

LEGISLATIVE ASSEMBLY OF SASKATCHEWAN
First Session — Fifteenth Legislature
51st Day

Thursday, April 15, 1965

The Assembly met at 10:00 o'clock p.m.
On the Orders of the Day:

WELCOME TO MR. W. LLOYD, LEADER OF THE OPPOSITION

Hon. W. Ross Thatcher (Premier): — Mr. Speaker, on behalf of the government, I should certainly like to welcome back into the house today, the Leader of the Opposition (Mr. Lloyd).

Hon. Members: — Hear, hear!

Mr. Thatcher: — I know that he has had a very painful experience in recent months, and I also know how difficult it must have been for him to be on his back while the house has been sitting. I know that I speak for all members when I wish him a complete recovery and a return to good health.

Hon. Members: — Hear, hear!

ANNOUNCEMENT RESPECTING THE PROPOSED HEAVY WATER PLANT

Hon. W. Ross Thatcher (Premier): — Mr. Speaker, while I am on my feet, I should like to make an announcement to the house respecting the proposed heavy water plant at Estevan. The government has been advised this morning by Mr. Drury, the federal Minister of Industry in Ottawa, that Atomic Energy of Canada has now approved the new process of Western Deterium Limited for producing heavy water.

Some Hon. Members: — Hear, hear!

Mr. Thatcher: — It is satisfied that the new formula is technically sound and accordingly Atomic Energy of Canada has been authorized to enter into a contract with Western Deterium Company Limited under which the firm will build a plant at Estevan, Saskatchewan, to produce 300 tons of heavy water per annum. Atomic Energy will underwrite the sale of this quantity of heavy water for the first five years of production at a sale price of \$14.65 per lb. I have also been informed, Mr. Speaker, that construction of the new plant will likely begin in August of this year, it is the intention of Mr. Harold Husband, president of Western Deterium, to be in Saskatchewan some time next week to finalize the details of the contract. At that time more precise plans will be announced. The company will be asked to use some Indians and Metis in the operation and we are also hopeful that the major steel requirements, and they will be major, can be supplied by IPSCO.

Some Hon. Members: — Hear, hear!

Mr. J.H. Brockelbank (Acting Leader of the Opposition, Kelsey): — Mr. Speaker, before the Orders of the Day are proceeded with I want to, on behalf, particularly on behalf of the members on this side of the house, to express a very warm welcome to the Leader of the Opposition, Mr. Lloyd, to say how glad we are to have him back in the legislature.

Hon. Members: — Hear, hear!

Mr. Brockelbank: — I can assure him, too, that it is very regretful that he had to miss this session of the legislature because it has been a most interesting one, and I know he would have enjoyed every minute of it, as I may say, Mr. Speaker, I have enjoyed it.

I want to say in regard to the heavy water plant, I am glad now that the Premier has been able to announce that it is definite, and I would like to ask when Mr. Husband comes, if the government will be negotiating an agreement with Mr. Husband, because apparently no agreements have existed up to the present time and according to the news reports that we have, there

were to be a few agreements, at least.

One or two other things I would like to mention. Yesterday I put in Notice of a Question that I would on Friday next, ask a certain question, and I see that it appears in the Votes and Proceedings as on Saturday next, that I will ask a question. Now, this is something new that the questions are put on three days later instead of two days later, and there has been . . .

Mr. Thatcher: — Friday is a holiday.

Mr. Brockelbank (Kelsey): — . . . there has been no decision that we do not sit on Good Friday yet, and until that decision is made, the Order Paper should have shown that we were going to meet on Friday. Now, I am quite happy to discuss that question, but I don't think this assumption should be made without taking into consideration the legislature. The other matter I would like to deal with — yesterday the Minister of Mineral Resources told us about the oil land sale of \$3,000,000 which he said was the biggest in the history of the province of Saskatchewan. When he said that I was suspicious that he was a little bit off the beam, so last night after the house adjourned, when I was feeling fresh and nothing else to do, I looked up some of the records, and I find that a sale on October 16th, 1956, had nearly \$3,250,000 plus two sections of net royalty.

The sale on January 8th, 1957, had almost \$4,000,000 return plus one section of net royalty, and the sale on April 9th, 1957, had a return of over \$4,200,000 plus one section of net royalty. So, this was far from being a record in the province.

Hon. A.C. Cameron (Minister of Mineral Resources): — Mr. Speaker, if I may comment, I said since we combined the three types of sales into one, drilling reservations, leases and permits all in one sale, rather than individual sales where you have to have drilling reservations as one sale, leases, another sale, permits, another sale, that once the three were combined into one sale as we do in the latter years, this is the largest that we have had since the combining of the three into one sale.

Mr. Brockelbank (Kelsey): — Oh, yes, Mr. Speaker, I wish to compliment the minister — this is the largest sale that he has ever had since he has been Minister of Mineral Resources, that is true, but these sales that I am talking about, didn't have either permits or drilling reservations in them, but only leases, and so it beat the one he was talking about all to pieces.

Mr. Thatcher: — Mr. Speaker, the hon. member for Kelsey (Mr. Brockelbank), I think should know the rules of the house. I guess he does know them better than most members, but despite what he said about this question, that it should have come up Friday instead of Saturday, I would point out to him that Friday is a religious holiday and a statutory holiday, and the house will not be sitting tomorrow, I can tell you that right now. There is no intention of the government to sit Friday, if we do not finish tonight, likely we will adjourn until Monday, although we would be prepared to discuss sitting tomorrow.

Mr. Brockelbank (Kelsey): — Mr. Speaker, on this point of Friday sitting, I think it is a well-established fact, because it was demonstrated in the House of Commons last year when the House of Commons had to meet on Friday because the government failed to give Notice of Motion that they wouldn't sit on Friday, and the orders require sitting everyday Monday to Saturday included, and it makes no exception for any holidays. Now, I don't want to sit tomorrow, but I do object to some people assuming without the consent and the proper procedure that we are not going to sit on some day.

Mr. Thatcher: — Mr. Speaker, after all the speeches we heard on the liquor bill about religion and the like, I am sure my hon. friend wouldn't want to violate his religious concepts.

Mr. Speaker: — I think possibly we can settle the matter of the question which was put down for Saturday next, on Wednesday last, I am informed that it was treated in the same manner by the clerk as one which would have been set down on Friday and come up for Monday, but he assumed that we would not

to some of us, that it was a very reasonable assumption for him to take it that way.

Mr. Woodrow S. Lloyd (Leader of the Opposition): — Mr. Speaker, if I may make a brief reference to the remarks which the Premier and my colleague have been good enough to direct to me this morning. I am tempted to say that perhaps they were out of order, but I am a bit out of order myself, Mr. Speaker, and this is, as a matter of fact, what detained me. Besides, I must add that I did appreciate those remarks indeed.

I am tempted to try your patience, Mr. Speaker, and be still a bit more out of order, I'm faced with two kinds of temptation, because first of all, this after all was the first operation that I have had, and this is the first time I have had an audience since that operation, and the temptation is that I have, someplace inside of me, a whole series of speeches which I had intended to make. Somebody once said, perhaps it was myself, "that hell hath no fury like a politician with an undelivered speech", but I gather that probably this wouldn't be the best way to win any Oscars for my side of the house by making speeches at this time. So it is not my intention to prolong, or otherwise mystify the deliberations of the house.

If I may just stretch the rules a little bit, Mr. Speaker, I would like to pay a few tributes, While I have this opportunity, I want to pay tribute to the doctors in Regina, and later on, the doctors, nurses, orderlies, physiotherapists, at the University Hospital, who directed and took care of my treatment while I was there. Among other things I may say to the Minister of Health (Mr. Steuart) that at the University Hospital they do serve one of the best non-alcoholic cocktails available, composed of prune juice, and I would recommend that they consider this for the approved list of public health care.

To you, Mr. Speaker, and to you, Mr. Premier, I must say how much I appreciated the letters which you were good enough to send me while I was absent, if I may add, I want to express also my appreciation to my colleagues on my own side of the house for doing the work which I properly should have been doing, particularly to my colleague and seat mate, the hon. member from Kelsey (Mr. Brockelbank). I have, indeed, missed the proceedings of the legislature. In particular I have missed the opportunity to get to know, and to get to hear the new members of the house. I could have predicted with some reliability what the older members would have said on many occasions, I am sure, but all of us who have been in the house for some time will know that it is, indeed, good in a new legislature to see the new faces and hear the new voices and the new ideas. I trust that the new members in particular have enjoyed the session. Again, thank you all for your good wishes and your remarks on this day, my return to the house, and I close by saying that it is indeed good to be back in this important, deliberative, parliamentary gathering.

Hon. Members: — Hear, hear!

QUESTION RE WITHDRAWAL OF FRENCH-SPEAKING PUPILS IN SASKATOON SCHOOLS

Mr. A.E. Blakeney (Regina West): — Mr. Speaker, before the Orders of the day, I would like to direct a question to the government. May I, Mr. Speaker, before so doing, express my own personal pleasure at the return to this house of the Leader of the Opposition (Mr. Lloyd), and for the fact that he will be available to our group if any untoward events occur in the next few months.

Some Hon. Members: — Hear, hear!

Mr. Blakeney: — My question is directed to the Minister of Education (Mr. Trapp) who I now see in his seat, and the question is, does he have anything to report to the house on the problem which is being aired in the press with respect to the parents of French-speaking students in Saskatoon, who are asking for a greater recognition of the French language in Saskatoon schools.

Mr. George Trapp (Minister of Education): — I might report to the hon. members that I was a few minutes late in arriving and I was having a meeting with the parent group from Saskatoon. They have just left my office a few moments ago, and I can assure you that this government will consider their representation and when

government's attention for action, otherwise it will be a government decision when the time comes.

Hon. Lionel Coderre (Minister of Labour): — Vive la France!

Mr. A.M. Nicholson (Saskatoon City): — I wonder if I may ask a supplementary question, Mr. Speaker. I understand that the parents were asking the legislation be changed at this session. Would the minister indicate whether any consideration can be given to this request?

Mr. Trapp: — I think that the hon. member would know that this is not possible. It is a question that has rather wide implications, and certainly, I am not, as minister, willing to recommend to the government any changes at the present time until we have had time to consider the whole deal, and to discuss it with other groups involved in the same problem.

HIGHWAY TRAFFIC SAFETY RESOLUTION

Hon. D.V. Heald (Attorney General) moved:

That Mr. Larochelle, as Chairman together with Messrs. Howes, MacDougall, Merchant (Mrs.), Loken, Heald, Thibault, Whelan, Willis, Pederson, be constituted a special committee to conduct an enquiry following prorogation of the assembly into all matters relating to highway traffic and safety including a review of present traffic laws, the enforcement of such laws, the relationship between the drinking of alcohol and accidents and the consideration of measures to reduce the number of accidents and the loss of life and property resulting therefrom, and to hear representations regarding highway traffic and safety from interested citizens and organizations;

That the said committee have power to conduct meetings and hearings at and away from the seat of government in order that the fullest enquiry may be made and that the committee have power to engage such advisers and assistants as are required for the purpose of the enquiry and in addition, if considered necessary or desirable, to request the assistance of staff employed by the department and agencies of the government;

That the said committee submit a report together with such recommendations as it sees fit to the government on or before the 31st day of December, 1965, in order to facilitate action being taken upon any recommendation it may desire to make arising from its enquiry, the said report to be submitted to the assembly not later than the 10th sitting day of the next ensuing session of the assembly, or the committee may, in lieu of such report, submit an interim report with or without recommendations, and thereupon a final report shall be submitted on the 31st day of December, 1966, to the government, and the said report to be submitted to the assembly not later than the 10th sitting day of the then next ensuing session of the assembly; and

that the committee may, with the approval of the assembly, conduct its enquiry beyond the 31st day of December, 1966.

Seconded by Hon. Mr. Steuart (Minister of Public Health).

He said: Mr. Speaker, the motion is as a result of the motion which was passed in this legislature, unanimously, and has to do with the setting of a special committee to conduct an enquiry into all matters relating to highway traffic safety, and the motion as it appears on the Order Paper, sets forth the terms of reference of the committee, and I would accordingly move, seconded by the hon. Mr. Steuart (Minister of Public Health)

the motion as it appears on the Order Paper.

Mr. J.H. Brockelbank (Acting Leader of the Opposition, Kelsey): — Mr. Speaker, I just want to say a word or two on this. I am very happy that this motion is being passed, and that this committee is being set up to deal with this very important subject.

The committee has got a big job before it, and I want to say to the members, who are on the committee, that we will be wishing them well and hope they will be successful in making a very good study and submitting to this house a good report which will enable us to deal effectively with this very serious question of traffic safety.

That is all I have to say about the question now.

Mr. E. Whelan: — Mr. Speaker, I would like to congratulate the government for bringing this motion into the house. I sincerely hope that the committee will call many citizens and interested groups to give evidence and to make suggestions, when the committee is holding hearings, I am sure every member in the legislature has been worried about the traffic deaths during the last year. In my estimation the committee would be breaking new ground and setting many new precedents.

I hope that they will be able to solve the traffic problems that face us. It is my hope that the recommendations as well will reduce traffic deaths. This is a good objective to work on, and I hope that the report when it is brought down will be another first for the province of Saskatchewan.

Motion agreed to.

THIRD READINGS

Hon. W.R. Thatcher (Premier) moved: That Bill No. 95 — **An Act to amend The Treasury Department Act** — be now read a third time and passed under its title.

Mr. J.H. Brockelbank (Acting Leader of the Opposition): — Mr. Speaker, I would just like to say a few words on this bill. I was very interested in this whole problem of the Public Accounts Committee, and the operation of the Treasury Department and the provincial auditor, and I am very happy to see this first step taken towards the reform of these procedures, and this committee in accordance with the recommendations of the special committee that sat in the house.

I want to assure the government and the officials of the Treasury Department and the provincial auditor that as far as I am concerned, and certainly I am sure as far as all the members of the opposition are concerned, our full co-operation will be available in this work and we wish them success in getting these changes made.

Mr. A.E. Blakeney (Regina West): — Mr. Speaker, just one word along this line. I share the views of the hon. member from Kelsey (Mr. Brockelbank), and the bill provides that the provisions with respect to the provincial auditor shall come into effect on proclamation.

I would hope that the government could find it possible to make the fairly substantial changes in their organization which would be necessary in the relatively near future, so that a provincial auditor could be appointed who would be able to bring into the Public Accounts Committee, at the next session, a report of a type envisaged which would be the basis for the work of the Public Accounts Committee.

That may not be possible, because the report which we will be considering next year will be the report for the year which just ended on March 31st, and the new provincial auditor may not feel that he can bring in the new type report when he has conducted his work on the basis of the old one. But that only underlines the point which I wish to make, that even in the session after next, we propose to have the Public Accounts Committee working the way that was envisaged by the sessional paper, which we all considered earlier in this session, then we will need to get the provincial auditor, at least, established with his staff so that he can be conducting the sort of audit for the year commencing April 1st, 1965,

which would be the basis of a report to the Public Accounts Committee in 1967.

A substantial delay may mean that we wouldn't move on to the new procedure in Public Accounts Committee until 1968. I think from those comments that, if possible, there is merit in getting the provincial auditor on the new basis fairly promptly so that he can deal with the year that started fifteen days ago.

Motion agreed to and bill read the third time and passed.

ADJOURNED DEBATES

The assembly resumed the adjourned debate on the proposed motion of the Hon. Mr. Steuart for second reading of Bill No. 42 — **An Act to amend The Hospital Standards Act.**

Mr. Walter Smishek (Regina East): — Mr. Speaker, or should I say, and for the third time, Mr. Speaker, may I proceed with my attempt to discuss and debate the proposed amendments to the Hospital Standards Act. I am indeed glad, Mr. Speaker, that something like an hour and forty-five minutes is allowed instead of three minutes in the time period.

Before I proceed with discussing the proposed amendments Mr. Speaker, I would like to express my great pleasure in having the Leader of the Opposition (Mr. Lloyd) joining us in this assembly, and express my hope for his complete recovery.

Some Hon. Members: — Hear, hear!

Mr. Smishek: — Mr. Speaker, as a new member in this assembly I would like to tell him that certainly the new members on this side of the house, I think, have tried to do their best in taking part in the debates and proceedings of this assembly, and to carry their share of responsibility in helping to make democracy work.

Mr. Speaker, when the house adjourned last night, I said that it is my intent to remark on the extent of monopoly that exists in the field of medicine generally and the extent of control that there exists at the local level right down to the small community level, and the relationship of this to the third item as to why it is necessary to keep the hospital appeal board legislation on the statute books of Saskatchewan.

Let me turn to the first item, Mr. Speaker, the presence of monopoly in the medical field, generally, in the medical field in the North American continent. I wish to cite, Mr. Speaker, two recent examples — at three o'clock in the afternoon on Sunday, March 28th, Dr. Hassan Rayman departed our country by aeroplane for his home in British Guiana, having spent about one-half year at Biggar, Saskatchewan, without hospital privileges, despite his personal and legal appeals to all levels of the establishment, medical staff, the hospital, the Minister of Health. Dr. Rayman's brief sojourn with us has shown him to be a man of great skill, patience, and esteemed habits and traits of character. He had to leave us in the midst of our national urge to import these very kind of people. In fact, Mr. Speaker, the Premier of this province has pointed to the need for importing skilled people to the province.

Dr. Rayman was one of a family of brothers and sisters who have immigrated to our land. Mr. Speaker, the shame of this action lies in Dr. Rayman not being able to take action under the law providing relief presently on the statute books of the province, the very law we are discussing and with which the Minister of Health (Mr. Steuart) wishes to have this assembly have repealed. Instead we should be appealing to the widest possible audience in Canada on this travesty of Canadian justice, the news media and press agencies, to sympathetic, freedom loving Canadians and to all Canadians who see the threat to our way of life; when Governor Wallace of Alabama can speak here but Professor Sibley is first refused; when Canadian miscreants can hold office but Dr. Rayman cannot practice his profession.

Dr. Rayman was an undergraduate at McGill University, a scholarship student in his younger days. This bright man who was good enough to attend one of our Canadian universities, who was good enough to be selected as a student at a Liverpool university in England for his medical training, cannot now practice in Canada, and denied the elementary privilege of a board of appeal by which he could have a fair and judicial hearing on his

denial to practice medicine in Biggar.

The Minister of Health (Mr. Steuart) we gather, feels that the law is unnecessary since he has taken office. With all due credit to the minister's ability, the question is, should we have a nation and a province run by one man or a few men or by laws. I am reminded, Mr. Speaker, of President Eisenhower, when he enforced the laws of the United States in Little Rock, Arkansas, but a few years ago in another discrimination case. President Eisenhower reminded Mr. Faubus, the Governor of Arkansas, that democracy is a nation of laws not men. If Governor Faubus assurances of his ability as a man to protect the rights of certain citizens in Little Rock were not good enough for President Eisenhower, can the Minister of Health (Mr. Steuart) believe that we can be assured by him that his personage is enough to guarantee that injustices won't happen, that fairness will prevail, that monopoly and artificial restraint of medicine will be turned aside by his protection. I say "No", Mr, Speaker.

We need a law, physician's need a law and our hospitals need a law, to protect us against the possibilities of unfairness, discrimination, selfishness, greed and other injustices. Mr. Speaker. Dr. Rayman left our province only a few days ago.

May I now give another example, not in our province, but in our neighboring province of Manitoba. The senior member from Saskatoon (Mr. Nicholson) has made reference to the report that appeared in the Star Phoenix on April 9th. Mr. Speaker, for the record, I think it is important to quote the report as it appeared in the Leader-Post in full. The report under the heading, "Doctor's rights of suspension said Board responsibility", Winnipeg, Canadian Press Report:

The Manitoba College of Physicians and Surgeons advised a citizen's delegation here that suspension of doctors' right to use facilities at Selkirk General Hospital is the responsibility of the hospital board. The delegation of five women and two men from Selkirk, twenty miles north of here, met with the College officials to seek an explanation for the suspension of hospital privileges to Dr. G.L. Thompson of Selkirk.

The hospital board ruled at a special meeting, that Dr. Thompson would no longer be permitted on the hospital staff because he was violating the Canadian Medical Association code of ethics.

Mrs. Jim Laye, a spokesman for citizen's delegation said that after the meeting, the College advised them that the matter was the responsibility of the Selkirk Hospital Board, but the College was anxious to help in any way they could. They promised a final statement in forty-eight hours, Mrs. Laye said.

Dr. Ian Reid, one of five doctors in the town of ten thousand, said in an interview Tuesday, "Dr. Thompson violated a section of the C.M.A. code of ethics which forbids a doctor who has been an assistant to another, to set up practice in the same neighborhood without the written consent of the other doctor. The section applies particularly to small towns and rural districts.

The suspension of Dr. Thompson led to the resignation of the hospital board chairman, Emil Davidson, and vice-chairman, Henry Piasecki. The clause in the code could have been overlooked in this case, Mr. Davidson said. We need doctors, and Dr. Thompson is too good a man to lose. I am disturbed that a public hospital is apparently controlled by a group of doctors, Mrs. Laye said. We have been trying for six years to get the hospital accredited so someone higher will have the final authority. I don't want my children to have the use of a hospital like this.

Another member of the delegation, Mrs, Ralph Seymour, said:

Patients are supposed to be the first consideration

of doctors. Here they are the last. They just shout ethics when it applies to them. Mrs. Seymour said other doctors in Selkirk have refused to help Dr. Thompson in treating patients prior to his suspension.

Let us examine this report, Mr. Speaker. Note well that these citizens appealed to the Manitoba College of Physicians and Surgeons, but the college advised them that the matter was the responsibility of the board. A statement from the college, whether now, or in forty-eight hours, will be of little use. The laws of our land do not allow for a legal appeal which is enforceable. The college is as powerless as the citizens. The power rests with the board, behind the board is a group of doctors. The news report says that there are 10,000 people in Selkirk and only five doctors. Herein lies the rub, Mr. Speaker. This means there are 2,000 people for every doctor. Now we can begin to understand, now we can begin to sniff out what is really behind this report.

If the people in Selkirk are anything like the people in the rest of Canada, Mr. Speaker, they represent a medical doctor's market of \$20 to \$25 per person per year. This in round figures is the average spending for a doctor's bill for the medical care and excluding drugs or hospitals, and nursing or other parts of health care. I speak only of personal medical bills, the money for the doctors. This is \$20 to \$25 per person per year.

Mr. Speaker, 10,000 people in Selkirk, Manitoba, represent a medical doctor business between \$200,000 and \$250,000. Now if the doctors in Selkirk hiding behind the doubtful ethical principle, threatening the board of the hospital with the recommendation that the fifth doctor be removed from the hospital if the remaining four physicians can restrain competition and free enterprise, if the four other doctors can so manipulate themselves together to prevent the fifth doctor from setting up his own private practice, instead of working for one of the others on salary, if they can take away what should be his God-given right, then Mr. Speaker, look at the reward: \$200,000 divided four ways, represents \$50,000 apiece.

If this is the actual situation, and I suggest, Mr. Speaker, it may well be, I say that this is an unwarranted restraint of trade, this is monopolistic medicine. Further monopoly of practice of medicine will determine the health of our people.

Why can we not have regulations and laws and appeal boards to guarantee freedom of enterprise. Mr. Speaker, everyone in this house, I assume, is against monopoly. In fact, our colleagues across the way advocate free enterprise, the sacred right of the individual to pursue his calling for profit to himself or to his customer. Can we not ask for legislation which will guarantee this right? Must we allow situations to develop where 2,000 people are attended by one physician? I do not suggest that we have one physician for 350 people as is the case in the Soviet Union; and this same figure being close to relationship in Norway; or one doctor to 700 as is the case in New Zealand; but I propose along with others that Canadians can well afford one physician for 800 people.

Instead of concentrating on more and more hospitals, we should concentrate more on physicians. Only doctors can make you well. Glass and bricks and polished doors won't do it, nor will beds nor board and room. The skill of this trained man, the physician, will. But how can we do so when he is crowded for time, when his office practice is almost open your mouth, say ah, crowded, over-crowded, Mr. Speaker. Maybe physicians need a thirty-five hour work week and a four week holiday. We would all be better off for it, I suggest. We need to train, instead of thirty-five physicians a year in this province, twice that number. We do not need to reduce medical income, we need to restore competition, yes, free enterprise, and remove control and monopoly. Before we can import more physicians, Mr. Speaker, we must remove immediately restraint of trade; we must protect against conspiracy to restrain medical practice; we must protect the new doctors, whether imports, or trained Saskatchewan sons and daughters, against monopoly of medicine in the hands of the few.

Concentration of wealth and power in the hands of a few, whether it be in doctors or oil tycoons, or any monopoly, is the opposite to democracy, the antithesis of right and a breeding ground of injustice.

Some Hon. Members: — Hear, hear!

Mr. Smishek: — Mr. Speaker, I submit that those who would have us

repeal the hospital privileges appeal board, want us to forget a few things. They want us to forget that monopoly can be fostered in the field of health as in any other sector of our economy. They want us to forget that restrictive policies generate poor health by emphasizing care of the sick instead of preventative medicine. They want us to forget that our rate of hospitalization and major surgery is the highest in North America. They want us to forget that it is the patient and the taxpayer who suffers when control over hospital privileges in a public hospital rests exclusively with a small group of doctors. They want us to forget that an acute shortage can arise in a community because the doctors there do not wish any competition. They maintain this monopoly by controlling hospital privileges. They want us to forget that much is now known about preventative medicine but doctors haven't the time in many places to see people until they get so sick they have to be hospitalized.

Let me here quote from a paper presented to the eighth annual meeting of a Canadian Public Health Association, Saskatchewan section, in Regina on April 24th, of 1962, under the heading "Definition of Preventative Medicine and Health Examinations":

Preventative medicine is the science and art of preventing disease, prolonging life and promoting physical and mental health, and efficiency. Current concepts of preventative medicine including consideration of good health habits, good environmental sanitation, communicable disease control, health education and health promotion and adequate health services for the individual. Recent change concepts suggest that preventative medicine exists at three levels.

The first level is that of primary prevention, which includes health promotion and specific protection against various diseases. Secondary prevention includes the early diagnosis and prompt treatment of disease. Tertiary prevention includes measures taken to limit disability and involves the adequate use of all currently available rehabilitative measures. Personal examination implies the systematic review of the health of an individual. Others have referred to this as the periodic health maintenance examination. The screening examination is the process in which laboratory, or other procedures are carried out on large numbers in the population. These tests have been desisted to detect evidence of physical impairment and incipient disease processes. Screening examinations do not establish a diagnosis, but filter out the portion of the population which should seek definitive examination because of pathological conditions found during the screening procedures, or because of conditions that arouse suspicion.

References have been cited that tend to demonstrate deficiency in the quality of certain services currently provided. It is because of the belief that a redefinition of the role of this general practitioner is critical at a time when major upheavals are taking place in delivery of medical care to the public.

In North America careful and critical analysis needs to be undertaken of the relative rewards for various kinds of services, currently performed and promoted by general practitioners. The conscientious general practitioners who does thorough histories and general examinations of his patients, currently receives only one-tenth to one-fifth of the reward for such procedures, as compared to his reward for performing a tonsillectomy or doing a dilatation or curettage of the uterus. Such discrepancies and their potential effect on the patient of medicine and the quality of services throw grave doubts on the North American official professions insistence on the fee for service medicine, as the

only acceptable form of remuneration for private practitioners.

In order to provide the public with the maximum benefit, which may accrue from the tremendous improvement in measures designed to prevent disease and to diagnose disease at the early stages. New ways need to be found to establish better working relationships between private physicians and public health persons responsible for the general public health.

Lastly, Mr. Speaker, we are asked to forget where it takes place. Mr. Speaker, why is it that hospital privilege questions most frequently arise in North America where group practice is concerned. Group practice in labor sponsored or co-op sponsored health facilities. The co-operative clinics in this province are experiencing nothing new. For thirty years there have been lawsuits by physicians against hospital boards in California, Ohio, New York, Washington, D.C., and now here in this province over the hospital privileges question. The hospital appeal boards were designed to prevent this internal haggling in the courts. Lawsuits and damage suits and the hurly-burly of the emotional aura of litigation before the courts in Saskatchewan. Mr. Speaker, currently the Minister of Health cannot promise us that there will be no lawsuits while he is in office, yet this appeal procedure, this arbitration, or conciliation method in our law was designed to prevent monopoly and to protect the individual by an unbiased hearing.

I know that the whispering campaign is still on in that the community clinics are a CCF inspired political weapon. This sponsorship of medical group practice by farmers and labor people now has its largest organization in Sault St. Marie, where seventeen doctors practice group medicine in a community-owned facility for 20,000 people there.

Mr. Speaker, it is interesting to note that in Sault St. Marie, the results are beginning to really show themselves and their effectiveness. There, for example, the average length of stay in hospital, where people are using the facilities of the group practice, is 7.7 per day, compared to the Ontario average of 99 per day. Hospital days per 1,000 population are 680, compared to 1,884 for Ontario. It is also interesting to note, Mr. Speaker, that in the United States where the United Mine Workers Welfare Retirement Fund established the group practice plan, hospital admissions declined by 32.5 per cent, hospital days declined by 36.8 per cent, all surgery declined by 16.5 per cent, and operations respecting appendectomies declined by 59.4 per cent. The value of group practice is indeed well known by those who have taken the trouble to study and the results are profound on the patients who use the group practice facilities.

But whispering campaigns and newspaper editorials, I suggest, Mr. Speaker, will not stop this movement. You can no more tell the deep abiding belief in the people to have more doctors and better health care by the froth in the newspapers, and by politicians, than you can tell the depth of the deep blue ocean by the froth on the waves.

For one thing, I believe that the people are beginning to realize that our tax dollars are going the wrong way in providing health care. There seems to be no end to the dollars for hospitalization. We need the money spent on doctors, less hospitals, more on prevention, less on beds. This means first, however, Mr. Speaker, more physicians. But can we afford training of more physicians without more protection against monopoly? The opposition by vested interests have been more than matched by the support of organizations representing the people. Much of the leadership in a community co-operative clinic has come from the farm and labor organizations and from the co-operative movement. Province wide co-operative organizations, as well as trade unionists, have provided financial support, some local co-operative have provided the clinic facilities through arrangements with the community health services association. One urban centre — the labor council, a retail co-operative and the Community Clinic Association, are now developing joint plans for a modern community clinic.

On the majority of the clinic board are farmers, trade unionists and representatives of the co-operative movement, as well as professional and business people. The endeavor to reorganize health services through community action has proven an effective focus of the co-operative action from farmers, trade unionists, and co-operative minded people in general.

Mr. Speaker, a case of hospital privileges now before the courts in West Virginia, brings out clearly the problems to which the appeal board legislation is the solution. This is the case of Dr. James E. Sams who has been denied hospital privileges for several years, despite the fact that he was the most highly qualified and trained specialist in obstetrics in that area. Since West Virginia does not have any anti-discrimination laws in regard to hospital privileges (some states do in the U.S.A.), Dr. Sams had to take his case to the courts. The brief submitted to the courts on his behalf contained the following and I quote:

The essential question presented is whether the trustees of the Ohio Valley General Hospital can exercise a black-ball right in denying medical staff membership to qualified applicants. Black-ball is used as a captious, prejudiced, unreasoned rejection, in contradistinction to reasonable standards of admission and rejection to staff membership. Black-ball is the right of a privilege or organization as a club which requires no reason for denying membership and bigotry can outlaw the worthiest applicant.

Mr. Speaker, the brief continues to show that the hospital with the responsibility to the public interest does not have the right of black-ball, and therefore the action of such a hospital in denying a qualified applicant must be subject to review. The basic principle that outlined, in the West Virginia Court, in the case of Dr. Sams is the same principle which requires an appeal procedure in Saskatchewan. That principle is that any hospital which has a responsibility to service the public, has as well the responsibility to deal with the applications for hospital privileges on the basis of consistent and reasonable rule.

In other words, any hospital with a responsibility to the public interest has no right to deal with a matter of hospital privileges on a basis of whim, caprice or favoritism. In Saskatchewan, as has been pointed out, all hospitals have a clear cut public responsibility because of all hospitals depending on public funds. The amendments to the Hospital Standards Act, which were approved unanimously by the legislature a year ago, do more than set up an appeal board. The amendments laid down for the first time a definite principle with regard to the granting of hospital privileges. This permits both doctors and hospital boards to know where they stand. The amendments lay a basis for consistency to guide the consideration of applications for hospital privileges.

We now have approximately 1,000 doctors serving approximately 1,000,000 or a ratio of 1:1000. Mr. Speaker, I submit that 1:800 is not an unrealistic goal in our province. Even if some physicians lose income from freedom of competition, I submit that as a professional group they will still be the highest paid professional group in our province even if they must share the medical dollar over a 20 per cent increase in their numbers. We need two hundred more doctors in this province — in general practice and in specialties.

In fact, Mr. Speaker, let me quote some statistics from the Canadian Medical Association Journal of March 6, 1965. In an article entitled "Trends in the Supply and Distribution of Physicians in Saskatchewan: January 1962 to June 1964, by Robert Spasoff, B.A. and Samuel Wolfe, M.D., M.P.H., D.P.H."

