

LEGISLATIVE ASSEMBLY OF SASKATCHEWAN
First Session — Fifteenth Legislature
52nd Day

Saturday, April 17, 1965

The Assembly met at 10:00 a.m.
On the Orders of the Day.

QUESTION RE BILL NO. 93. AN ACT TO AMEND THE PUBLIC SERVICE SUPERANNUATION ACT

Mr. J.H. Brockelbank (Acting Leader of the Opposition, Kelsey): — Mr. Speaker, before the Orders of the Day, may I say that I am glad to see everybody here looking so bright and shiny, but what I really wanted to ask, Mr. Speaker, is what is the intention of the government in regard to Bill no. 93, which has been standing on our order paper for many days in Committee of the Whole? Bill no. 93 is one to do with the making statutory the superannuation privileges of certain employees. I would like to ask if that is going to be proceeded with.

Hon. W. Ross Thatcher (Premier): — Mr. Speaker, we will be pleased to let the member know what our intentions are at the appropriate time.

ADJOURNED DEBATES

The Assembly resumed the adjourned debate on the motion of Hon. Mr. Steuart (Minister of Health) for second reading of Bill no. 42 — **An Act to amend The Hospitals Standards Act** and the proposed amendment thereto by Mr. Larson, (Pelly).

Mr. R. Wooff (Turtleford): — Mr. Speaker, I have one or two remarks I would like to make, with your permission.

Following the situation that prevailed, I will admit quite frankly, Mr. Speaker, that since I dyed my hair, my eyesight doesn't seem to be quite so good, and my memory not quite so long, therefore, I do have to stay a little closer to my notes than I used to.

I promised the house a story last night and I think you are in a better and more receptive mood, perhaps, this morning. It is a very ordinary story about a farm lady that cooked a pan of prunes and set them out in the back yard to cool, and there was a family of young crows around the yard and they got into these prunes, and gorged themselves, and one after another flew up, five of them in a row and they were pruning themselves in the sunshine, and all of a sudden one of them took off in a northerly direction but he didn't get very far before he fell down dead. The same thing happened to one that went in the opposite direction, they had taken off in all directions with the same result, until there was only one left. He went straight up and in only a few seconds he dropped down dead. The moral — Don't fly off the handle if you are full of prunes.

Some Hon. Members: — Hear, hear!

Mr. Wooff: — As I was saying the other evening, Mr. Speaker, when the difficulties over hospital privileges and so on developed in a community, this was the time when the disciplinary measures of the College of Physicians and Surgeons were supposed to meet the situation, and all too often these disciplinary measures were not applied, or the application was delayed so long that in many cases trouble and hard feelings and divisions developed to grave and frightening proportions, and complications developed which were very difficult to settle, and it was both the sick and the well who suffered. When facing circumstances of this kind, Mr. Speaker, it would be a wonderful help if there had been an independent body to appeal to such as the appeal board which operated under the Hospital Standards Act. Here we could have had advice, counselling, which could in many cases have saved open warfare between the disputing parties and could have saved much of the hardship and hard feelings, and tragic results in many a community. How a government can be so concerned about arbitration methods in certain areas and be so adverse to them in the same application of principles in other areas, is beyond my reasoning, Mr. Speaker.

Throughout all these disputes on privileges, and walkouts and refusals to leave when requested by boards and so on, it has always been the public who has paid the lion's share of the costs, and it has always been the sick who have suffered the most. More than that, Mr. Speaker, in a democracy the government's first responsibility is to the vast majority of the people, not to any privileged segment of society. I would like to make a suggestion, Mr. Speaker, that the government retain this legislation on the books at the present, and secondly, that a Royal Commission be set up to make a study of every aspect of the problem. Now hospital privileges disputes can be settled, and in an impartial manner and not abusing the autonomy of local boards, and still giving the protection so badly needed, not just for the disputants of the case but for the patients of doctors and the public who are taxed to finance our hospitals.

I make this suggestion, Mr. Speaker, because no amount of debating in this house can take away the responsibility of the government to the people of Saskatchewan. In all cases the public pays in part, or in whole, by taxation or donation for these life-preserving institutions, only to find themselves caught between warring factions of which by and large they are not a part. This problem has been widespread in spite of all the attempts by gentlemen, hon. members on the opposite side of the house to state otherwise. They have been widespread over the whole of North America. In the United States we have many cases, in New York, New Jersey, we have had them on the west coast and in many states in between. Right at the present time, Mr. Speaker, we have them in Alberta, in Saskatchewan, in Manitoba, and in Ontario. I believe rather than diminishing they are going to increase unless something is done to alleviate the situation. It is a fact, Mr. Speaker, that some areas already have brought down legislation dealing with this very vexatious and important matter. I would suggest that the government makes Saskatchewan one of the first again in Canada to protect the public and to bring about a means of settling these disputes in a speedy, efficient manner.

I support the amendment.

Mr. A.M. Nicholson (Saskatoon City): — Mr. Speaker, I trust all hon. members had a very happy Easter vacation, and I hope that since a number have had a chance to rest for some time that some additional members opposite will participate in the debate. I was prompted . . .

Hon. D. Steuart: (Minister of Health) — I prayed for you Sandy.

Mr. Nicholson: — I delayed waiting for someone across to get up, and the Minister of Health would be quite in order to speak during this debate, there is an amendment, and he would not be closing the debate, and so I hoped that he will have some opportunity to refer to some of the very copious notes that he has made in the past several days, before closing the debate.

The member from Kerrobert-Kindersley (Mr. Howes) the other night intimated that he didn't like community clinics, didn't like the community clinic doctors, and this is one of his rights and privileges, and I think he shouldn't wish to deny me the right to choose the doctor of my choice and deny the doctor of my choice the right to practise in a hospital which I helped to build and which I help to support. I want to suggest that the community clinic idea is not a new concept for Saskatchewan; it really is an extension of the old municipal doctor scheme and I think we must give credit to the predecessors of the hon. members opposite for having introduced legislation in Saskatchewan which made it possible for communities in this province to have municipal doctors.

I'm sorry the Minister of Public Works (Mr. Gardiner) is not in his place this morning. I was going to suggest to him, and I hope the message will get to him, that I would hope that as part of our Diamond Jubilee Program some thing should be written about the earliest years of the doctors' schemes. It would appear as if these were in existence for at least fifteen years, before any careful study was made regarding their origin. I think that the member for Kerrobert-Kindersley (Mr. Howes) charged that the previous government was in some way responsible for the crisis which developed in Eston back in 1957. When I asked him to outline what the sins of commission or omission were, he declined to elaborate, and I think that if there was any blame attached to the previous government, the then Minister of Health (Mr. Walter Erb) must be the person to blame, and I would be inclined to agree with the member for Kerrobert-Kindersley (Mr. Howes) that if the present Minister of Health (Mr. Steuart) had been Minister of Health at that time, he would have provided greater leadership.

As I mentioned the other night the public meeting was held in Eston on the 11th of April, 1957. I feel sure that if this matter had been brought to the attention of the present Minister of Health (Mr. Steuart) he would have been in Eston for the meeting with his deputy minister. Now, Mr. Erb sent along a couple of men, away down the ladder, and I know they did the best they could, but this appeared to a great many, at the time, to be a major crisis, and the fact that the former Minister of Health delayed so long before appointing an inquiry commission would suggest that he was remiss in his duties, because it wasn't until the 19th of November that public hearings were held in Eston, and I repeat again, on the 8th of April, a group of eight members from the municipalities, which were paying the young doctor, suggested that he tender his resignation and the meeting was held a few days later, and it was called in very short order and the hall was jammed to capacity. The basement was crowded, and I presume that the member for Kerrobert-Kindersley (Mr. Howes) was suggesting that the Minister for Public Health should have been there, and I will not quarrel with him if this was a criticism which he was directing against Walter Erb, who was the minister at that time.

The fact that the findings did not appear in the Star Phoenix until July 21st, some fifteen months after the crisis developed, would suggest to me that the legislation which existed in Saskatchewan then, the legislation which will exist if Bill 42 passes, just did not stand up when a serious crisis developed. So, I hope that as we proceed, the member for Elrose (Mr. Leith) who spoke with a good deal of feeling the other night, will participate again this morning and I wish he would develop further some of the comments he made the other night. As I intimated, the question of government participating in the support of doctors to provide better health is not new in Saskatchewan. I speak with some experience myself. In 1930, my wife and I found our new home was in Hudson Bay Junction in north-eastern Saskatchewan. A very capable young doctor, Dr. Collins was the doctor. He had a contract with the lumbering corporation operators in the area. He has a contract so that for \$1 per man, per month, he would provide the necessary medical care for men working within a radius of about 50 to 60 miles of Hudson Bay Junction. He had 1,200 men on his panel, and as one might expect, bush workers were a healthy group and he did very well on the income of \$100 a month. Apart from the occasional accident, there were not many serious problems which arose. Then when the depression came and every saw-mill was closed, and there were no men to pay \$1 per person, per month, this doctor, his wife — a very accomplished violinist — and their little boy, found themselves without any income. At the same time . . .

Mr. Bernard Gallagher (Yorkton): — Mr. Speaker, on a point of order, I wonder what this long-winded story by the member for Saskatoon (Mr. Nicholson) has got to do with the amendment to the bill.

Mr. K. Gordon Romuld (Canora): — The saw-mills did not close.

Mr. Nicholson: — The member for Yorkton and the member for Canora will have an opportunity later, and the member for Kerrobert-Kindersley (Mr. Howes) challenged the concept of community doctors and the member for Canora (Mr. Romuld) hasn't dared stand in his place, he talks from his seat, but he is afraid to stand in his place and discuss the question which is before us.

Mr. C.G. Willis (Melfort-Tisdale): — He talks about turkey doctors . . .

Mr. Nicholson: — Yes, he may say something about turkey doctors. That will be familiar to him. Now, getting back to Hudson Bay Junction. A very competent doctor who had taken a strong stand the previous year, when the Ku Klux Klan issue was up, found themselves without income, and people in large numbers were moving in from the drought area. They were receiving relief from the federal and provincial governments, but no provision for medical care, and the Board of Trade made representation to the Conservative government of the day to make some provision for medical care for this important group of our people, but the Conservative government, for some reason or other, refused to grant any assistance, and the community lost the only doctor who was available in a circle with a diameter of 150 miles, but later pressure was put on the Conservative government of the day and they did yield and they said if you can get a doctor who will go to Hudson Bay Junction for \$50 a month, we will pay \$50 a month. Mr. Speaker, believe it or not . . .

An Hon. Member: — A Liberal government.

Mr. Nicholson: — No, this was before the Liberals

took over, although they continued the arrangement. Believe it or not, when the advertisement appeared, there was a doctor with his wife and four children, who arrived in Hudson Bay Junction and the deal was that for \$50 a month he would not refuse medical care to anyone on relief, and this was a very sizeable number. So the community did have help, but the relief officer, when the Liberals took over, took a very rigid view. This arrangement continued for some time. Of course, the doctor was able to supplement his income; those who weren't on relief were expected to pay the prevailing rates and he could manage, but he did come with this guarantee.

I remember a young woman coming to our home, she was selling pint sealers of canned strawberries and vegetables at 25 cents a pint, and when asked why, she said their first baby was expected and the relief officer had refused to give any assistance for her stay in the nursing home. There was no hospital within 15 miles, but there was a practical nurse who for \$35 agreed to take expectant mothers in before the arrival of the baby and look after them and keep them until they went home. The relief officer said to this young mother, "Don't you realize that a lot of your neighbors have babies at home, they don't ask for this sort of care." I wasn't too busy to write to the Premier of the day, and again arrangements were made that this mother was able to go to the nearest hospital as it turned out.

This was the general attitude of governments in those days regarding the health of people. As I said previously, I hope that during this Jubilee year we will make it possible to put together something of the history of municipal doctors. A number of municipalities claim that theirs was the first, the R.M. of Sarnia in 1914 made a contract with a doctor, but it wasn't until 1916, and I must give the Liberal government of the day full marks for passing legislation in 1916 which would make it possible for a municipality to offer financial inducements to a doctor who would practice in the community.

There also was a maximum; they couldn't offer more than \$1,500 and if they wanted to employ a nurse, there was a maximum of \$1,000 and it was understood that this \$1,500 would reimburse the doctor for his services to any of the indigent people in the municipality. But gradually the provisions were extended, and in 1919, additional legislation was passed which gave the R.M.'s wider powers still. They could employ municipal physicians to provide care for all the residents, but they couldn't pay more than \$5,000 a year. The conditions were such in rural communities that there were doctors who were quite prepared to offer their services to provide the very best they could to everyone for \$5,000 a year, and again, in 1935 . . .

