

Medicare

I say that this bill has been introduced without the appropriate amount of care and attention to all the details regarding medical care itself. Will the provision needed to bring about the much desired result of more doctors be immediately effective, or is it a long range proposition? I submit it must be a long range proposition. Will the minister argue that doctors are not in short supply in Canada? I spoke with a lady just yesterday who had fallen and broken her arm. She told me that she went to the hospital and waited four hours to get a doctor. Now, I am not blaming the minister for that situation, but I am saying that the payment of contributions will not improve it. Will the minister argue that this bill will lengthen the hours of work which doctors at present are willing to undertake? The answer must be no.

Will the minister not agree that it will shorten the hours of work? Will he also not agree that it is true that the doctors will become glorified civil servants to some extent, that they will go to work at a certain hour and quit at a certain hour? The minister shakes his head. He will have to prove I am wrong, to my satisfaction, though I give him the right to differ. I submit that this bill has not had the thought behind it that it should have had.

Then there is the question of the provision of hospitals, hospital beds, nurses and nursing assistants. All of these matters are part of medical care. They fall under the general umbrella of medical care. Is this bill going to provide immediately more hospital beds, or more hospitalization, or more nurses or nursing assistants when it comes into effect 20 months from now? All of these things are necessary in the provision of medicare in the general sense.

● (9:30 p.m.)

This bill, Mr. Speaker, provides only for contributions which are to begin 20 months from now. Therefore I think the title of the bill should be changed. It does not provide medical care; it provides only the money for medical care.

How do we know, Mr. Speaker, what financial conditions will be in 1968? How does the government know what it will want to propose by way of taxation measures? How does the Minister of Trade and Commerce (Mr. Winters) know what will be the export trade of this country 20 months hence? He does not have a crystal ball. How does the Minister of Finance (Mr. Sharp) know what the financial condition of the country will be at that time?

[Mr. Flemming.]

Mr. Winters: I could tell you what I would like it to be.

Mr. Flemming: We would all like to do that; there is no question of that. We all hope that the minister succeeds in his efforts to stimulate exports, and I might tell him that I am doing my best to do so by buying national products.

If I had some criticism to make of the bill or of the government, Mr. Speaker, I would say that the bill is much too general; that the details of all the features of medical care have not received sufficient attention and consideration; that these features have not been discussed with the representatives of the provinces to the extent of bringing them into a workable and uniform plan for all provinces, the government of Canada contributing to a carefully thought out comprehensive plan.

Then there is the question of including some services in the plan and excluding others. Some hon. members have spoken favourably of the inclusion of the services of an optometrist for qualification as an insurable service. I think I am in hearty accord with that contention. The hon. member for Moose Mountain (Mr. Southam) went into this in detail. I received a letter from a constituent who brought to my attention the fact that the bill is discriminatory inasmuch as a physician specializing in the study and treatment of diseases of the eye, referred to as an ophthalmologist, would render services under the plan whereas an optometrist would not. I have examined the dictionary, Mr. Speaker, to find the meaning of the word "optometry", and the meaning given was "A scientific examination of the eye to detect diseases or defects; prescription of correction lenses, or exercises".

I would ask the minister to keep in mind that the needs of the patient should be uppermost in the minds of those framing the bill. The needs of the patient should also be uppermost in the minds of the members of the government, instead of their being concerned with the technical application of a certain definition of medical services. If people wanted to have an eye examination they would go to the optometrist of their choice. I know that the minister would be the last person to deny them the privilege of consulting somebody who was qualified to improve their situation, which would be the reason they would go to consult him.