

Federal-Provincial Fiscal Arrangements Act

I was anticipating that a Tory would gather up his courage, rise to his feet and speak to the legislation that is before Parliament. However—

Ms. Coppins: Shakespeare said to screw up your courage.

Mr. Keeper: They simply do not have the courage to face the issues.

Mr. Reid: Have you got anything to say about the Bill?

Mr. Keeper: I hear an echo from the far right corner of the Chamber asking me if I have anything to say about the Bill. I ask that question of members of the Conservative Government. Do they not have anything to say about this legislation? Have Conservative Members simply clammed up and decided that it is sufficient to be silent and to make decisions behind closed doors? Have they decided that this Chamber is to be ignored by members of the Conservative Government? Is that the reality?

Some Hon. Members: Oh, oh!

Mr. Keeper: I hear the dogs on the other side barking more, but they will not rise to their feet to engage in genuine debate.

Mr. Gauthier: No, mice.

Mr. Keeper: They will not take their turns in this debate to tell us why they are taking a knife—

Mr. Tobin: Mr. Speaker, I rise on a point of order. This is a serious matter. As someone who has long owned a pet dog, I feel that the Hon. Member has offended dogs very much with his reference to hearing the dogs over there barking. Dogs and I both resent the comparison he made between Conservative Members and long-standing friends of man—

Mr. Deputy Speaker: Order, please.

Mr. Nunziata: I rise on the same point of order, Mr. Speaker.

Mr. Deputy Speaker: May we return to debate with the Hon. Member for Winnipeg North Centre (Mr. Keeper)?

Mr. Keeper: Mr. Speaker, I hesitate to debate how best to describe silent Conservatives.

Mr. Tobin: Mice.

Mr. Keeper: However, I do have more serious points to make in this debate. We do know that Conservative Members are failing to meet the issue head on. They are failing to tell us why they have chosen to reduce the amount of funding which the federal Government plans to put into the medicare system. However, my fundamental point concerns the fact that the way in which we handle our medicare system is not only a matter of dollars and cents. It is also a matter of what kind of approach we take to providing health care. That element must

enter into this debate if we are eventually to get a handle on the costs of medicare.

● (1640)

I should like to refer to a group of doctors from Ontario who I think are a good source of ideas and inspiration about how we might improve medicare rather than destroy it. The group to which I refer is the Medical Reform Group, a group of Ontario doctors who do not feel well represented by the Canadian Medical Association or by the Ontario Medical Association. Recently one of its members attended a public rally in Winnipeg dealing with the rising costs of medicare and with the fact that the Conservatives were cutting back on the financial contribution of the federal Government to medicare. Some fundamental points were made, one of which was that the Canadian medicare system was more cost-effective than the private health care system of the United States, because all insurance functions were under one roof and administrative costs, therefore, were handled more efficiently. A more important value of the Canadian medicare system is that it ensures access for all Canadians to medical care, whereas in the United States large numbers of people are not covered by its private approach to ensuring health services.

I should like to quote from the remarks of Dr. Michael Rachlis who spoke in Winnipeg at the April 3 rally which I mentioned. He said that there were at least 30 million persons in the United States who were not covered by its medical care system, whereas in Canada everyone was covered.

A great deal can be said about our medicare system, yet it can be improved. That is about what we in the Chamber should be concerned. We should be concerned about how to improve the medicare system rather than undercut it by withdrawing funds at this point. We need to identify some areas in which medicare could be improved, in which costs could be reduced in the long term, and in which we could get better value for our dollar.

Dr. Rachlis did a good job of identifying these areas in his address. He pointed out that clinical medicine was often unevaluated and that procedures which were used had not necessarily been tested as to effectiveness. He also indicated that inappropriate personnel were used to treat certain illnesses or to deal with certain health problems, and that it was often high cost personnel. As well, there is a concentration of doctors in urban centres which results in a distribution problem. For the medicare system to support increasing numbers of doctors, obviously it costs the public purse an enormous amount of money.

I should like to expand a little on each of those points. First I should like to give an example of clinical medicine being unevaluated. The doctor pointed out that a surgical procedure was developed in the 1970s which was supposed to prevent strokes. Thousands of these operations were performed all over the world. However, when a proper trial was conducted and reported on last year, the operation was found to have absolutely no benefit. The funds which went to this operation