Hon. D. Heald (Attorney General): — Mr. Speaker, on a point of order I'm sure this account of the early days in the medical profession of Saskatchewan is very interesting. It is very interesting to me, because he referred to the R.M. of Sarnia, and I think you were talking about Dr. Schmidt. However, I wonder how much it has to do with the bill before us, and the amendment, and one of my colleagues rose in his place a few minutes ago on a point of order, and I have been hoping ever since that point of order was made that you would connect up this very interesting historical review with the debate that we are in. I would hope that the hon. member would seek to do that before very long.

Mr. Brockelbank (Acting Leader of the Opposition, Kelsey): — Mr. Speaker, on the point of order, the bill before us proposes to do away with certain provisions which have a great effect on the question of the provision of health services. I don't see how we can argue about these without establishing that there is a basic need, that there was a background that required, for example, the community clinics and it is the community clinics that are under question and the problems that they have. So, I think what the member is doing is pointing out the conditions in regard to medical attention which existed in the past, demonstrating very well the need for such things as community clinics, giving illustrations of certain operations that came very close to being something like a community clinic, and I think all this is background to the argument and quite properly so.

Mr. Gallagher: — Mr. Speaker, on the point of order, I don't doubt at all that anybody denies the fact that what the elderly member from Saskatoon has been talking about might be interesting for Saskatchewan historians or that it hasn't got some relation to medical care and health services, but the fact remains, Mr. Speaker, that this member spoke on the original motion, and now if he is to abide by the rules of the house, having spoken on the original motion he must confine his remarks to the principle of the amendment.

point that there is a definite relationship between community clinics and the voluntary efforts of people in this province to establish medical services previously. First in our municipal schemes, and incidentally, to answer the contention that has been raised opposite, that the only time that any problems arose was when the medicare legislation was brought in and placed on the statute books in this province. He will be pointing out, no doubt, that the municipal doctor scheme was also vigorously opposed by the College of Physicians and Surgeons, by certain people in the college at that time, and I think this is what the member has been endeavoring to do, and in order to do so, he has to make reference to some historical precedents.

Hon. D. Boldt (Minister of Social Welfare): — Mr. Speaker, on a point of order. I was said here that the senior member from Saskatoon was trying to make a point. He has never yet made a point in this house and he won't now, I'm sure.

Mr. Nicholson: — Mr. Speaker, could I on a point of order, Mr. Speaker — the amendment reads as follows:

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.

Your Honour will recall that the member for Kerrobert-Kindersley (Mr. Howes) discussed the community clinics. He was opposed to them and the doctors and I submit that the background that . . .

Mr. Steuart: — Mr. Speaker, on a point of privilege. The hon. member (Mr. Howes) never said he was opposed to community clinics. Please try to keep to the truth . . .

Mr. Nicholson: — Well, the hon. member hasn't denied it. He's not present to deny it, but I submit, Mr. Speaker, that my remarks are in order considering the amendment which is before us.

Mr. Speaker: — The question before the house is 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 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.

We are debating now, the amendment. I have allowed, probably more latitude than should have been allowed. I couldn't say. I think the point of order by the Attorney General (Mr. Heald) is well taken. We are debating the amendment. The amendment relates to a Royal Commission and the tabling of its report after it is done with, if it is ordered to do so. That is what we must debate. We are debating the amendment.

Mr. Nicholson: — Mr. Speaker, I'm sure hon. members will agree that if the original bill passes it is directed against the community clinics in the province . . .

Mr. Steuart: — No. Nonsense.

Mr. Speaker: — We are not talking about the original bill passing or not passing. We are debating the amendment and I am going to ask the member to relate his remarks to the amendment. One member did this in this house already and I think he made a pretty fair job of it. Take a few examples from him.

Mr. Nicholson: — Yes, well, Mr. Speaker, I am sure that Your Honour will agree as I proceed, that the information that I am submitting to the house, in due respect to the Attorney General (Mr. Heald) is quite relevant and I think that

if the legislature of the province in 1919 found it desirable to pass legislation . . .

Mr. Heald: — On a further point of order. Your Honour has made a ruling and now as I understand it, the hon. member from Saskatoon (Mr. Nicholson) is prepared to argue that your ruling is wrong. The ruling has been made that your historical survey is not relevant to the amendment. I think, Mr. Speaker, that the hon. member should abide by the ruling.

Mr. Nicholson: — Mr. Speaker, I am trying to give the house reasons why this measure should be referred to a Royal Commission, and I am sure that hon. members, so early in the morning after a restful day are not proposing that the rights of free speech should be denied and that the government majority is going to deny a member the right to proceed with his argument.

Mr. Heald: — All we want you to do is abide by the Speaker's ruling, the rule of relevance. That's all.

Mr. Nicholson: — Well, Mr. Speaker, I trust you will call me to order if you decide that I am violating your orders and that I am not discussing the amendment which is before us.

In 1935 further legislation was passed to make it possible for towns and villages to participate and where their contribution would not exceed \$2 per person. Again in 1937, municipalities were allowed to provide surgical care with no restrictions on salary. Then in 1939 these different statutes would indicate the community concern and particularly in the province for the needs in rural Saskatchewan, where the Municipal Medical and Hospital Services Act was passed so that medical care could be provided for everyone in the municipality and that people in the towns and villages could also participate providing that they should not be required to pay more than \$50 per family per year. In 1945 the policy which was introduced by a previous Liberal government was greatly extended and legislation was passed to urge more communities to participate and greater incentives were given. There is no record of the number of people in the province who were covered under these various plans in the early years but by 1939, when the Liberals were in office, more than 183,000 people in the province were covered under these various schemes, and by 1947, 210,000 people in the province were covered and about two-thirds of these were covered by combined medical and surgical plans.

The medical contracts for single doctors — the doctors who were working alone — provided general medical services, phone calls, office calls. By 1959 there were about 65,000 people who were participating in some of these shared schemes. In some of the municipalities they had contracts with one doctor, two doctors, three doctors, with a maximum of nine doctors.

The CCF government worked out an incentive program which was based on the assessment. Where the assessment was under \$600 there was available a grant of \$2 per person per year if one or more doctors would be employed. If the assessment was between \$600 and \$700, it dropped to \$1.70. As the assessment increased, the amounts paid reduced to \$1.40, \$1.10, 80 cents, 50 cents to no subsidy if the assessment was over \$1,200.

Hon. members would be interested in knowing that for the first time sizeable amounts of money were included in the budget for grants to encourage municipalities to provide municipal doctors. In the fiscal year ending in 1950, this totalled \$72,000; in 1951 \$69,000; the next year \$72,000. It continued in amounts in excess of \$50,000 right down until medicare was introduced. This indicated the community clinic idea is merely an extension of the principle which was introduced as early as 1914 or probably earlier. There were a. number of communities apparently that did provide assistance to doctors, although there wasn't any legislation in existence until 1916.

The question which should be referred to a Royal Commission is the whole question of whether this concept is in the interests of better health for the people of the province and the community clinic idea is quite a sound idea. It is in keeping with the general outline of the World Health Organization in its charter which says:

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social

condition. The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and states.

I am quoting of course, from the Royal Commission on Health Services of which Mr. Justice Hall was the chairman and he also quotes another significant statement:

Civilized communities have arrived at two conclusions from which there will be no retreat though their full realization and experience has nowhere been completely achieved.

In the first place, the health of every individual is a social concern and responsibility and secondly, as following from the first, medical care in its widest sense, for every individual, is an essential condition of maximum efficiency and happiness in a civilized community.

And as I said, the concept behind the community clinics is in line with the charter in the World Health Organization and there are a number of important factors. The expanding body of new medical knowledge is one of the factors that makes it desirable for doctors to work in groups so that no one person is expected to carry all the information that is available in his head. The changes in public attitude from one of indifference to one of firm belief in the individual's right to health, has been one of the very significant changes. The rising demand for health services, coupled with the willingness and the means to pay compensation for comprehensive care, and the growth of prepayment plans here and elsewhere and the growth of group medical practise to apply new medical knowledge in providing comprehensive care to the people.

Late in June of 1962, anticipating that there might be a withdrawal of normal services by the majority of Saskatchewan doctors, groups of people in various communities became concerned about their health problems as they did back in 1914 and 1916 and 1919, and throughout the years. What would they do if we suddenly lose our doctors? So programs were considered, as small numbers of doctors, even before the withdrawal of services, became concerned about the health of the people. If a majority of the doctors went on holidays and the emotionalism which engendered during those twenty-three days during which normal medical services were suspended, provided further momentum for the establishment of more citizens groups.

The first community clinic was opened in Prince Albert on July 1st by Dr. O.K. Hjertaas. If the Minister of Health was in his place, I am sure he would agree with me that Dr. Hjertaas is one of the best trained and one of the most competent doctors in the province. It is only fitting that to him should be given the credit for having been available, the person to be available in the clinic on the first of July. And a close second was in my own city of Saskatoon when Dr. J.D. Whitney was available on July 3rd on the Monday. I never heard of Dr. Whitney until this crisis. She was a Saskatchewan trained nurse who graduated in medicine and was busy bringing up her small family when this crisis developed and she felt that she could not sit idly by when, in a large city like Saskatoon there might be a great many people unable to get medical services, and the propriety of these clinics was confirmed when the College of Physicians and Surgeons along with the Government of Saskatchewan signed the Saskatoon Agreement. Paragraph fourteen of the agreement is quite clear.

There may be places where few or no doctors have enrolled for direct payment by the Medical Care Insurance Commission so that patients are denied the choice of such doctors. It is not for the commission to appoint doctors in such places. The remedy is in the hands of the citizens themselves. They can establish premises and invite doctors who wish to enrol for direct payment, to rent such premises and set up practise in them. If citizens wish advice about establishing such premises and assistance in choosing such doctors, this can be made available by the Medical Care Insurance Commission. In some small places, citizens may want a doctor where there is no medical need and where a doctor's skill would be wasted. That is why the commission must be able to advise citizens before they make a final decision to establish. The interest of such

enrolled doctors must be safeguarded from improper citizen pressure. The role of the citizen group in the provision of insured services must be limited to that of landlord. The only condition which the citizen can properly lay down is that the doctor or doctors in their premises, shall be enrolled for direct payment. Unless abuses arise, there is no legislation needed here.

As I said, this paragraph was agreed to by the members of the Council of the College of Physicians and Surgeons and the members of the government.

As I said, the origins of the community clinic goes back some time and way in the background of the experience of the people of the province in the co-operative movement and the knowledge of the success of community sponsored groups in other places. The broad purpose of the clinics would be the provision of the facilities within which the doctors and the consumers can co-operate to develop a high quality of family health care, with no financial deterrent and with the emphasis on the maximum health and prevention of disease in the community. The lay association are legally incorporated under either the Saskatchewan Mutual Hospital Benefit Association or the Saskatchewan Co-operative Association Act and I hope the minister in charge of co-operatives will find it convenient to participate in this debate and support the proposal that for the protection of the co-operative organizations which have a sizeable interest that he will be agreeable to have a Royal Commission review the matter and bring back a recommendation.

They are interested in providing suitable premises and facilities for the group practice of medicine by general practitioners and specialists working together. They are interested in including in the facilities the most comprehensive range of services. Associations are required by law to operate on a non-profit basis. They are interested in arranging for the provision of services not covered by the Medical Care Insurance Plan. The Associations are interested in carrying out, in co-operation with doctors and other appropriate agencies, programs of health education for their members and encouraging members to participate in projects to further the health and welfare of their members and the entire community. The doctors who rent facilities from the consumer lay association comprise a group of doctors interested in the promotion of good practise in consumer sponsored facilities, working within the tax financed medicare insurance program.

Again, Mr. Speaker, I would like to draw the attention of members to the fact that the Hall Commission approved of this procedure on page 34. In the first edition, they recommend that loans be made available under the National Housing Act, for financing facilities for group practice clinics, on the basis of terms as provided for new houses; and on thirty-five that the capital cost allowance provisions governing the construction and equipping of group practice clinics be amended to permit capital costs to be written off at twice the rate permitted under present regulations.

Again, Mr. Speaker, I submit, this is a further reason why this important subject should be referred to a Royal Commission and a report received from this commission where we would have information regarding the proposal made by Mr. Justice Hall.

