

Medical Care Act

they get out of medicare. That is wrong. I think doctors perform well in today's society, and I say that because I come from a community where there is one of the leading medical schools in the world, but there are also many people who have given themselves to the medical arts.

I suppose I should declare a certain self-interest at this moment. I have an uncle who was at one time the president of the Nova Scotia Medical Society. I have a son-in-law whose life's work is to try to cure cancer. He is a physicist. I now have that out of the way. Those two people are well able to look after themselves, so I do not have to go to bat for them anywhere in the land. However, their work is important.

I am informed by people in whose advice I believe that the cost of physicians' services as a percentage compared to the total federal expenditure has decreased from 3.9 per cent in 1971-72 to a possible or projected 2.9 per cent in 1975-76. This in itself would be a reason to say that the Minister of National Health and Welfare (Mr. Lalonde) has not proven his case beyond a reasonable doubt. In fact, he has not proved it at all, and he will have to do so before I accept the suggestion that what he is trying to do with Bill C-68 is popular, necessary or essential.

I say that doctors are underpaid, and I am not a doctor myself so I can make the statement perhaps much easier than almost anybody else in this Chamber who is not a doctor. However, I realize that some of the doctors here support me in that statement. As a matter of fact I think I have the acclamation of my good friend the Minister of National Health and Welfare, and he probably would stand up and say that yes, doctors indeed are underpaid.

Mr. Paproski: He better or he won't get their votes next time.

Mr. McCleave: Perhaps he does not need their votes, but he needs a certain amount of credibility in the community, and I suspect he will have to scout and fish for a long time before he finds it. I do not want to see doctors made some kind of whipping boys in this age when people are very concerned about prices and about how much their dollar is able to do for them. I think it would be invidious if we took doctors and made them whipping boys.

The final point I wish to make is one I made years ago on many occasions. I think we should treasure our intellectual resources. We should be happy to promote our universities, those who will be students and those who will be adding something in order to advance us in the field of scholarship, and if we take Bill C-68 at the value which the Minister of National Health and Welfare places on it and accept it, we would be taking steps backward and not forward. That would hurt us in every way, shape and form in our desire to have Canadians better cared for. I think it would be a step back, and not only a short step back but a long one.

Some hon. Members: Hear, hear!

The Acting Speaker (Mr. Turner): It being six o'clock, I do now leave the chair until eight o'clock this evening.

At six o'clock the House took recess.

[Mr. McCleave.]

AFTER RECESS

The House resumed at 8 p.m.

Mr. Andrew Brewin (Greenwood): Madam Speaker, I do not often intervene in debates on medical health. There are others more qualified and experienced in this field. I do believe, however, that this is one of the most important pieces of legislation to come before this parliament. It affects very many of my present constituents, it will affect more in the future, and many more who will be living in my constituency when I am no longer around. For that reason I am glad to contribute to the debate on Bill C-68 which is to amend the Medical Care Act.

The reasons for our position on the bill are well known. To begin with it embodies cuts in health care. If there is one field in which economies may well turn out to be short-sighted and counterproductive, it is this field of health care. The Health of the people of Canada is obviously one of Canada's greatest assets, and any so-called economies that have the effect of depriving Canadians of health care services would be a false economy indeed.

There was a time when the Liberal party proudly acclaimed as one of its contributions to the nation the legislation by which parliament assumed 50 per cent of all insured services provided under the agreement. In addition, the federal government contributed roughly 50 per cent to hospital and diagnostic services. These measures were and are important to hundreds of thousands of Canadians. They were, of course, pioneered by the CCF in the province of Saskatchewan, but the Liberals boasted—and I think perhaps justifiably—that it was their legislation that provided the means of procuring a decent standard of health care for all Canadians from Bonavista to Vancouver Island. This symbol, and it was more than a symbol, of Canadian unity will be shattered by Bill C-68 which we are asked to approve.

The 50 per cent rule is to be replaced by maximum contributions in the federal field and diminishing contributions in percentage amounts. The effect can only be to impose heavier burdens on the poorer provinces and deprive some of the citizens of those provinces of medical services that are urgently required.

● (2010)

In the budget of last June the then minister of finance gave notice of the eventual termination of federal contributions to hospital and diagnostic services. I know that these services are not covered by the bill we are discussing, but are related to it. This bill shows how the wind is blowing. It gives notice of the threat hanging over the heads of the provinces, even if some new agreement is eventually negotiated. The minister's announcement was made eight months ago and I understand there have been no negotiations with the provinces to replace the former agreement.

That raises the subject of health care programs to which the federal government makes no contribution by means of cost sharing. I am referring to programs like pharmacare, home care, and programs for supplying medical appliances. Their cost to the provinces is about \$1.5 billion, and will rise to \$2 billion. We hope the federal government will negotiate cost-sharing agreements with the provinces and