite easily who offers these services? Are there choices or do people have to drive great distances to find doctors who are opted in? I would like to know the answer to that question, because I have heard that people in rural areas sometimes have limited choices. I wonder if the Hon. Member could give us some background on that?

Mr. Gurbin: Mr. Speaker, I am very pleased to respond to the question because I believe it goes right to the heart of the whole issue. I believe the short answer, which I would like to clarify at some other time, is that in the community I personally lived in, yes, indeed, to a level which is beyond most other communities in that area, and that is the second part of the answer. There is no extra billing. I did not extra bill as a physician. In fact, when I started practice we often got paid in kind. So I know where the beef is sometimes. I do not believe that is really what the Hon. Member wanted to ask, with all due respect. There is no extra billing there but there are many physicians who would rather, because of the professional comfort—forgetting for the moment about their personal lives—have the security of working in an area where they have the backup of specialists. Those are things which we are evolving in the smaller communities as much as possible. When we can support the infrastructure which is important in a local hospital, and when the community at large feels that that is something we should work for, we do that. We have been able to do that, but we have done it with some difficulty because we have a bureaucracy which has its own level of control, whether in putting in an operating room, or providing another anaesthetic machine, a capital expenditure program, or whatever it is. At one more level, with the lack of sensitivity which comes when you have to do that, there are increased dangers, Mr. Speaker.

● (1620)

Mr. Fisher: A point of order, Mr. Speaker. We have here a rare opportunity to get some insight on this Bill from a