I plan on saying something about three group practices I visited outside this province. I agree that this is a fairly new concept, but it is a developing concept which is going to be given much higher priority since President Johnson of the United States is recognizing that this is a very valuable field of activity. The Council of the College of Physicians and Surgeons have been concerned about the possibility of the community clinics developing in both urban and rural centres and they are afraid that the pattern of medical practice and specialist referrals might be changed, but I am sure that on the other hand the community clinics have felt that they have been discriminated against by their official organization because they have refused to conform to the position of the council during and since the medicare crisis. The community clinic doctors feel that the official body of the profession has refused to negotiate with them in good faith. They have been concerned about the refusal of the Council of the College of Surgeons to meet them, to sit across the table and discuss some of these problems. They are also concerned about the question of their hospital privileges. While they have requested no special privileges, they have taken note of the fact that community clinic doctors have experienced more difficulties in obtaining hospital privileges since July, 1962 than all other doctors combined in the history of the province. I submit, Mr. Speaker, that this is one more reason why this important question should be referred to a Royal

Commission and a report of such investigation be tabled in the legislature.

The community clinic doctors have drawn attention to the findings of the Woods Royal Commission. Mr. Justice Woods points out that the majority of the doctors have the responsibility of sitting in judgment on those with whom they are in basic philosophic disagreement. The inability to establish lines of communication between the official body of the medical profession and the community clinic doctors lies at the heart of the continuing controversy within Saskatchewan. The disagreement between doctors is not new. Those who have pioneered new ideas have frequently found that they were in conflict with the majority.

One of the interesting people I have had the good fortune to know was the late Sir Frederick Banting. A first cousin of his, Mrs. Fraser, was a constituent of the hon. member for Kelsey (Mr. Brockelbank) and I happened to know this family very well and they told me how anxious the members of the family were when Sir Frederick, a very brilliant boy and a medical student graduate spent so many years without apparently having a large income. Of course, when he became the co-discoverer of insulin, the picture very quickly changed. He was one of the very few doctors who has been knighted for his very distinguished services. I was interested in finding that the making of money was not an important matter in the life of Sir Frederick. When he met his untimely death he did not have extensive assets. He considered that a worthwhile goal was to give one's best to society and not to worry about the amassing of a fortune. He told me that when insulin was discovered, one of the large drug firms offered him \$1,000,000 for the exclusive right to manufacture and sell insulin. He, of course, rejected the offer and a more senior person came back who increased the offer. And Sir Frederick told me that he was quite annoyed at this. He said "Are you asking me to be a party to murder?" Well, how does this arise. He said "Insulin was made possible because the University of Toronto made it possible for me to do research work for a long period and I do not propose to make a fortune myself or permit anyone else to make a fortune. As far as I am concerned, insulin will be made available at the lowest possible cost and any profits which might arise, will go to the University of Toronto and will be made available for further research."

I submit, Mr. Speaker, that those who have chosen to give their best service to society, rejecting opportunities to become wealthy and not unduly concerned about having the maximum amount, are the exception to the rule, but we would not have made the progress in medical science in this country and other countries had there not been people like Sir Frederick who were prepared to spend long hours when the prospects of having success were not always too bright.

I mentioned that I visited several centres in the United States some years ago. I visited the Kaiser Group Plan in Oakland, California. Kaiser found himself with very large contracts during the second world war, and the question of keeping his employees gave him a good deal of anxiety. Doctors were in short supply and so Kaiser came up with the idea of having a group practice plan, having his own hospital, so the doctors would work as members of a team and provide care on a round-the-clock basis so that no one doctor was expected to work these very long hours. I had the privilege of discussing with these doctors working in this plan and they said that as far as a surgeon was concerned he probably wouldn't make as high an income as some surgeons in California working alone, but they said that when you died you couldn't take your wealth with you and this was the type of practice which appealed to them.

In the city of New York where they have a very large number of municipal employees who are involved in a group. They make their payments and they have the very best of care and quality of surgery in the area where doctors are working as members of a team. I had an ear, nose and throat surgeon explain to me that removing children's tonsils isn't likely to do them any harm, but a high percentage of people go through life without having their tonsils removed and it is hard to understand why in one part of the city, more children have their tonsils removed in a given year than in the other part. In one part where they are working for a fee service, twice as many as in the area where they are working in group practice.

In Sault Ste. Marie, Ontario, we have the first and most exciting group practice plan that was introduced by the steel workers, since we are embarked on a very ambitious program in Saskatchewan. It's first on the continent and the present government has intimated that before this measure is passed, we should have a Royal Commission and this commission should go to Sault Ste. Marie to see how the group practice is working out in this city. Six thousand steel workers build their own facility and retain their

own physicians and community people have some part in developing the program. I had the privilege of visiting this centre last fall, and meeting the doctors and members of the board, and as I said, 6,000 members paid \$135 each, a total of over \$800,000 to provide what I certainly regard as the finest facility that I have seen, and I mentioned the other two in Oakland, California and New York. Maybe there have been better ones built since, but certainly the Sault Ste. Marie centre is an improvement; they have incorporated the best that is found in Oakland and the best that is found in the moniform complex of New York city. Now what is their goal? Their goal is to provide the vehicle for a great extension of a practice now common in industry of providing health care and treatment for employees of industrial concerns by agreement between employers and the trade unions of their employees' choice, and this is important, a bonus deal and the steel workers have co-operated fully over several years.

It provides the unique example of efficient consumer self-help. Lay persons have built adequate physical plants in which care and treatment are being given. It operates on the principle that service and services are provided, not the customers are to be reimbursed for the cost of such service and services where they can be found. It stresses preventive medicine and by putting routine examinations, diagnostic x-ray and laboratory procedures without additional charge, makes possible the discovery and early treatment of incipient disease. It combines the best features of group practice of medicine with the principle of budgeting in advance for the patient, by providing all the subscribers with one all-inclusive contract. It eliminates the need for many costly accounting and other services, thereby reducing the cost to the patient and improving the efficiency of the service provided by providing the physical equipment and economic resource necessary for their support. It made it possible for a group of professional persons to provide services tailored to the needs of the community. It has made it possible for its subscribers to budget and prepay the expense of medical care with near certainty that additional expense will not be incurred. The group health association was organized to provide comprehensive health care on a prepayment basis for members of the sponsoring groups of consumers with the three local unions of the United Steel Workers, and the association constructed and now operates fully equipped health centre serving 15,000 persons including the subscribers and families. The centre is managed by a board of directors which at present include three of eleven who represent the community at large. In addition to the representatives of the company and the union, they have involved the community, and the structure is so built that it can be extended if necessary. As I said, it is one of the finest buildings I have ever seen anywhere, and it was designed for the group practice of medicine and incorporating numerous advance features of layout and equipment. The facilities include the X-ray, Electrocardiograph rooms, extensive department of medicine, dispensary, laboratory, optometric examining room and pharmacy. A surgery is provided for emergencies and minor procedures although physical treatment would be normally carried out in hospitals. The centre offers a convenient and comfortable facility for the patients, for the doctors and auxiliary staff, including attractive reception and reading areas, centralized records, a medical library and an efficient administration centre. It makes immediate referrals in emergencies and provides twenty-four hour contact with patients requiring services outside regular hours. As I mentioned \$135 each was paid by the members of the union by having deductions from their payroll a couple of years before the building was actually complete and as I said, they are justifiably proud.

In the case of the Algoma Steel Corporation, the union agreed to a dual choice procedure under which in September, 1962, employees exercised individual options. They selected membership either in the health centre program or in a commercial indemnity type plan, designed to pay for medical services to the extent possible with the premium funds available, and to the credit of the steel locals, they permitted their competitors to advertise in their regular paper, and employee contributions were held at the then prevailing level and the corporation share was increased so as to meet two-thirds of the premium cost.

It was also the first dual choice election. Confirmed experience of the early sponsorship campaign indicated some 80 per cent of the employees indicated their preference for the health centre program. As hon. members might expect, some of the others who were opposed to group practice plans carried on a pretty intensive campaign to try to persuade the union members to desert their own group practice and to select one of the commercial indemnity types. Another group of 450 employees at another steel plant there selected the health centre group as their group and when I was there last fall, there were over 15,000 people who were entitled to receive care through the health centre. The place was very, very busy, and patients and doctors

both seemed to think that this first for Ontario and the first for Canada will be watched very carefully by people in other parts of the country.

The initial ratio of one doctor for every 1,200 will be maintained or improved, if necessary, through the recruitment of additional physicians. Nurses, technicians and other auxiliary personnel will also be added as required and serving the centre. When I was there, I found there were six family physicians, seven specialists, two surgeons, an obstetrician-gynecologist, radiologist, anaesthetist and an internalist. A total of nineteen doctors, and in addition, of course, they had the administrator, physiotherapist, nurses, x-ray and laboratory technicians and all the necessary medical staff and assistants. The program is designed to provide services directly to patients on whose behalf the required contributions have been made towards the cost of establishing and operating the program. These benefits may be defined as all the services the patient requires and can be obtained through the health centre and not simply those services, the price of which the insurer is prepared to pay.

Health centre benefits generally embrace all necessary medical care at the centre, in hospital and in the home, and include periodic health examinations, immunization and other preventive measures. Because of its structure, health centre is also able to engage in the systematic program of health education as well as rehabilitative medicine and research, all by or under the supervision of skilled personnel, including the physical therapist. The benefit restrictions as may be imposed at this stage of development by financial and physical eliminations are clearly defined and do not in any case involve extra billing by the health centre. Dental care, drugs and appliances were not provided at that time, and the pharmacy was operated under contract by independent pharmacists. They had some difficulty with the College of Pharmacy for the province in that they hadn't been given permission at that time to operate their own pharmacy. They were still negotiating and hoping that this would be an additional service that would reduce their costs if they could operate their own pharmacy. Certain medical services to which a subscriber may become entitled under public programs, such as Workmen's Compensation, are excluded only in the sense that the cost of treatment provided by the health centre would be chargeable to the appropriate government agency.

In some cases, it would be necessary to report a patient outside the group for consultation or treatment. Payment for which would be made by the association. Subscribers and their families are entitled to payment for emergency medical care when outside the area serviced by the centre and under some circumstances for the services of local physicians outside the group. Just as our citizens are able to get coverage when they leave the province, provision is made if their members leave Sault Ste. Marie or leave the province in an event of emergency they are covered.

From the consumer's point of view, the combination which I mentioned, prepayment and direct provision of service through group practice, offers in a single program the best possible medical care and the best available means of paying for it. The physicians' point of view, no doubt, can better be expressed by the physicians themselves, but the doctors I happened to see there felt that this is a most interesting experiment. Instead of working in competition with your fellow doctors, you are working in co-operation to try to keep as healthy as possible a group of 15,000 people. If you can keep them in the pink of health so that they do not have to come to the clinic, you have less work to do. This was one of the important features which appealed to them and they were expecting that in other parts of Canada, members of trade unions would be taking a leaf out of their book and be moving in this direction.

In the United States, as I mentioned earlier, the late President Kennedy and now, President Johnson has given careful consideration to this aspect of medical care and they have a bill which was introduced in the House of Representatives on January 18th of this year, to encourage group practice, the declaration of the purpose reads as follows:

The Congress hereby finds and declares that group practice in medicine or dentistry offers great promise of improving the quality of medical or dental care, of reducing the occasion of hospitalization and otherwise achieving significant economies to the participating practitioners and to their patients of contributing particularly in the small communities of the nation, to more effective distribution and utilization of physicians, dentists, and other health services in short supply, and facilitating the establishment

operation, and expansion of voluntary prepayment plans, offering comprehensive health services to their members or subscribers.

Congress further finds and declares:

That lack of specialized facilities needed and the difficulty of obtaining financing on reasonable terms to construct and equip such facilities constitute major obstacles to the development of group practice. It is therefore the purpose of this title to encourage group practice through assurance of availability of credit, on reasonable terms to the group practice units or organizations, particularly those in smaller communities and those sponsored by co-operative or other non-profit organizations, to assist in financing the construction and equipment of group practice facilities.

So, Mr. Speaker, I submit that the experience in places like New York, California, and Sault Ste. Marie, would suggest that it would be in the best interests of this house if it should decline 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. A good deal of reference has been made to the United Kingdom. Doctors for years were not considered to have the best possible training unless they had taken some post-graduate work in the old country. The member for Regina West, (Mr. Blakeney) is one of the fortunate members of this chamber. He had the good fortune to go to Oxford for post-graduate training, and like many doctors in years past went to London, Edinburgh, Dublin, or any number of places over there, to consider, to improve their training and it wasn't until July, 1962, that any questions were raised about the type of training that British doctors had. I would think that this Royal Commission should have a look at what is happening in Great Britain. Now I know that the Liberals in Great Britain take a good deal of credit for having pioneered in this particular field and the present legislation was introduced by a Labor government and wasn't repealed or drastically changed by the Conservative government, and those who have gone to the United Kingdom with unbiased views have expressed the view that they are providing better care than they did previously and both doctors and patients on the whole would not like to go back to the old days when each individual was required to pay for each individual service. A number of impartial people have visited that country and have made objective reports which indicate that this program is there to stay.