The statistics show that in Saskatchewan, in general surgery, we had 1 one doctor to 15,000 population; the recommended ratio is one doctor to 11,000; the total need recommended is 85 in the province. As at June last year we had 63; what is required is 22 additional. In internal medicine we had a ratio of one doctor to 22,800 population. The actual number was 41, the recommended ratio is unknown and, therefore, the need unknown. In eye, ear, nose and throat, we had one doctor to 32,300 population; the recommended ratio is one doctor for 18,000. We had 29 doctors; the recommended ration ratio is 52; we are in need of 23 doctors in that specialty. Obstetrics and gynecology: we had one for 37,400, or 25 doctors in total; the recommended need is at the moment unknown. In pediatrics we had one doctor for 49,200 population, and so the story goes, a shortage in practice in practically every field.

We can see, in June, 1964, there was a need of 85 physicians in certain classes of medicines, and an undetermined amount needed further in internal medicine, obstetrics and pediatrics, and here the article in the

Canadian Medical Journal goes on to say:

Using these figures, Saskatchewan would be short 74 obstetricians and 101 pediatricians as of mid-1964.

In June of 1964, we had 955 physicians, according to this same medical authority. If you add the 85 in the categories mentioned, plus 101 pediatricians, plus 74 obstetricians, one sees the need for more than 250 physicians added to the 950 or so, or 1,200 physicians in total, based on our population.

Yet according to the College of Physicians and Surgeons, we had 1,001 physicians as of January 1st. Any way you figure it, the people of Saskatchewan are entitled to have, at least, 1,200 doctors, but we shall be a long, long time getting them unless we can protect them by law against what happened in the last few weeks at Selkirk and at Biggar, Mr. Speaker. We should be thankful, Mr. Speaker, that the glare of publicity is now focused on what has been going on for years — the monopoly of medicine at the local level.

Mr. Speaker, is the government's desire to repeal this legislation going to lead to repeal of reciprocal licensing regulations with Great Britain? Are we going to be asked next to cut ourselves off from this source of skilled persons? We fear that the monopolists in medicine will want this next — again, what happens to so-called free enterprise?

Mr. Speaker, there have been whispering campaigns in the last two years in regard to community clinics. There have been accusations of them being unethical, that the staff and the doctors are unqualified and incompetent, but in each case that these charges have been made, nothing has been done to point out that there is any fact to it. Without evidence, without facts, these doctors have been accused, Mr. Speaker. It is, indeed, important that there be an appeal procedure to stop these kind of accusations and to prevent the barring of these qualified people into our hospitals.

Mr. Speaker, is a merchant in the city of Prince Albert ever restrained from setting up another business as long as that merchant observes the rules and regulations of a good business man, pays his taxes and pays his employees, conducts himself according to the laws and rules of that city and of this province and is licensed to do business? He cannot be conspired against by his competitors; he cannot be restrained from trade. A merchant can set up at any time, anywhere in our province, a business in competition with others in the community, yet this same rule does not apply freely in the case of the health field.

Group practice doctors in community sponsored facilities are being controlled. This control must stop. Mr. Speaker, there is an attempt towards thought control in this regard. Mr. Speaker, who will be next if these people are prevented from practising in the community clinics? Will labor unions be next? Will our elected members of the legislature be next? Will the civil servants be next? Will the co-operative and farm groups and organizations be next, or the teachers, or our university teachers, or even the students attending our classes? Who will be next, Mr. Speaker? I submit that this legislation is indeed important for us to retain, and I would ask all members to vote against second reading of this bill.

Mr. E. Kramer (Battlefords): — Mr. Speaker, in rising to add a few words to this debate, I want to attack this bill from a slightly different angle. A good deal has been said about the protection of doctors' privileges as individuals, and all of these are true. Certainly a great deal of evidence has been brought forth that these are facts that we can not deny, and I intend to say a few words about those facts too.

But I think what has been overlooked is one of the basic needs in our communities today, that there must be certainly some real discipline by hospital boards, and hospital boards cannot use the discipline that is necessary without occasionally making refusals or outright dismissals of the doctors from the practice in certain hospitals, because of malpractice, because of incompetence and because of other things that may arise. When this happens in a community, the same as was mentioned in Selkirk, Manitoba, you have a situation, Mr. Speaker, where a community splits. There are a very few people that get more emotional about anything than they do about their chosen doctors, about the only thing that they can become more emotional about, is religion. Even . . .

An Hon. Member: — . . . politics . . .

Mr. Kramer: — Yes, even politics takes a back seat to controversy over a doctor. I think the present problem at Selkirk, Manitoba, is an indication of this. When this happens in a community, Mr. Speaker, you have a situation where you find families and friends dividing up on their particular choice of doctors and none of them is in a position to accurately judge what the real facts are. Who then is going to judge? Who is going to set themselves up and say, who is right and who is wrong if there is a dismissal? I suggest, Mr. Speaker, that in communities where there is evidence of malpractice, and someone has to make a decision and take a stand, it must be the hospital board, who, as it has been pointed out, in judicial inquiries in this province, are not competent to actually judge. They can only take the report of the medical staff and the medical staff then, must be the judge, as it was said in the passing of another motion here. The medical staff then must become the judge. If there is some selfishness, some prejudice, or some clique rule, in that area, then you may have a situation where physicians have been unjustly fired, or had their services withdrawn. It's all very well for people to say this is not going to happen, but I suggest and I submit that it has happened and we have evidence, Mr. Speaker, on record to indicate the situation that I intend to outline because I live . . .

Mr. Snyder: — Mr. Speaker, are you allowing the hon. member for Humboldt to smoke while you are in the chair?

An Hon. Member: — You do it all the time over there.

An Hon. Member: — Well, this is a good interruption, during a debate on one phase of health, Mr. Speaker, the hon. member from Humboldt (Mr. Breker) hasn't talked apparently to the Minister of Social Welfare lately.

Mr. Kramer: — Earlier in this debate, Mr. Speaker, we had some interesting submissions. The page boy for the Minister of Health, the glib lip from Milestone (Mr. MacDonald), indicated that this was just simply an emergency that had been created because of medicare and that this was all over. I suggest that this, in the words of the Minister of Health (Mr. Steuart) when he talked about Judge Woods' report, is actually nonsense. We also had the hon. member for Melville (Mr. Gardiner), the ex-ghost minister of health, number 13 boy or is it number 12 now? He held for it and said the emergency is over and now that we have Ducky David, he is going to settle everything and God is in his heaven, all is well with the world. Nobody is going to sit anymore.

I would like to suggest that we should forget all about what happened since 1960, from 1960 to 1964, and go back to situations that each and everyone of us can remember in our community, where there has been controversy, where, if you have a good sized hospital, where the influential groups get their heads together, whether they are elected boards, or whether they are private hospitals, and under the circumstances, now, I know that according to our Hospital Standards Act, and so on, no hospital is in effect, private anymore. They are all under government jurisdiction to a certain extent. They are certainly all under the surveillance of the Department of Health.

Now all this happened because Judge Woods, after an extensive survey and in spite of the fact that the hon. Minister of Health says that this is a bunch of nonsense, I am surprised that he thinks that it is nonsense, that the findings of an eminent judge with a great deal of very, very efficient help, would come up with nonsense, but this is what the hon. minister said.

The Minister of Health (Mr. Steuart) also said, and other members across the way have said, that there is peace now, there is no longer any necessity and I suggest. Mr. Speaker, that there is no credit whatsoever due to the minister, the present Minister of Health for any peace or tranquillity that exists now. The only reason that there appears to exist some tranquillity at the present time, is so that the public can be lulled into a bit of a slumber, so that these particular safeguards can be removed and then they can go on and do just exactly what they intended to do in the first place, and that is to destroy any competition to the particular type of practice that is recommended by certain cliques that exist in the medical profession in Saskatchewan today. As soon as the rights and privileges that have been built into this act have been wheedled away, they will once again raise their dictatorial heads and drive any opposition they can

from the province.

Mr. Speaker, members suggest that all doctors are above reproach, and I wish this were true, but I am sure that they are just as human as the hon. members opposite and they have a tendency to try to set up little monopolies, little privileges for themselves. This is unfortunate and this is why, in a democratic country, we need laws to protect all of the people and not just a few rules that can be provided for the privileged few.

I want to point out that this legislation was not only set up for doctors, but it was set up for the benefit of hospital boards as well. I intend to point out that hospital boards when they take disciplinary action would need and do need this safeguard, this type of legislation, in order to take the decision out of the community, and when I talk about taking the decision out of the community, I mean that communities will not accept judgement from boards that have access to certain groups of doctors in a particular hospital. They will be more inclined, Mr. Speaker, to quibble and to doubt, but when you have, or would have had, the judgement of Justice MacLennan and the type of board or any other group of reputable individuals that might be reappointed by the minister, it would take this controversy out of the community, and, therefore, settle a great deal of the controversy that may arise and will arise again, when disciplinary action is taken in the future against a doctor or doctors on some hospital boards.

Now, in order to give you some idea of what can happen in a community, I intend to review some of the history of what happened in North Battleford, which has today an excellent hospital, which has a hospital that everyone is proud of, run by the Sisters. It had been a good hospital for a good many years, but every institution, whether private or municipal, at times suffers from growing pains, and especially so when you have individuals, especially influential doctors, who seek to gain privileges for themselves. This situation developed over the years in North Battleford. We had a doctor in North Battleford, one of the pioneer doctors, a very well respected individual, who did a tremendous job as the chief surgeon in North Battleford. As he grew older, he took on an assistant, a protege who gradually became even more influential, and because of the fact that the authority of the older doctor had always been accepted, the management at this time was a Sister who, I believe, was one of the finest and certainly most gracious people that I have met in the nursing profession, and certainly in any other walk of life, had grown to depend on the advice of one of these one or two individuals, as was found and proven later when these individuals were brought before a board of inquiry.

Now in order to give you some of the background of this, in order for hon. members so they won't have any reason to doubt that this situation existed, I want to quote certain paragraphs from the report that was submitted to the Minister of Health for Saskatchewan on May 25th, 1957. Now we had a situation at that time, to give you a little more background, where three doctors had been suspended, actually five. Two, for some reason or other did not object to their suspension, and I shall not go into those two, but three of them had been suspended, rather had been relegated to minor surgery, which was the same as the suspension, and they had protested as has had their patients, and the clientele that had favored them, had faith in them. Now we had a situation where the community was torn apart, unfortunately, where again, people made up their minds according to who their friends were rather than on the facts of the situation, and there was no way, no way possible to establish the facts.

Delegation after delegation, phone call after phone call, was made to the Department of Health at that time. Finally, the city council and the hospital decided that they would ask for a medical audit, to find out just what was going on. Doctor L. Johnson, from San Diego, California, was brought up, spent a great deal of time investigating, conducting a medical audit, thousands and thousands of case histories were reviewed and when he finally submitted his report, he submitted evidence to indicate without any doubt to the people that were in charge at that time, that the three of these doctors that were suspended at that time were not guilty of any malpractice and were certainly unfairly treated in being relegated to minor surgery.

The hon. judge said on page 3 of his report that it was obvious from the start, from the outset, that the public was intensely interested and that a tremendous amount of feeling existed, then he goes on . . .

An Hon. Member: — Take it as read.

Mr. Kramer: — Yes, I think it might be a good idea. I think it is a sorry day, Mr. Speaker, when hon. members of this house, when there is such an important situation before them, that is going to have such a rebounding impact on public life and on the public welfare of this province, have so little interest, that they pay no attention whatever when an argument is being brought forward, that I think is very pertinent as to whether or not we pass this legislation.

Mr. Berezowsky: — Is there a football game on?

Mr. Kramer: — I certainly don't want to read anything or quote anything that is not pertinent to my arguments, Mr. Speaker, but I think it is the fact that cliques have been established in this province as was indicated yesterday, when the hon. member for Elrose (Mr. Leith) said it was because of individuals, not because of anything that the board did, but individuals. When you have conflicts of individuals in communities, it goes without saying, Mr. Speaker, that you must have, you must have a competent body, a competent board to judge and take it out of the community. This is just an argument and this is why I cannot understand why the government has at this time chosen to repeal these sections of the act.

I told you earlier, Mr. Speaker, in my address, that we had a situation where we had founded a hospital which served the community well, and is still serving the community well, and is serving the community better now, I must suggest, then it ever has before, and largely because of the tremendous amount of suffering that the community had to undergo back in the late fifties where they have to go through the row of all of this inquiry and one time or another to clean up the situation that, if it had continued, would have dragged this hospital down, and would have destroyed public confidence in it.

I told you about the senior, well-respected and very qualified doctor who had come to North Battleford in the pioneer days and how he had been depended upon by the staff of that hospital, and whose word was actually law, as it says in Judge Thompson's report. But his protege was somewhat different, and somewhat more ambitious. They refer to this protege in the report:

Eventually, the protege found himself established, established in a preferred position, and became quite as influential in hospital circles as Dr. Hamelin had ever been. In our opinion, he was very much inclined to take advantage of his preferred position.

In 1952, another doctor arrived and I may as well read from the report:

Dr. J.J. Mariam arrived at North Battleford with the intention of becoming an associate of Dr. Breton. But for some reason they had a falling out and became very bitter towards each other.

Dr. Mariam, thereupon, went into private practice and quickly established himself as a competent surgeon, which did nothing to reduce the animosity of Dr. Breton. Dr. Mariam was not a man to be trampled on with impunity. He was a well trained and competent surgeon and knew how a medical staff should be organized and was also quite capable of expressing his views with clarity and conviction.

At the time when the Notre Dame Hospital was established there was a tendency on the part of some hospital managements to relegate their medical staffs to a position of minor importance or to emphasize the dominant position of management. Apparently, that was the attitude of those who drafted the bylaws which were set up by the hospital for guidance.

I think I should leave these areas, because this was not only an inquiry into special privileges established by certain people, there was also an inquiry into whether or not the hospital was doing the proper things under its bylaws. I don't intend to bore this house with the reading of

those sections, so I must select certain sections to indicate the arguments that I intend to put forward in arguing for the retention of this particular act.

Going back again, there is a passage here that certainly is pertinent to the argument today. The Judge said:

After all, members of hospital boards who are not qualified physicians are rarely competent to evaluate or pass judgement on the quality of the medical staff or the services rendered by members thereof.

Hon. A.C. Cameron (Maple Creek): — Oh, go on . . .

Mr. Kramer: — This is quoting from what Judge Thompson said in his submission of 1957, and I will repeat it.

Members of hospital boards who are not qualified physicians are rarely competent to evaluate or pass judgement on the quality of medical staff or the services rendered by the members thereof.

Does the Minister of Health, and can the Minister of Health (Mr. Steuart) today assure us that all the hospital boards are going to be competent from now on, to be able to judge. And can he also assure us that the advice he receives from medical practitioners in the hospital, that the boards receive, are not going to be prejudiced to a greater or lesser extent. Can he assure us of this? I doubt it.

At about the same time, the Notre Dame Hospital was examined by a national body on hospital services and this report and the recommendations was known as the Brunnet Report. The Brunnet Report made thirty-seven recommendations as to what improvements should be made at the Notre Dame hospital in North Battleford.

The sister in charge was very, very anxious that these recommendations were cared for because the hospital at that time, lost its accreditation because of the Brunnet Report. She was very anxious to regain this accreditation and have the best hospital possible. She worked very hard to do this. The report says a little later that she ran into some difficulties and again here is the evidence of what cliques can do when they get control of a hospital and have more than average influence on a hospital board or hospital management.

The Brunnet Report came as a distinct shock to the Sister. It was a matter of great concern to her, that her hospital did not qualify for certification and we think she was genuinely anxious to remedy the situation. This gracious and kindly lady was experienced in nursing and in the administration of the hospital nursing service, and had taken some courses in administration, but she had had no previous experience as a hospital administrator and was not fully prepared to meet the difficult situation which she was suddenly confronted with.

Does the Minister of Wealth assure us that no such situations are going to ever come about in the province again? Can he assure us that every hospital board, whether private or public, is going to, at all times, have completely qualified and competent personnel, or going to be able to judge the qualifications of doctors.

An Hon. Member: — He's not even in his seat.

Mr. Kramer: — Oh, I know he's not even in his seat. He's on it.

But she had had no previous experience as a hospital administrator. Was not fully prepared to meet the difficult situation with which she was suddenly confronted. In particular, it would seem she was not familiar with the regulations made under the authority of the Hospital Standards Act of this province. In any case, she did not realize that in the said regulations was to be found the solution of her problems. She naturally turned to her personal advisers, Dr. Hamelin and Dr. Breton for advice and urged that steps be taken to implement the recommendations contained in the so-called Brunnet report.

It must have been obvious to them, however, that to do that would

result in the reorganization of the medical staff and the setting up of a number of active staff committees, which, if the said committees really functioned, might seriously curtail their privileges, that is, the privileges of the influential and preferred people. It would seem, that Dr. Hamelin and Breton were quite content with things as they were and wanted no change.

In any event, they did not appear to have done anything to remedy the situation. The Sister in charge attended most of the meetings of the medical staff and on different occasions, discussed the Brunnet Report and asked for their co-operation and assistance in regaining accreditation.

On the staff were a number of doctors who had been practising in North Battleford for a number of years. These doctors apparently followed the lead given by Drs. Hamelin and Breton and did little, if anything. The only ones who really tried to do anything of a constructive nature were some of the younger men, who under the leadership and possibly at the instigation of Dr. Mariam tried to get something started. Eventually, a number of committees were set up and Dr. Mariam supported by Drs. Conor and Russell — and I would like you to remember these names when it gets on a little further — tried to get these committees, and particularly, the medical records committee and the tissue committee functioning properly.

If Drs. Hamelin and Breton had supported these younger men, most of the difficulty facing the hospital could have been resolved satisfactorily. But unfortunately, they not only failed to back up these younger men, but did much to curtail and hamper their efforts.

It will be noted that the joint commission in its memorandum stressed the importance — the joint commission is Judge Thompson's commission — stressed the importance of obtaining adequate reports from doctors and the necessity for having such reports properly filed and recorded. I beg your pardon, the joint commission was the national commission that brought forth the Brunnet Report and I would like to make that correction.

To the layman this might seem a matter of red tape, and I am referring to records, but that is far from being the case. Anyone who gives the matter any serious thought must realize that no treatment, whether medical or surgical, should be given to any patient unless that particular treatment is indicated by the condition of the patient. A hospital must always be on guard against unnecessary and unjustifiable surgery. It should therefore insist upon adequate records and reports as to the history, preliminary examination, and diagnosis, so that the medical records committee can check the reports from the information therein contained and determine whether the treatment prescribed was necessary or appropriate.

The regulations made under the Hospitals Standards Act expressly required doctors to prepare such reports and places upon the board and the hospital the responsibility for the preparation of a complete medical record for every patient admitted to the institution. These were the things that this clique, that existed at that time, refused to take any recognition of.

For the full protection of the patient in surgical cases further checks must be made. For instance, the patient may have diabetes, infected kidneys. To determine whether such is the case, a urinalysis should be made before the patient is permitted to go to the operating table.

There is a long list here of the, well, I believe, for the benefit of the house I should actually take this whole page of quotes here.

To determine whether such is the case, a urinalysis should be made before that patient is permitted to go to the operating table.

In like manner, a haemoglobin test should be made to determine whether the patient has anemia or would require a blood transfusion. In practically all cases, the blood pressure should be taken and a stethoscopic examination of the heart should be made to determine whether the patient has high blood pressure or any disease of the heart which should be known to the anesthetist so that the latter can determine the

best type of anesthetic to use and the time during which the patient should be permitted to remain under anesthetic.

In cases where blood transfusion may be necessary, the type of the patient's blood must be ascertained so that an adequate supply of the proper type of class of blood can be made available.

Even when all of these things have been done there is another examination which should be made to guard against unnecessary and unjustifiable surgery.

I want the house to particularly note how many times these words arise in this report "unnecessary and unjustifiable surgery", because this is one of the points I am bringing forward in my argument, Mr, Speaker.

The regulations made under the Hospital Standards Act require that tissues be removed by operation or curretage and should be set aside and examined by a pathologist. When the pathological findings become available, a committee of competent doctors should examine those findings to determine whether the operation was in fact justified or not, when the medical records committee began to actively check up,

Now listen closely to this.

when the medical records committee began to actively check up on reports made by the various doctors on staff, they found that the reports required by regulations and by good hospital practices were far from complete and that there was much delay in the making of the required reports.

The hon. member for Athabasca wants to know what I am reading from. If he had been doing his duty and been in his seat, Mr. Speaker, he would know.

Hon. A.C. Cameron (Maple Creek): — Oh my God, carry on.

An Hon. Member: — If this is our duty to listen to you, we are doing pretty good.

Mr. Kramer: — For his edification, if that is possible, it is Judge Thompson's report, the Minister of Health in 1957, after a judicial inquiry into the situation at North Battleford.

Mr. A. Guy: — Thank you very much.

Mr. Kramer: — It appeared. Well, that's fine. I am glad that you want to know something. I hope you can remember.

To go on with the quotes, Mr, Speaker,

It appeared that in many cases, patients came to surgery,

Now, just remember this . . . I just got through reading these outlines and the prerequisites, Mr, Speaker, that must be undergone before an operation is undergone on any patient, and this is Judge Thompson's Report again:

It appeared that in many cases patients came to surgery without evidence that the required preliminary studies had been made and that in many cases there was little evidence on record to justify the operation which had been performed.

One of the chief offenders in this regard was

Dr. Breton. When he found the committee was checking the charts and the records of his patients he became indignant and questioned the right of any doctor to inspect these records at all. The tissue committee, on inspecting pathological reports on operations performed by various doctors, found that the pathological findings indicated that in many cases tissues which were normal or not seriously diseased were removed and that, in some cases, the pathological findings did not seem to justify the operations which had been performed.

This is the report of a qualified inquiry headed by Judge Thompson . . .

Hon. L.P. Coderre (Gravelbourg): — Do you know what you are talking about. You are just wasting time here.

Mr. Kramer: — Well, at least I can read. I would like to tell the hon. member, at least I can read.

An Hon. Member: — I don't think you are getting some of those words right. I have a little trouble with them myself.

Mr. Kramer: — Well, maybe the Irish can't understand me, Mr. Speaker, but I am doing the best I can.

Hon. D Steuart (Prince Albert): — Go ahead, Doctor.

Mr. Kramer: — Very good, I would hate put a label on you, Davey. It might not be parliamentary.

Mr. I.H. MacDougall (Souris-Estevan): — Here's the Readers Digest. Better stories in this one.

Mr. Kramer: — Any more?

An Hon. Member: — No.

Mr. Kramer: — You know, as I said yesterday, the hon. Minister of Health (Mr. Steuart) seems to have a physical difficulty that allows him to speak better sitting down than standing up. Mr. Speaker, I might further add, there isn't really much difference.

An Hon. Member: — You said that yesterday. Can't you think of anything new?

An Hon. Member: — I've got the Story about Tobison. Do you want to read that one.

Mr. Kramer: — Funny papers are really your forte. I would sure like to tell that to the former ghost Minister of Industry and Information. I forgot. He isn't even number thirteen boy.

Mr. W.J. Berezowsky (Cumberland): — . . . Gordie Howe.

Mr. Kramer: — He didn't even get one of the thirteen — maybe thirteen and a half.

When these conditions were reported to the staff and to the management by the medical records committee and the tissue committee, Drs. Hamelin and Breton became very antagonistic. Unfortunately, the so-called neutral members of the staff were apathetic and did

nothing to support the efforts of the said committees and put the records and procedures of the hospital on a better basis.

The Sister in charge, in giving evidence, admitted that in her opinion, Dr. Mariam had been doing a good job for the tissue committee and was carefully examining the records submitted to that committee, to ascertain if there was any evidence of excessive surgery. It is evident from the report that the said committee for May, 1954, that the members thereof were becoming very suspicious and there was evidence of unnecessary and unjustifiable surgery.

The following is a copy of the comment which the tissue committee concluded in its said report. There are two reports, one about three months after the other. The first report says:

There is no exact figure at present as to what comprises a justifiable amount of normal tissue, and the removal rate, the figure varying from ten to twenty per cent. Preliminary investigations of the record would seem to show a too high rate in certain procedures and in certain instances, in case of example, the overall rate for appendectomies in 1953 reports show over fifty per cent, taking slight and chronic fibrosis as normal, excluding reports such as those containing fagelits or worms which should definitely raise the rate.

Here you have a situation from a qualified committee, which says that more than fifty per cent of the appendectomies being performed at that time were unnecessary, or appeared to be unnecessary. Apparently the tissue committee was unable to get any action either from the medical staff or the management of the hospital and became very much discouraged at the lack of support, as is evident from the report made three months later. Here is the tissue committee report again, three months later.

The tissue committee report no improvement in the state of affairs. The rate of removal of normal tissue remains very high. Post mortem rate is low. Records poor and the operative record book recommended four months ago is unimplemented. Accordingly, we are unanimous in agreeing that no tissue committee can honestly and conscientiously function under these circumstances. The committee feels nothing is to be gained by further meetings if no action is taken.

These people, that I mentioned, were still in a dominant position.

At this time Dr. Hamelin was acting as chief of surgery. He repeatedly interfered and delayed or prohibited the performance of operations about to be performed by Drs. Mariam, Conor and Russell. In some cases, the doctors, after annoying delay, were permitted to proceed with the operation. In other cases, however, he prohibited the performance of operations altogether with the result that, in certain emergency cases, the patients had to be flown to Saskatoon where the operations were duly performed and the patients recovered. We can find nothing in the evidence to justify this conduct on the part of Dr. Hamelin.

Now, Mr. Speaker, if I may just for a moment. Doesn't this provide a little food for thought before we proceed with this bill? I frankly resent reading this. It's an old history and as far as I am concerned, the only reason I read this is to try to impress on the Minister of Health (Mr. Steuart) and the members opposite that they are going to run into situations like this again in the future because people are people. There is going to be this see-saw and rivalry between various groups regardless of whether they are community clinics or whether they are not. And I implore the Minister of Health to take another look at this bill and withdraw it, because this is a necessary precaution. It is a necessary regulation. It

is a necessary safeguard, Mr. Speaker, to set up so that you take — and the Minister of Health was not in the house when I said this before — to take the controversy out of the community and put in the hands of a board that can judge without fear or favor. This is what we faced then and this is what we will face again regardless of this so-called emergency that is supposed to be passed.

Mr. Speaker, there will continue to be people who will try to get themselves into preferred positions. Unfortunately, this is what is called human nature and there will be people, unfortunately, who are going to try to do more than they should in the field of medicine. Here again, the boards have a responsibility and a responsibility that they cannot carry through unless they have the necessary safeguards. I suggest that a board of laymen will not make these decisions unless they are very, very sure. But if a safeguard, such as the Hospital Privileges Board, a board of qualified people, can take the second look, if you have that final appeal, it does give a community, and an individual and a board, the opportunity to make a judgement that is going to be accented by all members of a community, friend or foe alike, except for instance for a few cranks. We know you are never going to satisfy everybody but I suggest that the safeguard of this Hospital Privileges Board is necessary in the interests of the health and welfare of every community in Saskatchewan and certainly, if this could happen ten years ago, five years ago, it can happen again. Some of these people are still around and I am certain that we weren't honored with the only group of people that, chose to take this particular line of procedure in North Battleford. Certainly, there must be others around that can get into this area and heaven forbid if they ever get into an area as bad as this. But if it's half as bad, it certainly will require the wisdom of Solomon almost, to resolve some of these situations.

This is why I am taking the time of this house to stress the need for continuance of the legislation that we passed unanimously last year, with no dissenting voices, and now for some reason or other, the Minister feels that he must, come hell or high water, withdraw and throw the situation wide open, back again to jungle law.

Just in case the house is not convinced there are a few more passages here. I have given you the background and I would like you to know now, and refresh your memories if you do know, as to what happened.

Notre Dame was not a large hospital and it must have been obvious to the entire staff of the hospital that Dr. Hamelin and Breton were in a preferred position. We are quite sure that the members of staff at all levels were inclined to follow the lead of those who they regarded as persons in authority. In any event, we are satisfied that some members of the staff did without any real justification, endeavor to hamper and annoy Drs. Mariam, Conor and Russell, in the treatment and care of some of their patients.

The matter came to a head, insofar as Dr. Conor was concerned when one of the nursing sisters came and interfered with him in the operating room, when he was administering an anesthetic to a patient on the operating table. It will serve no useful purpose to review all the circumstances but having listened to the evidence of both principals, we are of the opinion that Sister Jean did interfere with Dr. Conor in the performance of his duties in a way that would naturally cause resentment.

I am not going to go into all the details of that case but the result was, in short, that Dr. Conor was suspended by the management and was refused a hearing on the say so of one nursing sister. He was suspended for six weeks. It goes on to say:

That this would certainly not add to his income when a doctor is suspended, public confidence is bound to be shaken in him when he is suspended without a hearing in any democratic community and would lead to further difficulties, and difficulties piled on, one upon another.

Another recommendation that certainly anything regarding surgical privileges should be given in writing and reasons should be given in writing. Way back in 1957. No emergency at that time at all. I quote again:

The younger men on the staff recognized that in modern day medicine the medical staff should be definitely specified, but they naturally wanted the management to establish the principles which should govern and determine what privileges should be granted and set up on a basis for increasing and extending the same, in matters of privileges to be granted to members of the staff.

It was brought up by the Sister Superior, certain suggestions were made and they were indeed anxious to restrict the privileges which had been granted to Dr. Mariam. Mr. Speaker, I want you to remember that Dr. Mariam was a qualified accepted Fellow of the Royal College of Physicians and Surgeons at that time. The same gentleman today, incidentally, has, ever since he left North Battleford because of this situation, lectured at the University Hospital and has his International Fellowship since then and has three more specialities.

I want to point out that they were apparently anxious to restrict privileges. No action was taken, however, on the matter and the matter was referred to the Surgical Committee which was to meet the next evening. Following the meeting Sister Superior prepared a list of doctors setting out the privileges. This list restricted the privileges of five doctors, Drs. Mariam, Conor and Russell, headed the list. The next morning Dr. Breton obtained this list from the Sister and submitted it to the surgical committee when they met that evening.

The evidence as to what happened at the meeting of the surgical committee is a bit confused. It appears from the minutes of the said meeting, there was a form of discussion regarding restrictions to be placed on Doctors Mariam, Hamelin, Russell, Conor and Breton. Mr. McDonald, president of the medical staff, on leaving the meeting, however, took the list back to the Sister in charge and told her to get on with it, or words to that effect. The Sister said she understood that she was to act at once, accordingly, she proceeded to put the restrictions up. They are satisfied that this course has never been recommended by the committee and that the list had been submitted or considered by the medical staff or the executive of the staff.

Under the circumstances, the action of Doctor Breton in telling the Sister to get on with it, was wholly unjustified. In our opinion it was unscrupulous use by him of his influence over the Sister in charge and the board of management. The judge goes on to say in his submission:

Whatever justification there may have been for restricting the privileges of other doctors named in the list, there was not in our opinion any justification for limiting the privileges which were enjoyed by Doctor Mariam. The Sister Superior in giving evidence frankly admitted that she thought Doctor Mariam was doing good work, and she was surprised when Doctor Hamelin suggested that his privileges should be restricted. Others of the senior sisters at the hospital frankly volunteered the information, that in their opinion, Doctor Hamelin was a most excellent surgeon, indeed no one disputes that

After carefully considering all of the evidence including the appraisal of Doctor Mariam's qualifications made by Doctor L.W. Johnson of California, an independent, eminently qualified person, we are of the opinion that Doctor Mariam was a highly trained specialist, doing excellent work in his field, that his records were in good shape, that his operating results were excellent and under the circumstances it seems that there is no justification for the restriction of his privileges. We think it may be fairly assumed that Doctor Hamelin and Breton resorted to unscrupulous tactics, adopted for the purpose

of limiting the privileges of a formidable competitor,

and that has been read into the house before.

We, however, are satisfied, Sister Superior was not a party to their scheme, that she was merely a pawn in the game which these doctors were playing. Mr, Speaker, how many more pawns? How many more pawns are there about the province in the hands of unscrupulous people? Can the minister guarantee us today that there are none? Can the minister stand up if his place and guarantee us that there are unscrupulous people working their own angles to their own good, can he?

Mr. Steuart: — . . . right over . . .

Mr. MacDougall: — . . . twenty-six . . .

Mr. Boldt: — You're wasting your time.

Mr. Kramer: — Well, Mr. Speaker, if I am wasting my time, I could never waste it for a better cause.

Some Hon. Members: — Hear, hear!

Mr. Kramer: — The sanctimonious Minister of Social Welfare (Mr. Boldt), he could waste his time to a better advantage, or spend his time to a better advantage than in voting for some of the booze bills that he voted on recently.

Mr. Speaker, I would like to suggest to you that we are now going to hear a little about what happens in a community, the kind of thing that is going to happen in communities again, because of the withdrawal of these safeguards by the hon. Minister of Health, because of the actions taken by this government in the interests of freedom and privileges of individuals who wish to come and practice in this province.

