

*Canada Health Act*

Oxford (Mr. Halliday), that a provincial plan must provide that all medical practitioners or, where applicable, dentists may participate in the plan. I do not believe it is the business of the Parliament of Canada or of the Canada Health Act to determine how medical practitioners in a province should or should not be in a plan. I do not think that is the intent of the legislation nor do I believe it is relevant to the legislation.

What is relevant to the legislation is that all insured health services be covered by a plan. We believe that this leads to the conclusion that if medical practitioners who are licensed in a province and licensed under the laws of the province, either by a college of physicians or the province itself, provide insured health services that are described in the Act, the plan must show that all insured health services are covered. I believe this is the best way to proceed.

We are talking about adding the word "all" before the words "insured health services" rather than prescribing to the provinces that they "must provide all medical practitioners or, where applicable, dentists may participate in the plan", as both amendments would do.

Amendment No. 3 of the Hon. Member for Winnipeg-Birds Hill (Mr. Blaikie) also proposed that the plan "must provide" etc. I do not believe it is relevant to this Act that we should prescribe legally who should or should not be in a plan from the point of view of the medical profession.

My purpose in speaking this afternoon is simply to say that we did recognize that the Canadian Association of Interns and Residents has a legitimate problem and we tried to respond to it reasonably. We believe we have. I did not want the record to remain, as the debate has shown, that somehow we had neglected the problem that was raised by CAIR and were not sensitive to it. We are sensitive to it and we believe we have done what is reasonable by adding the word "all", before "insured health services" in Clause 12, which would do the same thing as we did in Clause 9 dealing with comprehensiveness.

**Hon. Marcel Lambert (Edmonton West):** Mr. Speaker, I would like to speak on the question of accessibility as it concerns both the public and those who provide medical services. This includes nurses, who I believe have made an exceptionally good case for an extension of their jurisdiction and participation in a better health service system than exists presently.

I suggest that a bureaucratic cement has set in at the federal level which has made it rigid and incapable of accepting anything except power. Bureaucracy at the provincial level is now in the process of making those who supply medical services essentially civil servants. We have seen that union negotiations have forced nurses to go on strike. In some provinces they are now forbidden to strike and have become part of the Public Service. This affects accessibility.

With respect to accessibility, I wish to point out to the Minister that there are many doctors in this country who are prevented from practising medicine. We accepted many refugees, such as Vietnamese and Polish physicians, a great

majority of whom must scrub floors and act as janitors because our bureaucracy has prevented them from practising. Somehow the bureaucracy believes that medicine was invented in some medical schools in Canada or the United States and that foreign doctors, although we know many have passed equivalent requirements and have the same qualifications as Canadian graduates, cannot qualify.

The bureaucratic boondoggling over financing between the federal and provincial governments has meant that there is an artificial limitation imposed on the number of entrants into internship. In Ontario, even domestic graduates have been kept out of the practice of medicine by this budgetary limitation imposed on hospitals by the provincial and federal governments. This means that many young men and women have wasted years of study.

The Minister should pay particular attention to the Government's cynicism in accepting refugee doctors while denying them the right to practise even when they prove their qualifications. They cannot practise until they go through their internship, but they are at the bottom of the list for admittance. I ask the Minister if she has ever heard Dr. Nguyen here in Ottawa talk about the problems of Vietnamese doctors whose medical qualifications will expire after five years if they do not proceed to internship. Yet in my province there is a need for 30 doctors in rural areas in some of the small hospitals. Here again is the boondoggle of bureaucracy. For instance, there is the building of ten-bed hospitals.

• (1230)

**Miss Bégin:** Not today.

**Mr. Lambert:** I will agree, but they were fine. Why does the Minister not talk, with due respect to the Chair, to the people involved? There are many ten-bed hospitals functioning well. The Minister shakes her head. That is only because she is a prisoner of her bureaucrats on that point. There are many districts in which ten-bed hospitals work. But you need to have the doctors. Hospitals have been closed because one man or woman cannot maintain a ten-bed hospital. Doctors are not sentenced to a life of work seven days a week, 18 hours a day. But if you listen to the bureaucrats from their comfortable pews, doctors should accept that kind of role.

I am making a plea. For goodness' sake, let us get rid of this cynicism that we have exhibited as Canadians. We should start with the Government of Canada, the Department of Employment and Immigration first. What about the Department of Health and Welfare? Other people would suggest it is the Department of Wealth and Welfare. But what about Health and Welfare Canada? What about the refugee doctors? We have to get rid of this scandal of duly qualified medical graduates from universities in Poland being effectively barred from practising. I know of some particular cases. I speak out of sheer frustration against the obstacles being placed before highly qualified and dedicated people wanting to practise medicine that prevent them from doing so. This is simply because they cannot get an intern position. This is nonsense. The Minister would do far more for medical care in this