One of the best authorities is probably Doctor Paul Gemo who is a professor of economics at the University of Pennsylvania. After his visit he reported that membership in the health service was and is completely voluntary. Doctors and patients alike have been free to take it or leave it. A person whose family doctor decided to join, could either remain with him, under the service, or change to another doctor inside, or outside the service as he preferred. Anyone who did not have a regular physician could become the patient of another under the national health plan who was willing to accept him. A doctor had the choice of remaining exclusively in private practice or practising only under the service or as most doctors decided to do, of joining it while retaining as many private patients as cared to stay with him, on the old fee-for-service basis. So there was a great variety. Under the national health plan, it has always been easy for a patient to change to a new doctor or for a doctor to get rid of an objectionable patient. This right to change is seldom exercised by the doctors and rarely by the patient. Usually the patients who do change are patients who move to another group. Of the 600 patients that Doctor Gemo interviewed, only 15 per cent of those who had changed said that the reason for changing was dissatisfaction with a doctor. Having joined the service by signing up with a doctor in it, the patient was entitled to whatever health care he might need, within the capacity of the country to provide it. Probably most important of all, as one English writer put it, every child, housewife, and old person had a personal doctor, a service previously available to low income workers but not to each dependent and hence out of reach of perhaps half the total of the population because they could not afford it, but times have changed. The plan now is comprehensive. Free access to a general practitioner was only the beginning, for the national health service also provided specialist care, hospitalization and very wide range of benefits.

Under the contract with the Minister of Health, the family doctors agreed, for example, to provide adequate waiting rooms and consulting room

facilities and establish office hours convenient to his patients and to be on hand at the stated time unless absent on emergency call, to visit in their homes any patients who were too ill to come to the office, to be accessible by telephone at all times, to provide a substitute, general practitioner when he himself was away on nights off, or weekends or vacations, to arrange with other specialists for health care that he personally was not trained or otherwise equipped to provide. As I said, the plan is there to stay. The busy doctors sometimes feel that they are over worked, when Lord Taylor was in the province, he was asked by one of the critics of the British team,

Lord Taylor, would it not be true to say that the British doctors are overworked and grossly underpaid.

Like a flash, Lord Taylor replied:

Sir, do you know of anyone who does not consider that he is overworked and grossly underpaid?

This, no doubt, applies to British doctors as well as to anyone else in the land. The notion that patients who generally require hospital treatment are often kept out of hospitals because beds are occupied with persons of minor ailments found support from only three per cent of the doctors questioned. Twenty per cent said that this occurs occasionally. Another seventy-seven per cent said that it almost never happens.

Again I suggest that the member for Athabasca, (Mr. Guy) has a very large constituency where health care is very important and I think he should participate in this important debate and indicate whether or not, he does not think it would be in the public interest that the subject matter of this be referred to a Royal Commission, so that this Royal Commission would have a chance to review what is happening in other parts of the world. The case of the seriously ill, almost half the patients interviewed or members of their household, have had what their doctors pronounce serious illness, their ailments covered a very wide variety. Seventy-six per cent of them reported that they had excellent care and eighteen per cent good, and three per cent fair, and three per cent poor. I submit that this indicates that the majority of the people are well pleased.

Then a general practitioner was asked, under the service, are the medical needs of the country as a whole better met, less well met, or about the same as before, and eighty-seven per cent of the general practitioners who were interviewed said that they were better met. And when the doctors were asked "do you regard the service as substantially the same nature as a permanent British institution?" Remember, the doctors were asked this and 98.5 per cent said yes and less than two per cent said no. There were others in Britain when Professor Gemo was there, who were asking the same question. The British Institute on Public Opinion, their gallup poll was also concerned and they found that the doctors who were, how would you rate it, favorable, their percentage wasn't quite as high, but it was eighty-nine per cent.

Well, Mr. Speaker, I have advanced my arguments as to why this bill should not now be read, but the subject matter be investigated by a Royal Commission, and I am glad to see that the Premier has come into the house, I hope . . .

Hon. W. Ross Thatcher (Premier): — I'm just leaving . . .

Mr. Nicholson: — I was hoping he would stay long enough to have something to say regarding this important subject.

Mr. Steuart: — How can he, when you are talking all the time?

Mr. Nicholson: — I give fair warning . . .

Mr. Steuart: — . . . number one . . .

Mr. Nicholson: — I give fair warning, I am about to resume my seat and . . .

An Hon. Member: — Oh, go on . . .

Mr. Steuart: — Now think about it carefully.

Mr. Nicholson: — I hope that the Minister of Public Health (Mr. Steuart) is

ready now to deal with these extensive notes that he has made since this debate started, which he was holding till he closes the debate. There have . . .

Mr. Steuart: — I'm not ready yet. In another hour I might be just in the mood.

Mr. Nicholson: — There have been sufficient comments on the amendment I think to provide some ammunition, but Mr. Speaker, I think that we cannot reasonably expect it to pass, to reject this amendment until some members on the government side make a more convincing argument than was offered by the member for Kerrobert-Kindersley (Mr. Howes) or the member for Moosomin (Mr. McDonald) when he spoke the other evening. If the government feel that this is a very important question they cannot yield on, I challenge them to go to the country, to give the voters of Saskatchewan a chance to decide whether or not this is in the public interest.

Some Hon. Members: — Hear, hear!

Mr. Nicholson: — I will conclude with this, and I hope someone opposite will have something convincing to say as to why this assembly should not accept this very reasonable amendment.

Some Hon. Members: — Hear, hear!

Mr. Romuld: — Would the hon. member permit a question?

Mr. Nicholson: — Yes, I will be glad to take your question.

Mr. Romuld: — How many community clinic doctors are there in the province and how many at the present time are denied hospital privileges.

Mr. Nicholson: — Mr. Speaker, the Minister of Health (Mr. Steuart) will give him the information, I am sure when he will . . .

Mr. Steuart: — There are doctors denied hospital privileges . . .

An Hon. Member: — Question!

Mrs. M. Cooper (Regina West): — Mr. Speaker, first of all . . .

Hon. A.C. Cameron (Minister of Mineral Resources): — An hour to go.

Mrs. Cooper: — Not an hour. First of all, Mr. Speaker, I would like to tell the members opposite that I prepared and wrote my own speech and that I have never made a speech in this house which I didn't prepare myself.

An Hon. Member: — Not like the member for Athabasca (Mr. Guy).

Mrs. Cooper: — I do have some notes, headings, Mr. Speaker, and you know I like to carry them in my hand because I am one of the unfortunate people that wear bifocals and when I put them down here disastrous results can follow.

First of all, I would like to comment on statements made in this debate by the member from Elrose (Mr. Leith) and the member from Kindersley (Mr. Howes). It seemed to me, Mr. Speaker, that although they were speaking for the removal of these — against the amendment — and their party has been speaking in favor of Bill 42, that the arguments presented by the member for Elrose (Mr. Leith) gave very dramatic proof of the need for an appeal board. Because, what did the member from Elrose (Mr. Leith) say? He said this, that the dispute that he was talking about was caused by two stubborn people. It was a personality clash and that it split the community from end to end and created bitterness and contention and confusion which took years to heal. This was two stubborn people which divided the community, not on a basis of anything objective or the ability of any physician, but on a personality clash. Now in this instance, Mr. Speaker, the type of appeal board that

is recommended by Justice Woods, an appeal board that had competence and the prestige and also the authority to act, could have settled this and would have settled it. Now, it might not have made the combatants love each other any more but at least the dispute would have been settled and the community would have quieted down and the bitterness would disappear so that the member for Kindersley (Mr. Howes). Now, he said in the dispute that he was talking about which occurred during the medicare crisis, that that dispute was fostered by politics. Now, if politics entered that dispute I am sure it was a two-way street not a one-way street. It would be politics perhaps on both sides. But he said, people chose sides and again, there was bitterness that will take years to die down. People choose sides not on the merits of the case, but on ideological lines and a great deal of harm was done in the community and it hasn't been healed yet. Now, here again, Mr. Speaker, he was arguing for an appeal board in all reality, a board that didn't have any axe to grind and a board that would settle disputes on the merit of the dispute, on the evidence before it, not on emotion and prejudice which at that time was so great that there could be no proper settlement of the dispute. Such a board again, with authority and prestige, a judge at the head of it, a board that could act objectively would have settled this dispute, in fairness and the bitterness would have died down. So once again we have a member trying to argue against an appeal board and all the time he was talking he was arguing for an appeal board in a very dramatic way, Mr. Speaker.

Then the member from Kindersley (Mr. Howe), I'm sorry he is not in his seat because I would like to have faced him with this argument. I thought he made a most peculiar argument. He was talking about a small hospital where there was only one doctor and where perhaps there was only enough business for one doctor. He said if you had an appeal board this would be a bad thing because they might allow hospital privileges for a second doctor and the first doctor would be in trouble. Now, his answer to this question of two doctors in the community where it seemed as if there was only enough business for one was to refuse privileges to the second doctor whether he was qualified or not. That seemed to me like rather an odd argument. In other words, give the doctor who was there a monopoly and refuse to let any other doctor come in by means of preventing him from coming in because of the question of hospital privileges. This comes from a strong free enterpriser who believes in legitimate competition, but in this one case for some reason or other he talks against it. I would have liked to have asked the hon. member for Kerrobert-Kindersley (Mr. Howes), if he had been in his seat, would he apply the same kind of an argument if a new merchant came into the town or a new garage or a new business of any other kind. Why would he apply it in only this one particular case?

Now, then, Mr. Speaker, there are several reasons why I support the amendment which will provide for a Royal Commission. One of the main reasons, Mr. Speaker, is the attitude and has been the attitude of the government side in this debate. There have been many times when we were presenting our argument that there were as few as three members of the government side in the house. The whole behavior of the government has led me to ask a lot of questions. The performance of the members of the government on Friday night in this house, is something that I think a good many of them can't be too very proud of.

Mr. Steuart: — Friday?

Mrs. Cooper: — You are right. It is Thursday, all right. On Thursday night, I'll repeat it then if you like it. The performance of many of the members of the government on Thursday night was something of which I don't think they can justly be very proud of. It seems to me, Mr. Speaker, that we are facing a group of people in the government with closed minds. They have got a story and they are going to stick to it no matter what effects may flow from their decisions. I begin to wonder, Mr. Speaker, how many of the members opposite, there are a lot of new members there, have actually read the evidence in the Woods Report. It is a long report. Have you read it? Have you studied the evidence? I wonder how many people on the government side and particularly among the new members have actually read and studied the amendments they propose to delete. The bill looks very simple. It is just to delete certain sections. Did you take the trouble to read the sections you are proposing to delete? I doubt it very much. Have you really considered the effects that might follow that repeal?

It seems to me that you closed your minds, closed your ears, to the weight of evidence against your position and why is it so? If you are opposed to a Royal Commission I think I know the reason why. You are opposed to it because you know you haven't got a leg to stand on. You don't want to have to face any Royal Commission with the kind of arguments you have

produced in this house against an appeal board and against these amendments. You don't want to have to have a Royal Commission examine the evidence in the Woods Report that will be for them. You know they will go over this evidence. That they will go over it carefully and that they will go over the reasons Mr. Justice Woods gave for his recommendations which formed the basis for these amendments. You know that it will be a group that will listen with an open mind, a group without an axe to grind, a group without previous commitments, a group that will listen with an open mind to these arguments. You know you are on the wrong side of this argument. You know the weight of evidence is against you. You know that you are afraid, at least, that you are going to have to vote for this bill even though in your hearts you probably don't agree with it so you don't want to listen. It will ease your conscience if you vote against it.

Now, Mr. Speaker, I think this is a subject which should have a good deal of airing, a subject in which the public should have a voice because there is really a lot at stake regardless of what the members opposite may say. There is a great deal at stake. They should have a chance to voice their opposition to a Royal Commission and a commission who will listen to them. Listen to the arguments. Weigh the arguments, not with a closed mind but with an open mind.

There are many groups, Mr. Speaker, that I think we should hear on this subject. Many groups and many interested citizens which should have a chance to express their opinion. I refer to the College of Physicians and Surgeons, the hospital associations, the community clinics, the Farmers Union who have been interested in this, co-operative associations, Chambers of Commerce, Federation of Labour, and interested citizens who may feel that their rights to the services of the doctor of their choice will be jeopardized and prejudiced if you repeal these amendments. Personally, Mr. Speaker, I would like to give the College of Physicians and Surgeons an opportunity to express their opinion because we on this side of the house, don't know whether they are opposed or not. We did ask the government for the brief presented by the College of Physicians and Surgeons but for some rather peculiar reason they refused to give it to us. We didn't get this brief. How do we know the opinion of the College of Physicians and Surgeons? We do know this, Mr. Speaker, that at one time, quite a few years ago, the College of Physicians and Surgeons actually asked the government for an appeal board that could make binding decisions.