We had plenty of this, long before medicare ever became an issue. When the public learned the restrictions which had been imposed by the board of management, it created a furor. Many people jumped to the conclusion that excessive and unnecessary surgery were being performed in the hospital and also, in some cases, surgeons were undertaking operations for which they lacked the required skill and ability. This was regardless of which side they were on, Mr. Speaker. Some of them thought that the management, that these two doctors that I mentioned were knights or white chargers. Likewise people on the other side, and the judgement, I suggest, was never on as authentic a basis, because there was no authentic basis to get such a judgement at that time, and neither will there be now, if this legislation is proceeded with. Naturally the doctors whose privileges had been restricted were seriously embarrassed as well they should be. Particularly it is true of Doctors Mariam, Conor and Russell, who were the ones who had been most active in trying to make the medical records and tissue committees more effective. In other words, there were the people who were trying to bring this hospital back to standards where it could receive accreditation that was demanded by the Brunnet report. These were the people who were trying to improve the health standards in that hospital, improve the servicing in the district according to Judge Thompson, and yet these were the people who were relegated to minor surgery and whose privileges were largely withdrawn at that time.

The Judge says, actually in our opinion, the evidence does not justify a conclusion that Doctors Mariam, Conor and Russell had been performing unnecessary surgery or that they had been undertaking operations for which they lacked the required skill and ability. If unnecessary surgery had been practiced by these doctors, evidence of it would have been apt to show up in the records of the appendectomies they performed. The department of the hospital had prepared a tabulation of the appendectomies performed between the period of January 1st, 1953, and June 1955, by the nine doctors who were most active in surgery, and in checking the tabulations, the board found that these three doctors were among the four who had the best record. At least the existence of acute appendicitis was disclosed by the pathological findings in a larger per cent of appendectomies performed by them then was disclosed by such findings in respect to appendectomies performed by other doctors during the said period.

Some of the doctors whose privileges had been restricted were

very much disgruntled and brought their troubles to the attention of the Minister of Public Health. In doing so, they denied that they had been doing unnecessary surgery, and asked the minister to arrange for a full and complete investigation into the administration of the hospital and the conduct of its medical staff and confidently expressed their opinion that their work would bear the closest scrutiny.

On August 9th, 1955, the hospital board wrote to the Minister of Public Health, requesting him to sponsor medical audit, covering all surgery performed, and medical services rendered by the hospital and their medical staff during the period of January 1st, 1954, and to July 1st, 1955. In due course the audit was authorized and, as above stated, Doctor E.W. Johnson conducted the said audit. When it became apparent that the audit would be made, the Sister Superior wrote to each of the doctors whose privileges had been restricted, advising them that pending results of such audit until further notice, that the restrictions which had been placed upon them, were withdrawn, and this action relieved the tension to some extent for the time being.

Now, Doctor L. Johnson, as I said earlier in my talk, did come, did investigate and did certainly give this a very, very close scrutiny. Doctor Johnson in his report made it quite clear that, in his opinion, the members of the medical staff should be allowed to play a more important part in the supervision of the medical care, and he recommended at that time that some of these medical advisory boards, surgical boards, and surgical committees be set up that these doctors who had been restricted, had fought for.

There is a passage here again, indicating:

The doctors who had suffered most from the domineering tactics of Doctors Hamelin and Breton from which they regard as a favoritism shown to those doctors, were the most insistent that the staff should be privileged to elect those who served as chief of staff and so on.

But this did not happen, Doctor Lucius Johnson's recommendations were ignored and the trouble went on. This wasn't just an overnight situation in this community. It went on and finally when all the chiefs were set up to the various boards, it is interesting to note, the medical staff had made recommendations as to who would, in their opinion, be appointed as chiefs of services and, in particular, they had named Doctor Mariam as the doctor who should be chief of surgery. But the Board of Management over the protest of some doctors, appointed Doctor Breton as chief of surgery, Doctor Johnson, as chief of medicine, Doctor D.F.P. Gordon as chief of Gynecology and Obstetrics. Unfortunately, these three doctors were the principals in Doctor Breton's clinic, commonly known as the Breton Clinic. And in effect, the Board of Management turned over to the said clinic, the general supervision and control of most of the important departments in the hospital. This naturally was a great disappointment to the younger doctors and these three doctors, two of these doctors, immediately gave notice that they intended to resign and leave North Battleford, and they did eventually leave at that time.

Of course these moves did create a tremendous furor because these doctors were well established and popular.

These moves on the part of the Board of Management engendered a great deal of antagonism. The dispute was aired in the public press and a citizen's committee was formed. The Johnson report was circulated, and there were some mistakes made by the citizen's committee too, because they were hurriedly organized.

I would be the first one to admit that this is what happens when you allow a community to run wild. Ultimately a large delegation of citizens requested a full investigation to be made into the administration of the hospital. That request was granted and as above stated, the board of inquiry — that is Judge Thompson's inquiry — was set up and directed to make the desired investigation.

The terms of reference are outlined here, and certainly I would once again, impress the members of the house, that this went on over a period of years, it didn't just happen overnight. This created dissension,

bad feelings, enemies among former friends, because each one showed their own particular emotional interpretation on the basis of who was right rather than what was right. I cannot make this statement often enough, Mr. Speaker, that this is what we are heading into once again when you take appeal boards out of legislation. I think another act this morning did the very thing, and I certainly object to it. When final appeals are not permissible you always have the people who will mistake freedom for license, and take advantage of preferred position and establish their own little monopolies.

Just one more statement again by Judge Thompson regarding the inadequacy of boards to make the final decision. It is provided on page 29, and it is also provided that a board shall prescribe the limitations to be placed upon the surgical or other privileges extended to its medical staff. The persons who constitute the board of most hospitals, however, are rarely persons with Medical and surgical training or experience. It is obvious that the board will be wise to consult members of its medical staff as to the qualifications of persons applying for membership and that there should be further, that there should be further means for appeal from some of these judgements.

The assembly recessed at 12:30 p.m. until 2:30 p.m.

WELCOME TO STUDENTS

Mr. C.G. Willis (Melfort-Tisdale): — I requested to revert, Mr. Speaker, because this is the first occasion that there is a school from the Melfort-Tisdale constituency, pupils from the Melfort-Tisdale constituency in the Speaker's gallery. I would like to take this opportunity of welcoming to the legislature, grade twelve pupils from Pleasantdale School who are in the front row to your right, Mr. Speaker. This is, as I said, the first time a group has come from my constituency. They are accompanied by their teacher, Miss Henderson and by two parents, Mr. & Mrs. Doug Charles. It is not the first time that they have been here. I understand this is about the sixth time Mr. & Mrs. Charles and Miss Henderson have been here with pupils from Pleasantdale. I want to welcome them and I hope they have a very fine day here in Regina.

Hon. Members: — Hear, hear!

ANNOUNCEMENT RE ARRANGEMENTS WITH RESPECT TO GROUP LIFE INSURANCE

Mr. Thatcher: — Before the Orders of the Day, I wish to announce that arrangements are now concluded with respect to the Group Life Insurance contracts, protecting approximately 14,000 employees of the public service and the crown corporations. All tenders have been examined and the most competitive overall submission has been accepted. The Canada Life Insurance Company has been asked to undertake the administration of the plan, effective May 1st. The Co-operative Life Insurance Company and the Great West Life Insurance Company of Winnipeg will be asked to participate in the risk to the extent of 25 per cent. The new plan will provide benefits identical to those contained in the existing plan, but will be more economical in every way. The premium rate will be reduced from the present 41 cents per thousand, per month, to 31 cents guaranteed over a period of five years. Interest earned on reserves developed in the plan has in the past fluctuated from 4 1/2 to 5 per cent. These reserves will now be credited with interest commencing at 5.9 per cent. A substantial increase. The dollar savings achieved by this process if competitive tendering are substantial. Employees will save \$100,000 annually on the cost of their contribution to the plan. The net savings on the administration cost of the plan will be \$20,000 annually.

Mr, Speaker, I may say that the government hopes to be able to announce the arrangements for the teachers' plan in a week or two weeks.

Mr. Davies: — Mr. Speaker, can I ask a question in respect of this matter? I wonder if details of this arrangement will be given to the house so that we can all see the matters that are entered into this contract. I wanted to ask too, Mr. Speaker, whether the 25 per cent mentioned with regard to Co-op and Great West Life, was for each one of these, or the total of 25 per cent?

Mr. Thatcher: — No. The carrying company, the Canada Life, will have 50 per cent, the Co-op and Great West will be re-insured, I think that is the word, for 25 each. Now if the hon.

member would care to put a question on the Order Paper, we can get a return giving him the information. If we don't happen to be here, if he wants to come and see it, I would be glad to give him the information.

WELCOME TO STUDENTS

Mr. Boldt: — Mr. Speaker, while we are still on the Orders of the Day, I would like to welcome students who are on a tour of various churches from the Rosthern Junior College. They are a choir, the leader is Mr. Bill Kruger and the president of the college is also here. I am sure that if I was not out of order I would ask them to sing a song for us here, because it would be better listening than what we have heard for the last two or three days . . .

Some Hon. Members: — Hear, hear!

Mr. Boldt: — However, I will take this opportunity to invite all the members and I hope the house will have prorogue by that time, to visit the Grace Mennonite Church and hear one of the finest choirs in the country. While I was waiting for this opportunity, I also noticed that a teacher from Waldheim School, Mr. Herter, and a group of students, are also here from the Rosthern constituency. I am sure that all members will welcome them here and hope that their stay in Regina will be a pleasant one.

Hon. Members: — Hear, hear!

Mr. E. Whelan (Regina North): — Mr. Speaker, through you and on behalf of all members of the legislature, I would like to extend a welcome to thirty students from grade eight in the Sherwood School in Regina North. They are in the east gallery. Their principal, Mr. Newton, is with them. I am sure all of us congratulate them for taking an interest in the proceedings of the legislature, and hope that their stay this afternoon will be pleasant and informative.

Hon. Members: — Hear, hear!

MOTION RE ADJOURNMENT OF HOUSE

Mr. Boldt: — Mr. Speaker, before we move into the adjourned debates I would move, seconded by Hon. Mr. Heald:

that when this house adjourns today, it stands adjourned until Saturday, April 17th, 1965, at 10:00 o'clock a. m.

Mr. Speaker: — It has been moved by the hon. Minister of Social Welfare, seconded by the hon. Attorney General, that when this house adjourns today, it stands adjourned until Saturday, April 17th, 1965, at 10:00 P.M.

Mr. J.H. Brockelbank (Kelsey): — Mr. Speaker, it is 10:00 A.M.

Mr. Speaker: — Pardon me, that was my fault.

Mr. J.H. Brockelbank (Kelsey): — I think this, does this need consent? If it does need consent, why we are willing to give consent.

Mr. Speaker: — This is a motion governing on the day to day business of the house, I don't think it needs consent.

Mr. J.H. Brockelbank (Kelsey): — It isn't governing the hours, it's governing the day we sit, and I think it needs consent.

Mr. Speaker: — Well, I was informed that it didn't, but anyhow, is leave given?

Motion agreed to.

Mr. Kramer: — Mr. Speaker, in the few minutes at my disposal before noon, I was able to deal with some of these important matters regarding bill 42, and the proposal of the government to dispense with the protection, the public protection that has been built into bill 42 by the government last year, which incidentally was given the unanimous consent of the house, by the members opposite, last year. I was dealing with two points and I will continue to deal to some extent with these same two points,

Number one, that the government and speakers on the government side of the house have continually suggested that the legislation was of an emergency nature, that the emergency no longer existed and, therefore, the need for the legislation no longer exists. Before noon adjournment, I pointed out that long before the medicare ever became an issue we had a situation in our own hospital in North Battleford that certainly indicated the need for this kind of legislation. I pointed out that the hospital at that time, had suffered from clique rule and I quoted extensively from Judge Thomson's report where he bore out the fact that an influential group of doctors had treated other doctors in that hospital, in a very shabby manner and had forced their resignation and forced them actually to leave the community so that their patients were no longer able to get the services of that hospital. I suggested, Mr. Speaker, that I asked the Minister of Health on two or three occasions, if he could guarantee that none of those things would continue to exist, and that situations similar to this would not continue to arise as long as there are ambitious and inconsiderate people in any walk of life.

The report of Judge Thompson tendered to the Minister of Health in Saskatchewan in 1957, is replete with statements and findings that preference, special preference and favoritism did exist and that, it did result in bad medicine in the North Battleford area.

I suggest that members across the floor, members of the government side, should reconsider their stand on the abolition of the safeguards that were built into this act. They should reconsider the abolition of a Hospital Privileges Appeal Board and other items also, such as reasons in writing being given by a hospital board when they deny privileges to a doctor. But a far more important facet of this situation. Mr. Speaker, is the one concerning the incidence of surgery in certain areas, and again this report is replete with suggestions that unnecessary surgery had been performed on a large scale in this area and I don't think that the Minister of Health or any future minister of health can guarantee that these situations will not again come about in certain areas.

You have only to go to the United States and read the Kefauver Reports where he investigated medicine in the United States. Again the Kefauver Reports are rampant with suggestions and proof of collusion and monopolistic activities of privileged groups of doctors who had something less than the public interest at heart.

I say that any safeguards that have been built into the various health acts of the province are necessary. If they are not being used, all well and good. If the boards can keep pace in the various areas of the province, all well and good. Let them proceed, but when situations arise that boards cannot handle, when situations arise where communities become divided in their opinions as to what is right and what is wrong, then let this tribunal then come into being and take action in order that communities will not be split and rent apart because of differences of opinion where neither one side nor the other can judge the veracity of the facts. It does require this report of Thompson and also the Woods report, The Thompson report and the Woods report both suggest that there comes a time under certain circumstances when we must have qualified people look at a controversy and bring qualified judgements to bear so that the public in a community can know what the situation really is and that reasonable people can then take proper direction from the findings of such a board and thus prevent the type of situation that existed in The Battlefords, that exists at Eston, that exists in Selkirk, Manitoba, today.

I suggest, Mr. Speaker, that this is one of the things that we must have and I fail to understand why the government at this time has taken this precipitate action to repeal this legislation which is scarcely beyond its first birthday.

Now, Mr. Speaker, I wish to say here that the hon. Judge in his submission stated that hospital boards had the right and the obligation to discipline. This we do not deny. But if they are acting on improper advice, as the board in this particular instance did in this report, then there must be a tribunal where the aggrieved individual can appeal and obtain

justice.

This legislation that is before us today is going to do away, Mr. Speaker, with that right of the citizen to appeal. It is going to do away, moreover, with the right of boards and the privilege of boards to obtain expert advice and certainly, a decision which will bear out the justice of their decision if they choose to withdraw privileges from a certain doctor, possibly because of similar situations and similar activities that are outlined here. I want to quote further, just to show you what kind of a situation a board may be in. They may have to take action in the future. Here on page thirty-three:

A board may once again be faced with a situation where a group of laymen have to decide who is right and who is wrong.

Let's take a look at what happened here.

The material covered the period from January 1st, 1953 to June 30th, 1955 and indicated that:

of all the appendectomies performed during that period by the nine doctors listed therein, not more than twenty per cent were cases of acute appendicitis. In tabulating the results of the records department they had treated the other eighty per cent as being cases of which normal tissue, that is unaffected tissue, were removed.

Now, this is another passage. It wasn't that high. I hasten to say, fortunately, Mr. Speaker, but the best figure that the board came up with in its investigation, as I said earlier, that there was more than a reasonable doubt, in more than fifty per cent of the operations performed in that area. I would just refer you to a chart at the back of the report. Some rather startling figures here are brought out. It indicates that in 1953 there were some 309 incidents of appendectomies performed at Notre Dame. This problem went on, Mr. Speaker, for three or four years and due to the constant challenging of three younger doctors who wanted to improve the situation at the hospital, who wanted the hospital to receive its accreditation, due to these activities and for some other unknown reasons, the incidence of surgery that particular year dropped from 309 to 66. Now, there is something tremendously wrong when a situation like this exists. I suggest that it can happen again. You may say, it is no use thrashing old straw, but I suggest to you that if it could happen seven or eight years ago in the North Battleford area, that it can happen somewhere else in Saskatchewan. And if it happens somewhere else in Saskatchewan, some board is going to take action. And if some board has to take action, Mr. Speaker, they are going to have to have the qualified support of someone other than a group of laymen. Doctors are going to have to make this decision against doctors. And when they do, there is going to be controversy between the friends of both groups of doctors. When that situation exists you need a tribunal that is separate and apart. In other words, a judge who will be able to take a look at the situation. The appeal board was that type of tribunal and could have handled this kind of situation and this is what the government chooses to abolish in the action they are taking in Bill 42.

No one can tell me and I am sure, least of all, the Minister of Health (Mr. Steuart). He may try to tell me but I won't believe him, that he can control all the little cliques and all the favoritism that goes on in various areas.

The hon. Judge says in another passage on page 42:

Doctors are highly trained men who work under pressure and tension. Favoritism or preferential treatment always leads to friction and dissension among the medical men on the staff. A board of management which shows or permits favoritism cannot expect to hold the loyalty or respect of its staff and must inevitably expect trouble sooner or later.

As I said earlier, Mr. Speaker, this report is full of this kind of statement and it certainly is not my purpose today to read all of these into the records of this house. I certainly don't want to take up the time of the house with these particular things, but certainly, Mr. Speaker, I have said enough to make you realize and make this house realize, that there is more here than a simple argument as has been suggested by the Minister of

Health (Mr. Steuart), by the hon. member from Milestone (Mr. MacDonald) and a few others. It has been suggested inside and outside this house, that this situation is being taken care of, the situation requiring this legislation is being taken care of and I submit that it has not been taken care of. I submit that this type of legislation has been necessary for a good long while. I suggest that if the Minister of Health, at that time, had been alert and on the job, he would have taken action then and brought in the legislation that was necessary, because even at that time, Mr. Speaker, the College was prepared to accept this kind of legislation.

Mr. Speaker, I don't believe that all members opposite believe that this legislation is good. I am satisfied that if it wasn't for the tremendous pressure that had been brought upon them, they would certainly not be going along and simply rubber stamping this kind of special privilege legislation. It is not correct to assume that all members of the medical profession are gilded lilies.

Certainly it has been proven here, and I don't want to be too critical about, these people. They are human, I am casting no reflection whatever on their ability as surgeon, but I am pointing out their weaknesses as people. When a conflict develops between people and their own particular selfish interests come into play and knowing this and knowing that sometimes these people are not only influential in the local areas of the hospital, they also, quite often, become influential on the council even of the College of Physicians and Surgeons because the people mentioned, both the people that this judgment condemned, have been and I don't, think at this time, continue to be, but did continue to be for a long time after this report was established, elected members of the council of the College of Physicians and Surgeons in Saskatchewan.

Now I believe that there is some reason to doubt the concern even of the College at times, because even after this report was submitted, indicating that a great deal of unethical activity had gone on by certain people, no action was taken. No disciplinary action was taken by the College. I suggest there is some cause for concern here. I don't think that we can take at face value the recommendations of the College which the government apparently has taken at face value today.

I believe, Mr. Speaker, that the hon. minister is in a position where he can't retract this legislation because of commitments that have been made to certain influential people. I am convinced by the attitude of members opposite that they are not going to concern themselves with this regardless whether they wish to or not, because if they don't, it seems to me there is a danger that certain sources are going to be cut off or other life lines that are very necessary to a political party.

I wonder, Mr. Speaker, why, after all the evidence has been brought in indicating the need for this legislation, why the government and the Minister of Health (Mr. Steuart), the members opposite, adamantly persist with their intentions to bring this legislation in and repeal these privileges and the right to freedom of individuals and the protection for boards, hospital boards, through this entire province, whether the hospital boards realize this at the present time or not.

Mr. Speaker, I don't think that I have convinced all of the members opposite, I certainly hope I have convinced enough of them so that they will reconsider and withdraw this iniquitous legislation and re-establish the good legislation that they unanimously supported last year.

Some Hon. Members: — Hear, hear!

Mr. W.J. Berezowsky (Cumberland): — Mr. Speaker, we went through a crisis just a year or two ago in the medical care, apparently the province of Saskatchewan and the government opposite, the Liberal party, represented by the government opposite, is bringing upon the people of Saskatchewan another traffic crisis.

I happen to be a member of a hospital board in the city of Prince Albert and am very much concerned with this legislation which has been brought before the house because the things that the hon. member from Battleford (Mr. Kramer) has said, have happened in the city of Prince Albert where the Minister of Public Health (Mr. Steuart) lives. The only difference is that there has been an investigation in the hospitals that he referred to and there has been no investigation into the situation in Prince Albert. Therefore, what I will have to say today will have to be the facts that I have experienced as a board member and as a citizen of the community in which I have lived.

I would like to point out. Sir, that we are proud, first of all, of the hospitalization program that we have in this province. It has been adopted, as we all know, by the rest of Canada. I would like to refer to something said by one of the very prominent gentlemen who is interested in the health and welfare of the people of Canada, by Judge Emmett Hall. I have here a whole report of a speech that he made. He refers to the two, the hospitalization and the program, and he has some interesting points which I would like to bring to the attention of the house at this time. I notice, Mr. Speaker, that there are still only three members on the government side. There were three this morning. I am just wondering what the people who are paying this \$6,000 or more a year, for them being members of the legislature would think if they knew that they are out watching ball games or playing cards in the back room instead of listening to those of us on this side who are making representations on behalf of sixty per cent of the people of Saskatchewan.

Some Hon. Members: — Hear, hear!

Mr. Berezowsky: — On the point, Mr. Speaker, I have been in this house for a great number of years and I have never seen so little decorum in the house and such bad behavior. I would like to bring it to your attention, and ask whether anything can be done about it or not. We had one member who is smoking during the debate and we also have two members, the member from Athabasca (Mr. Guy) and the member for Souris-Estevan (Mr. MacDougall) playing cards while the member here was speaking. Now, maybe there's no law against it, but certainly it is not very decorous and I would hate to see that kind of thing repeated. If it's permitted, maybe we could start playing poker on this side of the house.

Now, I mentioned . . .

Mr. Speaker: — Let me just make one thing perfectly clear. Is the member saying that anybody is playing cards in this house?

Mr. Berezowsky: — There was, Mr. Speaker.

Mr. Speaker: — Where?

Mr. Berezowsky: — This morning. Right over there and I can prove it. The hon. members can speak for themselves if you ask them, Sir.

Mr. Speaker: — If anybody was breaking the rules of this house this morning, then you should have raised it at the time.

Mr. Berezowsky: — I am raising it now, Mr. Speaker.

Mr. Speaker: — You are too late in raising it. You should have raised it when the matter occurred.

Mr. Berezowsky: — I'm sorry. I just want to . . .

Mr. Speaker: — Personally, I don't accept that. Let me tell you right now, that if anybody was doing it, they would have been jolly well stopped if you had raised the point of order when you should have done. You didn't do it and that's the end of it.

Mr. Berezowsky: — Thank you, Mr. Speaker.

Mr. Speaker: — Next time there is a point of order of that nature, rise on it when it occurs.

Mr. Berezowsky: — I shall do so. Thank you, Mr. Speaker.

Now, Emmett Hall said this:

The joint hospitalization program has worked well. It has become an integral part of Canadian

life and no group or political party suggests its discontinuance. On the contrary, all supported and would only make refinements here and there to improve its administration and efficiency.

Now, Sir, last year after we had had our hospitalization program in for a number of years, that is exactly what the government did at that time. It brought in some refinements because these refinements were very necessary at the time. After all, this was a good law that we brought in. This was a law that is being used in other professions. For example, teachers often have difficulties with their boards as we know. When it's not up to the board to dictatorially decide any question of disagreement, the teachers and the boards can go to a higher authority if they can make an appeal.

I think you would find this kind of situation all through the labor legislation and agreements, and you would find it also in the professions. I do admit, Sir, that in the professions it is a little different because many years ago the professions derived from the guilds, as we know, in England and other countries. As the guilds disappeared, we found out that the professions in particular, had to get legislation from the governments in order to protect their interests. But it still is basically the same thing. You have a profession; it is protected by legislation. The people in the profession, before they can be licensed, go through a form of apprenticeship and as the guilds dictate, of course, this kind of thing developed and that is why we have a situation today where you have a profession fighting for its rights and sometimes disagreeing among themselves and leaving many of the decisions to the legislation that is provided on the books of the province for the country.

Going back to what Judge Hall said. There is another point that he makes quite clear. In a paragraph on page nine of this publication, he says:

It is equally true that health services are as much an investment as education.

We would not deny any children the right to get an education. Neither should we deny any human being the right to go and stay in our public hospitals. But sometimes you cannot get into the hospital for the simple reason that your doctor, the doctor of your choice, is not allowed to give you the kind of attention that you would like to have. And again Judge Hall says in the same paragraph further on page eleven of this report, — we have a health charter for Canada which has been submitted by the Commission and number five of the Health Charter says this:

There should be freedom of choice. This means the right of the patient to select his physician or dentist, and the right of the physician to accept or not to accept the patient,, except in emergency or on humanitarian grounds.

Now, Sir, I had need of a doctor. I am a member of a hospital. I pay my taxes to the hospital. I supplement what the government pays along with other citizens. Yet I was denied a place in my hospital, a public hospital, for the simple reason that the doctor of my choice, a fully qualified doctor, was denied the privilege to operate on me. I say this is a denial of freedom. I say that we must have laws that are based on the spirit of justice. We must have laws that are good.

Mr. Steuart: — Would the member . . .

Mr. Berezowsky: — And I say this, that the law that was passed by the government last year was a good law.

Mr. Steuart: — Would the member permit a question?

Mr. Berezowsky: — You sit down. You will have your chance to talk.

Mr. Steuart: — What was the doctor's name?

Mr. Berezowsky: — Mr. Speaker, I haven't sat down. I am speaking right

now. And the law which we passed last year and that was unanimously voted upon by the hon. members opposite including the Minister of Public Health (Mr. Steuart), is a good law.

Mr. Steuart: — What was the doctor's name?

Mr. Berezowsky: — And the thing I would like to point out, that this law which provided for my doctor to make an appeal in the event he was denied privileges, and he was, this law would have allowed him to look after me or any other patient. But this government wants to deny these doctors, these qualified doctors, the right to make this appeal, to be able to serve the people who have paid and keep up these hospitals.

Mr. Steuart: — What was the name of the doctor?

Mr. Berezowsky: — Now, if the hon. Minister (Mr. Steuart) or the government had pointed out that this law was bad, which they have not, if they had pointed out that this law was unworkable, which they have not, they might have a point. But so far, not a single speaker on the other side has got up and pointed out that this was bad law, that this law was not required by the people of Saskatchewan. All they say is "We can look after the business now. We can see that everything is fine". Well, I am going to say this to the Minister of Public Health (Mr. Steuart). He is not God. People are going to be human beings and they are going to have their problems and we must have legislation which is going to allow the people who are concerned, to resolve their problems in the best way that they can.

I sometime wish somebody could explain to me why Liberals are always looking for trouble. It isn't so very long ago I remember, that they were organizing the K.O.D. in my constituency and all through the north around Prince Albert, and the minister nods his head that they were.

Mr. K.G. Romuld (Canora): — Who did that?

Mr. Berezowsky: — They aroused, they brought about, they changed a peaceful situation into a very bad situation. Now, what are they doing? They are starting another battle over the Hospital Administration Act.

I am going to point out this afternoon, Sir, because I am one of the members of the board, that we did have a bad situation. I am going to point out to you, Sir, too, that since this law came into effect last year, this situation is not perfect but it is much better. And if for no other reason this legislation that is on the books at the present time, should remain there, and should not be removed by the bill that is being presented to the house at this time.

I would like to point out, Mr. Speaker, that I would like to get home just as much as all the other members would like to get home. I have good reasons why I would like to get home and probably hon. members have too. But I am prepared to keep on fighting for what I think is right, what I think is good law, as long as I possibly can. When I will not be able to fight anymore then that will be that.

I was very sorry to have heard the Premier say yesterday, "We are the government." In other words, he says we are the majority and therefore it doesn't matter what you do, we are going to get this law through. I would like to point out to the hon. Premier — he's not here at the moment — that there is a definition here of a majority, which he may not like to hear. It's in this little book. It's called "Dictionary of Wit, Wisdom and Satire". I am not very witty but apparently there is some wit here. It says: 'What is a majority?' And Liberal members opposite should listen. 'Having all the fools on one side.' Now, we may have some but we haven't got them all. You have got the majority.

You have the majority. I said I will keep on fighting and I will keep on fighting against the majority opposite, as long as it is necessary to fight that majority, and if we get defeated, it won't be because our cause wasn't a moral one, or that it wasn't right . . .

Some Hon. Members: — Hear, hear!

Mr. Berezowsky: — It is moral and it is good, and we have not sold out, and the members opposite should know what I mean when I say that we haven't

sold out. All I need to do is to refer them to 1959, and the \$50,000 that was passed on the table to appoint your Premier as the head of your party. And I shouldn't have to say any more.

Mr. Speaker: — The member should withdraw what he just said, because that is an imputation against the honor and the dignity of a member of this house.

Mr. Berezowsky: — Mr. Speaker, I only refer, these are not my words, I am only referring to what is published in the newspapers, the Maclean's magazine, of October 29th.

Mr. Speaker: — Are you quoting from it?

Mr. Berezowsky: — I withdraw that and bring the article back and I will quote from it.

Mr. Kramer: — Mr. Speaker, there is no reason why he should withdraw on the point of order. This was public knowledge. And everyone in this house knows the article that he is referring to, Sir.

Mr. Speaker: — If there is one thing that I endeavor to do in this house, is maintain order in the interest of all. You're not just the member for the Battlefords, or a member for Hanley, you are members of this house collectively and when anything derogative is said about one, it applies to all. Now that is a well known principle, and unless you can prove these aspersions and imputations, they should not be made. Surely to goodness the hon. members have enough devotion to the rights of the people of this country to self-government. Instead of doing these things, you destroy the faith of the people and the desire for self-government, and I intend to defend their rights of self-government, if it is the last thing I will do in this world. Now proceed.

Mr. Berezowsky: — Mr. Speaker, I could refer to the article, at a later time. It is not my words, it was something that was published in the press, and I think it is very unfortunate that the hon. member for Maple Creek, (Mr. Cameron) knows very well of the article, because his name was mentioned there, but I will withdraw it for the time being.

But I will say this, that, referring back to the bill, I am going to make a few comparisons. I'll say this, just because there has been a house burning — I am using very simple language — and you get a fire brigade to put the fire out, that does not mean that the fire is out, that it isn't smoldering, and that you don't need a fire brigade again. Neither do you go ahead out on a tour with a car that hasn't got any brakes, because when you are going down hill, you may need to use those brakes. All this legislation is, is just that much. It's protection, it's a defence for those who may need it.

It's very strange for me to have listened to the hon. minister and to have seen him last year, say that something was white, and then turn around this year and refer to it as black. We have in the records the remarks of a number of people who spoke on the situation. I can only refer to the hon. lady member, Judge Batten, who spoke in this house last year, and to what she said on this matter. I will get it right out of the book, Sir. Judge Batten said this, last year and all the hon. members voted for the bill after she got through. On page 695 of the Debates and Proceedings, about the middle of the page, she said:

True, the Woods Commission would indicate that there was an injustice suffered and we are not going to sit by and let anybody suffer an injustice in this province.

I agree that every member of this house, who is cognizant of this state of affairs, that there were injustices in the province, there were injustices a long time ago, there were injustices last year, and the members of this house voted for the legislation. Now the minister, by bringing in this bill, would suggest that the injustice is no longer existing. Well I will say that he is wrong. Injustices will exist and they exist at the present time, and it is the responsibility of this legislature to see that we have

on our statute books the kind of laws that are going to help prevent these kind of injustices.

Now I have considerable respect for the minister, and I know that he is an able and hard-working man. He has been mayor of Prince Albert, and he served his community well. Now he has a good deal of experience in salesmanship, of course, selling electrical appliances, furniture and, of course, himself, but though he has sold himself well, and reached a high position as the Minister of Public Health, he appears to me to be unaware of the realities concerning the public good. He knows how to spend money wisely, I admit, and this is natural for a businessman, but I do not think he spends his judgement well. Like many successful people, he appears to have the kind of principles that I believe in. If I judge his behavior correctly, then it is very regrettable because, in his position, he can do a tremendous amount of good for the people of this province, and I say, Mr. Speaker, that as long as we sit in this house, we will not be judged by the positions we hold, we will be judged by the things we do, and by the legislation that we bring into the life of the province of Saskatchewan.

Now the Minister of Public Health (Mr. Steuart) — he is not here as usual — spoke against the amendment the other day and he brought up an item . . .

Mr. Romuld: — He is in his seat.

Mr. Berezowsky: — Public Works. I'm sorry, I meant the Minister of Public Works (Mr. Gardiner) . . .

Mr. Steuart: — That is okay, you're all mixed up.

Mr. Berezowsky: — I remember that he indicated that we had a bill, a Bill of Rights for the people of Saskatchewan, and he said, it has never been used since it was passed in 1947. Now that may be true, Mr. Speaker, but here again, you had a bill very similar to the bill we passed last year, which was good law, which was within the spirit of our laws and which was passed in 1944, if I remember right.

