

*Medicare*

the Hall commission he used the words "universal availability". This is also what is written into the health charter. The Concise Oxford Dictionary defines "available" as follows: "Capable of being used, at one's disposal, within one's reach." I do not see the word "compel" or "bring about by force" or anything like that in the Hall Commission report. This is the reason I should like the minister to consider meeting again with the provinces. There is plenty of time. Apparently he is going to put this measure off until 1968, 1975, 1998 or whatever the date is going to be. There certainly is plenty of time before July 1, 1968 to meet again with the provinces to work out a program.

We believe that provision should be made as soon as humanly possible for those who are not able by reason of their financial position to obtain medical care for themselves. I am surprised that the New Democratic Party voted against this type of thing, especially in view of the fact that I thought this was one of the principles of their party. There is no question about it, they are slipping.

The hon. member for Burnaby-Coquitlam, at page 8872 of *Hansard* when referring to the question of whether the private schemes should get in on this plan or whether it should be strictly a government scheme, said:

It would increase the cost even for the people who are able to pay the premiums, because by having a number of private organizations handle medicare it was found that the administrative costs would be anywhere from 20 to 27 per cent compared to administrative costs in Saskatchewan of less than 5½ per cent, where they have a publicly administered plan.

The hon. member, of course, has forgotten to mention that in the province of Saskatchewan we do indeed have private plans. He has forgotten to mention this—an error of omission. We have Medical Services Incorporated. We have the group medical service in Regina as well as a Health Insurers' Association. We no longer have the medical co-op. All these are incorporated under the laws of the province of Saskatchewan as non-profit bodies. They are operating and because they are operating they have allowed the citizens to obtain better coverage than they can under the Saskatchewan plan. They bring in things which, when people are ill, are just as important as some of the others and sometimes more important—special nursing care when it is needed, ambulances and, yes, even drugs. Yet the hon. member for Burnaby-Coquitlam says we should not have this very thing. He has forgotten that this is the situation today

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in the province where he was one of those who fought for the plan.

I think there is no question but that we should have something to take care of those people who are unable by reason of their financial position to provide medical care for themselves. At page 8873 of *Hansard* for October 19 the hon. member for Burnaby-Coquitlam had this to say on this subject:

If anyone says we will need more doctors under medicare, then surely this is an admission that there are several million people who are not getting proper and adequate medical care now.

He says this and at the same time accuses our party for suggesting the provision of adequate care. He says it as if we were afraid to admit there are people who do not receive medical care. It is not only for financial reasons that there are people who are not getting the care they should; it is because there are not sufficient medical personnel. There is not enough money being spent to attract research scientists and teachers to our medical schools. We must spend more money in order that these people can continue research in depth and to attract good teachers in order to produce more and better doctors.

• (5:30 p.m.)

If hon. members do not think the situation is serious let me refer to the situation in my own province, the only province in Canada with a complete medicare scheme in effect. The other day I made a tour of the medical college in Saskatchewan. I went through the anatomy laboratory and where the basic sciences of physiology and biochemistry are taught to medical students. I make no bones about it; I was appalled at the extent of the lack of facilities and personnel. I was told by a very eminent doctor on the medical faculty of the University of Saskatchewan that if five of the key professors and assistant professors resigned the school would have to close. How can anyone suggest that we do not need to spend more money to attract research scientists and teachers?

It is my feeling that it is essential we do something in this regard now. We are not attempting to delay bringing medical care to the people of Canada; we just want to make sure that when it is provided to them an attempt will at least have been made to obtain a sufficient number of doctors to look after the additional number of people who will be covered. It will be false if the government says: Now you have medicare and you can go and get a doctor. I invite hon. members, if they are ever in real need of a doctor

(SPEAKING)