Some Hon. Members: — Hear, hear!

Mrs. Cooper: — Now, there was a time, in 1952, this was. Have they changed their mind? There was a time they were against it. But things have changed now and they have had time to think it over, and they have had experiences which might change their minds and therefore we would like to hear before a Royal Commission, what is the position of the College of Physicians and Surgeons on this matter. If they are opposed we would like to know the grounds for their opposition. Are they opposed to all of the amendments which you are proposing to delete? Are they opposed to any of the amendments you are proposing to delete? Or are they opposed to just one or two amendments? We would like to know and I think the public would like to know. Without the brief, certainly the only way we will ever find out is with a Royal Commission because here, if they are opposed, they would have to outline their reasons.

The same is true of hospital associations. At one time I know that they expressed reservations about the appeal board and so on. They have had a lot of experiences since then. They may have changed their minds. They have learned how difficult it is for a board of laymen to objectively answer these questions. They have known how almost impossible it is for a board of governors of a hospital who are laymen to overrule a medical staff even when they think the medical staff is wrong. We had plenty of experience with this where they try to overrule them and in one case, even the medical staff were prepared to resign and leave the hospital without medical staff. This is the sort of thing boards have had to put up with. They could get a great deal of help from an appeal board. We would like to hear now what their position is.

I think this is also important, Mr. Speaker, if the public are interested in this, it is important to the public, very important to the public, if representations were made and wide public discussion of this matter through the appointment of a Royal Commission. The representations of these important groups might have a very decisive effect on the actions of the people in this legislature in respect to Bill 42. I think also, that these interested groups with maybe opposing opinions, might like to hear the opinions of other people, other representative groups, and fully understand what is involved. I think many of them don't know and an appeal board

would bring this out, that an appeal board and the kind of legislation that was in the Hospital Standards Act is not without precedence. That other provinces and other states where there was no medicare dispute have found it necessary to have this sort of legislation and to have appeal boards with power to make binding decisions. So I think it would be very helpful to this legislature, very helpful to the public, if we could have a Royal Commission and hear the opinions of the various groups and then have a decision on an appeal board.

I would like to refer to some of the amendments which the bill is planning to delete. I would like to read them to some of the members opposite who may not have read them and who may not have fully realized what they mean and I would refer particularly to sections from 13A to 130. Now these are the ones that are proposed to be repealed.

13A, Every general hospital shall make provision in its bylaws for permitting and granting temporary privileges to the physician practising in an area served by a hospital pending consideration of his application for appointment to a medical staff.

Surely, no one could object to that. Second, and this I think is very important in the light of the evidence in the Woods Report and it's the reason why it is in here.

The chief executive officer of a general hospital upon receiving an application by such a physician for appointment to a medical staff of a hospital shall furnish to the physician a copy of the bylaws, rules and regulations of the hospital respecting the medical staff.

Now, surely this should be done. We wonder why it was put in here. Do you remember a case, I believe it was in Estevan, where a doctor who was applying for privileges, was refused privileges and the reason given was something to do with a bylaw, I believe, which they said called for sponsorship. But when the investigation took place, when the matter was discussed before Mr. Justice Woods, it was found out that that bylaw never did exist. Now, surely, a doctor applying should have a right to the bylaws. And then —

Where temporary privileges have not been granted to the physician pending consideration of his application for appointment to the medical staff of a general hospital, the chief executive officers shall, within seven days after the date of application, give written notice of that fact to the physician.

Now, surely the evidence in the Woods Report showed the need for this. Doctors were kept waiting months before they even knew whether their application had been dealt with at all. They must give notice within seven days. Is this unfair? And again, 13B:

In deciding whether a physician should be appointed to the medical staff of a general hospital or appointed as an active member of the medical staff or reappointed or suspended, or dismissed from a medical staff, in deciding the extent to which privileges should be granted to the physician, or the extent to which privileges granted to the physician should be continued or altered, the board of governors of a general hospital shall base its decisions on . . .

Now, do listen to this criteria and see if anyone opposite can possibly, or any fair minded person could possibly object to this criteria.

It shall be on this: the professional competence, training and experience of the physician; the character of the physician; the ability of the physician to meet reasonable residence requirements that may hereafter be prescribed by the Board of Governors by bylaw, rule or regulation.

What could be fairer? But we know that these type of criteria were not used and we have many instances to prove they were not. Therefore, they should remain in the act. There are several other sections that I would like to

quote to the members and I do hope they will listen to these, and listen to them with an open mind.

Where the Board of Governors of a general hospital applied . . .

Mr. Steuart: — On a point of order, Mr. Speaker. This is repetition. The hon. member from Regina West (Mr. Blakeney) in this debate has quoted every section of this act . . .

Mrs. Cooper: — Not yet.

Mr. Steuart: — . . . that we propose to repeal. Every section . . .

Mrs. Cooper: — I have a few more to quote.

Mr. W. Berezowsky (Cumberland): — The hon. minister wasn't here.

Mr. Steuart: — . . . and she is repeating the same thing over and over again.

Mrs. Cooper: — I don't think I have repeated any of this before. I am just quoting sections of the act and asking whether or not you can find any reason . . .

Mr. Steuart: — On a point of order. I didn't suggest the lady member from Regina (Mrs. Cooper). I said the male member. I think there is a difference here, for Regina West (Mr. Blakeney) in his speech. The one without the flowers. He gave a list of everyone of these and she is just repeating it. It's just repetition.

An Hon. Member: — Some weren't here.

Mrs. Cooper: — May I continue with a few more of these, Mr. Speaker.

Where the Board of Governors of a general hospital apply a specific standard or criterion in respect to the competence, training and experience in deciding any of the matters mentioned in the subsection it shall do so pursuant to a bylaw, rule or regulation describing such standards.

Again, the evidence before us shows the need of it, why it has to be. Evidently the hon. Minister of Health (Mr. Steuart) doesn't like to hear these read because it hurts his conscience, I'm afraid, to listen to them, when . . .

Mr. Steuart: — I don't mind.

Mrs. Cooper: — . . . when he wants to repeal them. But I will miss one or two of them but there is one I must read to him and must read to the members of the house, and must say why I think this should be before an appeal board.

Without restricting the generality of subsection one, a physician shall not be disqualified from or prejudiced in appointment or reappointment to a medical staff of a general hospital, in appointment as an active member of the medical staff or in his practice at a general hospital because . . .

Now listen to this, Mr. Speaker, and all the members who are present.

He shall not be prejudiced because of his race, creed, religion, color, ethnic or national origin or sex.

And the members opposite want to delete that clause. They want to delete that clause.

Mr. Steuart: — Isn't that something?

Mrs. Cooper: — You know what the experience was with sponsorship here in

the city of Regina. They had a sponsorship bylaw but no doctor would sponsor a fully qualified doctor because he was in the community clinic. When the hospital board tried to talk the medical staff into having other means of qualifying doctors, the actions of the medical staff made the hospital board back down. Surely we need this qualification. The next one:

Because he is or is not a member of any medical organization other than the College of Physicians and Surgeons, and secondly, because in connection with any matter related to his medical practice, he is associated with an association or organization incorporated under the Mutual Medical and Hospital Benefits Association, or any co-operative associations act.

They want to repeal this one. Do they not believe in group practice? Do they not believe that doctors in community clinics have a right to hospital privileges? Why do they want to appeal this one? There are just one or two more that I should read:

15C, The Board of Governors of a general hospital shall, in discharging his duties under this act, base its decision upon the principle that every member of the medical staff of a hospital should co-operate with every other member of the hospital to provide services to patients where failure to co-operate might prejudice the life and health of a patient.

Surely, Mr. Speaker, the members of the government cannot be opposed to this in all good conscience.

Now, I could go on. In fact, I could go on with section after section of the act but I don't want to take the time of the house to do so. I have pointed out the need for an appeal board. I have read you some of these pertinent sections. I have pointed out why I feel that because of the deafness of the members opposite we do need a Royal Commission who will listen, who will not have closed minds, and so Mr. Speaker, I think you know that I certainly will support the amendment.

Mr. I.C. Nollet (Cut Knife): — Mr. Speaker, the hon. lady member for Regina (Mrs. Cooper) has certainly put the case very clearly and distinctly and audibly. I had hoped that the hon. members opposite would have taken to heart some of the statements that she has made. I was particularly appalled when she read the act that is about to be repealed and the very fundamental nature of the provisions of that act as they pertain to peoples' democratic rights to fairness and to justice, that the hon. Minister of Public Health (Mr. Steuart) treated the matter so cavalierly and suggested that the hon. lady member (Mrs. Cooper) for Regina was out of order. That this was repetition. It is too bad that the Minister of Public Health (Mr. Steuart) had not taken the words contained in the present legislation to heart. I must believe that he has a fair sense of justice, that he must be imbued with the fundamental spirit of democracy and justice not to have arbitrarily decided that this legislation could be repealed.

Mr. Speaker, there hasn't been a single substantial argument advanced as to why this legislation should be repealed. There has been an ominous silence on the part of hon. members opposite in this respect. I sometimes wonder if this legislation was in fact referred to the caucus of the hon. members opposite before it was brought into this legislature.

Mr. C.G. Willis (Melfort-Tisdale): — I don't think so.

Mr. Nollet: — I am amazed that hon. members sit silent on the other side of the house, and witness the passing of this fundamental legislation. The hon. Minister of Public Health (Mr. Steuart) says, when speaking to second reading of the bill that everything is hunky-dory now and we are not going to have any more trouble.

Mr. Steuart: — Oh, I never did.

Mr. Nollet: — And he said, that if a need arises they will re-institute this legislation. Why repeal it in the first place, Mr. Speaker? This question hasn't been answered in any substantial manner.

The hon. members opposite, instead of advancing plain, coherent arguments, raised a cry of obstruction in this legislature, Mr. Speaker. There is no kind of obstruction that I more willingly engage in than the obstruction of an attempt to take away fundamental rights.

The hon. members opposite probably haven't talked this through and if they want to go to the people of this province, on this issue, we will be delighted to do so. If they see fit, Mr. Speaker, to take this legislation off the statute books, we will be telling the people of this province the facts of the case on every platform in the province of Saskatchewan. The government can reap no credit here, but the government will reap a whirlwind of condemnation for this ill-conceived action.

Mr. Nollet: — Mr. Speaker, I am not going to talk long . . .

Mr. Ian MacDougall (Souris-Estevan): — Good.

Mr. Nollet: — Yes, good. The hon. member for Souris-Estevan (Mr. MacDougall) applauds, and I don't blame him. Good. The whole field has been covered very adequately, sufficiently adequately, I would think, for hon. members opposite to have a change of heart in this regard.

Mr. Speaker, the Minister of Public Health (Mr. Steuart) and the government abolished the hospital appeal board and other fundamental rights that go with it. They did so, on two primary grounds, (a) on the ground that it isn't needed any more; (b) because the CCF created conditions that gave rise to a crisis and with the defeat of the CCF government, no further problems are possible.

Now, Mr. Speaker, speaker after speaker, on this side of the house, rose in his place and clearly indicated that this was not a problem peculiar to Saskatchewan, that it was not a problem that found it so urgent in the medicare crisis, that the problem existed not only in other provincial jurisdictions in Canada, but that it had existed in the United States and elsewhere, and that it had been a matter of lawsuits for the past thirty or forty years. Mr. Speaker, this is common knowledge. Therefore, their arguments are completely invalid. It has been conclusively established by many of the previous speakers that their arguments are invalid in this regard. This is not something that arose out of the medicare crisis, and I will not repeat again, the various factors that were pointed to in support of this contention.

Many have been mentioned. Quebec was mentioned; the United States; the Estevan situation; the Eston situation; the Biggar situation; and more recent ones, and may I again repeat, that because of the lack of an appeal board, one doctor left the province. Yes, Mr. Speaker, you can solve problems this way when the problems disappear with the victims of discrimination and injustice. This is not the proper way to deal with problems of this kind. Mr. Speaker, I have a press clipping to indicate that this problem exists at the present time in other jurisdictions. This one is dated April 13th, Leader Post press clipping, Breton, Alberta, it says:

The general hospital in this community fifty miles southwest of Edmonton, closed since March 31st, reopened suddenly Sunday night, when the grandson of the hospital board member was stricken with convulsions. Doctor E.R. Dickson, the town's only doctor, who resigned last month after a dispute with the board, had since then been refused hospital privileges and was called in to treat the boy.

Well, Mr. Speaker, I say to you, that the administration of the affairs of a hospital is one thing, but the question of hospital privileges is another thing entirely. It is a matter that senior governments must deal with, in order to protect fundamental rights. Let me go on, Mr. Speaker:

The board closed the hospital . . .