Mr. Guy: — Are you on that . . .

Mr. Berezowsky: — Yes, the provisions of that bill or of that law were not used for eighteen years, but I would like to point out to the hon. members that just the other day the law was used for the first time, and I would like to refer to the Leader Post of April 13th, 1965, and read an article which was published at that time, the heading is: "\$40 Fine for Rejection". This is what it says and the hon. members can decide whether these laws are not effective, are not good eventually. The heading is "Rejecting Negro Costs Firm \$40."

Queen City Real Estate Limited of 1030-10th was fined \$40 and costs in the provincial magistrates court on Monday, after pleading guilty to a charge of discrimination. The charge laid by the Attorney General's department on behalf of Phil Frazer of Regina, a negro, was the first of its kind under the Saskatchewan eighteen year-old Bill of Rights, and the penalty under the act is a minimum fine of \$25 and the maximum of \$50.

I intend to read this whole report, Mr. Speaker, so that the hon. members will know that this act was used, so that they don't forget and they don't repeat that it has never been used.

Harold Picke, defence council told the court, the incident which occurred on December 10th, 1964, was due to a misunderstanding by several of the firm's employees, Mr. Picke said that the employees were not aware of what their position of authority was in permitting lodging for negro. He said the firm believes the entire matter was unfortunate and regrettable and the firm would consider any application by Mr. Frazer for rental of a suite, if he measures up to their

required credit set by the firm. Mr. Picke said that for a considerable time before December 10th, Queen City had rented suites to fourteen families, not of the white race. Judge W.L. Hipperson, said morals and credit were not applicable in the case. Judge Hipperson said, Mr. Frazer was apparently not given an application for rental of a suite. He was merely told the firm would not rent to negroes. As far as the misunderstanding was concerned, Judge Hipperson said, it would be in the best interest of the firm, if it had informed its employees of their authority. This sort of thing, if it does exist, would be treated as severely as possible within reason, he said.

Donald Todd, Crown Prosecutor, said the facts in the case, were that on December 10th, Mr. Frazer saw an advertisement by Queen City of suites for rent, he telephoned the firm's office, and was asked to come and discuss the matter. When he arrived at the firm's office about ten minutes later, he was told there were no suites available. Mr. Frazer pressed the matter and was finally told that Queen City does not rent suites to Negroes.

Then the charge read, Queen City Real Estate of Regina did unlawfully restrict a person to wit. Phil Frazer, a negro, in the right to acquire by lease an apartment by reason of discrimination, against the negro race, contrary to section 15 of the Saskatchewan Bill of Rights.

Now this matter of discrimination, doesn't just end there, we do protect under the Bill of Rights, against discrimination, as pointed out in the bill, page 335, if I recall, An Act to Protect Certain Civil Rights. The bill does say that every person, every class of persons shall under the law, section 4, enjoy the right of freedom of expression through all means of communication, including speech, the press, radio, and arts. It goes on to say, every person, every class of persons shall enjoy the rights to obtain and retain employment without discrimination, with respect to the compensation terms, conditions or privileges of employment, because of race, creed, or religion, color, ethnic, nationality, and I could go on and on.

The whole principle is that in Saskatchewan it has been established that there must be no discrimination. Now it is quite possible in the act, that previously to last year, it was not pointed out that under the Hospital Standards Act, there should be no discrimination against doctors. But I submit, that even with the deficiencies that you have in the Bill of Rights, that it pertains to doctors, coming into a city and trying to establish themselves just as well as it pertains to people finding suites or finding work or anything else. If we believe in freedom, if we believe in the right of employment, we must also believe in the right of professional people to exercise, carry on their work and try to make a living. That is why I mentioned it. I think probably that we should have laws much broader, much more in detail, to see that the kind of things that have been happening in the past to doctors, and others, should not happen.

Now the principle of Bill 42, is to remove all the reference to the appeal board. The idea is that the doctor shouldn't be able to expect a written explanation as to why he was refused privileges, and there are other things, and I don't need to go into that, because it has been mentioned a number of times.

This legislation would deny hospital boards the right to refer these cases to higher, and more qualified authority, such as an appeal board. This isn't what the hospital boards want. As I have said, I have sat on the Victoria Union Hospital Board; we went through a period of stress when doctors were denied privileges and everyone in Prince Albert knows, including the Minister of Public Health, that it was because of discrimination, and if it was discrimination against the competitor, certainly it must have been rather than discrimination against person's racial origin. Some of these people that were discriminated against were people from other countries than Canada. I know of one case, I might as well mention it now,

where there was a doctor of very high standing, who had been denied privileges in the Union Hospital for thirteen months, and the people in that community and the doctors in that area, pleaded with the board to do something. The board said, well, we have got these reports, they have got to be investigated, we have recommendations from the medical advisors and there was delay after delay after delay and if anybody stands up in this house and says there is no discrimination, that there was no discrimination, then he doesn't know what he is talking about. I sat on the board and I know there was discrimination. I know that members of the board, Liberal members of the board, before this legislation last year was brought in by the government, said, why don't we have a board or an appeal board or some kind of body or committee, commission, that this matter could be referred to. Who are we, they said, to understand what all these letters after a man's name mean. How do we know that the referral body is wrong or right, when they say that we have to investigate first of all, or we are not too sure whether he can be recommended to get privileges is this hospital. And the board, because they were only a rubber stamp, and I was one of the rubber stamps, although I fought like the dickens, did exactly what the establishment wanted us to do and it dragged on for thirteen months, but I will say at this time, Mr. Speaker, that after the legislation was passed, there has been not one case where a doctor was denied privileges for more than ninety days. As a matter of fact, they are getting their privileges in sixty days and I am still on the board now, and I know what is going on. If investigation was made in the city of Prince Albert, Mr. Speaker, you would find a very similar situation to what existed up in North Battleford. I could tell you, and I am rather ashamed to tell of some of the things that went on between doctors.

An Hon. Member: — Oh, go ahead.

Mr. Berezowsky: — If you want me to tell you, I will tell you, but I would rather not. I would rather not. It's a shameful situation and we on the board were right in the middle of it, for two or three years, and the best thing that could ever happen was for the government last year to pass this legislation so that if a doctor was refused privileges or something else was wrong, that it could be referred, he would be told in writing and he could take it to higher authorities. People say well, we haven't had any difficulties, no complaints lately. This is not true; we have had complaints. Only recently, not so long ago, we had a group of doctors from the community clinic which has a membership of about 2,000 people, whom the doctors serve, visiting with the Prince Albert Victoria Hospital Board and submitting their complaints and these complaints were stacked high. That's right. We on the board have tried to do everything possible to see that the situation is peaceful and quiet, and the thing that has helped us considerably is the legislation we have on the books at this time. But this government wants to remove that legislation, throw it open to the establishment, so that the establishment in Prince Albert or Regina or any other city could turn around and say, this is what we want, this is the way it is going to be and the hospital board would continue to be a rubber stamp.

An Hon. Member: — Question . . .

Mr. Berezowsky: — The minister would make us think that it is his good public relations that have quietened everything and he has done the trick. Again, I say, it is the legislation that we passed last year that has made the situation much more passive than it had been in the past. I am referring to the Prince Albert Community Clinic, and as I said, according to my recollection there are about 2,000 that have membership in this clinic. I have a letter here that I propose to lay on the table, if I am asked to, to the hon. Premier, Ross Thatcher, copies sent to the hon. D.G. Steuart, Minister of Public Health, and also a copy to the hon. Leader of the Opposition, W.S. Lloyd, and I intend to read this letter. The letter is dated April 13th, 1965, and this, Mr. Minister, is the voice of the people of Prince Albert. It is not the voice of the establishment, but it is the voice of thousands of people represented by the board of the community clinic, and by those who are not members of the board of the community clinic, but all the good people who want hospital services in Prince Albert and in that area. I want you to listen to this letter. You have a copy of the letter, and the Premier has a copy, and here is what is said:

The members of the Prince Albert Community Health Services Co-operative in attendance at the annual meeting . . .

Not a small meeting, an annual meeting, and I suspect there must have been a thousand people there. We had 1500 last year.

... annual meeting of their co-operative last week expressed concern over the proposed repeal of the 1964 amendments to the Hospital Standards Act. Namely the provision for an Appeal Board to settle Hospital Privilege disputes. Therefore, we, the board of directors, on behalf of 2,000 members and their families, ask the government to reconsider their proposal to abolish the Appeal Board.

Mr. Steuart: — Are you on the board of directors?

Mr. Berezowsky: — Yes, I am on that board of directors too, and I am very happy that I, at least, am of some service to the community and I am not going to go ahead and do the kind of things that this government and this minister wants to do . . .

An Hon. Member: — Who wrote the letter?

Mr. Berezowsky: — That is why I am speaking here. I shall go on with the letter . . .

The provision of such a board was established in the previous legislature by unanimous vote, making it possible for any and all doctors to a final hearing in case of dispute. To remove this provision, would be a backward step, and the need still exists . . .

and I point this out. The same political party that supported it unanimously, are represented in the legislature, so why the suggestion of repeal now, or ever for that matter. On our board these parties are represented that are here in the legislature.

Mr. Steuart: — Which party?

Mr. Berezowsky: — I go on with the letter —

We believe that an appeal board strengthens and increases the sense of responsibility of local bodies and doctors alike. They can meet together with sincerity and without fear or prejudice. This is an advantage to hospitals, hospital boards, doctors and patients, we believe, this can be true for all doctors regardless of their origin, whether they are in private practice affiliated with private clinics or community clinics, affiliated with the university or holding a public or private salary position, regardless of their philosophy or of their politics. Once again, we appeal for the retention of the amendments of last year's legislation.

Yours very sincerely,
 Prince Albert Community Health Services Co-operatives.
 President: Neil McLeod
 Secretary: C.W. Christianson.

I would like the minister of any body in the government to come up and show me where he has got 2,000 people or a board that represents 2,000 people, asking for the kind of legislation that he proposed in this house, and that this government says that with their majority, they are going to pass.

Mr. Speaker, the things that I am going to say this afternoon must not be misunderstood, because it doesn't matter who we are, we are people who need the services of medical doctors. Some of us have sons or daughters who are in the medical profession, and I would say that generally, this can be said, that we have faith and admiration for the medical profession in spite of its weaknesses, but I want to point out that we are not so naive to believe that doctors are anything but human beings. They are like anybody else. We know that they must try and make a living and try and

find security in this highly competitive private enterprise society. We know that. We know that years of service to the public are necessarily short, and that during this period they must work, long and hard, to make sufficient money to provide for their families and for the education of their families and a safeguard for them in years of retirement. This is a fact of course, yet we also know that they are competitive in the kind of society that we live and are tempted to exploit every situation. No one intends to interfere with the medical profession in the exercise of their abilities and the services they can give to society as long as they don't interfere with the rights of others in that same profession or other professions. We admit also, that there are in this profession, a great number who are dedicated to the service of mankind. I think it is time these are helped to establish themselves whether it is in community clinics or whether it is in private practice wherever they want to serve the people in Saskatchewan, and by legislating the kind of laws that we legislated last year, that is how we would be helping them to get-established, I would like to point out, Mr. Speaker, to the minister and to his government, that modern hospitals are public institutions paid for as I said by taxes and voluntary subscriptions of the people. These institutions don't belong to the medical profession; they belong to all of us, including the medical profession, who are also taxpayers. These establishments were put up to supplement, if you like, the temporary homes or the homes that we have had in the past, and doctors used to visit from home to home. We find it is much better for medicine, that we have these public institutions, and once we decide to build these public institutions, then they are exactly in the same position as our own homes, and no one should deny us the right-to have our doctor come and serve our needs. No legislature should deny or pass laws that will deny a patient or doctor the use of these public premises, or the equipment of the services that the public has paid for. I say that the government, no matter what the government is, must concede this right to society, and that is why we are fighting here today, on this Bill 42, whether you have a majority or not, society put us here, society demands that we have these kind of laws and you as a government, with your little majority, must concede that right to society. I say that established doctors, some call them monopolies, must also concede this right to the people of this province, that they will not deny other doctors to serve their patients in the hospitals that belong to us. This right must be conceded to every doctor applicant, as I have said, according to his qualifications, be he in a private or community clinic or a private practitioner.

Hon. members know that the latest gimmick has been brought up in Prince Albert too, and the minister should know about it. They are now talking about asking every new doctor coming, one they don't like — and I am talking about these establishments — before he can get privileges to produce a certificate that he has written the Canadian examination.

I will vouch right here, that if you went to all the old established doctors in Prince Albert, I doubt if you will find one that had written his Canadian examination. That they are going to put up a brake to stop new doctors from coming in by saying before you can get privileges, you must produce evidence that you passed your Canadian examinations, whatever that means.

Mr. Steuart: — Who said that?

Mr. Berezowsky: — They said it to the doctors.

An Hon. Member: — No.

Mr. Berezowsky: — Yes, they have, yes, the doctors met with our board, they told us that, and I believe them better than I believe you.

Mr. Steuart: — I don't think you know what you are talking about.

Mr. Berezowsky: — I know what I am talking about.

An Hon. Member: — Mr. Speaker, there has been no by-laws approved for any hospital in this province.

Mr. Berezowsky: — Mr. Chairman, as far as the hospital I am talking about, I suggested that by-laws be passed over two or three years ago. I mentioned this today to the minister, and he hasn't told me to this day, they had

their by-laws passed. They have been working without any by-laws; they have been working under the legislation that exists in this province, and you are going to take that away too.

Mr. Steuart: — Name me one that has been denied. Just one.

Mr. Berezowsky: — I'll tell you plenty. Dr. McDonald was one, he was denied. He is a specialist in obstetrics. Doctor McDonald. You want to get some of the facts of life, I'll give them to you. Dr. McDonald was denied privileges for some time and there was a very serious case and this was brought up and a local doctor, who couldn't handle a case, pleaded with Dr. McDonald to take the case over, and he did, and he broke the law. He could have been kept from privileges for the rest of his life because he broke the law, but he did it on the request of an established doctor who had privileges who couldn't take that kind of case. So here is a case of a doctor who could handle a case, because he was a specialist, who had been denied privileges and he acceded to the request to help out a doctor who had been refusing him privileges for a long time. You want to know more.

Mr. Steuart: — Has he privileges now?

Mr. Berezowsky: — He has now, because of the act; he has now; not because of you.

An Hon. Member: — Privileges . . .

Some Hon. Members: — Oh, Oh!

Mr. Berezowsky: — How long did it take Dr. Hussin to get privileges? One of the top doctors. He couldn't get privileges for thirteen months until Dr. Andrews got in a helper to assist him, and he wanted to give him privileges, so they had to agree to give Dr. Hussin . . .

Mr. Steuart: — Dr. Hussin never had privileges for thirteen months in any hospital in Prince Albert, and if you say so, you are wrong and you know you are wrong.

Mr. Speaker: — One speech at a time, please.

Mr. Berezowsky: — Mr. Speaker, the hon. minister doesn't like the truth . . .

Mr. Steuart: — This is the truth.

Mr. Berezowsky: — You don't know the truth, the hon. minister has been running about Prince Albert, playing politics in the hospitals instead of seeing that there were good laws. He should have come into this legislature with further amendments to the act to improve them, and not to remove the justice that is contained in them.

Mr. Steuart: — Try to tell the facts.

Mr. Berezowsky: — I want to go on and say that injustices and misunderstandings still exist — he can't tell me differently. I say this — it is the prerogative and the duty of this legislature to put on the books of this province the kind of laws that will resolve some of these problems. I said last year, and I will say again, that we must remember that medicine has no boundaries. You can treat people in their homes; you can treat them in the hospital. There are no boundaries as far as medicine is concerned. Why should we deny people the right to be treated in our hospitals. There must be no discrimination or prejudice, but there is, and the duty of this legislature is to see to it that there isn't any prejudice or discrimination permitted in medicine. You should see to it that treatment must be available to all, by the healers of our choice in our public institutions. This is the philosophy not only in Saskatchewan, this is the philosophy of the western world today, and I think of the whole world, when you think of the United Nations and the kind of things they talk about doing through the United Nations. This is the kind of thing they are talking about.

Yet, this Liberal government is going backwards to the days of

feudalism, the days of the guilds. Now, removal of the provisions of the act will make — it is undoubtedly a fact — will make the medical establishment stronger, and you all know what I mean by the medical establishment. It has been pointed out by the hon. member from Battleford (Mr. Kramer), it existed there and it exists in every city. There is a medical establishment, the strong arm of medicine, and if you remove the legislation we have now, by this act you will make that medical establishment stronger and the rights of the people and the rights of the legislature weaker. Those who enter the profession after graduation and internship will find it more difficult to set themselves up in practice or in the medical profession in the cities.

The minister hasn't told us why he wants this legislation, so I will suggest that this powerful elite, which I will call the establishment in the medical profession, is not concerned too much with community clinics. This is a smoke screen. This is a smoke screen, Mr. Speaker, the community clinics. The community clinics are only getting started, this isn't the thing they are afraid of, they are afraid of seeing new doctors start practising their profession in the different cities and parts of Saskatchewan.

I will give some illustrations. In the past and before the Medical Care Insurance Act was legislated, young doctors joined private medical clinics, and were paid a salary for their services over an indefinite period of time. The established doctor who owned these clinics, whether you want to use the word "exploit" or not, exploited these unestablished doctors, and this is the kind of parallel, I said at the beginning, a kind of apprenticeship which has grown into this kind of a professional situation.

There is always an unspoken threat to the beginning doctor that if he did not conform, if he did not play ball with the established medical group, that he could be denied hospital privileges, and this was quite prominent after the medical care insurance was brought into this province. So let it not be forgotten that if this is the case, and I think it is, that it is the medical staff who recommend, who decide first of all, and then recommend to the hospital boards, whether a doctor receives hospital privileges.

Sitting on a board, as I do, and I fought hard against this kind of a situation, yet the facts have been that every time there has been a recommendation made by the medical advisory as to who should get privileges, and who shouldn't get privileges, the hospital board in Prince Albert rubber stamped the recommendation every time. They consistently approved recommendations of the medical staff and I think you will find this is the situation all over the province, yet hon. members will allow such a situation to continue. The representatives of the people in this legislature, they see the wrong just as well as I can see it, yet they will sit back there, or go over to the back room and watch hockey, or football, instead of serving their electors the way they should be. After all, we may have some points that are worth listening to, that is what they are doing instead of becoming concerned with the situation and the minister keeps on saying that these decision should be left in the hands of hospital boards, that they should make the final decision and I say this is nonsense, because this isn't the facts of life.

After all, hospital boards consist of laymen, like myself, farmers and others, unacquainted with the degrees and qualifications that medical men have. Most of the time I don't know what these terms mean, and I don't think members in this house generally, outside of the legal profession, know — I don't see any doctors — they wouldn't know what these terms mean. We are not that learned; we are ordinary laymen, ordinary people, and hospital boards have the same kind of people.

Hospital boards, and I say this very sincerely, feel very inadequate at arriving at any decision, other than that recommended by the medical advisory staff, and so, as I said, they have been rubber stamps unwillingly. The minister has said on a number of occasions "Well, you can't remove the autonomy from these people". What kind of autonomy I ask him? What kind of autonomy? Are these hospital boards elected? Are they responsible to the people who elected them, will they have annual meetings, or other kinds of meeting where they can tell what the board has been doing? Do these hospital boards keep their doors open so the press can come in and see what is being done? Do these hospital boards meet every month like municipal councils meet, and decide on questions? Or do they leave it just to a group of executives who rubber stamp the recommendations of the medical adviser and others? These are the situations.

He says by keeping this legislation on the books we will be

interfering with the autonomy. What autonomy — how many members of the board go and report back to their council? They are picked by the municipal council, by the city council, town councils and others, because they are good men and they go down there and they sit and they consider the people that they are dealing with are also good men and they accept the recommendations and sometimes they are very, very grieved because they feel that a wrong has been done and they don't know how to go about it. I remember quite well, before the legislation that we have on the books was ever passed, while sitting on that board, one of the members, and he wasn't of my party, he got up in the board meeting and he said, "Why doesn't the government pass legislation that would allow these people to appeal to a higher authority? Who are we as laymen to be able to tell whether this man is right or whether the recommending authority is right". There it is in a nutshell.

But the minister will meet with a few administrators of the hospitals and he says well this is what the board says. Well, this isn't what the board says. I told him what the boards say, they want this kind of appeal board.

The minister has the habit of saying, we have to get rid of this socialistic legislation; he always calls anything good "socialistic", well I am proud of this kind of legislation that we have on the books, whether you call it "socialistic" or anything else, it is in the interest of the people. It is good legislation, good law. All that the grand vizier, who calls himself the Minister of Public Health, wants to do is to emasculate the hospital board, the Hospital Services Appeal Board, and in his great understanding he would remove it, a democratic principle, that an aggrieved person, whether he be a doctor, or an aggrieved authority, such as a hospital board, to take the matter to a higher board. He will leave in the hands of the medical establishment, with whom he was very friendly, no doubt, the power over the temporary or permanent hospital privileges as it has been in the past.

This is what I am fighting for; he should not have that power. After all, we all know that doctors when they come to Saskatchewan, whether they are recruited by the present government, or whether they are recruited any other way, or come of their own accord, they first of all must be licensed, they first of all must prove that they have the qualifications, that they have the training and that is one of the first considerations and according to the laws, as I said at the beginning, they must have it for their own protection. But once they are licensed, surely they shouldn't be asked to go, as it was pointed out the other day by one of the members on the other side, where the established doctor has asked a qualified doctor to go ahead on internship, and that in the other case, that he should get a Canadian License, showing that he has passed his Canadian examinations. The minister said a while ago that this is not the case. Well, there is another case mentioned by the member on the other side, who pointed out that doctors were being discriminated against and impossible conditions were being asked of them, in order that they could get privileges in the hospital at Eston.

I will say that the minister and the government sitting opposite, by removing the legislation that we have now and passing this bill, would be denying hospital boards the right to have proper decisions made and referred to a quasi-judicial board. People who know what qualifications mean. After all, judges and others are highly trained, highly educated. They would know what these qualifications that are presented to them would mean, and surely they are in a better position to make judgment in case of a dispute of this nature that I am thinking of, than laymen such as I am or the members of hospital boards.

I would say this. The other day the Premier said that he is recruiting doctors into this province, and by removing this kind of legislation that we already have, by this bill, you would be making it very difficult for doctors to come into our province and set up a practice in competition with the established groups, because these people would be in conflict with them as they have been in the past two years, and without a chance for redress when unfair pressures are exerted.

Talking about discrimination: the power that the established groups of doctors can exercise over a competitor is very clear, according to many experiences that I have had. I have seen patients suffer, I have a neighbor who farms right next to me, who some years ago, in the stress and turmoil of the medicare situation, needed an emergency operation but couldn't get that operation in Prince Albert. He had one doctor, but he had to have another doctor, and the doctors refused. Oh, this is ethical, oh yes, according to the hon. minister this was ethical, and he was refused

an emergency operation, and then they had to go and take him to Saskatoon to get it done. This doctor couldn't get another qualified doctor from Melfort to assist him. This is the kind of thing that is going on, and the boards are sitting by helpless and not, able to do anything about it.

I said awhile ago that there were some things that I didn't want to mention but if the hon. members want to know the facts of life, I will tell them what happened just about a year ago. After we had considerable trouble in getting the privileges for Dr. Hussin and the complaints were made to the board, the establishment decided to go ahead and call in Dr. Hjertaas and discipline him, and he received a letter, of which I am quite aware, and he was called to meet with the executive of the medical group in Prince Albert. Well, the item that was supposed to be discussed with this doctor, who is the head of the community clinic, was hospital ethics. Now being a member of the hospital board, when I got wind of this, I said to myself, I want to know what is wrong with Dr. Hjertaas and the doctors of the community clinic as far as hospital ethics are concerned. So knowing the time of the meeting I decided to call another member of the board, and if you want to call it this, we crashed the meeting, we walked into the meeting, of this group.

Mr. Speaker, instead of meeting with the executive, you had the whole Spanish inquisition in that hall. Practically every doctor in Prince Albert was there to inquisition Dr. Hjertaas, and they didn't like myself and my colleague crashing into that meeting. I was asked who I was, of course, they knew who I was, and I said I am a member of the board. They told me I had no right to be at the meeting. I said it is our hospital, I represent a community, I want to know if hospital ethics are involved, what the complaints are and I am going to sit at this meeting until I find out, and I said, and here I have Mr. So-and-So, who is also a hospital board member, whom I have asked to join me so that he can verify what is going on in here insofar as hospital ethics are concerned.

One of the doctors, not the chairman, one of the doctors turned around and said, we don't know him from a bale of hay.

An Hon. Member: — . . . right in your own city.

Mr. Berezowsky: — Do you want to know more? Well, I will tell you more.

We sat at that meeting and we said we would not leave in view of the fact that hospital ethics were concerned, because this was our hospital and doctors were privileged in having their meeting there, and we had no comment as far as their quarrel with Dr. Hjertaas was concerned. That wasn't my concern, but it was my concern to know what was wrong with hospital ethics. What happened is that somebody moved that they adjourn, so the two of us broke up the meeting.

What I am pointing out is there were board members that only two days previously had given a banquet for the doctors in Prince Albert, a member of the hospital board who was known to them just as well as I am known to them, and they referred to him, they didn't know him from a bale of hay. They are only rubber stamp hospital boards, and they are looked down upon as being meaningless, and it is only right that they are looked down upon, when they can't make the kind of decisions that should be made. That is why there is all the more reason that there should be an appeal board so that these hospital board members are not put into that kind of position. This is a kind of a form of discrimination too. We have said, we were insulted, at least my colleague was insulted and to this day nobody apologized for calling him a bale of hay.

Now this little incident is one of many and indicates the disregard which the establishment has for hospital boards and indicates clearly the kind of inquisition they are prepared to carry out when some other doctor practising in a community challenges their position. The minister has said the hospital board should have autonomy.

Mr. C.G. Willis (Melfort-Tisdale): — Can the member from Bengough tell us what tune he is whistling?

An Hon. Member: — It is your hearing aid.

Mr. Speaker: — I wasn't aware that we had a member from Bengough in the house.

Mr. Berezowsky: — Mr. Speaker, I'm not in a rush, I have all kinds of time, I'm a farmer, I should be back home cleaning grain, but I cannot go back to my community and face 2,000 members of the community clinic, and I'm a member of the board there, I can't face thousands of other people, and say to them that I did not try my best to keep a good law on the statute books of Saskatchewan. I will tell them what has happened in this house and let them decide whether the actions of the minister and the action of the government sitting opposite were in the interests of the people of Saskatchewan.

Mr. Steuart: — Can you still hear whistling?

Mr. Willis: — I have taken off my hearing aid, I can still hear whistling from the seat across from me, at the back, which is diagonally at the back, which is occupied, according to the paper we have here, by the member from Bengough. May I repeat my question, would the member from Bengough (Mr. Asbell) please tell us what tune he is whistling?

Mr. Steuart: — It is bells you hear, maybe, George.

Mr. Berezowsky: — One more thing before I sit down, and that . . .

Mr. Willis: — Mr. Speaker, would you clear this up before the member proceeds?

Mr. Speaker: — It is not a question of privilege, it is a question of order, if anybody is whistling I hope they cease.

Mr. Berezowsky: — I would also like to point out this, that also our acts are not specific, or not too specific, as far as the appeal boards are concerned. There is an indication that insofar as the act respecting University Hospital is concerned, there is a kind of a situation where you can appeal because in that hospital you have two boards. You have the University Hospital Board and then you have the board of governors, as it is called, and no doctor can be taken on staff, I understand, unless first of all he is approved by that higher body and that higher body, which is fully qualified, can decide whether a certain doctor should be taken on staff, whether he should be given privileges of teaching and so forth, and that is all that we are asking is that in all our hospitals throughout the province, that this legislation that we have remains, so that we can carry on as we have, but in case there is a disagreement we can do something similar to what, no doubt, is being done in the University Hospital. If there is a disagreement on privileges or anything, it could be reported to a higher authority.

Why the government opposite is so determined to use its very small majority of members in this house, and certainly not the majority of the people representing Saskatchewan, to force this legislation, Bill no. 42, through, is something I don't know, and nobody has been able to explain that to any of us, and we can't help but suspect when I pointed out a little while ago, what was published in Maclean's Magazine, in 1959, I have no choice. Let the members get up and tell us what is wrong with the law. Is it bad law, and if it is not a bad law, why do they want to have it removed? Is it their wish, their desire to have pressures put on them by hospital boards, or by people in their community to remove this legislation, or has there been pressure from the established groups that I have been referring to? If I am wrong, I am sorry, but I cannot arrive at any different conclusion than just that, that there has been a tremendous amount of pressure exerted on the government by the establishments in this province, and it is nothing more, if you remove the legislation, it is nothing more than helping to build a stronger establishment such as you have in some of the other countries, particularly south of us, where the governments are defeated by an establishment of that nature.

So you can see, Mr. Speaker, I cannot possible support the bill. It would be inconsistent with my experience and with my conscience. I must keep on fighting for the principles I believe in and I certainly will vote against the bill.

Some Hon. Members: — Hear, hear!

Mr. Leonard Larson (Pelly): — Mr. Speaker, I am not going to take too much time on this bill. I have listened very intently and very carefully for a long time and I think I have heard quite a very good resume of some of the reasoning and thinking of members on this side of the house.

You know when I first looked at this bill no. 42, I thought it would be one of the shortest bills. We probably would pass this faster than any others in this session. It is just a very small little document, a few little lines, and I thought this thing won't take long. I was a little suspicious, however, suspicious by the heading so I thought I had better, for my own satisfaction, look up just what this little innocent looking bill set out to do.

So, I got the 1964 statutes and I went to the chapter that is mentioned, and I looked up just what we are repealing here. I see by no. 1, the application when used with reference to an appointment to a medical staff of a hospital means a request in writing. Well, this doesn't seem to be too unreasonable. I go on to the Chief Executive Officer, and then you have to follow through to number nine and it gives a definition of a physician, a physician means a legally qualified medical practitioner whose name is inscribed in the register kept by the registrar of the College of Physicians and Surgeons of the province of Saskatchewan, as being qualified and licensed to practice medicine, serve during midwifery in Saskatchewan. Now I don't find too much wrong with this. It seems to be rather a worthwhile section to have in the act, and then you look at 13(A) and here I find that we are repealing all the way from 13(A) to 13(0), and I find that there are several very important items that are being taken out and repealed. Now, I am not going to read them all, I am not going to summarize them all, but I am going to say to members opposite that it would be well worth your while if you would sit down and look at precisely what is being taken out of this act. As I have said the application is being removed, and then we find a criterion for granting medical staff privileges being removed, and then we find in the concluding paragraphs, the concluding sections, that we are in essence removing the entire appeal board structure.

Now this alarms me, Mr. Speaker, it alarms me quite extensively. I wonder why a government that just one year ago unanimously supported this kind of legislation should want to do this. The members of the opposition of that day made some very good speeches, and some very worthwhile speeches as to why they thought this appeal board was a good idea. They supported it wholeheartedly, and they felt that it would do what needed being done. Then when I listened to the minister introduce the bill, I detected at the outset some nervousness in him. He got up and he looked rather nervous, and probably a little bit sheepish. Now, he is usually in very jubilant form, and we can usually tell when he is at his best. When he went to introduce this particular bill I would say he was far from his best; he was, as I have said, a rather shy, sheepish person. He said some things about it; he said it is no longer needed; he said it has never been used. Well, I say to the hon. minister that just because an item of this magnitude that has only been in existence for a year has not been used, is not adequate reason for removing it.

Then he took a lot of credit to himself, and indicated that he was a great big tall fellow about seven feet high, a knight riding around on a white charger, that he could handle and could look after, and had looked after all the problems . . .

Mr. Steuart: — Not true . . . I'm modest, if anything.

Mr. Larson: — Of course it is not true. So he said there wasn't any need for the board. He said something about good faith and that the Liberals of the day are going to restore all this good faith and that it is not going to be necessary in the future to have it. So, in summary, he said all these things, and then must have had an afterthought because just in his concluding remarks, I thought he got just maybe a little bit tough, he said that if anything doesn't go right he is quite prepared to take action. Quite prepared to get tough. Quite prepared to do what needed being done. But he omitted one very important thing, Mr. Speaker, he didn't say what he was going to do, so I found myself very confused, very mixed up, a little bill like this meaning such a great number of things and the minister making such a very inadequate, in my opinion, explanation and introduction of it.

Then I thought probably that we would hear a better explanation, I thought probably that we would get from members opposite what they really intended in this bill. As the debate has progressed I find that they are

pretty silent. The hon. member from Milestone (Mr. MacDonald), of course, made his little pitch, with his usual fluent expressions, with his diary of words, he probably succeeded in showing in a complete and probably a total constipation of wisdom and knowledge. He got so general, Mr. Speaker, that I completely lost what he was trying to say. He used some great big words that, with my limited vocabulary, hardly knew the meaning of. He thought he was overwhelming us. But there really wasn't much, except a regular Liberal speech that he was making.