Not only refused the doctor privileges, but closed the hospital, which serves a district of 9,000 people.

After Doctor Dixon's resignation, it hired another doctor, who was to start his duties Monday, the hospital was scheduled to reopen at 8 a.m. Monday.

At a citizens' meeting Friday, about 170 of Breton's 550 residents demanded an election to decide on a new board, to replace the present six man board. A delegation is to meet with the Alberta Health Minister, Mr. D. Ross, on Monday, to present a petition asking for an election. One of the members of the hospital board when told of this, said that, if that is what the people wish, it is okay with me.

Mr. Speaker, here is an excellent example of what has happened, what is happening and what will happen unless there is a formal appeal board established by statute, to which a doctor or patient or anyone else can appeal. This is just simple logical justice. Had this been done in this particular case, this community would not have become divided. The people in that area would not have been without the services of a hospital and of a doctor.

Mr. Speaker, it is too late to say that under existing legislation we will set a committee to examine the situation. By that time it is out of hand. It's much better to prevent these situations from occurring, and the best possible way that this can be done, is to set up, by statute, a formal appeal board with appropriate terms of reference to which appeals can be made. I just cannot comprehend why . . .

Mr. Thatcher: — Louder.

Mr. Nollet: — Well, I don't shout quite as loud as the new version of Paul Bunyan when he gets up in this legislature, Mr. Speaker. But I hope I get through to him. I hope I will have some influence on his sense of justice, his sense of fairness and above all else, Mr. Speaker, his sense of responsibility, which he hasn't displayed too well in this legislature, Mr. Speaker.

Mr. Speaker, everyone knows the origin of the development of medicare in Saskatchewan. As everyone knows, it was pointed out by the hon. senior member for Saskatoon (Mr. Nicholson), it had its origin in the initiative of Saskatchewan people who wanted some form of permanent, organized health services. It started, Mr. Speaker, as he said, with the municipal doctors scheme and I will not go to the record of that. But if the hon. members opposite will search the records, you will find that there was bitter opposition to municipal doctors schemes on the part of certain people in the College of Physicians and Surgeons at that time who to my thinking have medieval and obsolete ideas of the function of medical services in relationship to the rights of laymen to participate in providing themselves with medicare. This is an area where laymen should be concerned; where laymen ought to work in very close co-operation with the healing sciences and the people who are dedicated to serving human needs. There is nothing wrong with it, Mr. Speaker. This is the finest kind of doctor-patient relationship that I know of. But back in those days, Mr. Speaker, the College of Physicians and Surgeons said to the municipalities, after the statute was placed on the law books of this province by the hon. Mr. Langley, they said if any municipality enters into a contract with a doctor, they will disqualify him from practicing. That is what they said in those days. But the government doesn't recognize this possible danger. Not only this, but doesn't recognize that other contentious issues develop too aside from the matter of hospital privileges, for which an appeal board is vital and necessary, Mr. Speaker.

So, I would hope that the hon. members opposite will let their ability to reason, their sense of fairness, determine their actions in this regard. I am going to say to them regardless of your political affiliation, there are motivations that go far beyond politics. This is a matter of fundamental human rights, Mr. Speaker, and I feel very keenly on this issue.

Some Hon. Members: — Hear, hear!

Mr. Nollet: — We are not obstructing. We don't desire to be here any longer than anyone else. But when these fundamental matters are at stake, Mr. Speaker, we feel we are duty bound and obligated to fight on behalf of the people, to fight in the name of freedom and democracy, and in all sense of human values, all sense of justice, let this legislation remain on the statute books. If you people take this off the statute books you will be held to account by the people of Saskatchewan for every incident of injustice that occurs in the future. Make no mistake about that.

Some Hon. Members: — Hear, hear!

Mr. Nollet: — I would have hoped that the hon. Minister of Public Health (Mr. Steuart) on Good Friday, had done some good serious thinking on this important matter. I would hope that you people would have some sense of responsibility before God to your fellow man and human justice. I will certainly support the amendment because the hon. members opposite argued for it. They don't have any good reasons why they should oppose it. For this reason, a Royal Commission should be appointed. Maybe we have overlooked something. Maybe there are arguments on the other side of the question. If for no other reason, for that reason, you silent, strong men ought to agree to a Royal Commission to see if, in fact, there are any arguments available to you, Mr. Speaker. I will support the amendment.

Mr. R.A. Walker (Hanley): — Mr. Speaker . . .

Some Hon. Members: — Hear, hear!

Mr. Walker: — I had waited a few hours in this debate, Mr. Speaker, hoping that the issues put before this house could be defended by hon. members opposite if, indeed, they believe there is a defence to their policy and I have waited patiently for them to come forward. The debate has now proceeded well along in its initial phase and I thought that at this stage, surely some pointed questions could be asked of members opposite to place their position on record. I had tried to think of some way of describing the proceedings, the situation that we find ourselves in now, in a few words so as not to take the time of the house or detain the assembly and I am well aware, as every member of the house is . . .

An Hon. Member: — Virtuous fellow.

Mr. Walker: — . . . of the talent of the member for Cut Knife (Mr. Nollet) in stating an issue in a pithy manner, in a few well thought-out words. I had had some discussions with my colleague, the junior member for Saskatoon (Mr. Brockelbank) as to how he thought the situation might best be described, the situation to which we address ourselves now, and he thought that the situation to which we address ourselves now could be summed up in a single word. That word is "supercalifragilisticexpialidocious". I don't know if this word adequately expresses my views on the matter . . .

An Hon. Member: — It ricocheted, Bob.

Mr. Walker: — . . . and I don't know if the word is even unparliamentary. Therefore, I would want to qualify the thought content of the word so that all hon. members would understand my position even though they may not be familiar with the word itself. For the benefit of the member for Rosthern (Mr. Boldt) I would like to make my position even a little clearer.

Now, Mr. Speaker, there are two issues here. First of all there is the issue of whether or not there shall be a certain modicum of freedom guaranteed to individual members of the medical profession as provided in the act passed a year ago. Secondly, there is the issue of whether this legislature should seriously discuss issues or whether this legislature should simply act as a rubber stamp for a pre-determined will imposed upon the legislature by someone whether in this legislature or outside it, it is not clear because no one on the government side has purported to state whose interests they are acting on in this particular respect. So these two issues, I think, are the matters which we must address ourselves to.

First of all, the question of the rights of doctors to a certain amount of independence and a certain amount of protection from domination by those with whom they work. I think the matter has been well outlined by both members from Regina West earlier in this debate. I think, Mr. Speaker, that when we hear read to us the provisions of the legislation which was passed last year, we find the conclusion just irresistible that there can be no argument based upon merit or justice for removing these sections. These sections define the very basic rights which should be accorded to persons in any occupation and particularly in the College of Physicians and Surgeons. There is just no case to be made.

I have heard the Attorney General (Mr. Heald) make a good case out of rather bad facts and I think that he ought to be able to take these

sections and prove to this house, or at least he ought to try, to prove to this house that physicians should be convicted under bylaws that don't exist. He ought to be able to make an argument that physicians ought not to have temporary privileges while their qualifications are under study. He ought to be able to make a case that competence, training and experience ought not to be taken into account in determining whether a doctor is entitled to privileges. He ought to be able to tell some argument why a decision of this kind ought not to be impartial, ought not to be consistent, ought not to be based upon uniformity of practice. If there is a case for these propositions, the hon. members opposite should be able to tell us. He ought to be able to tell us and prove to the house and to the country, that there is no need for doctors to co-operate with one another on the medical staff of hospitals. He ought to be able to prove to us that hospitals should be able to wait an unreasonably long time in making a decision to accept or reject an application for privileges because this is the position that they are taking when they ask for the repeal of these sections, Mr. Speaker.

He ought to be able to make a case that a hospital board should be able to wait longer than ninety days in making up its mind whether to grant privileges or not. In a case where temporary privileges have not been accorded to the doctor, they ought to be able to wait longer than sixty days to make up their mind whether or not permanent privileges should be granted. I think that the members on the other side ought to be able to support the principle that nobody is entitled to an explanation of the causes of why they have been convicted or denied their rights under this act. If the government really believes in the bill that they are putting forward, they ought to say positively and justify positively why they think this minority of doctors who are occasionally discriminated against by their colleagues in the profession ought not to have rights which we commonly accord to every citizen in this country in every other aspect of their lives.

Some Hon. Members: — Hear, hear!

Mr. Walker: — It's rather singular, Mr. Speaker that if there is a defence for this kind of action which the government is proposing to take, that no hon. member has got up and tried to lay it before this legislature. The only conclusion we can come to is that there is no defence. We are told that the problem is not serious and that the minister by waving his magic wand has somehow caused the problem to go away.

I suggest, Mr. Speaker, that in this high priesthood of medicine in our hospitals, the public know very little about the pressures, about the agitations, about the relationship which exists in the hospitals among medical staff. I suggest that there are hidden persuaders there which are not obvious or even noted by members of the general public. I suggest that where the establishment has such power as is proposed by this government that they be given, by the establishment, I mean the predominant group, the group who have control, control of admission privileges for the practice of medicine. It is not well known how effective and how these hidden forces, these hidden persuaders, can be brought to bear upon the doctor who dares to take a different viewpoint than the majority or the dominant group in the hospital.

The minister may say that the problem has gone away. I suggest that this problem of human relations, particularly in dealing with a subject that is as complicated, as open to opinion, as subject to personal and subjective judgments, that there is a great deal of scope for diffusive influences to come to bear. When you take into consideration the area which apparently predominates in the minds of the Canadian Medical Association and that is the area of how they make their livelihood and how they get paid for it, there is even more reason, more opportunity for division to occur amongst doctors, even than in the professional field, and to suggest that this problem has gone away is to simply shut ones eyes to the fact, Mr. Speaker. The Minister of Public Health (Mr. Steuart) can bury his head in the sand as deeply as he likes, but these problems have not gone away and if any doctor in any large hospital staff in this province were to be frank with the Minister of Health, they would tell him that there are all kinds of under currents of disunity existing amongst the medical staff almost all the time, particularly about where there are doctors practising who have a different philosophy of how medicine should be paid for.

The problem hasn't gone away. As a matter of fact while the minister was making his speech in second reading of this house, one doctor in this province had already endured persecution for months and had already reached the decision that he would not be able to get justice under this government, under their application of the existing law. He had already reached the conclusion that he would have to leave this fear-ridden government and this province, and the minister was telling us in this house at that very moment

that there were no problems.

The minister tried to leave the impression that there was something sinister, wrong with any doctor who cannot meet the tests which are applied by the College of Physicians and Surgeons in getting privileges in this province, but the evidence is all to the contrary. We have had portions of Royal Commission reports read to this assembly where it has been made abundantly clear that doctors against whom not one breath of serious criticism can be levelled, who had been denied privileges, who had been persecuted, hounded out of their livelihood by the dominant elements in the College of Physicians and Surgeons of this province. It is not correct to say, and there is no evidence to suggest as the minister did, that doctors who have difficulty getting hospital privileges have by and large some serious fault with them. The evidence is to the contrary, Mr. Speaker, and that evidence is recorded and attested to by Royal Commissions set up in this province under Doctor Johnson, under His Lordship, Mr. Justice Mervyn Woods, and others. The minister may bury his head in the sand, but his exposed posterior tells us more eloquently than the position of his head, what the position of this government is, in this matter.

Mr. Speaker, the problem will not go away by repealing the legislation. We have not got harmony and peace amongst all doctors in the province of Saskatchewan. This problem even though it is widely recognized by members of this house, is even better known by members of the medical profession. This government and the Premier, chief spokesman, says that they want to import skilled and professional people from other parts of the world. Well, Mr. Speaker, this province has traditionally relied upon importation of medical men from the United Kingdom. Most, indeed the majority of our doctors have been trained and have hailed from the United Kingdom, and came to this province to set up practice. This has been true ever since the province was formed.

This knowledge that there is a reign of terror against doctors who differ from the establishment on the matter of the method of being reimbursed for medical care destroys any attraction or any incentive on the part of British doctors who want to come to this province. Consequently, those people we rely on most, are not as ready to come as they would be if there was some guarantee of medical freedom backed up by law and a willingness on the part of this government to implement that law. This factor, I submit, is the critical factor in determining the rate of flow of doctors coming to this province. Indeed, this fact was recognized in an article in the Canadian Medical Association Journal of March 6th, this year. The article recognizes this problem by saying among the physicians who entered the province since January, 1962, there was a higher proportion than usual of graduates from medical schools in the United Kingdom. It is apparent that any reduction in the numbers of physicians emigrating from the United Kingdom would quickly have a drastic effect on the supply of physicians in Saskatchewan, unless alternative sources could be found. I submit, Mr. Speaker, that recognizing this fact, it is the responsibility of this government to remove any climate of fear and hostility in this province, which may have the effect of discouraging the doctors from the United Kingdom, who wish to come to Saskatchewan.

This fear that exists in the minds of doctors coming here, because of the dangers of oppression and unjustifiable treatment, in my view, restricts the number of doctors thereby making it possible for higher fee levels to be charged in Saskatchewan. Can it be that the government is motivated by desire to assist the College of Physicians and Surgeons to perpetuate this scarcity of doctors in order to permit higher fees to be charged to the people of Saskatchewan and to the taxpayers of this province? I see Your Honour looking at the clock; it may be that Your Honor wishes to call it 12:30.

Can this be the reason why we are seeing shorn away from the doctors of Saskatchewan, this basic right to justice, this basic right to freedom from oppression and tyranny. Can it be that the government by this policy wishes to provide less service for the public by restricting the number of doctors in Saskatchewan? Perhaps the Provincial Treasurer has an interest in conserving the tax funds of the province at the expense of the health of the people of Saskatchewan. Is it that he wants to balance the budget of Saskatchewan by keeping down the number of doctors, by allowing this climate of fear to keep out immigrants who might come to practice medicine in Saskatchewan?

Hon. Lionel Coderre (Minister of Labour): — I call that hogwash.

Mr. Walker: — You call that hogwash, well then you better get up on your feet, the hon. member better get up on his feet and give some legitimate and logical explanation for this legislation . . .

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

Mr. Walker: — As I was saying when the house rose at 12:30 the only possible conclusion one can come to by the government's insistence upon this bill, is that it desires to create an atmosphere which will discourage the immigrant doctors whom we have depended upon so much in the past to fulfil the health needs of the province of Saskatchewan.

Now, Mr. Speaker, it has been argued by, I believe the mover of the bill, that peace has been restored in the hospitals without resort to appeal boards, and that, therefore, the appeal boards are not necessary, and, therefore, the provision providing for appeal boards should be deleted. This is a strange argument, Mr. Speaker, suggesting the only time that we need to have laws is that when the situation is so bad that there is a threatened breakdown of society. The Attorney General might just as well argue that since no one in Saskatchewan has been hanged for murder for 20 some years, or since 1947, I believe, almost twenty years, that this is time to repeal the criminal code provision against murder. The fact of the matter is, of course, that every one is affected by the residuary resort available to law in order to achieve justice, and in order to prevent crime.

To say that this provision in the Hospital Standards Act has not been invoked by the government is to, in my view, place too low an opinion, too low a value upon the purpose of law and in preserving orderly human relations. The very fact that the statute has been there, and available to the government, to invoke its provisions in the event of any further outbreak of discrimination or denial of basic rights, has, or could very well be the principal factor for the reign of peaceful relationships which he claims now exists.

Surely the fact that the statute is there cannot have anything but a beneficent effect. It serves as notice that no one will be allowed to deny these basic rights without invoking the sanctions of the law. If, as the Minister of Health (Mr. Steuart) says, that the statute has not had any effect in preventing breaches of the ordinary rules of fair play, then the only conclusion one can come to, Mr. Speaker, is that the effect of the statute has been nullified, has been rendered nugatory by some action which the government has taken, because if the people affected by this statute are aware of its existence and aware of its effect, they must have been induced to act in accordance with the rules laid down in the statute unless, of course, the government has told them that they can ignore the statute with impunity.

When the minister then says the statute has not been the reason for the apparent peaceful situation that exists, then he is saying that these people were informed or advised, or tacitly came to the understanding that they need have no regard for the statute at all. The only people who could have made that atmosphere is the government, because the statute, the appeal board provisions only apply if the government chooses to apply them, and if the government has said to the College of Physicians and Surgeons and others, that the government will not apply this provision then, of course, conceivably they could act in disregard of the law, and in disregard of this statute. The minister says that they have acted in disregard of this statute, he says they have not paid attention to this statute, that they have acted in every way as though the statute does not exist. Now if that is so, then, of course, there is admission by the government that they have undermined and defied a law which was passed by this legislature with their concurrence, one year ago.

I don't think the government can maintain the argument that this statute had no bearing on the present climate of relationships in the hospitals because I don't think the government has said to anybody you can just ignore and defy this statute with impunity. I don't think the government has said that, although one would be driven to that conclusion if one followed the argument of the Minister of Health (Mr. Steuart) that the statute had no bearing upon the existing climate of inter-doctor relations in the hospitals at the present time. The government is not in a position to have it both ways, either the statute has had its effect, or the government has exercised its undoubted powers under the statute to say to these people you don't need to worry about this statute, we will not invoke it. Either one or the other.

Now, when we put this amendment forward that the matter be referred to a Royal Commission, we did so with this assurance — that the government could not appoint any reasonably objective person to look into this issue who would not come forward with a report favoring the stand which we take. Indeed, some suggested to us that if we brought in an amendment calling for the reference of this question to a Royal Commission, that we were

running the risk that the government would appoint one of its henchmen, one of its partisans, to a Royal Commission, under explicit instructions to bring in a report hostile to the provisions in the act. But most of us took the view that it would be impossible for the government to find any person who would submit himself to the facts, who would turn his mind to the basic principles involved, who would or could come forward honestly and say that these protections that are built into the Hospital Standards Act serve no purpose. Any objective person whom the government, or anyone else, might appoint, to look into this question, who would come forward honestly with his conclusions, could not help but come forward and support the view that these statutory provisions are fair and just.

Now the government has tried to suggest, and I would only expect this argument from some members opposite, that to maintain this act, maintain these provisions, is somehow unfair and unjust to local hospitals. Well, it has already been pointed out, and I am not going to belabor the argument by going over its many details, it has already been pointed out that this appeal board provision applies only when the particular hospital has been designated or has applied for the protection of the act, so this doesn't hurt any hospital which is not having any problem, it doesn't affect them at all.

Surely it is not put forward as a proposition that should be accorded respect in this house, Mr. Speaker, that to insist upon some written rule, or some written bylaw before a person can be denied his right to practice that it should be insisted upon that there be some kind of a fair hearing; that it should be insisted upon that the tribunal should give some kind of written explanation; surely it cannot be argued that the adoption of these eminently fair and just provisions is going to close any of the hospitals in Saskatchewan. Anyone who puts forward that premise cannot help but have a much lower opinion of the fairness and the sense of justice of those who administer our hospitals in Saskatchewan than I have, Mr. Speaker. I have too much respect for the fair mindedness, the spirit of fair play, with which our hospitals are administered, to believe for one minute that to impose the ordinary rules of fair play, would make it impossible for them to carry on their day-to-day operation.

It is rather singular, Mr. Speaker, that this party opposite had completely abdicated their responsibility to this legislature. I know that some of our enemies, those who wish to deride the CCF will, after this debate is over, try to create the impression in the minds of the people that the opposition in this legislature have spoken too long or too arduously in this debate. I know an attempt will be made to suggest that we have tried to talk the government to death, or something like this. Well, all I want to say, Mr. Speaker, is this is the most important issue that has come before this assembly and it is true some twenty or twenty-five members of this group have seen fit to take part in this debate, and you know there is nothing wrong about that, Mr. Speaker, except this, that hon. members opposite have abdicated their duty to take every second space in this debate and put forward their proposition.

Some Hon. Members: — Hear, hear!

Mr. Walker: — If it is ever suggested that any political party in this province can put their opposition into the position of engaging in a filibuster by simply imposing iron clad silence upon its own members, than all I can say is that this assembly has degenerated from the kind of forum of public opinion which I hope it will be. Hon. members opposite have had every right to take part in this debate, the member for Qu'Appelle Wolseley, (Mr. McFarlane) quite faithfully has been here throughout most of the discussion. The Attorney General (Mr. Heald) has been here through virtually most of this debate, and why are they here, Mr. Speaker? Are they here to take part in this debate or are they here to enforce the veil of silence upon their colleagues on the same side of the house?

Mr. Heald: — We are here to listen.

Mr. Walker: — As a matter of fact, this is a highly contemptuous procedure against the rules of this house and against the democratic traditions, parliamentary traditions of this province, Mr. Speaker, and the people of Saskatchewan ought to rightfully censure them for their attitude of self-imposed silence in connection with this subject. Every member on this side of the house has to bear a double burden, Mr. Speaker, we have not only had to put forward our position but we have had to try to interpolate the view of hon. members opposite, so that we could hold them up for examination, so that we could analyze them, examine them, and see whether or not there was any virtue or merit in them.

I am sorry, Mr. Speaker, if I, and other members on this side, have not objectively and fairly set up the views which you people should be presenting to this house in order to examine them, but if we haven't done it fairly and objectively, it is because of the failure of hon. members opposite to do it themselves.

Some Hon. Members: — Hear, hear!

Mr. Walker: — This is what they were elected here to do, they were elected here to put forward the arguments in favor of any course of conduct which they proposed to pursue. Instead of that, what do we have? We have nothing but the silence of the grave. Hon. members opposite have waved this bill before the house, and they have simply said in effect, Mr. Speaker, take it or leave it. We don't intend to justify what we do; we don't intend to give explanations; we don't intend to provide arguments to support our position; we intend to use that majority which we have to impose our will, irrespective of parliamentary discussion or debate. Well, I would remind my hon. friends that they don't really represent any overwhelming consensus of opinion in Saskatchewan. Indeed, when the votes are all counted up, including the December by-election, they . . .

Mr. W. Berezowsky (Cumberland): — Forty per cent.

Mr. Walker: — . . . fell 92 votes short of having as many as the members on this side of the house had, and so they are not really in a position, I submit, if they would just see themselves in some mirror of truth, they are not really in any position to say that they have a sufficient mandate from the people of Saskatchewan that they don't have to justify what they propose to do, or put forward any argument. They can't say they have all the people on their side, and they intend to ram this through with the superior strength of their parliamentary numbers in this assembly.

This isn't a government that has sixty seats out of sixty-three sitting over there, that can afford to simply say "To hell with the people." This group over here have to pay some regard to what the people of Saskatchewan think. They are seriously misjudging their role in this legislature and in this province, if they think they can just lay down the law, slap their desks and say, we are going out, we are finding diversions which are more interesting than taking part in the proceedings of this house, and we intend to devote our attention to those diversions rather than to the procedures in this house.

Mr. W.A. Robbins (Saskatoon City): — Looking for lost cars.

Mr. Walker: — Well, Mr. Speaker, one should try to find out why this is. Members opposite haven't told us, and I have been doing a little reading and I have here the Maclean's Magazine of October 24th, 1959, and this article written by Blair Fraser, was about the political situation existing in the party of my friends opposite. Blair Fraser, speaking of the new Liberal leader, wrote a whole page entitled "Can Ross Thatcher Beat the CCF." Well, in the middle of the article, Blair Fraser says this:

Thatcher's opponents say these right-wing backers of the Liberal party, some who are normally Conservatives, have swung to Thatcher as a likelier champion than Conservative Leader Martin Pederson, to slay the dragon Socialism. The charge that these are not real Liberals was borne out by the discovery . . .

Mr. Speaker, by discovery.

. . . that they . . .

these backers of the Liberal party,

had put up campaign funds reportedly \$50,000 in donations and pledges on the express stipulation that Ross Thatcher must lead the Liberal campaign. If he had lost they would have got their money back.

Well, now, Mr. Speaker, I don't know where we can look for the explanation of the attitude of my friends opposite, but when you put that fact together

with another fact, perhaps we begin to see something which explains the obduracy of hon. members opposite, and I have here the Toronto Telegram of about the same date, an article headed "Scalpels out — Saskatchewan M.D.s fight Socialists" and this article, which is one of a series said:

They . . .

that is the College of Physicians and Surgeons,

They have assessed themselves \$100 each to set up a public relations wing and are getting help from doctors elsewhere in Canada and even in the United States to battle this first attempt in this country to socialize the profession.

Well, Mr. Speaker, there were some 500 or 600 doctors in Saskatchewan who contributed to that, and if I am not mistaken that makes exactly the sum of money that was referred to in the article which I read from Blair Fraser in Maclean's Magazine.

Now, Mr. Speaker, this group, according to Maclean's Magazine would want their money back under certain conditions, under certain circumstances and can it be that the Liberal party is not in a position any longer to pay the money back? If the Liberal party is not in a position to pay the money back, having paid it out to advertisers, last April, and May, well — I see that the hon. member from Gravelbourg (Mr. Coderre) is having his troubles. I notice that he brought his "K" rations in this morning, and he was nibbling on them there, during the debate, but with the long noon hour break I am sure he can keep up his peak physical condition during the standard meal time.