He did, however, hint at some of the reasoning behind this bill. You know, he blamed the CCF for the community clinics. He said that they were conceived by the CCF and were a dark, almost sinister socialist plot. Then he kept on talking about the good faith of the Liberals. He showed, in this remark, Mr. Speaker, that he really doesn't know very much about community clinics. I would suggest to him, as other hon. members speaking from this side have done, that he make a little study of the community clinics, of their objectives, of the things they are trying to do, and of the whole concept we have of the health picture in Saskatchewan in the future.

I think that any government that is interested in the control, the implementation, and the directing of the health plan ought to look very closely and ought to get some very first hand information of what the objectives, what the purpose and the direction of these community clinics are. Certainly, they are one of the better ways, as far as I am concerned, to orient and direct and control the costs, the utilization, and the direction of our health program. So I thought he was on very weak grounds. By accusing the clinics of being CCF oriented and a socialist plot, he certainly didn't do a justice to himself or to the community clinics or to this legislature, Mr. Speaker.

Then, I listened to the member from Melville (Mr. Gardiner). Well, of course, he didn't say very much. It was really a play on words and it looked like a political stroke of strategy that he was implementing. He didn't gain very high marks as he shed no new light. He shed no new light whatever on the urgency and on the dire need of the government proceeding with this bill 42.

And I listened to the hon. member for Elrose (Mr. Leith) and I am sorry, Mr. Speaker, that he is not in his seat. The member from Elrose, in my opinion, gave the fairest and the most honest analysis of the problem. He admitted that there were problems and that he had received letters from his constituency appealing for the retention of the appeal board. He made some other comments that were, in my opinion, fitting, and served to pinpoint that there really is a problem and that there is much more room for the recurrence of the problem that we have had and that has been enumerated by several members on this side of the house and which the minister must most certainly be aware of.

I got rather lost, however, when he concluded and said that he was going to support the bill. Now, he has a right, of course, to make up his own mind in the direction that he can, but he showed that he had an understanding of the problem. He showed that he knew there was a problem. Yet he said he is going to support it in spite of appeals from his constituents.

I have been waiting as I said, Mr. Speaker, to hear from some of the other members opposite. If they are so concerned that this bill must go through, then I think they owe it to this house to get up and explain just why the emergency; just why the urgency; and why we must continue. We have, I think, on this side of the house, tried to put forward our reasons for thinking that the Appeal Board should be retained. I think that it is the obligation and the duty of the members opposite if they feel this strongly, to at least put forward their strongest portion of the case. This has not happened. I am sure the hon. member from Saskatoon, the lady member (Mrs. Merchant) must have some very good reasons, some very strong thoughts, some very precise thoughts and I am sure that she ought to have expressed them. Then we see the hon. Attorney General (Mr. Heald), a man that I have learned to respect. He has answered questions and been very co-operative in getting legislation through this house. I have been waiting for him to get up. He has remained silent. And, of course, this could go all the way down the line.

The Premier, the other night, last night to be specific, made a few references and comments on sitting beyond the regular hour. About the only thing he didn't use in his comments again was, "You had twenty years". This is about the only thing he omitted.

So I have waited, Mr. Speaker, the member for Canora (Mr. Romuld) certainly ought to express his opinion. The member for Maple Creek (Mr. Cameron) certainly ought to say what he thinks. Then the member from Kelvington (Mr. Bjarnason) has been notably silent throughout this whole legislature. Surely he must have some thoughts. Surely he must have some ideas. Surely he should be able to enlighten us as to the emergency and the urgency of this whole Bill 42. Then we have the member from Gravelbourg (Mr. Coderre). He certainly has been very silent, I wonder if he is still looking for the car, Mr. Speaker. Then we have many other members that have remained silent. I wonder what the meaning of this ominous silence is. We can't get a complete and total explanation of why the urgency. A little short bill, meaning a lot and we can't get the explanation of the urgency and the determination of the government.

I think that probably we could go and talk about this matter for quite a long time. I think that probably the members will now, however, respond to explaining why this is so important and why we can't get this explanation.

Now, I want to say a few words, Mr. Speaker, on what, in my opinion, this bill sets out to do. I reviewed it in the beginning of my remarks, I said that it destroys a couple of principles. The principle of the criteria. I think this is a very important one. It set out clearly; it set out precisely and in condensed form as to what the criteria or the basis for applications for appeals are to be. I think this is the right, Mr. Speaker, in a society such as ours, that every individual ought to have. To infringe on this right is an infringement of the human and civil rights of the individual. Certainly there are several recommendations that have been referred to as to why this legislation was necessary. The Judge Woods Commission has been referred to many times. I was a little disappointed when the minister (Mr. Steuart) said, shouted, "Nonsense" when reference was being made to the Woods Commission. I am sure the Hon. Justice Woods would not take too kindly, or be too happy, if he knew that the work that he so diligently and carefully conducted was referred to as "nonsense".

Now, the other point that I want to raise that hasn't been said too much about is the recognition of the right of appeal. I think this has a very long and probably a very illustrious history. It is quite some years since I went to school and studied British history but I seem to recall somewhere, Mr. Speaker, that in the whole development and the whole concept of British justice, British democracy, and the British parliament, there has been an underlying sense of the rights of the individual and the right of appeal. This has gone through our courts. It has gone through and has been tried and is time-tested. There is very little doubt that it has proven its worth. This type of appeal, Mr. Speaker, has been copied by most of the free nations in the world. It has been transplanted to the United States. It appears in many different forms, but nevertheless, the right of appeal is the basis and the backbone of their form of justice.

It has been, for a long time, recognized in the courts and in the society of Canada. So I say, Mr. Speaker, that by removing the criterion, removing the right to appeal, we are infringing on civil rights and civil justice. This, Mr. Speaker, coming from a government that has continually accused this party over the years of being dictatorial, is certainly very difficult and very hard to understand.

You know, I happened to pick up a little note here that is entitled "Dear Liberal", 700 Empress Street, Regina, Saskatchewan, April 6th, over the signature of one Ron Atchison.

Mr. D.W. Michayluk (Redberry): — Big Atch!

Mr. Larson: — Yes, I wonder. Never heard of the fellow. I'm sure members opposite must have though. Now, he starts out:

Just over a year ago we all had a great thrill in seeing the first Liberal government in twenty years come to power. There have been a great many changes as Liberals said there would be.

Then he proceeds to list these changes, Mr. Speaker. He goes — one, two three, four, five, six, and then he gets to number seven . . .

Mr. B.D. Gallagher (Yorkton): — On a point of order, Mr. Speaker, I would like to know what this has to do with the principle of Bill 42.

Mr. Larson: — Well, if the hon. member for Yorkton (Mr. Gallagher) will allow me to proceed, Mr. Speaker, I think he will very quickly recognize what it has to do with Bill 42.

Mr. Gallagher: — Well, I think you should be sticking to the principle of the Bill, the second reading of Bill 42, not Ron Atchison's speech.

Mr. Larson: — May I proceed, Mr. Speaker?

Mr. Speaker: — I would like to know what precisely you are doing.

Mr. Larson: — Yes, this very next statement is going to refer to what I am saying and is going to refer directly to the principle of Bill 42.

Mr. Speaker: — What are you quoting from?

Mr. Larson: — I am quoting from a letter over the signature of Ron Atchison, circularized in Regina here and I am simply stating the source of the letter and I am now coming to the quotation.

Mr. Speaker: — If you are quoting from a letter you will have to table the letter.

Mr. Larson: — Yes, I am quite prepared to. Item number seven says: "Take politics out of crown leases". And it says "Done". Then it says in a footnote: "An independent appeal board has already been established". Taking credit for establishing an appeal board on the one hand and on the other hand, introducing legislation to destroy an appeal board. Now, certainly, my hon. friend from Yorkton (Mr. Gallagher) will recognize that there is some relationship and is some comparison.

Some Hon. Members: — Hear, hear!

Mr. Larson: — So I find, Mr. Speaker, that there are some very pertinent points here. The recognition of the right to appeal the erosion of civil rights and civil liberties. I also maintain that it certainly erodes the recognition and the rights of essential minority rights that we have respected in our country and in the British Empire. It is an erosion of the rights of the courts and again been recognized.

I want to say, Mr. Speaker, that in view of the confusion that apparently exists on the other side, that they refused to get up and explain why there is need for the repeal of the bill, that there is an emergency, that it must go through this session. They say that the retention of it won't improve anything. I say there have been no valid reasons given as to why this bill should be proceed with. I think that if the government thinks the Woods Commission report or the minister (Mr. Steuart) at least, thinks the Woods Commission Report, is nonsense, I think that if the hon. member from Milestone (Mr. Cy MacDonald) thinks that the community clinics are a CCF inspired institutions, I think that if the government really wants to know the facts, and I think if they really want to be fair, that I would like, at this stage, Mr. Speaker, to give them a chance. I am, therefore, going to move an amendment, seconded by the member from Watrous (Mr. Brotén):

That all the words in the original motion before the assembly after "that" be deleted and the following substituted therefor:

this house declines to proceed with this bill until the subject matter thereof has been investigated by a Royal Commission and a report of such investigation tabled in this legislature.

Mr. D. Steuart (Prince Albert): — I would suggest that this amendment is out of order because it calls for the government to spend money.

Mr. J.H. Brockelbank (Kelsey): — Mr. Speaker, on a point of order. It doesn't demand

any such thing. All it says is that this house declines to proceed with this bill until certain things happen, and if those happen — and that is entirely in the hands of the government — we're not saying that that has to happen — then it's up to them whether it does happen — then the house would be willing to consider it. But it is not a mandatory money resolution at all.

Mr. B.D. Gallagher: — The member for Kelsey (Mr. Brockelbank) is only referring to the first half of the amendment. The second half of the amendment, the setting up of a royal commission, does involve the expenditure of some money.

Mr. Brockelbank (Kelsey): — I know that, I didn't say it didn't, but the legislature is not saying that a royal commission should be set up. This is entirely in the hands of the government whether this is done or not.

Mr. A.H. McDonald (Moosomin): — In that case, Mr. Speaker, I would like to point out that if this amendment passed it would have the exact same effect as if this house defeated the bill that is before us.

Mr. Brockelbank (Kelsey): — No.

Mr. McDonald (Moosomin): — Yes.

Mr. Brockelbank (Kelsey): — You will have the advice of the house if this passes. Good advice too.

Mr. Speaker, in citation 382 of Beauchesne on page 277:

It is also competent to a member who desires to place on record any special reasons for not agreeing to the second reading of the bill, to move as an amendment to the question, a resolution declaratory of some principle adverse to, or differing from, the principles, policy, or provisions of the bill, or expressing opinions as to any circumstances connected with its introduction, or prosecution;

Notice that:

expressing opinions as to any circumstances connected with its introduction, or prosecution; or otherwise opposed to its progress; or seeking further information in relation to the bill by committees, commissioners, the production of papers or other evidence or the opinion of Judges.

Mr. Steuart: — What number is that?

Mr. Brockelbank (Kelsey): — 382, page 277.

Mr. Speaker: — Well, I think the applicable sentence here, is to be found in section 382 on page 277:

or seeking further information in relation to the bill by committees, commissioners, etc.

And this seeks further information in regard to the subject matter of the bill by a commission, whether it's a Royal Commission or whatever kind of a commission it is, it doesn't matter; it's seeking information by a commission.

The question before the house is on the motion of the hon. the Minister of Public Health (Mr. Steuart) that Bill no. 42 — An Act to amend The Hospital Standards Act be now read the second time. To which an amendment has been moved by the member for Pelly (Mr. Larson) seconded by the member for Watrous (Mr. Broten):

That all the words after "That" be deleted and the following substituted therefor:

this house declines to proceed with this bill

until the subject matter thereof has been investigated by a Royal Commission and a report of such investigation tabled in this legislature.

The debate continued on the amendment.

Mr. C.G. Willis (Melfort-Tisdale): — Mr. Speaker, unlike many of the members opposite, Mr. Speaker, I have a few words to say on this subject. Words of my own and words of my constituents.

I want to say, first of all, that I oppose very strongly the action of the government in doing away with the appeal board. I agree with the amendment introduced by the member for Pelly (Mr. Larson) that this house should decline to proceed with this bill until the subject matter thereof has been investigated by a Royal Commission or a report of such an investigation tabled in this legislature.

I think, Mr. Speaker, that the people of this province demand that this be done. At this time, Mr. Speaker, while most of the members have returned to their seats, most of the members opposite have returned to their seats, I am sorry the Premier has not availed himself of the opportunity out I would take this opportunity now, Mr. Speaker, of challenging the members opposite, challenging the Premier particularly, to dissolve this house and go to the country with this as one of the many issues which we have at the present time.

Some Hon. Members: — Hear, hear!

Mr. Willis: — Put the issue, Mr. Speaker, clearly before the people of this province.

Mr. A. Guy (Athabasca): — You would never be back.

Mr. Willis: — Put the issue clearly before the people of this province, Mr. Speaker, and find out whether the people of the province are going to stand for such action as this, such undemocratic action. Mr. Speaker, somebody must have whistlings in their ear. If the Minister of Health (Mr. Steuart) hasn't, the Premier must have, because the Premier finds it impossible to be in this house and on an issue as important as this, Mr. Speaker, he certainly should be in the house. But he leaves it to his Minister of Health (Mr. Steuart), the diminutive member for Prince Albert, who speaks standing and sitting. We can't tell whether he is standing or whether he's sitting. The only thing we know is that he is taking a definite stand on this. A stand, Mr. Speaker, which I agree, is contrary to the stand which would be taken by the vast majority of people of this province. And I repeat the challenge, Mr. Speaker, that the Premier of this province dissolve this house, go to the people of the province with this as one of the many issues which we would like to have presented to the people at this time. I am afraid, Mr. Speaker, that the people opposite won't accept this challenge. They are too frightened to go to the people, Mr. Speaker. They know what would happen to them if they went to the people and said, we are going to do away with this appeal board. We're going to do away with it whether you want it to be done away with or not. They are too frightened to take this action, Mr. Speaker.

I, on behalf of my constituents, want to express here my profound regret at the action of the government at repealing the sections of the Hospital Standards Act, doing away with the appeal board.

The people opposite tell us that this problem no longer exists. Mr. Speaker, I, as a member for Melfort-Tisdale, know that it does exist. It exists in my constituency just the same as it exists in the constituency of Elrose, and the constituency of various members opposite in this house. The problem resulted from the desire of citizens of the province — Mr. Speaker, not only does the new legislative assistant from Athabasca (Mr. Guy) speak out of turn but he speaks when he's not in his seat. Mr. Speaker, is there anything we can do with legislative assistants who do not obey the rules of this legislature, and who, because they become legislative assistants, take the laws onto themselves? If the member opposite wishes to interrupt me, wishes to heckle, then for goodness sakes, he should have the decency to heckle from his own seat, Mr. Speaker.

Mr. Guy: — I think that's for me. I will heckle from my own.

Mr. Willis: — Thank you very much, Mr. Legislative Assistant.

Mr. Speaker, the people of this province, whether they are members of community clinics or whether they are private citizens have the right to say regarding the quality, the type and the kind of medical services they could and they should enjoy. These citizens wish to make use in their own interest of the facilities they helped provide. The people of this province have provided hospitals, Mr. Speaker, mainly public hospitals provided through their taxes, paid by themselves, supplemented, of course, Mr. Speaker, by grants of money from provincial and federal governments, but again, from taxes paid by citizens of Canada and of Saskatchewan.

Our citizens, Mr. Speaker, have the right to use these hospitals, provided through their taxes, and our citizens have the right to use cooperative clinics if they so wish because the people of Saskatchewan, Mr. Speaker, are co-operatively minded. They have, over the years, found that they can solve their problems and enjoy a higher standard of service and of living if they unite co-operatively. They have seen this in the past through the Saskatchewan Wheat Pool in the marketing of our grain. The farmers in the province decided that they wanted to market grain co-operatively and they have done so successfully. The people of this province decided that they want to operate retail stores. They have set up various retail stores, co-operative retail stores in the province and they have retailed goods successfully. They have set up the distribution and manufacture of co-operatives for farm machineries and these, Mr. Speaker, have been successful. They have set up credit unions and again they have operated these co-operative enterprises successfully. They want to set up community clinics to take care of health needs, then, Mr. Speaker, they have the right to do so. Having provided public hospitals, by working together, by paying their taxes, on a community basis, they have the right to the use of these hospitals. They haven't begrimed the money which they have spent in providing the many fine community hospitals, or union hospitals, in this province, hospitals which are so necessary for the provision of good health services.

Our citizens, Mr. Speaker, early learned to value good hospital facilities, and over the short span of our history they have provided them, they should now be able to use them in their own interests, whether they belong to community clinics or whether they do not belong to community clinics. People opposite say, Mr. Speaker, they can now, but only if they go to certain doctors, who over the years have acquired privileges to work in their hospitals, and who have acquired these working privileges in the citizens' hospitals, built with their own taxes, the citizens' taxes, act as though they, the doctors, own the hospitals. In effect, Mr. Speaker, hospitals have become closed shops for a few doctors and other doctors can gain admittance to these hospitals only through the sufferance of the doctors.

Now I for one, and I don't believe any one on this side disagrees, am not advocating that there should be free access to a hospital to any doctor who happens by. I don't believe that even an owner of a hospital, who in this case, is the taxpayer, should have the right to enter a hospital and have any doctor from any place in Saskatchewan enter with him, with full rights and privileges in that hospital. Not many people, Mr. Speaker, on the other side would disagree with this. But there should be rules, there must be rules and regulations concerning hospital privileges. Everyone would agree with this.

But these rules and regulations, Mr. Speaker, should not be loaded against the people who have taxed themselves to provide the facilities. When a group of citizens organize co-operatively in an effort to provide themselves with better medical care, they should not be hindered in their efforts through discrimination re privileges in their own hospitals, for their own chosen doctor. A community clinic set up as a co-operative body, or indeed any other organizational set up has the right to contract with a qualified doctor, or doctors, for the services of those doctors. Within their co-operative organization they have the right to decide the type of service they want. If they want to set up clinics, which would emphasize preventative medicine, this is their right and they should not be denied this right, and above all they have the right when necessary to use the hospital they built with their own money.

Certainly, Mr. Speaker, the doctors who contract for members of community clinics should not be denied hospital privileges for what appears to them to be for ever and ever. This is the fundamental democratic right of which citizens of this province should be assured, Mr. Speaker, and this is what the appeal board aimed to guarantee. The other day the Minister of

Public Health (Mr. Steuart) talked glibly of interfering with elected officials who make up, who appoint the members of the board. He claimed that these elected municipal officials should be allowed to work out their own solution on a community basis rather than having an appeal board which might overrule them. Mr. Speaker, the Minister of Health knows, however, that elected officials do not run our hospitals. Hospital board members are appointed by other elected officials.

It is quite possible, Mr. Speaker, that if hospital boards were elected directly there would not have been a hospital privileges dispute, for the pressures which can and which are exerted on elected people, whether members of hospital boards, whether members of legislatures, in this case, the pressure would certainly be on the hospital board and would have erased the problem in its beginning.

Mr. Speaker, in the town of Melfort, a group of citizens organized a community clinic late in 1962. This community clinic has a membership at the present time of 569 families in Melfort and district, making up more than 2,000 individuals in their community clinic by April, 1963. The clinic had obtained four doctors directly from Great Britain. There was a specialist in surgery, an obstetrician and anesthetist, an eye, ear, nose and throat specialist and a general practitioner. These had been carefully chosen, Mr. Speaker, through personal contact in Great Britain. There was an arrangement worked out with the community of Kinistino and one doctor established in Kinistino, and obtained hospital privileges in Kinistino at once. Other doctors spent part of their time in Kinistino, and obtained practising and admitting privileges in Kinistino with no waiting period of any extent . . .

Mr. Steuart: — . . . good people.

Mr. Willis: — However, the doctors left Melfort in March of 1962, less than two years after they had come . . .

An Hon. Member: — Forced out.

Mr. Willis: — By this time, March of 1964, they, the Melfort Union Hospital had given minor operating privileges to one doctor, but not until he had announced he was leaving Melfort. The anesthetist had privileges in the hospital at Melfort, but had no practice because there is no operating by the other doctors. Of the four doctors, one doctor is still practising successfully at Kinistino, one doctor settled at Nipawin and had full hospital privileges granted at Nipawin immediately. One doctor returned to England to a responsible position as surgeon in an important hospital, and one doctor returned to Scotland, practising with a brother who is a doctor at the University Hospital at Edinburgh, I believe.

The hospital board in Melfort refused hospital privileges for so long, not because the community doctors weren't qualified and not because they didn't have patients, but because the, hospital board accepted the advice of local doctors on the medical staff committee, who acted to preserve their closed shop. In the past these doctors who used the Melfort Union Hospital facilities have formed a co-operative of their own, co-operating among themselves for their own good, yet, Mr. Speaker, they opposed hospital privileges for doctors of community clinics, who were desirous of co-operating, not only with their fellow doctors but also with their patients in the provision of high medical standards.

The appeal board which was set up less than a year ago, Mr. Speaker, was carefully chosen by the then Minister of Health. They are a group of capable, dedicated people, successful each in his own field of service. It could have been expected that, perhaps, the board members would not be acceptable to the new government. This assumption was proven correct. The board's appointments were cancelled. Since the amendments to the Hospital Standards Act were agreed to unanimously at the last session, everyone expected that a new board, acceptable to the government, would be appointed, but this didn't happen.

The action taken was not to appoint an acceptable board, but rather to repeal the amendments which a year ago were agreed to unanimously. Numerous reasons have been suggested as to why there has been this reversal of opinion; one, that the government opposite is paying a political debt; another, that they are bowing to the pressure of a privileged group. Regardless of the reason, this action, this is a denial of basic democratic rights to large groups of our citizens, for people have the basic right to

be treated by the doctor of their choice. The people have the basic right, Mr. Speaker, to use a hospital they have helped provide through their own tax money, and above all, Mr. Speaker, the chosen doctors of large groups of our citizens have the basic right to hospital privileges granted without undue delay.

In putting forward these amendments, Mr. Speaker, the government is denying these basic democratic rights. They are saying to the people of Saskatchewan, you have no right to become involved in community clinics; they are saying to the people, you have no right to be concerned in health matters; they are saying, you have no right to be treated by the doctor of your choice. This, Mr. Speaker, is a fundamental right, set out in the Saskatoon agreement . . .

Hon. Lionel Coderre (Minister of Labour): — You know that is not right.

Mr. Willis: — And the government opposite, Mr. Speaker, are saying to people, you can and you should provide hospitals, but doctors chosen by you have no right to admittance to those hospitals, and no privileges in those hospitals, if those doctors work with community clinics. Mr. Speaker, in support of the appeal action, it is argued that the appeal board has been inactive. It is argued that the present Minister of Health is a conciliator of the highest quality. It is argued, Mr. Speaker, that the problem of hospital privileges is disappearing. Mr. Speaker, it is because the board has been set up that the problem has been kept in the background, and has tended to settle down. It is good insurance, Mr. Speaker, to have the beard available and ready to act. It is a guarantee that the democratic rights of our people regarding the hospitals they constructed will be respected, and, Mr. Speaker, regarding the ability of the Minister of Health to conciliate, to suggest that the present minister is an able conciliator is indeed laughable. You only have to look at the recent happening in Biggar to judge the truth of this. The present minister will solve the problem and without the aid of an appeal board, but, in the process he will ride roughshod over our basic democratic rights.

Now, Mr. Speaker, I am very sure that the people opposite haven't read the report of the Woods Commission. If they had read the report presented by Mr. Justice Woods, they would have realized that there is a fundamental issue at stake here in the province of Saskatchewan. Now, Mr. Speaker, because they haven't read it, I intend to read part of the report to the people opposite for the benefit of the people opposite, for the benefit of those few, Mr. Speaker, who stay in their seats opposite, when they probably could be out in their cars, or out looking for cars.

I am not going to read the whole report, Mr. Speaker. I have found that the past Minister of Health has presented a very concise summary of the conclusion and recommendations contained in the report, and I intend to put this on the records of the house, for the benefit of those few people opposite who are interested in fundamental democratic rights of the people of Saskatchewan.

Mr. Coderre: — We are a lot more interested than you ever will be or ever have been.

Mr. Willis: — Mr. Speaker, if I could refer briefly here in regard to the ejaculation of the member opposite, there is an answer which I have in my hand to an Order for Return which says the department does not have this information. This information, if it has not been given to the department yet, should certainly have been given to the department. It was given to this house, and the member who sits opposite, who is the Minister of Labour, reported in this house that a car was lost on the grounds . . .

Mr. Coderre: — What in Sam Hill has a car got to do with this report. Mr. Speaker, he is away out of order; he has been out of order ever since he got up here . . .

Mr. Speaker: — I would remind the member from Melfort-Tisdale . . .

An Hon. Member: — You can blow your horn on that car all you want . . .

Mr. Speaker: — Order! Order! I would remind the member from

Melfort-Tisdale (Mr. Willis) that the amendment which we are discussing seeks a commission to investigate further the subject matter of the bill which we were previously discussing, there was no mention of automobiles in that.

Mr. Willis: — Mr, Speaker, I was sidetracked by some remarks which were made by the Minister of Labour . . .

Mr. Coderre: — You were?

Mr. Willis: — It is very easy to become sidetracked when the Minister of Labour speaks. He gives you such a fine opening; he speaks without thinking; he talks about something he doesn't know, as he proved in the answer to this Order for Return. If he would devote his time to speaking to his department, rather than heckling across this floor, telling the departments facts which he made available to us, it would be much better for the government of Saskatchewan, Mr. Speaker.

Now, I hope I don't have to refer to this Order for Return again. If the member opposite hasn't a copy of it, I'll send it across to him.

Hon. A.H. McDonald (Minister of Agriculture): — Get on the subject.

Mr. Willis: — We have another member sitting opposite, and he thinks he has the right to speak during another person's speech. I object to this, Mr. Speaker, if the Minister of Agriculture (Mr. McDonald) wants to say something, he should be in his seat and if he wants to speak he should be on his feet on a point of order, or a point of privilege. In spite of that he sits at the back and mumbles in his beard, sits on his hands in somebody's seat . . .

Mr. McDonald (Moosomin): — Nuts.

Mr. Willis: — Mr. Speaker, I was going to read this short summary of the conclusions and recommendations contained in the report of the Woods Royal Commission, for the benefit of those members opposite who have not taken the trouble to read the report. I'm just sorry that there are not more of the members in the house. I'm sorry that those who are in the house don't seem to be interested in it. The Minister of Labour insists upon speaking, probably about another trial, on down in California probably, but if he wishes to speak he should rise in his place on a point of order, Mr. Speaker, and not keep mumbling while he is seated in his seat on the opposite side of the chamber . . .

Mr. Coderre: — Are those tears in your eyes?

Mr. Willis: — Mr. Speaker, I object to this obstruction by the member from Gravelbourg (Mr. Coderre). The report which I am reading into the records of the house, Mr. Speaker, is headed "History of the Royal Commission on Hospital Privileges":

In July 1962, the provincial government first received complaints from some Saskatchewan doctors, that they were unjustly denied hospital privileges. The government then appointed under the Public Inquiries Act, Mr. Justice H.F. Thomson, as a one-man Royal Commission to investigate the question of hospital privileges, particularly where an individual doctor had been denied the use of hospital facilities. Due to personal reasons, Mr. Justice Thomson was unable to continue in his capacity as commissioner. On April 26th, 1963, the government reconstituted the Royal Commission, to be headed by Mr. Justice Mervyn Woods. The terms of reference were expanded to enable Mr. Justice Wood to investigate all facets of the hospital privileges question. He was empowered to investigate incidents referred by the Minister where privileges were denied, deferred, refused, suspended or altered.

Mr. Justice Woods presented his report to the Minister of Public Health, the Hon. Allan Blakeney, on December 11th, 1963.

Then there is a short item here regarding Mr. Justice Woods.

Mr. Justice Mervyn Woods was born in Regina, Saskatchewan, and raised at Kincaid, Saskatchewan. He served as a commander in the Royal Canadian Navy during the Second World War. A law graduate from the University of Saskatchewan, he received his doctorate of judicial science in 1962. He became Professor of Law at the University of Saskatchewan in 1956, and was named Queen's Counsel the same year. In 1961 he was appointed to the Court of Appeal. Mr. Justice Woods is a past Dominion President of the Royal Canadian Legion and a past Lieutenant Governor of the Kiwanis.

Certainly a man with high qualifications for the job which he was about to do, Mr. Speaker.

Then the report goes on and discusses the theory. The report says:

At Regina, the hearing involved both the Grey Nuns and General hospitals. Dr. David A. Road and Dr. Peter Beaglehole complained that both Regina General Hospital and Regina Grey Nuns Hospital had denied them privileges.

At Estevan the complainants were Dr. Norman Samuels and Dr. Patrick J. Murphy. Their complaint was lodged against St. Joseph's Hospital.

At Saskatoon city, the complainant was Dr. R.J.M. Gold. All told, the four hearings produced a total of 522 exhibits, 34 witnesses were heard. With necessary postponements, the Royal Commission concluded its sittings late in August, 1963, after 50 sitting days. After considering the evidence over 5,000 pages of transcript, Mr. Justice Woods completed his report and submitted it to the minister. Mr. Justice Woods made the following recommendations and conclusions with respect to the four hearings.

On page two of this summary, the conclusions and recommendations of the Woods Royal Report are given. The summary says:

Seven complaints by five community clinic doctors were heard. None had been granted hospital privileges. This commission is satisfied that the problem in each case is attributable to the marked division of opinion among Saskatchewan physicians as to how medicine should be practised. This difference led to a lack of communication which in effect prevented the parties from appreciating clearly the problems to be solved. In each of the four hospitals, in the past, the record of admissions to medical staff privileges was singularly free from dispute.

Privileges were readily granted to qualified physicians, the rules and procedures for processing applications worked smoothly and well. This cannot be said of any of the applications of the five complainants. The medical profession has an enviable record for dedication and devotion to the cause of healing, and it has thereby earned the confidence and respect of the public. With other professions in this province it enjoys a large measure of autonomy, it is free to regulate its own affairs and to establish and maintain its own professional standards. High on the list of its powers is the exclusive right to license physicians and the attendant powers of discipline.

The report continues:

The legal sanction for these powers is found in the Medical Profession Act, but legal sanctions are sustained by public acceptance and confidence. Such confidence is a most valued resource of any profession. By careful exercise of these powers the profession has earned and maintained public confidence.

Mr. Willis: — Mr. Speaker, there is a stranger, it appears to me, it seems to me there is a stranger in the house, in the legislature.

Mr. Speaker: — The question before the house is — shall strangers be asked to withdraw?

Mr. Willis: — Thank you, Mr. Speaker.

Mr. Speaker: — Shall strangers be asked to withdraw? Did I hear yes? The question being put, it was agreed to.

Mr. Willis: — The stranger . . .

Mr. Speaker: — Clear the galleries, clear the house, and that included the press gallery. The motion before the house was, "Shall strangers be asked to withdraw?" The vote was "yes". Now that is it. You can go down into the books and that is the whole story.

Mr. Willis: — Thank you, Mr. Speaker.

Mr. Eiling Kramer (The Battlefords): — Mr. Speaker, on a point of order. There was a stranger on the floor of the house, and as far as I am concerned, this is very unusual, and I also think it is very unusual when the stranger did withdraw, that the galleries should also be asked to withdraw.

Mr. Speaker: — Well, I draw your attention to Standing Order No. 11:

If any member takes notice that a stranger is present, Mr. Speaker, or the Chairman, as the case may be, shall forthwith put the question that strangers be asked to withdraw.

I have done so

without permitting any debate or amendment, provided that Mr. Speaker, or the Chairman, may whenever he thinks proper, also order the withdrawal of strangers.

Now, if the house votes that strangers withdraw, then they are going to withdraw, and I understand it by Beauchesne, May, and all the authorities, this means everybody in the house. You should consider these things before you raise these questions. Now this was done once before in this house and I am very sorry that I wasn't up on my procedure at that time . . .

Mr. R.A. Walker (Hanley): — Mr. Speaker, what is the citation in Beauchesne, which deals with this matter?

Mr. Speaker: — It is here somewhere, I'll ask the clerk to hunt it up.

An Hon. Member: — Who was the stranger for I never saw one?

An Hon. Member: — He was talking to the Minister of Agriculture.

Mr. Willis: — Mr. Speaker . . .

Hon. D. McFarlane (Minister of Municipal Affairs): — The stranger referred to was

the Executive Assistant to the Minister of Agriculture, and it has been the custom all through this legislature to have Executive Assistants come in . . .

Some Hon. Members: — No, no.

Mr. McFarlane: — This is the second occasion this has happened on the other side. The first time was when the Deputy Leader of the Opposition asked that a stranger be withdrawn. It was a former member of this legislature, and if they are getting that touchy, I think it is getting down to a pretty low level of politics . . .

Mr. J.H. Brockelbank (Acting Leader of the Opposition, Kelsey): — Mr. Speaker, what the hon. Minister of Municipal Affairs raises is a point I made that was altogether different. That was on an occasion when we were about to take a recorded vote, and I don't think there is any question about this. It doesn't matter whether they are former members or who they are, on that occasion.

Mr. A.M. Nicholson (Saskatoon City): — Mr. Speaker, on a point of order.

Mr. Speaker: — The motion has been passed and carried and that is it.

Mr. Nicholson: — Mr. Speaker, I would like to raise a point of order. I would like to know the authority by which the press gallery was cleared.

Mr. Speaker: — Well, I understand that the press gallery is part of this house, as are all the galleries, the whole thing. I can remember when this house went into session, there was quite a little discussion about where the jurisdiction of this house began and where it ended. A member came down to my office and he had something to say in connection with who should have control of the galleries and it was decided that the galleries were in the control of this house, and they are under the jurisdiction of this chair, and so they have remained, and so I intend that they shall. Now, if you people want to withdraw your motion, you can rescind your motion if you wish to.

Mr. Nicholson: — Mr. Speaker on the point of order.

Mr. Walker: — Mr. Speaker, Your Honor was going to give us the citation.

Mr. Speaker: — The only citation I have to give you is this, that this house governs its own rules and procedures. When somebody moves that somebody get out, then they all get out; if somebody moves they all come in, they all come in.

Mr. Nicholson: — May I draw your attention to citation no. 11:

If any member takes notice that strangers are present, Mr. Speaker, or the Chairman, as the case may be, shall forthwith put the question 'That strangers be ordered to withdraw' without permitting any debate or amendment, provided that Mr. Speaker, or the Chairman, may whenever he thinks proper, order the withdrawal of strangers.

Mr. Speaker, may I submit that I didn't hear you put the question and there was no question of those in favor or those against, and I cannot understand how the view is drawn that the question was put, and I would think that there must be some other citation which would order the press gallery to be cleared, because it is a very old tradition in parliamentary government that proceedings in this chamber, and every chamber, should be open to the press, and I think there should be a citation that should decide it before the press gallery is cleared.

Mr. Speaker: — I will settle the question,

one point at a time. To begin with, "Shall strangers be asked to withdraw?" All right, what strangers? This one over here, and not the rest? Then you say, "Shall strangers be asked to withdraw", you include every stranger within the house, and the galleries are within the house. Now that settles that argument.

Mr. Kramer: — May I ask a question, Mr. Speaker? The member said, "There is a stranger within the house". He said, "There is a stranger within the house", and the records will indicate this . . .

Mr. Speaker: — The statement in the book says, "If any member takes notice that strangers are present." Well, he took notice that strangers were present, and you just simply can't get away from it. Now you should think about these things . . .

Mr. Walker: — May I suggest, that there is one thing that Your Honor should think about in connection with Standing Order 11. Standing Order 11 says:

Provided that Mr. Speaker, or the Chairman, may, whenever he thinks proper, order the withdrawal of strangers.

I think under that citation, Your Honor, it was open to Your Honor to clear the floor of the house of strangers without making any reference to the galleries, because the matter is at the discretion of Your Honor.

An Hon. Member: — Sit down.

Mr. Walker: — Well, I won't sit down, Mr. Chairman, I am rising on a point of order, and the point of order is this, that Standing Order 11 says:

That if any member takes notice that strangers are present, Mr. Speaker, or the Chairman, as the case may be, shall forthwith put the question 'that strangers be order to withdraw' without permitting any debate or amendment.

Your Honor, it is governed by this proviso. It says:

Provided that Mr. Speaker, or the Chairman may, whenever he thinks proper, order the withdrawal of strangers . . .

And I suggest there is a discretion, Your Honor, to make such order as Your Honor thinks proper, and if Your Honor thinks it was proper to clear the galleries, then Your Honor has to take the responsibility for that decision.

Mr. Speaker: — Well, there is absolutely no question as to who is going to take the responsibility for clearing this house, and that is the member who took notice that strangers were present.

Mr. Walker: — Not so.

Mr. Speaker: — Now, then, I draw your attention to page 239, of May's Parliamentary Practice:

According to ancient usage the exclusion of strangers from the galleries could at any time be enforced without an order of the house. For on a member taking notice of their presence, the Speaker was obliged to order them to withdraw without putting a question.

Mr. Walker: — That's what standing orders say Your Honor, and Your Honor is bound by the standing orders.

Mr. Speaker: — Yes, and I acted accordingly.

Mr. Walker: — Your Honor, the standing orders say, "provided that Mr. Speaker, or the Chairman, may, whenever he thinks proper . . .", so that Your Honor must have thought it proper.

Mr. Speaker: — It provides for the Speaker to clear the galleries of strangers if he so sees fit, but if you would only read the previous paragraph, instead of twisting everything around:

If any member takes notice of strangers present, Mr. Speaker, or the Chairman, as the case may be . . .

A member took notice, there isn't any argument about it,

. . . shall forthwith put the question 'that strangers be ordered to withdraw'.

Mr. Walker: — That's a comma, Your Honor, that is a comma, and after the comma it says, "without permitting any debate or amendment," and then semicolon "providing that Mr. Speaker, or the Chairman, may, whenever he thinks fit"

Hon. A.H. McDonald (Minister of Agriculture): — Mr. Speaker, on a point of order, you are reading from one document and the member from Hanley (Mr. Walker) is reading from another one. I think it is rather unfortunate that this situation happened. Mr. Speaker, I wonder if I might speak for a moment on the point of order.

My Executive Assistant came into this chamber, and I was sitting in the back row, with a letter for me to sign. The member for Melfort (Mr. Willis) pointed out that there was a stranger in the assembly, and I must accept responsibility for having permitted my Executive Assistant to approach further than the rail, and I apologize to this house for having that happen. I do think that if it is in order, I would like to move:

That the press be allowed back into the press gallery.

I don't know whether I am in order or not, but if I am, I would like to make that motion if the house would accept it.

Mr. Brockelbank (Kelsey): — Mr. Speaker, I would like to have the privilege of seconding that motion of the hon. Minister of Agriculture (Mr. McDonald), and I really don't think that anybody intended that we would get into this situation. Nobody wants to exclude the people from the galleries or the press gallery, and I would be very happy if this motion could be adopted.

An Hon. Member: — The press can't come in without the others.

Mr. Speaker: — Oh, well, I can't help that, that is their troubles.

The motion which you have just moved, I don't think is in order. I think the correction motion is to move: "That the previous motion be rescinded". That is the question.

Mr. McDonald (Moosomin): — Then I would so move, Mr. Speaker . . .

Mr. Speaker: — Then that is the one I will accept.

Mr. McDonald (Moosomin): — Then I will move, "That the previous motion be rescinded".

Mr. Nicholson: — Mr. Speaker, I heard no motion, moved or seconded before.

Mr. Speaker: — The motion was made on the volition of the Speaker as set out in your Standing Orders, or you would have had a written motion

otherwise, and that is the motion that I will accept.

Mr. I.C. Nollet (Cut Knife): — Mr. Speaker, on a point of order. I certainly support the Minister of Agriculture (Mr. McDonald, Moosomin). The facts are the stranger had disappeared before you could ever put your motion through . . .

Some Hon. Members: — Hear, hear!

Mr. Speaker: — Well, you better write out the motion if you want it put to the house . . .

Mr. Brockelbank (Kelsey): — Mr. Speaker, I wonder if because the former motion was definitely a procedural motion — all the member had to say was "I take notice of strangers", and then this is turned into a motion which you put — to rescind that kind of a motion, I think probably a motion even without writing would be quite in order. There is no question of getting the words in the wrong place or anything like this, because it is straightforward, a motion to rescind the former one.

Mr. Speaker: — Well I have it from a reliable authority that this is the correct procedure.

Mr. A. Blakeney (Regina West): — Mr. Speaker, may I on a point of order, make this suggestion that we have, apparently, a motion which has not been put to the house, if I am correct, I think it can be, therefore, withdrawn with the unanimous consent of the house, and I would have thought that the member from Melfort (Mr. Willis) would, no doubt, be prepared to ask that consent of the house and the matter might be disposed of.

Mr. Speaker: — I am not certain it was a motion so it can't be withdrawn.

Mr. Willis: — Mr. Speaker, if you wish to follow the suggestion by the member from Regina West (Mr. Blakeney) I would certainly be happy to withdraw the motion that I make, or the remark which I made. I was going to do that earlier, as soon as I opened my mouth and said there was a stranger in the house, I looked up and the stranger was at the door on his way out.

Mr. Speaker: — Now, if there is any error in this, you can rise on a point of order. I am informed that it has been moved by the hon. member Minister of Agriculture (Mr. McDonald, Moosomin) and seconded by the Acting Leader of the Opposition (Mr. Brockelbank): "That the order for withdrawal of strangers be rescinded." Is the house ready for the question?

The question being put, it was agreed to.

Mr. Willis: — May I proceed, Mr. Speaker.

Somebody, I am sure, after today is going to accuse me of certain actions that I might have a gallery to listen to what I was putting on the records of the house. If the people opposite would stay in their seats, Mr. Speaker, I could say that members on this side would not have to adopt any such subterfuge. Probably I should start back at the beginning, Mr. Speaker, we have all the members opposite in their seats. I would be pleased to start at the beginning.

Some Hon. Members: — Hear, hear!

Mr. Willis: — Unfortunately, I am losing my gallery. I will start accordingly on page 2, somewhere close to where I left off. I, too, have lost the place that I was at in this valuable report. On page two it starts:

Conclusions and recommendations of the Woods Royal Commission. Seven complaints by five Community Clinic doctors were heard. None had been granted hospital privileges. This commission is satisfied that the problem in each case is attributable to the marked

division of opinion among Saskatchewan physicians as to how medicine should be practised. This difference led to a lack of communication which in effect prevented the parties from appreciating clearly the problems to be solved. In each of the four hospitals in the past the record of admissions to medical staff privileges was singularly free from dispute. Privileges were readily granted to qualified physicians. Rules and procedures for processing applications worked smoothly and well, this cannot be said of any of the five applications of the five complainants. The medical profession has an enviable record for dedication and devotion to the cause of healing, and it has thereby earned the confidence and respect of the public. With other professions in this province it enjoys a large measure of autonomy, it is free to regulate its own affairs and to establish and maintain its own professional standards. High on the list of its powers is the exclusive right to license physicians and the attendant powers of discipline.

The legal sanction for these powers is found in the Medical Profession Act, but legal sanctions are sustained by public acceptance and confidence. Such confidence is a most valued resource of any profession. By careful exercise of these powers the profession has earned and maintained public confidence.

Professional responsibility, however, is never completely encompassed by the provisions of the statutes. The same degree of care and fairness is demanded in all professional matters. Confidence will be maintained only where it is made to appear that this standard is satisfied. In the course of its hearings the evidence did not indicate the want of good faith on the part of the doctors concerned, but the applications of the complainants were not dealt with in a manner calculated to allay distrust and suspicion.

In Saskatoon City Hospital, one of the chief reasons for not recommending the application of Dr. Gold was that the Credentials Committee had concluded that his application and references did not establish adequate post graduate training in obstetrics, but it was categorically stated that membership in the Community Clinic was not an objection. Indeed, medical staff witnesses properly pointed out that other Community Clinic doctors had been granted privileges.

In Saint Joseph's hospital in Estevan, lack of recent hospital experience was the chief reason assigned for refusing to recommend Dr. Murphy's application. However, as in Saskatoon, a Community Clinic doctor had been granted privileges. In Regina General Hospital, the Credentials Committee in considering Dr. Beaglehole's application noted that it considered to be a lack of post graduate training in obstetrics, but did not feel that this warranted an unfavorable recommendation.

Equally in considering Dr. Road's application the fact that he lacked recent hospital experience did not prevent the medical staff agreeing that he was sufficiently qualified as to training and experience.

In Regina the fatal objection was the association with, or membership in a Community Clinic. It is true that there are important differences in the fact situations surrounding the applications at the four hospitals. These have been brought out in this report. It is, however, easy to see that Community Clinic doctors would have reason to

doubt the good faith of those physicians who were sitting in judgment on their applications for privileges. The fact that they were not informed of the reasons for delay, or rejection, would suffice in itself to raise suspicion. Had all the reasons been disclosed there would have still been apparent inconsistencies that needed explanation. It would, for example, have been necessary to explain why it was regarded as unethical to be associated with Community Clinics in Regina, but not in Estevan or Saskatoon.

Matters of general concern to the medical profession in Saskatchewan have been raised and contested as local issues. There was a sizable body of opinion in the medical profession who considered that if membership in a Community Clinic raised ethical problems or that British medical training was inadequate in any respect by Saskatchewan standards, the profession as a whole should be concerned. Under such circumstances one would expect that steps would be taken to have these matters dealt with by the profession as a whole rather than piecemeal by a local hospital board.

The Saskatoon agreement evidenced an understanding reached between the government of the province of Saskatchewan and the College of Physicians and Surgeons of Saskatchewan. It is not a contract in the legal sense, it can only be effective if the spirit of its provisions are observed by all concerned. Section eleven provides that there must be no discrimination against any doctor in whatever way he practices, and in particular there must be no discrimination in the matter of hospital privileges. In this section the following statement appears:

"It is no wish of the College of Physicians and Surgeons that there should grow up divisions between physicians and will exercise its full influence to prevent discrimination in matters of professional practice. Accordingly, the college undertakes that in advising on applications for hospital appointments, applicants shall be judged solely on their merits."

The spirit of such a provision can only be implemented by those who are motivated by it. No profession would give such an undertaking lightly. Accordingly, the public is entitled to expect that leadership and direction would be provided within the profession itself to resolve problems of the kind anticipated when this undertaking was given.

This calls for the profession to provide the necessary leadership to establish a working basis for the integration of Community Clinic, doctors in the medical life of the province. Physicians are citizens and are entitled to full rights and privileges as such. They have as citizens, the same freedom of thought, word and deed, as other members of the community, when acting as physicians they are in a position of trust. Those doctors who are not associated with Community Clinics are in the majority, they have control of the College of Physicians and Surgeons, they also control the medical staff committees of the four hospitals involved in these hearings, and, no doubt, of many others. They, therefore, in many instances have the heavy responsibility of sitting in judgment on those with whom they are in basic disagreement on certain aspects of the practice of medicine. The responsibility that is on them in such circumstances is both onerous and obvious. They cannot afford to

disregard the fact that their activities will be viewed by their colleagues of minority groups with reservation and doubt. The expressed purpose of the Saskatoon Agreement is to implement the Saskatchewan plan for universal prepaid medical care insurance. This cannot be accomplished by grudging adherence to the letter of the text of that document. It cannot be accomplished as medicine is presently organized in Saskatchewan without the full co-operation of the profession. The task of the medical profession in this regard is difficult and challenging, but it has the resources of intellect and character equal to even greater challenges.

It should, therefore, take the leadership in securing the confidence of the Community Clinic doctor by frank discussion and clarification of all matters of difference. The problems considered in the four hearings are viewed by this commission as symptoms of a wider problem which should be promptly solved by the profession itself.

On the narrower question of hospital privileges some steps should suggest themselves to help prevent, or failing this, to deal with a recurrence of the types of problems that gave rise to these theories. It appears to this commission and it is recommended that a board of appeal or review should be established to deal with complaints arising from refusal, deferral or delay in granting hospital privileges. Such a body should be permanent and ready to act promptly. The chairman should be a member of the judiciary and the majority of the board should be members of the College of Physicians and Surgeons of Saskatchewan, or of any other province in Canada, and not less than one-half of this majority should be appointed on the nomination or recommendation of the College. This board should have the right to hold full and complete hearings with all the powers conferred upon commissioners under The Public Inquiries Act of Saskatchewan, and should have the right to conduct its proceedings in camera when necessary, to preserve professional confidence. Its findings should be binding upon all parties concerned. The right of reference for appeal to the board should be open to the applicant, or any member of the medical staff from the decision of the governing body of a hospital. A similar right should be open to the governing body before acting upon a recommendation or making a final decision.

This commission also recommends that reasons in writing be given by the medical staff, or any committee of the medical staff, when an application is not approved.

Mr. Speaker: — It now being 5:30 I leave the chair until 7:30.

Mr. Willis: — Mr. Speaker, I will support the amendment moved by the member from Pelly, (Mr. Larson). I will oppose the motion.

The assembly recessed from 5:30 p.m. to 7:30 p.m.

Mr. Brockelbank (Acting Leader of the Opposition, Kelsey): — Mr, Speaker, we have before us for the second reading of Bill no. 42, An Act to amend The Hospital Standards Act, and we also have before us the proposed amendment:

That this house declines to proceed with this bill until the subject matter thereof has been investigated by a Royal Commission

and the report of such investigation tabled in this legislature.

Now, Mr. Speaker, I am going to try to present to the house some good reasons why it would be wise from all points of view, not to rush into this thing but to just take a bit of time and give the matter some further consideration, if the government desires, by a Royal Commission.

I have had some personal experience, too. Over a year ago I was taken ill, and to have the combination of a doctor of my choice, and at the same time to be able to get into a hospital, I had to go to another city. The qualified doctors which I had here in the city of Regina, were not at that time allowed to put me into a hospital here in this city. There are many other people who had that same experience, and this, as has already been emphasized, is a very serious situation. The Minister of Public Health (Mr. Steuart) is proud of the fact that some of the disputes have been settled, or partly settled.

Mr. McDonald (Moosomin): — They have all been settled.

Mr. Brockelbank (Kelsey): — One of the members says they have all been settled. They don't know, Mr. Speaker. They are not all settled. There are still outstanding problems, and plenty of them in Saskatchewan that need attention. I don't want to take away from the credit to the Minister of Public Health (Mr. Steuart) for anything he achieved in getting some of these problems settled, but I would point out to you, Mr. Speaker, the reasons why the Minister of Public Health (Mr. Steuart) was able to get some of these problems settled was because of two things. One — he used a soft voice, and two — he had a club up his back, and now you propose to take the club away from him. Don't you remember, Mr. Speaker, when in a burst of enthusiasm the new government discharged the appeal board soon after they took office, and the Minister of Public Health (Mr. Steuart) was bragging a bit about how they were going to settle these problems. Nothing happened. It didn't go so well, and the Minister of Public Health had to come back in a month or two and issue a statement saying, if we can't get these problems settled we would have to reappoint the appeal board. It was a good job he had the legislation. He needed it. Problems still exist and problems are going to arise in the future, and no matter what government may be in office I want that government to be able to solve these problems.

They are not going to be able to solve these problems by being soft and easy about them. It's right to talk with a soft voice, but when you want to solve tough problems like these, you want some authority behind you, and that is why I think it would be very wise to consider leaving this legislation as it is, for another year. The suggestion that the question could be referred to a Royal Commission; I think is a good one. I have full confidence in the commission that already heard the evidence and made the recommendations, but it may be, Mr. Speaker, that the government has not the same confidence in that commission that I have and that others have, and so here is an opportunity for the government to appoint a commission which would, not only in the eyes of the public, but also in their own opinion, be a good, fair minded and competent commission, and the public of course will judge whether they do that or not. This would be the sensible way to proceed, Mr. Speaker, if they have any doubt about it, any doubt about the wise recommendations made by the former Royal Commission,

I was very much amused with the Minister of Public Health, when he gave as a reason for wanting to get rid of the appeal board, that he wanted to get rid of socialism, and some of the members opposite say, "hear, hear". This is the first time that I have ever known people in the Liberal party to admit that socialism was in favor of an appeal board for people and that the Liberals were not as a matter of principle. Well, let's not be ridiculous about it.

Now the Liberal party made some promises, and much as I would like to defeat the Liberal party . . .

Mr. Steuart: — Never, cannot . . .

Mr. Brockelbank (Kelsey): — . . . and much as I would like to defeat the liberal party — I would like to defeat them and someday we shall — I would still like more. Mr. Speaker, to make the Liberal government into a good government. I admit that is a pretty tough job, Sir . . .

An Hon. Member: — Impossible . . .

Mr. Brockelbank (Kelsey): — I admit that is a pretty tough job, Sir, and even the Minister of Public Health laughs at that one, but in their promises they said they will work to improve and expand the medical health insurance program. Now that should be enough, if the Liberal party is at all interested in keeping these promises, that should be enough, Mr. Speaker, to make them want to solve all of these problems, so that there would be nobody in the province of Saskatchewan who has a qualified doctor who will not be able to be treated in a hospital by that doctor.

Mr. Heald: — No disagreement on that.

Mr. Brockelbank (Kelsey): — The member says no disagreement on that. Well they act like they didn't want it, because they are trying now to throw away the legislation which gives them the power to make these settlements and this is what I don't like, and may I suggest to the Liberal government, there is an old saying, "Discretion is the better part of valor", and you have been very brave in putting forward this idea, that this appeal board and the other parts of the legislation should be done away with. Anybody is pretty brave when they make that kind of suggestion, and I would suggest to you that maybe this is the time when discretion would be better, when it would be better to delay, give the matter further consideration, have a Royal Commission study it again, and make a report on it, as to what is the best manner in which to handle these problems which have come up in the past, and of which some exist now and undoubtedly many of which will come up in the future.

There were other reasons why the government should hesitate to go ahead with this legislation. That is because of all the feelings and opinions of the people throughout the province, and there are a great many people who have expressed their opinion on this question. The Minister of Public Health, I think got a letter from Nipawin, Saskatchewan, signed by 150 people, asking that this legislation be not proceeded with. 150 people in a community like Nipawin is not insignificant, and undoubtedly this is not just a list of people who are always opposed to the government. They are undoubtedly of all political parties on this list, and these are things that are worthy of attention. The member for Nipawin (Mr. Radloff) might well remember this situation too.

Then there was a letter came in from the Watrous Community Health Service Association asking that this legislation be not proceeded with. It says, that Premier Thatcher and hon. Mr. Steuart got copies of this letter. Canwood and District Health Services Co-operatives, Mr. Speaker, sent a letter to me with a strong protest regarding the repealing of the Appeal Board Act, under the Hospital Standards Act.

The Prince Albert Community Health Services Co-operatives also sent in a letter to the same effect. A resolution from Kindersley: "Whereas there are doctors in Saskatchewan who are being denied hospital privileges for no valid reason, and whereas there are doctors in Saskatchewan who are being discriminated against, etc., — and the resolution part — therefore, be it resolved that the Saskatchewan Government reappoint the Hospital Privileges Appeal Board". There is a very strong feeling throughout Saskatchewan. These all come in without any requests, purely spontaneous.

Then in the Union Farmer, which is a publication of the Saskatchewan Farmers Union, the April issue on page 9, under the heading safety conference, written by Mrs. Helda Lang, SFU Womens' President, and in this she quotes the resolutions passed at the SFU Farm Women's week, as follows:

Be it resolved that the Women's section of the Saskatchewan Farmers Union request the provincial government to retain the appeal board, to deal with complaints arising from refusal, referral or delay in granting hospital privileges.

This resolution was given unanimous support, it was moved that this resolution be forwarded immediately to the Minister of Health of our province and the Premier. It was sent by night letter. The article goes on:

Mr. Steuart replied by letter saying that he had become convinced that this matter could be solved without resorting to the new legislation which was unacceptable to the medical profession and to the Saskatchewan Hospital Association.

Now, Mr. Speaker, if the Minister of Public Health is convinced that this matter could be solved without resorting to this legislation, that is all right, but there are a lot of people in Saskatchewan who are not convinced and as long as he is Minister of Public Health, he doesn't have to resort to this legislation unless he needs to, unless he wants to. I can't see for the life of me, Mr. Speaker, how in the world it will interfere with his ability to solve these problems to have this legislation continue on the statutes of the province of Saskatchewan. Mrs, Lang then states:

In reply, I pointed out that the concern of the women of the SFU is that repeal of the section of the Hospital Standards Act, permitting the introduction of an Hospital Appeal Board, may be premature. As the growth of the community clinic movement continues, the possibility of new abuses against community clinic doctors prevail. I reminded Mr. Steuart that it is the responsibility of the government to assure that the spirit of the Medical Care Insurance Act is not in future frustrated and obstructed as it has been in the past. Repealing a safeguard, such as the appeal board legislation represents, we believe, the onus of responsibility for any future abuses of professional freedom or community clinic doctors, clearly rest with your government.

Mr. Speaker, I want to emphasize this point, the people of Saskatchewan will be with the Minister of Public Health in his endeavors to solve these problems, but if he fails, they will certainly hold him responsible for that, and if he does away with this power to set up an appeal board, in case of necessity, to deal with some of the tough problems that — maybe some exist now — may exist in the future he will be held accountable by the people of this province. It won't be a petition of 150, but it could very well be a petition of 15,000 people, unless he can take care of these problems which exist, and it is absolute foolishness to do away with this legislation which gives him the power to get in help to help him do it, help him solve the problem, if that becomes necessary.

I, Mr. Speaker, am certainly going to support the amendment and I will have to vote against the motion.

Some Hon. Members: — Hear, hear!

Mr. E. Whelan (Regina North): — Mr. Speaker, in rising to support this amendment, requesting a Royal Commission, I think it might be wise if this Royal Commission took into consideration the early history of hospitals and the reason for their organization. I have in my hand, a small pamphlet, entitled "It's Your Hospital and Your Life". It was issued by the Public Affairs, number 187, and I obtained it from the Department of Public Health.

It goes back over the years and gives the early history of hospitals, and I quote:

Hospitals as we know them, came in with Christianity. It was Christian concept of compassion that gave rise to the hospital movement. The Christian attitude considered disease not a punishment for sin, but something man was unable to control. It was held the duty of Christians to take care of the sick and poor fellowmen, as Christianity gained power, hospitals were established under the authority of the clergy.

Mr. Speaker, the first hospital, it says:

The first hospital was for all purposes a mere almshouse because they were started by the clergy, they were primarily for salvation of the soul rather than the application of science for the cure of the sick and poor. Then in the 18th century, a hospital movement of a new kind started in England. Two centuries earlier, Henry VIII had ordered the monasteries dissolved, an act which left England with virtually no hospitals. Then

deplorable health conditions broke out, the great fire of London and the black plague both occurred in 1665, causing dreadful suffering. Snail Pox epidemics, gangrene, fever, also took such a large toll, that the country was roused to action.

An Hon. Member: — . . . sit down . . .

Mr. Whelan: — And the result according to the booklet, Mr. Speaker, was:

Thus it was that the voluntary hospital came into being in England, United States and Canada, a result from the impact of improved medical care as well as a new philosophy dealing with poverty, particularly in the cities of England, it was felt that many of the problems of poverty could be eliminated, that the sick could be put back on their feet, so that they might again, earn their own living. So this was added in the 19th century, the concept of the hospital as a place for the advancement of science. At first the voluntary hospital was dedicated to the poor, who became sick, those with money, were taken care of in their homes where doctors called, but a great change took place with advances in medicine. Lister's discovery of antiseptic surgery, for instance, led to complicated medical techniques, which made it necessary for the wealthy to journey to hospitals where the apparatus was located. This meant that the doors of the hospitals were then opened to all classes of society.

I suggest, Mr. Speaker, this is as it should be, and one of the things that the legislation will do and one of the things that the Royal Commission should consider is what it means to a person when they are denied the right to enter hospitals because they are choosing a doctor who does not have privileges.

Now the description that this booklet has for a modern hospital, I think indicates to some degree, the sort of equipment the facilities that are denied to these people, and I quote:

Your hospital is a hotel where you get twenty-four hours of personal attention. It is a restaurant where you get the kind of food suited to your special needs. It is in the laundry business, bed linens may need to be changed, one or more times daily. It is a stand-by power plant that can go into action, in case emergency lighting is needed, if the regular source of power should fail. The average commercial enterprise can shut down in such an emergency, but a hospital doesn't dare, for lives are at stake. Your hospital is also a pharmacy, with at least as many drugs as a drugstore on the corner, it is a laboratory where x-ray, pathology, other diagnostic services are carried on by highly trained technicians supervised by medical specialists. It may also be an educational institution . . .

Mr. Guy: — Mr. Speaker, on a point of privilege, I regret that I was not in the house when he started, I would like to know what the member is reading from. He's reading very well, and I would like to know what it is.

Some Hon. Members: — Hear, hear!

Mr. Whelan: — Well, Mr. Speaker, I am sure that you know, and that I know, because I identified the pamphlet very carefully before the hon. member came in, and I regret that he didn't get this information because I think it is very valuable, would you like me to read it again.

Mr. Guy: — Yes, please.

Mr. Whelan: — Well, there are some other paragraphs in here that are equally as — the pamphlet is the Public Affairs number 187, I got it from the Department of Public Health, it is entitled: "It's Your Hospital and Your Life."

Mr. Guy: — Oh.

Mr. MacDougall: — Take it as read.

Mr. Guy: — No, no.

Mr. Whelan: — And I think it is an excellent article, it does give in small concise terms, the real need for a hospital in a community and the value of a hospital in a community. I think the opening paragraph is a very interesting one.

Mr. Guy: — I wonder if he could start again, mind reading it all again.

Mr. E. Whelan: —

The sudden screech of brakes blasts the quiet of early morning, it was followed by the shattering of glass and a women's scream of agony . . . Police whistles cut through the air, and a few minutes later . . .

An Hon. Member: — . . . take it as read.

Mr. Whelan: — Mr. Speaker, I am trying to co-operate with them and they are interrupting me to such a degree, that I can't, I want to . . .

Mr. MacDougall: — This filibuster has become a mockery, really.

An Hon. Member: — Let him read it.

Mr. Whelan: — Mr. Speaker, I was asked to do this by one of the hon. members. Now one of the other hon. members insists that I do not proceed. This is very difficult. I think that the point that I am trying to make is that if you deny people the use of a hospital, this is what you deny them. We have a man in this house, whose wife was denied the use of a hospital . . .

Mr. Steuart: — Baloney!

Mr. Whelan: — Oh yes, hon. members weren't here, but he announced the birth of a son, that was born at home because the use of a hospital was denied because this lady preferred a particular doctor and this man, at the time, happened to be the number one public health person in the province, he was the Minister of Public Health (Mr. Blakeney).

An Hon. Member: — No, no you're talking baloney.

Mr. Whelan: — I was somewhere in this paragraph, Mr. Speaker, when I was so rudely interrupted by the hon. member from Athabasca (Mr. Guy) and I think that this description of a hospital is by hospital people, this booklet is approved by the American Medical Association. It's an excellent booklet. I would like everyone to read it because you will appreciate the work in the early days, when hospitals were built, the way they were developed and why they are supposed to be operating in a community in a certain fashion, and I recommend it to all members of the house. I had intended to read only a paragraph or two, but the interest that is being exhibited is so encouraging, that perhaps I will read the entire booklet, but it is a very interesting booklet.

Your hospital is also a pharmacy with at least as many drugs as the drugstore on the corner.

It may also be an educational institution, training doctors, nurses and other personnel, nearly every province required that a doctor must serve at least one year of internship in a hospital before he practices independently. Close to ninety per cent of our registered nurses are trained in hospital nursing schools.

Now, Mr. Speaker, what I am saying to the house is that the necessity for these amendments for the board is clearly indicated if in one instance these facilities were denied to one person who required it. Now, Mr. Speaker, in looking at this bill which the Royal Commission is to study, I just want to say, that it is not my intention to cover ground which has been so carefully dealt with by those who have gone before me in this debate, but I think that the Royal Commission would study the reasons for the amendments to the Hospital Standards Act, if they were to consider some of the information that I am going to place before the house.

First, the amendments themselves were introduced and passed unanimously to do two things. First to give a clear definition to the status of the physicians and some definition of his rights as they relate to hospitals, and second, the amendments defined the mechanism whereby a physician or a hospital Board of Governors could appeal to an impartial body, partly professional and partly lay, where discrimination against a doctor or a group of doctors seemed to exist.

Now, Mr. Speaker, some of the reasons why such a statute was thought to be necessary, have been clearly set forth in this debate. Others I think have not been amplified. First of all it is clear from past experiences that we have had no effective mechanism for settling a dispute of this kind. The conciliation boards often fail, largely because they are without power to enforce their recommendations. Second, the report of Mr. Justice Mervyn Woods, clearly demonstrated the gap in the remedies available to physicians or the Board of Governors of a hospital. Third, from time to time, the issue has been prevalent enough to attract public attention in many areas of Saskatchewan at the same time.

Mr. Speaker, I would like for a moment to talk about another possible alternative remedy for a physician who believes himself to be discriminated against in the matter of hospital privileges. The Canadian Medical Association, Mr. Speaker, has established a medical protective association which is prepared to support and act on behalf of physicians against whom a claim was made or against whom disciplinary action is taken.

Mr. Speaker, if the other speakers who are talking from their seats would desist, I would attempt to continue, but I find it difficult to speak when there are about six or seven other people speaking at the same time.

Mr. Speaker, I would like to point out, without in any sense judging the situation, but merely as a point of fact, that in Saskatchewan the College of Physicians and Surgeons and the provincial division of the Canadian Medical Association are one and the same. As a matter of fact, as I understand it, there is a by-law of the College of Physicians and Surgeons which clearly establishes that the Saskatchewan division of the Canadian Medical Association is coterminous with the College of Physicians and Surgeons. The leadership body of the Saskatchewan division of the Canadian Medical Association, is in fact, a committee of the council of the college. The legal adviser to the college is also the legal adviser of the medical association.

There is a strong presumption in such a situation as this, that the protection offered to the medical association will not extend to those matters in which a physician might find himself in disagreement with the College of Physicians and Surgeons. Now if we were to take one or two of the actual case histories, Mr. Speaker, documented by Mr. Justice Woods, in which a physician was denied hospital privileges not because of any incompetence, not because of any blemish of character, but because of a philosophical difference with the prevailing opinion in the College of Physicians and Surgeons, what are his choices? He may appeal for assistance to the Medical Protection Association established by the medical association. He may ask for legal assistance and advice, but is he likely to feel that this is the best and most adequate recourse opened to him, when the association is, in fact, the same body as the college, the very organization with whom his differences lie? Those very differences are at the root of his problem. I think that any physician, under these circumstances, would be justified in concluding that this sort of remedy was not the most adequate or in his own best interest. If he wishes to appeal to the courts and retain

independently legal advice which he feels is unbiased he may do so, but at his own expense. I think this is important. He would have to do so at his own expense. There is no mechanism whereby a physician wishing to demonstrate his rights can reclaim the burden thus put upon him.

The hon. members will agree with me, am sure, that it is not proper that an individual physician against whom has been brought the weight and prestige of his licensing and disciplinary, professional association . . .

Mr. Steuart: — I wonder if the member would table what he is reading, or quote from what he is reading?

Mr. Whelan: — . . . should be subjected to the tremendous financial obligation placed on an individual seeking remedy in the courts of law against discrimination.

Now, Mr. Speaker, hon. members want me to go back to that booklet, I am sure. This is what they are asking for.

Mr. Steuart: — On a point of order, you are reading. You are not supposed to read your speech, but if you are reading, quoting from something we have — you are obviously reading . . .

Mr. Whelan: — I have notes, Mr. Speaker, but I am not reading. I am using notes because I want to be absolutely certain that what I say is not misquoted.

Mr. Guy: — His wife wrote it for him.

Mr. Whelan: — At least I am going to get this information before the house if it is at all possible and even if the hon. member for Athabasca yakkety-yaks all night, I intend to go right ahead. Apply this same situation to the circumstances, Mr. Speaker, in which the doctor in Selkirk, Man., referred to by other speakers in this house and as has been reported in the press, found himself.

As I understand it, this doctor, as an employee of another doctor . . .

Mr. Guy: — Mr. Speaker, might I ask, if he can continue to read?

Mr. Speaker: — I think this is fairly well known that members are not supposed to read speeches, and one has to look behind as to the reason as to why they may not read speeches. You may not read speeches because you are supposed to put your own ideas and not interject into the debate the ideas of others. Now I couldn't say whether the member was reading his notes. If he is, if he is reading verbatim, he is certainly giving a wonderful demonstration of good eye-sight. But at the same time, I couldn't say that he was injecting into this debate the ideas of others. That is the reason behind the ruling.

Mr. Whelan: — Thank you, Mr. Speaker, and I did identify the pamphlet and when I do get to a point where I am quoting someone else, and I want to be absolutely specific about the information that I am using, I follow it closely, but I assure you, that if the hon. member for Milestone (Mr. MacDonald) wants to interrupt me, that is his privilege, but I don't mind at all if he does. I don't agree with him, and I think he is talking trivialities in this house.

It seems to me, Mr. Speaker, that it was only when he left the employ of the other doctor that hospital privileges were withdrawn. The reason as reported in the press, was that he had violated one of the ethical principles set down by the Canadian Medical Association. The principle says in effect, physicians employed by another physician must not set up practice before he leaves such employment. This is my understanding. Mr. Speaker, his former employer is on the medical staff and thereby advises the hospital board, and second, in all probability, one of the by-laws of the hospital calls upon members of the staff to adhere to the medical association. Now, Mr. Speaker, let's look at the principle involved in

this particular ethic. First, is it grounded this way? Is it grounded in protection of the patient? Is it grounded in the requirement of sound hospital or medical practice? I think not. I think its only purpose can be to restrain competition and as an instrument of control. Mr. Speaker, I should like to ask a few questions of some of the hon. members who are also members of profession. Now is it unethical for a young lawyer who articles with a law firm, to set up practice upon the completion of his employment?

Mr. J.H. Brockelbank (Kelsey): — No, of course not.

Mr. Whelan: — Is it unethical, Mr. Speaker, for a young architect having been employed by a senior to leave such employment and open an office in the same neighborhood?

An Hon. Member: — No.

Mr. Whelan: — Is it unethical for pharmacist or a veterinarian, almost any other profession you can think of, to build his private business in the same community in which he was employed? It's obviously not in each case. Now the hon. Minister of Public Health (Mr. Steuart) pretends that all he wants to do is restore autonomy to hospital boards. Well, Mr. Speaker, let me ask him if he considers the Hospital Board in Selkirk, Manitoba, to have autonomy in this situation. The board must accept the recommendations of its medical staff, medical association. The board is not in control, Mr. Speaker. The medical staff is in control. This is why I suggest that the Royal Commission amendment is very reasonable and very practical and it might solve the solution.

I submit, Mr. Speaker, that the board of a hospital in Selkirk, Manitoba, could better discharge its public responsibility, in an independent board of appeal such as that that is provided for in the amendments to the Hospital Standards Act were in existence. I submit, Mr. Speaker, that the minister's alleged concern with autonomy is nothing but a red herring.

But, Mr. Speaker, there is another aspect of practitioners that I would like to discuss for a few minutes, an aspect which I think will become more significant as time goes by, in Saskatchewan and in Canada. This relates to the role of the general practitioner in the hospital. I believe the maintenance of a clear independent appeal mechanism, with respect to hospital privileges has important implications for the quality of the patient care in Saskatchewan, and the continuity as well in patient care. In fact, the fact is that one of the more important modern trends in medical care is towards the exclusion of the general practitioner from hospital practice. Where in 1950, Mr. Speaker, less than half or about forty-six per cent of the physicians were general practitioners, fifty-four-per cent specialists. Now while the proportion in Canada has not yet attained the same preponderance, we are moving, Mr. Speaker, in that direction. In 1960, thirty-five per cent of medical practitioners were in the specialties, and this percentage is growing every year. In some countries, Mr. Speaker, where medical practice is highly organized the trend is toward the complete exclusion of the general practitioner from the hospitals. One only has to look at Great Britain to confirm this, and it is interesting to note that one of the major causes of discontent among British general practitioners today, is this very fact.

Mr. Speaker, if I may quote for a moment from the British Medical Journal, of March 13, 1965, I can demonstrate this discontent. The heading of the article is "Charter for General Practice" and it says in part:

Medicine advances at such a rate that unless a doctor once qualified deliberately sets aside time for reading, and periodically time for retraining, he is bound to get out of date and to feel himself isolated from his colleagues who, by continuing to work in hospitals, are confronted throughout the whole of their work with new ideas and with frequent inter-change of these and of experience with other hospital colleagues. This continuing education needs time and time is money.

This means that the general practitioner must be able to treat his patients in hospital beds when this is the best thing for the patient, and indeed this was provided for in the primary and secondary

health centres of the Dawson Plan of 1920. This, coupled with group practice will make for more ideal professional life and better service for the patient.

Now the fact of the matter is, of course, that general practitioners are not yet barred from hospitals in Canada. But it is true that the changing proportions of general practitioners to specialists diminishes the voice of the general practitioner in hospital management and, therefore, the admission of new physicians. My contention is that the tendency, which is already evident in the United States and in some parts of Canada, to exclude general practitioners from hospital practice may in the future be visited upon Saskatchewan if the general practitioner does not have access to an independent appeal board with authority to establish his right to admit his patients to hospital.

General practitioners in Canada are concerned about these matters. I would call attention for example to the bulletin of the College of General Practice of Canada for November, 1957, which reprinted an article by Dr. Struan Robertson entitled "Bill of Rights for the General Practitioner". In the course of discussing a number of these rights he said, and I quote:

Another fundamental right is that of being enabled to perform any service or procedure in hospital of which he has proven himself capable. Another is the right of the general practitioner for equal opportunity with the specialist to admit his patients to hospital.

Another is the right of the general practitioner to admit his patients to hospital in the district even though it is not the hospital on which staff he happens to be . . .

Mr. Speaker, there is a comment, in the Hall Report, regarding the trend, that I think is very interesting and is indicative of what is happening in Canada. As you know, the Hall Royal Commission on Health Services, made a very careful study. They make a comment in their report on page 242, v.2, which I think is very interesting, and I quote:

The advancement of scientific knowledge, specialization in medicine will continue to grow, but it will not replace the general practitioner, nor would such a development be desirable, especially in Canada's social and geographical setting. Only in the larger urban centres will all the existing specialities be represented, but it is true on the other hand that modern means of transportation and communication make specialist services accessible even to patients at considerable distance, which means that there is less need for the general practitioner to engage in areas of medicine for which he has not been specially trained.

Although some hospitals, particularly the larger institutions, and teaching hospitals, often restrict staff privileges of the general practitioner and favor the specialists, the former normally treats his patients in a community hospital. His hospital appointments allow him to carry out these procedures in which he is fully qualified. These hospital privileges also enable the general practitioner to consult with a specialist and thereby add to his knowledge of medicine. A continuous association with specialists is probably one of the most effective means at the disposal of the general practitioner for maintaining and improving the quality of the care he provides.

Now, Mr. Speaker, I think the quotation from the Hall report indicates the problem that is developing in this respect in Canada today.

Mr. Speaker, six months after the bulletin in the College of General Practice of Canada, a bulletin was issued in May, 1958, under the caption "Hospital Integration of G.P. in Major Convention Subject", I understand it was reported that:

At the college annual meeting and at the

board of representative session immediately preceding the convention, the college heard committee chairmen report as follows:

1. Need for greater integration of general practitioners into the community hospitals in many parts of Canada.

The retiring president of the college was quoted as saying the College has achieved some success in the matter of hospital integration. In large general hospitals in some cities of Canada today general practitioners are beginning to play an active and rightful role.

and further on, I understand, Mr. Speaker, the report says:

With reference to hospital privileges for general practitioners which was an important subject of discussion during the three day meeting of the college, Dr. Young, President of the Canadian Medical Association, said 'every medical practitioner should have hospital privileges. In the West this need is not as great as in other parts of the country. Whenever hospital privileges are denied, some has caused a step to be taken which lowers the standard of practise'.

Now, Mr. Speaker, in November, 1958, the College of General Practice returned to this topic in its bulletin under the heading "College Information — The G.P. in Accredited Hospitals", and it is stated:

The Board of Representatives of the College of General Practice last spring forwarded the following resolution to the Canadian Medical Association:

'Resolved that the representatives of the C.M.A. on the joint commission on accreditation of hospitals be instructed to stimulate action by that body leading to the removal of provisional accreditation, or removal of accreditation of hospitals which exclude or arbitrarily restrict hospital privileges of general practitioners as a class regardless of their individual' professional competence, after appeal by the local medical society concerned; and

be it further resolved the C.M.A. use its full influence to discourage any arbitrary restrictions by hospitals against general practitioners as a group or as individuals.

In January, 1959, in an article entitled "The General Practitioner in the Hospital", Dr. Lorraine Trempe, Editor of the French section of the bulletin of the College of General Practice of Canada states:

The time has come to put an end to class consciousness in the profession. It is painful to notice that it is not the hospital administration which is opposed, at the outset, to the entrance of the general practitioner but rather his own colleague, the hospital doctor, whose attitude is prompted, in most cases, by personal rather than scientific interests.

This exclusion, an insult to our universities which train doctors, to our provincial college which gives them the right to practice, to the hospitals themselves which afford them their clinical teaching, is inadmissible on a professional level. Dr. Gobeil suggests, and rightly so, that one should consider as an action derogatory to professional honor that of preventing a colleague from exercising his profession, of belittling a colleague not only on the professional but also on the scientific level, at the

bedside of patients and often in the presence of medical students.

How can one explain logically the attitude of these hospital doctors, chiefs of services, of intern or resident doctors, whose abilities they have appreciated to the point of allowing them to examine their patients, complete their charts, collaborate in their scientific research, collect documentation and even occasionally share their service responsibilities? Then overnight when these same interns or resident doctors have become practitioners, they have become in the minds of these same hospital doctors merely inept competitors.

Our College of General Practice of Canada cannot but share the views of one of its members whose own experience is expressed with such foresight and conviction.

And Mr, Speaker, a few pages further on, located in the same issue of the College's bulletin under the heading "General Practitioners in Hospitals by Dr. Merrell Carleton, Past Chairman, Committee on Hospitals," is an article which contains the following statements. Mr, Speaker, I think these are significant, in particular, when you think of the source of where this material came from.

Summarizing the findings of the hospital committee of the conclusion of their survey, Dr. Merrell Carleton gives a province by province picture of the general practitioner's position in relation to his local hospital. All hospitals in Canada of seventy-five beds or more were surveyed.

Only five of thirteen hospitals in Nova Scotia completed their questionnaires. None of these were in larger centres. The Canadian Medical Association were told at their annual meeting that general practitioners have lost most of their privileges in the Halifax area.

In Ontario 53 out of 77 hospitals replied to the college study. In the large cities and teaching centres, general practitioners' hospital privileges have been drastically curtailed. However, a large number of departments of general practice have been organized.

Again, in the fourth annual report of the College of General Practice, dated June 1, 1959, the executive director writes:

The position of the general practitioner in some city general hospitals continues to give the college much concern. Though more and more large hospitals are integrating the general physicians into their medical staff organization, there still remain too many hospitals where they are denied participation in staff organizations. The college is now able to demonstrate and prove that full integration of the general practitioner is highly desirable to all concerned.

Mr. Speaker. I quote also from a speech made in the Ontario legislature on March 19, 1958 by Dr. J.A. McCue, the member for Lanark. Speaking on the position of the general practitioner or family doctor in the present day scheme of medical affairs as it exists in this province, Dr. McCue, who as far as we know, was not a member of the College of General Practice, says:

There is a condition existing in this province today which I believe is unjust and completely intolerable. This is the fact that there are many hospitals in existence today which will not allow a family doctor to become a member of their staff nor to treat any patient of theirs within the hospital. In the type of hospital of which I speak he cannot have the services of

his own doctor. He is stopped at the front door — no matter how much the patient may want him as the doctor he has confidence in.

But there are in this province today people who want their own doctors and cannot have them because they are not on the staff of the hospital and they have to be turned over to a stranger.

That in certain areas a man who has spent possibly at least eight years of his life in training to become a doctor should be put in the position that all he is allowed to do is to practice in his own office and make house calls, and this is a condition which makes him a good second class medical citizen that is at once demoralizing and degrading and devastating in a medical sense. This is a condition which I contend lowers the standard of medicine in the overall picture of this province.

Mr, Speaker, this member for Lanark, was speaking on behalf of the general practitioners in the Ontario legislature and is a doctor himself:

Here we are, Mr. Speaker, at a time when this province was expanding faster than it ever was in its history, talking about a shortage of doctors and yet there is a certain amount of medical talent in certain areas of this province which is denied its proper release and the public are, therefore, suffering from a lack of treatment, which these doctors are willing and ready to give if they are given a chance.

Dr. McCue goes on in his speech in the Ontario legislature:

I have no axe to grind but I am here to speak and I think it is about time that somebody got to his feet and spoke on behalf of these men who I think are getting choked off in their medical efforts.

I would like to see legislation introduced which would require every hospital board at present not doing so, to take the family doctor on to their staffs. In other words, let the doctors into the hospitals wherever they now cannot do so, why should there be any medical caste system anywhere? Why should there be any discrimination in a democracy such as ours?

I suggest that the hon. member for Lanark, Dr. McCue is raising a point properly. I think perhaps in the legislation that we have before us, the answer to the problem that Dr. McCue has raised in the Ontario legislature, has been written in the Hospital Standards Act, the amendments that were approved unanimously by this house last year.

Now, Mr. Speaker, why is it desirable or necessary to maintain general practitioners in the hospital? Many medical authorities agree that continuing hospital service is one of the best ways to maintain the interest and the knowledge of the general practitioner concerning the best medical practice. In the hospital he has contact with specialist colleagues. In the hospital he is also supervised by a committee of his colleagues who have a chance to observe and to criticize his work.

Let me quote just a paragraph from the book "The General Practitioner" by Dr. K.F. Klute published by the University of Toronto in 1962, page 462, he says this:

To recapitulate, it appeared that some practitioners' difficulties in keeping up with recent advances or in making good the deficiencies of their original training were the result of lack of stimulation, which, in turn, was the result of professional isolation. This we regard as one of the strongest arguments against any system of medical practice that would exclude the general practitioner from the work of a hospital and hence tend to isolate him. In discussing this matter

with specialists from certain northern European countries in which a general practitioner has no hospital privileges, we have been greatly interested to find these specialists critical of this particular feature of the systems existing in their countries.

Dr. Klute goes on to say in a later chapter, and I quote:

We are strongly of the belief that a general practitioner should continue to treat his patients in hospital, primarily because to exclude him from the hospital would tend to isolate him professionally. In saying this we are apprehensive, not only lest general practitioners might be excluded from the hospitals under a government-controlled medical plan, but lest hospital privileges should ever be refused those general practitioners who are not associated with the College of General Practise of Canada. One of the practitioners whom we visited told us that membership in the College of General Practise was required by his hospital of any general practitioner who wished to be on the staff of the hospital.

Furthermore, in a summary of the transactions of the board of representatives of the College of General Practise, at their meetings held in March, 1961, it is stated that the chairman of the college's committee on hospitals summarized some basic standards for departments of general practise in hospitals. And indicated among the standards is the statement, Mr, Speaker:

Members of most of them, e.g., members of a hospital's department of general practise, should be members of a College of General Practise or have equivalent postgraduate training.

Mr. Speaker, even more recently Irwin W. Bean, President elect of the College, Saskatchewan, has said:

Many, and for example, hospitals, are including in their bylaws the requirement that senior members of the general practise department must be members of the College of General Practise of Canada.

Then he says:

Though such a policy is laudable from a point of view of raising the standards of general practise, we are concerned lest exclusion of the poor practitioners from the hospitals would, by isolating them from the most capable members of the profession, depress the quality of their work even farther. Unless these practitioners are to be barred from practise completely, no steps should be taken that will increase their professional isolation. Rather every effort should be made to bring them into closer contact with the best of medical practice.

In summary, regarding the case for the general practitioner, Mr, Speaker, I think it is vital to provide safeguards in the laws of Saskatchewan, which will guarantee that general practitioners will not find themselves excluded from hospital practice by artificial barriers that may be set up in the future.

Mr. Speaker, I think there are about four or five people trying to help me with my speech and I appreciate it very much but I think that those that want to listen, instead of wag their tongues, would appreciate it if the hon. members were quiet. I would appreciate some order in the house, Mr. Speaker. At least one member has accepted my invitation to listen and I appreciate it very much.

May I go back, Mr. Speaker, and say, in summary, Mr. Speaker, I think it is vital to provide safeguards in the laws of Saskatchewan which will guarantee that general practitioners will not find themselves excluded

from hospital practise by artificial barriers that may be set up in the future. I suggest that the hospitals even in Saskatchewan are coming more and more under the domination of specialists.

Mr. Speaker, while this is natural since hospital practise is a centre for specialty practise, it should not, in my opinion, be allowed to remove the general practitioner and his voice from hospital management and from the privilege of admitting patients to hospital and caring for them during their period of hospitalization.

I submit, Mr. Speaker, that by passing Bill 42, and not considering the request for a Royal Commission, we will be inviting an acceleration of the present trend. You have heard of the complaints that have already been raised in Eastern Canada. The same cry can arise in Saskatchewan if we do not retain the provisions in the Hospital Standards Act which would guarantee redress and a remedy for any physician who is the subject of discrimination and the granting of hospital privileges for whatever reason.

Mr. Speaker, there is another aspect and another principle of what is being done that I would like to raise and the principle is this. It seems to me that the integrity of members of this house is at stake when you consider the action regarding this Bill. Last year members opposite supported the amendments to the Hospital Standards Act. This year, what do we see? The removing the same amendments from the statutes. Now, I am going to ask the people who approach me, do they think that this is reliable legislation, that these legislators are acting in a reliable fashion? I am going to suggest that they have a good look and if they find any pamphlets that say that they should vote for reliability, is this reliability? I don't think it is. To vote for legislation one year, remove it from the statute books the next. These people claim that they are responsible. I suggest it is not a good care for responsibility when you put legislation on the books one year and remove it the next year. I wonder if you could say that they are courageous. Mr. Speaker, they certainly didn't tell the people of Saskatchewan that they were going to remove these amendments when they were running for public office. I suggest that the action that has been taken easily indicates that they can't qualify for being reliable, responsible or courageous.

Some Hon. Members: — Hear, hear!

Mr. Whelan: — In looking at this, Mr. Speaker, here we have something that they voted for that they are removing. But there are some things that they voted against. This particular legislation, they voted for it and within a period of a year, they are bushwhacking it or dry-gulching it or garrotting at birth. Whatever you like. This is what is happening to it.

But I raise this point with all hon. members. What about the legislation that they deliberately and carefully voted against? They voted for this and they removed it. Now, they voted against hospitalization. They voted against government insurance. And when the medicare bill was before the house, they voted against sections of that. So I think that we can expect things to happen if we use this action as a yardstick. We can expect even more bushwhacking and dry-gulching of legislation.

Mr. Speaker, I think that the people of Saskatchewan should think very carefully of the significance of the bill that is before us. I am going to point it out to them at every possible opportunity. This is legislation that they voted for last year. They took it off the statute books this year. Can you believe them when they say — I'm going to ask them — that they represent reliability, integrity, leadership? Mr. Speaker, I support what the members on this side of the house have had to say about the need for hospital privileges appeal, the appeal board, and also what they had to say in support of the Royal Commission. I hope my words of warning concerning the present trend to exclude the general practitioner from hospitals will add weight to the words of my colleagues.

Mr. Speaker, I will support the amendment. I will not support second reading of the bill.

Some Hon. Members: — Hear, hear!

Mr. W.S. Howes (Kerrobert-Kindersley): — Mr. Speaker, it had not been my intention to speak in this debate but after listening to the remarks of those sitting to your left.

Mr. R.A. Walker (Hanley): — That's obvious.

Mr. Howes: — I'm glad you think it's obvious. I really feel I would like to say a few words. Now, there have been nineteen people speak over there and I think there have been two speak from this side.

But I have been the secretary of a small hospital for a period of seven years. I really don't know whether those on the other side know too much about this subject. Many of the remarks I have been unable to listen to, since I feel they are repetitive, I did not really think that, by sitting in the lounge, I was missing too much. I don't think I was either.

The remarks of the former Minister of Social Welfare (Mr. Nicholson) were of particular interest to me in regard to the situation in Eston. I might say that I live not too far from Eston. In fact, the town of Eston is just two miles outside of my constituency. The former minister (Mr. Nicholson) mentioned an M.L.A. for my constituency, perhaps I should say an ex-M.L.A. from the Kerrobert-Kindersley constituency, who was involved in the Eston difficulties. I really felt, Mr. Speaker, that those of us who live in that area and have within our constituencies people involved in the difficulties mentioned, have a much better knowledge of this subject than those who only read about it in the newspapers. Newspapers are, on the whole, quite accurate in their reporting and I commend them for it, but it is very difficult for a newspaper man to give a complete picture of the feeling of all the people. There is no doubt that the situation existing in Eston was serious, but as the hon. member for Elrose (Mr. Leith) stated, it had its origin in personal difficulties and it seems to me that certain individuals in the Eston district made use of these differences for political purposes.

Mr. Speaker, to my mind, the Eston situation has been used by the party to your left, for political purposes. This attitude of taking advantage of a situation such as this, is in my opinion, not commendable. Any group who exploits and uses a situation such as in the Eston district, is in my mind, not giving true leadership. It appears to me that a group that does this type of thing is bankrupt of ideas, political ideas, and they could only exploit the differences of people in building up the personal clashes that exist in all communities. Come on, boys.

Some Hon. Members: — Hear, hear!

Mr. Howes: — That's good. That's good. I enjoy that, I've got a little more to say though. They build up these personal clashes until you have a situation that has existed and does exist and will continue to exist in Eston for a generation to come. Mr. Speaker, the situation in the Eston hospital, in the Eston district, could have been settled a long time ago if the people to your left had been more worried about people than about votes, I would say, Mr. Speaker, that the situation in Eston is a legacy of the former government, A legacy of hate. A legacy of fear. A legacy of distrust. This situation would never need to have blown up to its present dimensions. I sat in on many of the hearings that the hon. former minister (Mr. Nicholson) mentioned in 1957. I think that it should have been handled in a proper manner, not in a political manner. Mr. Speaker, today, as a result of the actions used, the methods used, and the amendments that are proposed to appeal on the Hospital Standards Act, those amendments have created a situation in Eston where every election, whether it be for municipal, school board, council, is settled on a strictly political basis. You can take the election results for municipal councillor. You can take the results in the last provincial election and they are just the same.

Mr. Speaker, the right of people to organize their own health services is undisputed. I really believe that. If they want to organize a community clinic, that's their business. But also, undisputed should be the fact that a hospital board, being legally responsible, must have the right to refuse admission to its medical staff of doctors that they do not feel are properly qualified.

Some Hon. Members: — Hear, hear!

Mr. Howes: — How can you expect the board to be legally responsible when they haven't the right of refusal? Nobody has ever explained that to

me. You would say that laymen are not qualified to do this. This, in my opinion, to some extent can be true. But laymen can secure advice from many sources. Not just their own medical staff. And I have a great deal more faith in the hospital boards of this province than apparently those to the left of you have, Mr. Speaker.

Mr. Speaker, the people on your left do not seem to realize what this legislation could do to small hospitals, hospitals situated in communities where you have only one doctor. At no time have I ever heard mention in the Thompson Commission Report, or in this legislature, what the legislation at present on the statute books could do to a small hospital. Nobody had ever taken into consideration, in my opinion, the situation that exists in very small hospitals, hospitals from ten to fifteen beds. The people on your left do not seem to realize, Sir, that if a small hospital does not have the right to control its medical staff and if too many doctors, or perhaps I should say more than one, established themselves in a single-doctor community, one doctor can be forced to leave for economic reasons. Then, with medical ethics, and economic factors being what they are, a replacement cannot be secured, you are left in all probability with only the doctor that was forced in by the legislation it is proposed to repeal by this bill. A doctor, who because of the political coloring that exists in the mind of people of the community clinic movement in this province, will not be accepted by a large majority or a large percentage of the people in the community.

In my constituency, it will be accepted by a very small majority, or a very small percentage would be perhaps mere accurate, since we had a pretty good margin in the last election. Now, if it's not accepted by the people of an area, the patient day load of a hospital will fall. The per diem costs automatically go up and you could very quickly become uneconomic in a hospital and be faced with extremely serious deficit problems. In fact, it could put the government in a position where support might have to be withdrawn and this, I think, would be entirely due to legislation of this type. This almost happened to us in 1960, August, September, October, November, of 1960 in a hospital I happened to have the privilege of serving.

When the hospital board is free to govern its own affairs, a situation such as I mentioned will not arise, but with this legislation it can and communities could very easily arrive in the position that I mentioned. The whole question of medical service in the provisions for Hospital Standards Act as I have said earlier, are devoted to trying to protect a few people at the expense of the future and independence of the hospital boards of this province. I think that the hospital boards, being democratically appointed, are more important or perhaps the most important group in the administration of hospitals in this province.

Sir, the party to your left, through their subsidiary organizations throughout the constituencies, will do anything to destroy the Liberal candidates, to destroy Liberal members. They will do anything in the field of medical care.

A few weeks ago, in my own community, they were without a doctor for a considerable length of time. I worked for a long period of time trying to secure a doctor, as secretary of my hospital board, and we were finally successful in securing a doctor, by our own efforts. We didn't ask the government to do it for us. But the supporters of the party that sits to your left circulated rumours throughout my constituency, throughout the area in which I live, that I was doing everything in my power to prevent a doctor coming so that the hospital could be closed to save the Provincial Treasurer some money. Now, Mr. Speaker, you know that we never planned on closing any hospitals, and I mean it.

Mr. Blakeney: — Sixteen of the last . . .

Mr. Howes: — That's not quite exact, I don't think. Mr. Speaker, this was an absolute lie. I say that if hospitals close, some of the reasons will be what I have mentioned because this legislation is on the books. If it is not repealed, the closure will be due in some part of that legislation. Naturally, Mr. Speaker, I am not going to support the amendment to the motion.

Some Hon. Members: — Hear, hear!

Mr. A.M. Nicholson (Saskatoon City): — Mr. Speaker, would the hon. member permit a question before he sits down? Would he be good enough to indicate what the previous

government did in the Eston crisis which shouldn't have been done or what did the government fail to do that they should have done?

Mr. Howes: — You made your speech, I made mine.

Mr. W.A. Robbins (Saskatoon City): — Mr. Speaker . . .

Mr. Cy MacDonald (Milestone): — Another poem.

Mr. Robbins: — If you want a poem you will get one.

Mr. Speaker, in rising to support the amendment, I wish to reiterate my stand that the need and the right for a medical practitioner to have the right of appeal from decisions made with respect to obtain hospital privileges, should be inherent in the law.

Earlier in the debate, I expressed the opinion that the denial of hospital privileges is in reality, for the medical practitioner concerned, a professional death sentence. The Minister of Public Health (Mr. Steuart) who isn't in his seat at the moment, Mr. Speaker, apparently takes a sort of an Alice-in-Wonderland approach to this problem. Something like the man who phoned the railway company and asked for \$100 worth of transportation. When asked to what station he wished to go, he replied, "What stations have you got?"

With respect to the Hospital Standards Act, he believes the problems will simply go away if you remove the right of redress and appeal. It's something like his old saw. We hear it very often. Medical costs are rising. Of course, they are. Why should the Minister of Public Health (Mr. Steuart) be surprised about it? The election of a Liberal government in this province is enough to make any rational person ill.

Some Hon. Members: — Hear, hear!

Mr. Robbins: — And I may add that most of the hon. members opposite look rather extremely healthy.

The evidence from outside of Saskatchewan where group practice has been and is being used, clearly indicates similar problems with respect to discrimination in the granting of hospital privileges arise from time to time. For example, the Columbia University School of Public Health and Administrative Medicine found it necessary after careful contemplation and study, to recommend state legislation similar to the amendments before us now and under discussion. In order to prevent discrimination against high quality medical groups, they had to take action. Yet in this area, Mr. Speaker, it was discovered that surgery and hospital admissions were, in terms of individual practitioners and specialists, almost seventy-five per cent higher than surgical cases and hospital admissions through a prepaid group practice type clinic.

The Minister of Public Health (Mr. Steuart) says he is interested in keeping down costs. He and the government of which he is a part, a rather small part I must admit, claim to be a business-like administration, interested in efficiency. Well, Mr. Speaker, here is an opportunity for the Minister of Public Health to reduce health costs. A factor in this regard could be the retention of an appeal board and utilization of this means to prevent discrimination and assure a reasonable measure of justice.

If group practice doctors are going to be continually and continuously maligned and denied hospital privileges despite possession of qualifications which should enable them to secure hospital privileges, and without the right of redress and appeal or even as a minimum requirement, written reasons for their denial of such privileges, the Minister, Mr. Speaker, is in fact indirectly contributing to a situation which will increase health costs, which he evidently deplores.

Why should this government insist on a situation which will, in all probability, make it more difficult for medical practitioners and specialists to establish and practice medicine on a group or community basis? The withdrawal of normal services of the medical profession in 1962 in this province, brought to the fore, large numbers of citizens who were in favor of a tax financed program for paying doctor's bills and who were opposed, Mr. Speaker, to the actions of the majority of the medical profession.

Mr. Speaker, I know of Liberals who jointed the Saskatoon Community Clinic at that time. These people wanted to be assured of medical attention in case of emergency or crisis. Many of these Saskatchewan citizens were constructively motivated to involve themselves in seeking methods to encourage doctors to work within the framework of the Medical Care Insurance Act. Some of these persons were also interested in finding ways to maintain some of the objectives of the original act relating to the enhancement and elevation of quality of medical services.

In addition, Mr. Speaker, there has been an increasing and widespread interest in the development of group practice in Canada in general, and in Saskatchewan in particular. Group practice has gradually gained and is gradually gaining popularity with physicians in many parts of North America.

The universal coverage tax financed medical care programs in this province represented an important milestone with respect to health care. Nevertheless, the payment of doctor bills is only one element in the provision of comprehensive, high quality, medical care. Studies made recently in New York, California, and Seattle, Washington, have demonstrated beyond reasonable doubt, that group practice tends to be economical and bring provision of high quality medical care to the general population.

Is the minister interested in economics in terms of medical care, an economical operation of the plan we have, Mr. Speaker? If he is, then why does he persist in a legislative course which tends, as indicated by experience, to make it extremely difficult for doctors engaged in group practice, particularly on a community or consumer orientated basis. Over-servicing of patients seems to be much less likely under group practice arrangements. In Saskatchewan, solo practice and perhaps to some extent, fee for service, are factors resulting in high hospital utilization rates.

Mr. Speaker, the Minister of Public Health (Mr. Steuart) says he wants to control hospital and medical costs yet persists in a course which history indicates will increase them. Is this the businesslike government we were promised? I agree that it is important for the practice of medicine to seek organization patterns for the provision of medical care which will advance quality and control costs. The Minister of Health intimated he agrees. Why then does he follow the collision course in the opposite direction?

Group practice can provide a program for comprehensive, diagnostic treatment services, fundamental to be a successful high quality group practise is a common interest by a number of physicians in providing comprehensive care to individual patients and to their families. Such an arrangement provides benefits for both doctors and patients. All physicians in a group practice work together and share together. There is every incentive for the physician to refer patients for consultation to specialist care as soon as this is required and as soon as it is indicated. Sharing of facilities and ready consultation permits provision of preventive services including periodic health examinations. Ancillary services can be integrated into the group practice arrangement.

Yet in effect, this government militates against new practice, with its proposed amendments to this legislation. Again, one may well ask, why? For the physician, group practice is not designed as an exercise in social reform, but to some extent for the physician's enlightened self-interest. The physician has more time for himself, greater opportunity for professional self-realization, as he can regularly plan holidays, and is able to afford time for postgraduate studies without concern for his income or the care of his patients. It tends to eliminate unnecessary and costly duplication of equipment. Competition for the patients illness dollar is reduced, as in group practice income tends to be pooled and shared. Yet, Mr. Speaker, this government introduces legislation which in fact is needed in at least some measure to prevent discrimination against group practice type clinics in this province, and where the provision of redress is required.

I agree that we need a pragmatic approach with respect to health costs. Group practice is not of course a panacea for the ills of the public or for the medical profession. The charge is made that community clinics in Saskatchewan are politically motivated, and I am sorry, Mr. Speaker, that the hon. member for Kerrobert-Kindersley (Mr. Howes) is not now in his seat. I agree, I think that this is correct. Attitudes favorable to tax financed medical programs and attitudes favorable to consumer sponsored group practice, they can all be regarded as political expressions. In a similar manner, opposition to tax finance medical care programs and opposition to consumer sponsored medical facilities are also political expressions. I think most people in this province remember the KOD . . .

An Hon. Member: — Do you?

Mr. Robbins: — It had the support of extreme right wingers.

An Hon. Member: — Yes, sir.

Mr. Robbins: — The officials of the KOD read like the constituency rosters up till then, and a number of them ran as candidates in the 1964 election. Outside political medicine represents emotionalism. Medicine in every age has been social and, therefore, inescapable from the political systems in which it exists. Mr. Speaker, there is some hostility in the profession directed against physicians who have voluntarily chosen to identify themselves with consumer-owned clinics. We need to ensure that this discrimination does not occur. The member for Kerrobert-Kindersley (Mr. Howes) stressed the fact that he felt political motivations were involved. Well it is quite obvious that political emotionalism had a great deal to do with the whole medicare crisis in 1962, and I notice that the hon. member for Last Mountain (Mr. MacLennan) had something to say with regard to this. Well, someone asked for a poem, so this one I think should have a medical connotation and I'll give him one:

He calls for pills to cure his ills
 Pneumonia, rum cuinian,
 He yells for help, in novacelts
 And yet he's feeling fine
 I found a way to ease my day
 Quite a help wean
 When I am about to hear him shout
 I slug him on the beam.

I mean verbally of course. An appeal board is necessary to insure that discrimination does not occur, Mr. Speaker. It may seldom have to be used. What if it never had to be used, Mr. Speaker? This would be so much the better. The Minister of Public Health may gain the goals he seeks, controlled medical and hospitalization costs have a businesslike approach, a pragmatic, realistic approach if the rule of reason prevails. I suggest the minister has a simple and easy solution to this problem in his hands. All he need do is withdraw the proposal, Mr. Speaker. I support the amendment and oppose the main motion.

Some Hon. Members: — Hear, hear!

Mr. R.H. Wooff (Turtleford): — Mr. Speaker, I was amused and amazed and surprised . . .

Mr. MacLennan: — . . . and shocked . . .

Mr. Wooff: — . . . when the member for Kerrobert-Kindersley (Mr. Howes) got up and I don't think there was anybody more amused and amazed and surprised than the hon. member himself. Strange, but what I had prepared to say, Mr. Speaker, was on small hospitals and quite the opposite frame of debate to what the hon. member used. What I have to say, Mr. Speaker, is the result of personal experience. Isn't it strange, I could relate political angles of some of these hospital-doctor problems that were on the opposite side of the political fence, but in the very same vein as the hon. member for Kerrobert-Kindersley, when some of the Liberals boasted that they had used a hospital problem to my defeat.

However, Mr. Speaker, it is not this angle of the problem that I wish to talk about for a few minutes. Over the years there have been many doctor and hospital problems. They were not all in the case of doctors being refused hospital privileges. Some of these problems, Mr. Speaker, have been the result of doctors who refuse to leave when hospital boards requested them to do so. The hon. member for Kerrobert-Kindersley (Mr. Howes) led us to believe that these problems had grown out of medicare and grown out of politics. Well, any of you who read the paper for the evening of April 13th, our daily Leader Post, noticed that in Alberta, just fifty miles south west of Edmonton, right this moment, there is the same kind of a hospital problem that I am talking about, that the hon. member was talking about, where there are some 9,000 people involved and can be patients and probably have been patients and probably will be patients, and because of one of these disputes, this hospital was shut down tight. At the present

time, these people are petitioning the Minister of Health in Alberta for a special election, and so it is not just in Saskatchewan and it was not just medicare. These problems have been going for many years the one I speak of, was long before medicare.

As I said a little while ago, Mr. Speaker, it has not always been the case of the doctor being refused hospital privileges. There have been many cases over the years, where because of certain personal problems, there was a hospital-doctor problem and one in which the public were the greatest sufferers, a problem where the staff and the public found it almost impossible to get along with the medical staff.

Mr. J.B. Hooker: — Mr. Speaker, on a point of order, as a new member in this legislature, I have been told that new members are allowed the privilege of the first year of reading speeches. I understand that the member opposite has sat in this house before, and for the last, I would say, twenty-four hours on this debate, we have heard members opposite reading speeches, some of them have eye sight better than others. Some are allowed to leave their speeches on the table and read them from there, others have to pick them up in their hands and read them verbatim right from the page. I would like to quote from Beauchesne Parliamentary Rules and Forms, fourth edition, 1958, and I think we have heard quite a bit about the Beauchesne during this legislature. It says in here 144:

It is a rule in both houses of parliament that a member must address the house orally, and not read from a written, previously prepared speech, for the reason that, if the practice of reading speeches should prevail, members might read speeches that were written by other people, and the time of the house be taken up in considering the arguments of persons who are not deserving of their attention.

And I would suggest to you, Mr. Speaker, that this is what has been going on for the last twelve hours. I myself am a farmer; I would like to get back to my farming. If I have to stay here, I'm quite prepared to listen to versions of members opposite, but if I am going to have to sit here and listen to speeches that, have probably been written . . .

Mr. Walker: — The hon. member surely can speak to his point of order with less redundancy.

Mr. Speaker: — Sit down and be quiet.

Mr. Walker: — But your honor, he can surely speak . . .

Mr. Speaker: — Order! Now finish your point of order.

Mr. Hooker: — I am prepared to go on, Mr. Speaker. I would suggest that this rule should apply to this assembly, the same as it applies to Beauchesne. If members opposite have a reasonable version to prepare and to deliver, I would suggest that they get up and deliver it, but if they are going to read speeches and keep us people here to the next week or ten days, or two weeks, which . . .

An Hon. Member: — On a point of order . . .

Mr. Brockelbank (Kelsey): — There is no doubt in the world that the hon. member is not raising a point of order, he is arguing a case now. I think he has gone far beyond the privilege of raising a point of order.

Mr. Hooker: — I would like to say, Mr. Speaker, that I was very much surprised this afternoon, because the first time that I came into this house, I listened to the hon. member from Kelsey (Mr. Brockelbank) the Acting Leader of the Opposition, a man who I admire very much for his political ability, he got up and spoke to us new members and he suggested to us that we should learn to deliver our speeches orally and not read them. I was very much surprised this afternoon and this evening, when the hon. member from Kelsey (Mr. Brockelbank) got up and had a piece of paper in front of him. He spoke for some time, whether he was reading it or not

I don't know, but I would suggest that if he hadn't had something prepared on that piece of paper, he wouldn't be reading it.

Mr. Brockelbank (Kelsey): — On a point of privilege, Mr. Speaker, I did not read my speech, I had very, very, sketchy notes and I had some material from which I quoted and that was all.

Mr. Hooker: — Well, I would suggest to you, Mr. Speaker, that if this rule is applied in this house, that some of the members that have spoken this afternoon wouldn't have been able to say ten words, if they hadn't had their speeches prepared for them.

Some Hon. Members: — Hear, hear!

Mr. Hooker: — So I would suggest, Mr. Speaker, that if we are going to get this assembly finished sometime this year, that this rule should be applied to this house.

Mr. E.I. Wood: — Mr. Speaker, on a point of order. In many ways, I do agree very heartily with the member who has just spoken. You will no doubt recollect, Mr. Speaker, when I was able to fill the chair which you now very ably occupy, that I did do my utmost in many ways to insist upon this rule. I recollect when I first sat as a Minister of Municipal Affairs, there were some witticisms in the press about me manfully endeavoring to keep my own rule when I got up to speak again the legislature following that, and I do agree that speeches should not be read in this house. Mr. Speaker, I do agree with the man who has just sat down, but after all the speeches that have been read in the house, this session, I think this is ridiculous to raise this point at this hour, at this late date in the session. I am sorry I stepped outside to pick up my parliamentary card while the member was speaking here. I did not notice what he was doing in regard to reading, but I doubt if it was in any way at all different from the speeches that have been read in this house this session. I know that you have a problem there, and I appreciate it with you and I do believe we should endeavor to not read speeches in the house, but I think that for this session, we might as well let the thing go and try to do better next session, but after the speeches have been read here now, I think it is ridiculous to enforce this order at this stage of this session.

Mr. Hooker: — On a point of order, I would like to ask you, who has been making the speeches in this house, in this assembly?

Some Hon. Members: — Hear, hear!

Mr. Walker: — On a point of order, Mr. Speaker, people on that side surely read their speeches, there is no question about that.

Mr. Speaker: — The point of order is not being raised about what was done yesterday, or the week before, or half an hour ago, but it is being done now, and I agree that I have allowed, whether it was good or bad, with the greatest possible latitude to all members in regard to what they were using when they made their speeches, in regard to notes or written material and possibly I have allowed too much, and if the house wishes that the rule should be strictly applied, then I couldn't think of a better time to do it, than when the house wishes it to be done.

Mr. Walker: — . . . and henceforth . . .

Mr. Speaker: — Henceforth . . .

Mr. A.H. McDonald (Moosomin): — Mr. Speaker, I think that this has been the practice in this house for many years. There has been great latitude given to members to reading speeches, and I am one who has objected to this on many, many occasions in the past, and I think this house would be well advised to put a stop to it at the earliest date as possible. The reason I say that, I believe that here today, we have listened to many arguments that were not the arguments of the member who was presenting them, but were the arguments of people who are not members of this assembly. And this . . .

Some Hon. Members: — Hear, hear!

Mr. Walker: — Mr. Speaker, that of course is an unparliamentary remark.

Mr. McDonald (Moosomin): — . . . this is a great danger . . .

Mr. Walker: — It's an insult.

Mr. McDonald (Moosomin): — . . . in this debate or any other. And I am one who believes that a member who rises in his place, whether it is in this debate or any other ought to be speaking from his own personal knowledge using his own ability and I want to repeat, that today we have heard speeches, or the repeat of material that has appeared in the public press, material that originally came from outside of this country, and I do not believe it is in the best interest of this assembly or any other, to listen to material that is prepared by people who are not members of this assembly and I would like to see the rules strictly enforced. A member either speaks from notes or without notes, but he should not read from a document that is prepared by people other than those who are elected as members of this assembly.

Some Hon. Members: — Hear, hear!

Mr. McDonald (Moosomin): — And I hope that it will be your ruling tonight, tomorrow, next year and forever, that members when they rise in their places shall not read their speeches. This has been done in this assembly, for eighteen years that I know of, and it is about time it came to a halt. If members in this debate, had been restricted to speaking on a subject which they have personal knowledge of this house would have prorogued long ago, but in this debate we have been subjected to arguments that in the initial stages were prepared by people not even Canadian citizens. By people who live in countries outside . . .

Some Hon. Members: — Hear, hear!

Mr. Brockelbank (Kelsey): — On a point of order, this remark by the hon. member . . .

Mr. Speaker: — If you are going to listen we are going to deal with one point of order at one time . . .

Mr. Brockelbank (Kelsey): — My point of order is in regard of what the hon. member said. He made a reflection on members of this house, in saying that other people were preparing their speeches for them. This is improper and should be withdrawn.

Mr. Speaker: — All right, I will deal with that now.

Mr. Brockelbank (Kelsey): — Mr. Speaker . . .

Mr. Speaker: — Order! Order! Now a point of order has been raised to the effect that the member made a statement, that speeches have been read which had been prepared by other people who were not members of this house, who are possibly not citizens of this country. If I understand the statement correctly, I think that was the statement. This is a member's personal opinion and every member can state his own personal opinion in this house, provided he does not make any personal attacks on individual members . . .

Mr. Walker: — Mr. Speaker, on a point of order, I am sure Your Honor wants to be fair. The hon. member was allowed to speak for five or six minutes about speeches that had been made earlier than this day in this house, and you will recall that not five minutes ago, I tried to say a few words about a speech that was made earlier this day, just a half an hour as a matter of fact, by the member for Kerrobert-Kindersley (Mr. Howes) and I wasn't allowed to say five words, and the Vice Premier is allowed to speak for five minutes on a subject which Your Honor has just ruled out of order.

Mr. Speaker: — One thing I have no intention of allowing and that is one

member interfering with another. We are going to deal with one thing at a time, as it arises. This is not Twenty Questions, or Flashback, this is a legislature and I would hope that hon. members would conduct themselves in a dignity that it deserves. Now continue.

Mr. McDonald (Moosomin): — Mr. Speaker, I appreciate very much your ruling. When I rose in my place, I fully intended to make statements that would reflect on the speeches that have been read in this house today, have been read in this house for many years, and in my humble opinion . . .

Mr. Walker: — Mr. Speaker, does the house have another rule for the other side of the house? Your Honor just stopped me from commenting about a speech and that had been made half an hour ago, because you said . . .

Mr. Speaker: — You can have your day in court with the hon. members too, and I will be quite happy to listen to you. I haven't a doubt in the world it will take some time.

Mr. McDonald (Moosomin): — Mr. Speaker, if I may continue . . .

An Hon. Member: — Sit down

Mr. A.H. McDonald (Moosomin): — . . . I would hope that in the future, that you would be stringent in enforcing the rule that speeches shall not be read in this house from here on, and I don't care whether it is on this debate, or on what debate. We have sat in this house, at least I have, for eighteen sessions and seen people stand in their place and read material that was produced by people outside of this assembly, and it is about time that this came to a stop, and I want to refer to the speech that was made by my hon. friend, the member for Regina East (Mr. Smishek). I have heard this same speech by people who are American citizens, and I want to say that this speech in this assembly was prepared by people who are not Canadian citizens. Whether they are Canadian citizens or not, it's about time that this assembly enforced the rule, that a member shall speak from the knowledge that he possesses and not from the knowledge of some imported professional speech writer and I object . . .

Mr. Brockelbank (Kelsey): — Again, on a point of order the hon. member has made a personal attack on a member of this legislature. It is all the more despicable because that member is absent at the moment. Mr. Speaker, there has been nothing but vacant seats over there all day today. Everybody knows that and the valiant member made this charge, when the other member was out and he should withdraw that . . .

Mr. McDonald (Moosomin): — Mr. Speaker, I have no intention of withdrawing it, if the hon. member isn't in his seat, that is his responsibility not mine. I want to give credit to the member for Kelsey (Mr. Brockelbank). I think . . .

Mr. Willis: — How is the hockey game?

Mr. McDonald (Moosomin): — Yes, I think Chicago are winning, 3-2.

Mr. Speaker: — Order! Order!

Mr. McDonald (Moosomin): — . . . that the hon. member for Kelsey (Mr. Brockelbank) when he stood in his place earlier this evening, made a very worthwhile contribution to this debate. He spoke from a single sheet of paper, on which he had a few notes, and he really spoke from his heart in firm conviction, and I give him credit for having done this, but I give credit to no one — I don't care on which side of the house they sit, who will stand in this house and read from a document that is prepared by his wife or some other speech writer. And it is about time . . .

Some Hon. Members: — Hear, hear!

Mr. McDonald (Moosomin): — . . . that this house enforced this rule and enforced it

rigidly, that people shall either speak from notes or from their heart and that we stop reading speeches that are prepared by people who are outside this chamber. Not only the member for Regina East (Mr. Smishek) but even . . .

Mr. Whelan: — On a point of privilege . . .

Mr. McDonald (Moosomin): — . . . even my friend from Regina West (Mr. Blakeney) has been reading in this house speeches that were prepared by people other than himself.

An Hon. Member: — He wrote his.

Mr. McDonald (Moosomin): — . . . and it is about time, Mr. Speaker, that we enforce the rule and when we enforce it . . .

Mr. Walker: — Some other rules should be enforced, Mr. Speaker.

Mr. McDonald (Moosomin): — Yes, one of them is that you should shut up while another member is on his feet. Mr. Speaker, I think the day that we enforce this rule, then this legislature shall proceed . . .

An Hon. Member: — Mr. Speaker . . .

Mr. McDonald (Moosomin): — Well . . .

Mr. Brockelbank (Kelsey): — Is that another speech?

Some Hon. Members: — Hear, hear!

Mr. McDonald (Moosomin): — I give him credit for a sensible speech, and I would hope that you, as the Dean of this house would recognize that I am asking this house to obey the rules. I am asking this house to do what I hope you would ask them to do, and that is to conduct the debate of this house as it ought to be conducted. You may be in favor, I don't think you are, I think you are an honest man. Some of your colleagues I don't think are, but I think that you, every time you have stood in your place, have spoken . . .

Mr. Brockelbank (Kelsey): — Mr. Speaker, on a point of privilege, no member of this house has the right to say that any individual is dishonest, nor can he, pardon me, Sir, let me put my point . . .

Mr. Speaker: — I think the point of order is well taken . . .

Mr. Brockelbank (Kelsey): — Nor can he suggest that some members are dishonest and get around it this way. This is strictly unparliamentary and should not be used.

Mr. McDonald (Moosomin): — Perhaps the words were unparliamentary and I will withdraw them, but what I am attempting to say, is my opinion on each and every occasion when you have stood in your place in this house, I think you have made a worthy contribution. I think you have spoken from brief notes, the only time that I have ever seen the hon. member from Kelsey read his speech was when he was reading the Budget Speech and he has every right to do so, which is proper and correct procedure. I have no objection to any contribution that the member from Kelsey may have made. I give him credit and I think as Dean of the house, he has shown an excellent example to all of us. But there are people who have not shown this example, Mr. Speaker, and in conclusion, I want to ask you to enforce this rule with an iron fist and the day that you do that, this house will prosper and this province will gain. I ask you to enforce it from here on in.

Some Hon. Members: — Hear, hear!

Mr. Blakeney: — Mr. Speaker, I rise on a point of privilege, perhaps it's personal privilege. The member for Moosomin (Mr. McDonald) has made an allegation directed at me, saying that in this house, I read speeches prepared by someone else. Now, I say this is flatly false. I ask him to withdraw it, and I ask whether he is prepared to withdraw it. Other than as a minister of the crown, when I read a departmental report which I am entitled

to do, I have never read a speech in this house, prepared by anyone but myself. Now then, I want the minister to withdraw if he will.

Mr. McDonald (Moosomin): — I have no intention of withdrawing. Let me say this, when my hon. friend was the minister he had every right to refer and to read his reports. The rules of this house make provision for a minister of the crown to read when technical problems necessitate them. Any contribution that my hon. friend made when he was a minister of the crown — I am referring to speeches that were made in this session when he was not a minister of the crown, and I have no intention of withdrawing.

Mr. Speaker: — Order! Order!

Mr. Blakeney: — Mr. Speaker, if he is not prepared to withdraw, I simply will, perhaps, take advantage of the Speaker's ruling earlier, that I may make an unparliamentary comment if I preface the comment with "it is in my opinion" and I say with every conviction that, in my opinion, the member from Moosomin (Mr. McDonald) has been guilty of a contemptible bit of slander-mongering.

Mr. McDonald (Moosomin): — My hon. friend from Regina West (Mr. Blakeney) is certainly entitled to his opinions and it doesn't . . .

Mr. Wooff: — Mr. Speaker . . .

Mr. Speaker: — Order! Now the member from Turtleford (Mr. Wooff) is going to have every opportunity to say what he wants to say, but while other members are debating this point of order, and they have the right to do so . . .

Mr. Wooff: — Mr. Speaker . . .

Mr. Speaker: — Order! There isn't one of you fellows can say (you will get your turn), there isn't one of you fellows can say that I denied any of you the right to speak, and I am not going to, but it is going to be done in an orderly way. Now, then . . .

Mr. McDonald (Moosomin): — Mr. Speaker, it isn't my intention to argue with the member from Regina West (Mr. Blakeney). He is entitled to his opinions, and as far as I am concerned, and I hope that he will grant me the privilege of my opinion, and I think we can agree to disagree and let the matter drop right there.

Mr. Brockelbank (Kelsey): — Mr. Speaker, this is not so easily dealt with and I want to ask you, Sir, to request both the member for Moosomin (Mr. McDonald) and the member from Regina West (Mr. Blakeney) to withdraw these remarks which are unparliamentary. The member for Moosomin refusing to accept the word of the member for Regina West, that he had never made statements written by somebody else, and I would like to ask the member from Regina West to withdraw the unparliamentary remarks he made about the member from Moosomin (Mr. McDonald).

An Hon. Member: — Who is boss?

Mr. Brockelbank (Kelsey): — Mr. Speaker, some of the hon. members don't understand who is boss in this house. The house is the boss and you are its representative, Sir, and I appreciate you, and I don't think that we can get into the position where I call somebody a stinker and he calls me a stinker and that makes it even. That doesn't make it even, two wrongs do not make one right, and let's get this on a proper and a decent kind of a basis.

Mr. McDonald (Moosomin): — I am inclined to agree . . .

An Hon. Member: — Sit down . . .

Mr. McDonald (Moosomin): — I will sit down when I get good and ready. I really am inclined to agree with the member for Kelsey (Mr. Brockelbank) and if I said anything that should disturb my friend from Regina West (Mr. Blakeney) I am only too pleased to withdraw it.

Mr. Blakeney: — I will withdraw any imputations that I have made about the member for Moosomin.

Mr. Speaker: — The member for Hanley was trying to get in here a few minutes ago . . .

Mr. R.A. Walker (Hanley): — I was going to complain, Your Honor, when the member for Moosomin (Mr. McDonald) was holding forth in this grandiloquent oratory of his about conduct, the way Your Honor conducts this house, that Your Honor has been allowing the rules of the house to be flouted for months and months, by allowing members to read their speeches and I say to Your Honor that he was quite out of order in making references to members reading their speeches, yesterday and the day before, last week and last month, that he should have been treated in the very same way that I was treated a few moments ago, when I referred to the fact that the member for Kerrobert-Kindersley (Mr. Howes) had just read his speech. I was sharply reminded by Your Honor that if I had any objection I should have raised it then, and I submit that was the correct ruling and that is the ruling that the member from Moosomin (Mr. McDonald) should have got and I am sorry that he didn't get that ruling.

Now I want to say one further thing, since apparently it is Your Honor's ruling that we can comment on speeches that were made yesterday and last month. I just want to say this, that it doesn't lie very well in the mouths of hon. members opposite to complain about members on this side of the house reading their speeches. I have listened to as many speeches read on that side of the house as on this side, Your Honor, and I am sure that any uncritical observer who was watching the proceedings in this house knows that it is, I would say hypocritical, if that is not unparliamentary, for any member to get up on the other side, and chastise us on this side about reading speeches. Furthermore, Your Honor, it is blatant hypocrisy for members who have not been in their seats, practically all day, who have found other attractions that have been more enticing to them than the proceedings in this house, throughout the whole day to criticize one member on this side of the house who wasn't in his seat for a few minutes this evening. I think that that comes quite hypocritically from hon. members in that respect, and I want to say that I agree with your Honor's ruling that these lengthy speeches on points of order, ought not to be made.

Some Hon. Members: — Hear, hear!

Mr. Speaker: — Order! I think we are going to take this as a sort of debate on the point of order as to whether or not speeches are going to be read to this house or whether they are not. I think the member from Melfort-Tisdale (Mr. Willis) was going to get in here a minute ago.

Some Hon. Members: — No, no.

Mr. McDonald (Moosomin): — On a point of order, Mr. Speaker.

Mr. Speaker: — The member from Turtleford was speaking. I don't think . . .

Mr. Willis: — Mr. Speaker, I rose on a point of order, Mr. Speaker.

Mr. McDonald (Moosomin): — I rose on a point of order, Mr. Speaker . . .

Mr. Speaker: — Order! Order! Now, I am listening to the member from Melfort-Tisdale (Mr. Willis), let's hear what he has to say, maybe he is speaking on the point of order.

Mr. Willis: — I rise on the point of order, and I spoke this afternoon, Mr. Speaker, and since that time there has been criticism of the fact that some of us have been reading speeches. I want to say that I prepared my own speech, I delivered my own speech, with the exception of this pamphlet. Now, surely, Mr. Speaker, reading this pamphlet which is reported by the Woods Commission, a summary of the Woods Commission, prepared by the former Minister of Health, is not unparliamentary, surely. This is all I have to say on this point, Mr. Speaker.

Mr. McDonald (Moosomin): — The member for Hanley (Mr. Walker) left the inference that I had complained that you had allowed members to read their speeches. Mr. Speaker, I had no intention of leaving that inference in this house and I think if you will recall a statement that I made earlier on, that this is a pattern that has grown up in this house long before you became Speaker. This is a pattern that has grown up in this house under many speakers long before you sat in the high office that you now occupy, and I don't want anyone to think that I am complaining that this practice is only started since you became Speaker. This is a practice that has actually been in effect for eighteen sessions that I know of, and I think the sooner we stop it the better, for members on both sides of this house, and I don't want anyone to think that the charges that I have made are directed at you, Sir. I think these charges are directed at this house and this assembly for having allowed this to develop as a practice, and I think it has been detrimental to the procedures of this house, and all I ask is that you, in your present position, because you are the only member acting as Speaker at the moment who can bring some control out of chaos, as I believe exists at the moment, and I hope that all members on both sides of the house will agree to it, that this house should get down to the proper procedure where a member either speaks from very brief notes, or from his heart, and they do not reiterate in this house the thoughts of people who are not members of this legislature, and I hope this will be applied to both sides of the house and I think it will be for the betterment and the improvement of the decorum and the advancement of the responsibility that we have as legislatures, if this rule and order is applied to both sides of the house, and I hope this will be the case from here on in.

Mr. Speaker: — The member from Turtleford was spending some time trying to get into the debate, and if he is rising on the point of order, or if he merely wants to continue the debate, if he is rising on the point of order, let him do so.

Mr. W. Smishek (Regina East): — Mr. Speaker, I understand when I was out of the house for a moment there was an allegation made about my speech, that someone else had prepared it, and someone outside of this country. Mr. Speaker, I want to flatly deny that, and whoever made that allegation I would like then to produce proof. I prepared my own speech, Mr. Speaker, and my attendance in this house as well, Mr. Speaker, as is well known, has been one hundred per cent. I have been in this house every day, I never missed one day, Mr. Speaker, and it is very unfair to have someone allege without providing proof thereof. If the member has any proof, let him produce it, otherwise, I ask him to withdraw.

Mr. McDonald (Moosomin): — I have no intention of withdrawing. The remarks that the hon. member repeated in this house today have been repeated time and time again by certain influences in the United States against the A.M.A. and I can prove it word for word . . .

Mr. E.I. Wood (Swift Current): — Mr. Speaker, on a point of order, it is a well known rule of this house that the word of a member must be taken. If a member says he has not done anything we have to accept it, and the hon. member opposite knows that as well as I do.

Mr. W.G. Davies (Moose Jaw City): — I just want to say briefly, it seems to me that if there are points of order about people reading their speeches, or having done something that they should not have done within the rules of this house, these points of order should be raised at the time that person is giving his speech. We shouldn't be going back eighteen years, or even in the hazy recollections of the Minister of Agriculture (Mr. McDonald) on matters . . .

Mr. McDonald (Moosomin): — Hazy?

Mr. Davies: — Well, as I see them, Mr. Speaker, they should be raised at the time the speech was given, and I say, Mr. Speaker, that it is quite irregular for members to be harking back to other speeches that have been given. The only speech that is under discussion is the member who was on his feet at the time of the point of order being raised, and all of this discussion is, I think, out of order for that reason.

Mr. Nollet: — I would like to draw to your attention the remark made by

the hon. member for Moosomin (Mr. McDonald) following the remarks made by the hon. member for Regina East (Mr. Smishek). When he asked for a ruling as to whether the hon. member should withdraw, the hon. member from Moosomin, (Mr. McDonald) got to his feet before you could make a ruling, Mr. Speaker, and to you, he said, "I am not going to withdraw." Is this any respect for the Speaker? You would have thought that the hon. member for Moosomin, (Mr. McDonald) would at least have waited until the Speaker made a decision, but no, he thinks he is God; Speaker, and everything; he takes official credit for all sides of the house here, all in one package and may I remind him, too, Mr. Speaker, that he was engaged in a monotonous repetition for the last three-quarters of an hour on nothing, on absolutely nothing.

Some Hon. Members: — Hear, hear!

Hon. D.G. Steuart (Minister of Public Health): — Whatever happened to Bob Wooff?

Some Hon. Members: — Hear, hear!

Mr. Speaker: — Order! Order!

Mr. Wooff: — I think I am going to start, Mr. Speaker, by telling a little story now . . .

An Hon. Member: — They might say you are out of order.

Mr. Wooff: — I have been waiting to tell it for quite a while . . .

Mr. Speaker: — Order! Now is the member continuing his speech or speaking to the point of order? That is what I want to know.

Mr. Wooff: — I am continuing my speech.

Mr. Speaker: — Just wait a minute then. I'm sorry to have to do this, I think we have had a pretty general discussion here in regard to this point of order, in connection with reading speeches, and I think, or at least I hope, that anybody who wished to say anything thereto, has said it. I appreciate the opinions of all members of the house. Perhaps I should also apologize to the house. I knew it was the rule, I knew it was the regulation, and I didn't enforce it. I agree that it hasn't been enforced too well in the past; sometimes it has and sometimes it hasn't, and I apologize for not having enforced the letter of the law. However, if I take the sense of the house correctly after this debate that has taken place on that point of order, if I take the sense of the house correctly, it is that you wish to enforce the rule as it is in the book, and I appreciate all the opinions that you have given me, and I will appreciate all your co-operation in the future in enforcing that law to the letter on all sides of the house and all occasions. Thank you.

Hon. Members: — Hear, hear!

Mr. Wooff: — Thank you, Mr. Speaker, I didn't know I was so important. I would just like to say this to the member from Notekeu-Willowbunch (Mr. J. Hooker) and to the house in general. This is my third legislature and my ninth session, and Mr. Speaker, I have never had a script typed since I started in 1944, I have never had a script typed since I started speaking on political platforms . . .

Mr. Donald G. MacLennan (Last Mountain): — We believe you.

Mr. Wooff: — . . . in 1940, when I spoke for three-quarters of an hour in this house on the Throne Speech debate, moving the reply to the speech from the throne, and the press wanted my notes, they were so rough and so disjointed that they couldn't read them. I took them back to the ladies that were typing and they were just as useless to them as they were to the press. I have never had anyone, at any time, write me a political address, or an address for the house. I have never had anyone write me a radio script or T.V. script so far. Further to the hon. member from Notekeu-Willowbunch (Mr. Hooker), I am a farmer, I would like to be at home, but Mr. Speaker, there are some things more important to me, even than farming. Right now so far as I am concerned we are dealing with one of those problems.

Well, sometimes that is not the whole answer, now as I was saying about half an hour ago, it was at times, such as I have outlined, hospitals were having difficulty, the hospital-doctor relationships, that the disciplinary policies of the College of Physicians and Surgeons were supposed to be the answer to the problem of hospitals, great or small, were having these problems. For the most part, Mr. Speaker, my experience was that these disciplinary measures were so delayed and so belated, that in many instances where there was a build-up of trouble, of hard feelings, and of sometimes very grave and frightening import, insofar as the individuals and the general public and the communities were concerned. When facing such circumstances, as I have outlined, it would have been a wonderful assurance to a hospital board if they had been able to turn to the appeal board that operated under the Hospital Standards Act, and to turn to a body such as this for advice and for help, that they might appeal to both sides of the dispute and give some leadership and some hope of settling these questions.

Why, Mr. Speaker, I would like to know should any democratic governing body be so anxious in one area to have an independent body of arbitration.

The Assembly adjourned at 10:00 p.m.