But is it possible that the Liberal party can't pay back this 60,000. Well, Mr. Speaker, if insistence upon ramming this bill through the legislature is the price, then I would ask the government to allow a week's delay before the passage of this bill and we will go out and we will raise the \$60,000. As a matter of fact I would go out and raise my share of it in order to help the government out of this dilemma. I would hate to think, Mr. Speaker, I would hate to think that we have to so sacrifice the decent principles of justice and fair play which are inherent in this bill, just because the Liberal party found itself short of funds.

Mr. Speaker: — I think the hon. member is making an imputation of legislation by bribery, I ask him to withdraw.

Mr. Walker: — Mr. Speaker, I agree that I shouldn't make any imputation against hon. members opposite. I was referring to the party, which is outside this house, and I wouldn't want it to be alleged that I for a moment suggested that any hon. member opposite would be unable to reimburse the \$50,000. I make no reflection on any member of the house. I say that the Liberal party is said to be in this difficulty, and if the Liberal party and their difficulties are the reasons why this bill is being presented I think that we ought to have some explanation for it, or some opportunity to help the Liberal party out of its difficulties.

The Liberal party can get out of its difficulty by doing what was suggested by one member on this side of the house a little earlier. If the Liberal party will give the people of Saskatchewan an opportunity to express their reconsidered opinion about the right of that party to govern in this province, I am sure this will solve the problem, not only for the Liberal party, but for all the people of Saskatchewan. For although they have embarked upon fiscal policies and upon other government policies which will lead, undoubtedly, to ultimate disaster, which cannot possibly save them, for four solid years, the fact is that they may lack the courage to go to the people of Saskatchewan. I understand that the Premier threw out his little bait a week ago, for the purpose of prompting his friends and supporters of the province to phone him, or write him, or wire him, as to the prospects of the Liberal party. I understand the response that he got was almost entirely dismal, almost entirely pessimistic, and that he is now having second thoughts.

Mr. Speaker: — Order! For goodness sake, the prospects of any political party in this house, or outside of it, have absolutely nothing to do with the amendment you are supposed to be talking to. Now I ask all hon. members in all sincerity, for goodness sake, stop making a farce of elected government

and speak to the amendment.

Mr. Walker: — Mr. Speaker, if there is anyone making a farce of elected government it is these members who have not discharged their duties in this house.

Some Hon. Members: — Hear, hear!

Mr. Walker: — They have sat here and refused to discuss the subject under discussion.

Mr. Speaker: — I'm going to ask and insist from here on in, that every member that speaks, speaks to the amendment. Now, you have been allowed all the latitude in the world, as has every member, those in the house, and those who weren't here and didn't avail themselves of it. But, for goodness sake, you have got to speak to the amendment. Now the member for Kelsey (Mr. Brockelbank) made a speech the other day and he was in order, every word that he said. For goodness sake, surely you pride yourself on having as much ability as he. There is the amendment, and you have already spoken to the motion . . .

Mr. Blakeneys: — Point of order, Mr. Speaker, I don't think the member for Hanley has spoken on the motion.

Mr. Speaker: — Well, perhaps, I can be incorrect, but anyway, it doesn't matter what he is speaking to, if he is speaking to the motion, he is speaking to the motion, if he is speaking to the amendment, he is speaking to the amendment, and the ramifications and the acts of any political party outside this house have got nothing to do with the amendment.

Mr. Walker: — Your Honor, I agree with the ruling entirely. The question that is before the house is this, that this house declines to proceed with the bill. Now I have given many reasons why I think the house should decline to proceed with the bill, and I suggested that they ought to refer it to a Royal Commission, because I said that if the principles that are in this bill, any Royal Commission, even one of the devising of my hon. friends opposite, the report of the Royal Commission would favor the position which we take.

I just finish up, Mr. Speaker, if I may, conclude my remarks by saying that this government in insisting upon the passage of this iniquitous legislation, refusing to accept the principles contained in the amendment, is defying the will and the wishes of the people of Saskatchewan, and I just conclude by saying that if they don't believe that, there is a way of them finding out, and I invite them to select, or choose, that way, and find out.

Mr. J.E. Brockelbank (Saskatoon City): — Mr. Speaker, I am unclear about the rule about members entering the house when you are on your feet, could you clear me up on that, sub-section two.

Mr. Speaker: — Shall members be allowed to enter the house? Well, members can enter the house, other than doing it evasively.

Mr. Fred Dewhurst (Wadena): — Mr. Speaker, I read to you from Standing Orders ten, sub-paragraph two, on a point of order.

When Mr. Speaker, is putting a question, no member shall enter, walk out of, or across the assembly, or make any noise or disturbance.

Five members just were signalled to enter the chamber after you, Your Honor, were on your feet.

Mr. Speaker: — Well, I haven't got around to putting the question yet.

Mr. Dewhurst: — You were on your feet putting the question . . .

Mr. Speaker: — If any member wishes an opportunity to speak to the amendment, I'm giving every member who wishes to, an opportunity to speak to the amendment.

The amendment was negated on the following recorded division.

YEAS — 24

Lloyd	Willis	Snyder
Cooper (Mrs.)	Whelan	Broten
Wood	Nicholson	Larson
Nollet	Dewhurst	Robbins
Walker	Berezowsky	Brockelbank (Saskatoon City)
Brockelbank (Kelsey)	Michayluk	Pepper
Blakeney	Smishek	
Davies	Baker	
Thibault	Wooff	

NAYS — 29

Thatcher	Loen	Leith
Howes	MacDougall	Bjarnason
McFarlane	Coderre	Romuld
Boldt	McIsaac	Weatherald
Cameron	Trapp	Larochelle
McDonald (Moosomin)	Grant	Asbell
Steuart	Cuelenaere	Hooker
Heald	MacDonald (Milestone)	Radloff
Guy	Gallagher	Coupland
Merchant (Mrs.)	Breker	

Mr. Speaker: — The question before the house is on the proposed motion of the hon. Minister of Public Health (Mr. Steuart) for second reading of Bill no. 42, An Act to amend the Hospital Standards Act. Is the house ready for the question?

Mr. Brockelbank (Kelsey): — Warn the house.

Mr. Speaker: — I must warn the house and the members thereof, that the mover of the motion is about to close the debate, if anybody wishes to speak, he must do so now, or he will be precluded from doing so.

Hon. D.G. Steuart (Minister of Public Health): — At long last, Mr. Speaker, I listened with a great deal of patience to a tremendous number of words that have been said in connection with this bill and . . .

An Hon. Member: — You weren't here all the time.

Mr. Steuart: — Oh, I was here long enough. You just have to listen to one of them and you have heard them all, because they just repeated themselves one after another, because when they weren't reading out of old reports, and documents that had no bearing on the case whatsoever, on the bill whatsoever. But I think this, that most of the members opposite, I think are probably quite sincere in their points that they raised concerning Bill 42. The fact that we propose to repeal certain amendments in the Hospital Standards Act that were placed on the books in the last session, amendments incidentally that we supported, and again I want to reiterate, that a situation arose in some of the hospitals across this province, arose because of medicare, because of the medicare crisis, and the fact that groups of people in certain parts of the province, banded together and formed what has become commonly known as community clinics, and some of these doctors that they persuaded to work in these clinics, had difficulty in obtaining hospital privileges.

The only answer that the government of the day appeared to have at that time was to change the Hospital Standards Act. We on this side of the house maintain that the crisis arose because of the manner in which the Medical Care Plan was implemented. Had it been implemented in some different way I don't think the crisis would ever have arisen. But having created the

situation, the socialists only had one answer and that was to bring in the authority of the provincial government into an area that had been up to this time, for almost fifty years in this province, left to hospital boards, local hospital boards. So since they had the responsibility, the government of the day, we felt that we could do no less than support them since this appeared to be the only answer they had. When we became the government we reassessed this situation, took a new look at it, and we were able, working with hospital boards, working with individual doctors, and community clinic groups, to resolve the outstanding disputes, such as those in Regina, Saskatoon, and other places, Eston, as well. We felt that since local hospital boards had been able for, as I say, almost half a century, to solve most of the problems that had arisen concerning doctors' privileges in their hospitals themselves for half a century, they should, once this crisis had passed, be able to do it again.

We decided to give them that opportunity. Now in this house, in this debate, many old cases were brought up. For example, the member for North Battleford (Mr. Kramer) talked about a situation that arose in the hospital in North Battleford some few years ago, and used this as an example as to why we should have higher authority, an appeal board, to adjudicate cases of dispute that arose in hospitals, between the hospitals and the doctors.

Mr. Speaker, the case that he brought up had no bearing, it could not have been settled by an appeal board. It was an example of a hospital board and a hospital administration failing, actually failing to face their responsibility. We maintain this, that the hospital boards have many responsibilities, many serious responsibilities, and among those responsibilities is saying whether doctors shall be allowed to practice within the walls of the hospital they are responsible for. It has been brought up here many times that these are tax-supported hospitals and with this we agree, and the people should have the choice of their doctors, and with this we agree. It was brought up that we, as a provincial legislature, as a provincial government, have a responsibility to see that the rights of these people to doctors of their own choice was settled. Mr. Speaker, we have a further responsibility and that is to see that people not only have the right to go to the doctor of their choice, but also that they have the protection that doctors who are allowed to practise in our hospitals are, in fact, qualified, are in fact, capable of performing the responsibilities to which they are entitled when they are given hospital privileges, and this is a responsibility, which I think members opposite have tended to overlook. As I say, for over fifty years this has been handled, and handled quite well, by local hospital boards. They have even greater responsibility than this, they have a responsibility for what goes on in their hospitals, and if they are not capable, if hospital boards are not capable of discharging this responsibility, Mr. Speaker, I don't think they will prove capable of discharging more heavy responsibilities and that is saying what actually will go on inside their hospitals once doctors are granted privileges. Their foremost responsibility must be for the safety of their patients, for the public that looks to their hospital for their hospital needs.

Now, there was a case brought up in Biggar, a doctor that left Biggar. This has been pointed out here in the house, in the press, here was an example of discrimination, here was a classic case of the need for a hospital appeal board, for the need of these amendments that were put on the books last year. Well, I maintain, Mr. Speaker, that this was not an example. In the first place, here was an example of a hospital board, I would say, discharging their responsibilities in a proper method, and to take this case and to try to blow it up and say this is an example of what happens if you haven't got an appeal board, Mr. Speaker, this is not in keeping with the facts.

I would like to bring to the attention of this house, some facts in connection with this case of Doctor Hassan Rayman, who did attempt to set up, may have set up practice in Biggar, did attempt to get hospital privileges and was denied those hospital privileges. I just want to read two letters into the records of this house, and the first one is to Dr. Rayman from Sister Superior, the sister administrator of the hospital in Biggar, and she writes: it is dated, September 18th, 1964.

Dear Dr. Rayman:

Your application of September 2nd, 1964 has been received. It is noted in your letter of August 30th, 1964, that you wish to apply for privileges in St. Margaret's Hospital. Would you please advise regarding the length of time for which you request these privileges?

Dr. Rayman, I have been informed that you have

April 17, 1965

assisted at a surgical procedure in St. Margaret's Hospital. Until privileges have been granted, you are hereby notified that you are not privileged to attend or participate in the active treatment of patients in this hospital.

I want to point out, the sister says here "that you have assisted at a surgical procedure." She finishes —

Your application for privileges will be considered in keeping with the procedures established for handling such requests,

Yours truly,
Sr. Aline Bohemier, S.J.M.
Superior Administer
St. Margaret's Hospital, Biggar.

Now, I have a copy of a letter that was written by Dr. Hassan Rayman in reply to this, dated September 21st, 1964.

Dear Sister Superior:

Thank you for your letter dated September 18th, in reply to my application for privileges on the 2nd of September. I shall be in Biggar for an indefinite period, and have already communicated with the Royal College of Physicians re permanent registration. This, I am sure will be through in a few days time.

Re — your third paragraph, I wish to apologize sincerely to you, your staff, and Dr. Hogan, Chief of Medical Staff. I wish to state that this will not happen again. I shall greatly appreciate your help in expediting the granting of privileges to me.

This is where he admits that he went into the operating room and assisted in an operation . . .

Mr. Walker: — What else could he say?

Mr. Steuart: — Well, if he was an honorable man, he couldn't say anything else, but tell the truth, and this is the reason that he was not granted hospital privileges at that time, and I say it was perfectly justified and when hon. members opposite, or anyone else in this province, says that if a doctor takes it on himself, before he is given privileges in our hospitals, to walk into an operating room and assist at an operation, when the hospital board and those responsible have no way of knowing whether he is capable, whether he is qualified, or anything else about him, I say this is probably not the type of individual that they would want on the medical staff, and this is the way the people that have the responsibility of this hospital in Biggar felt, and they denied him privileges, and I think they were well within their rights.

I would like to point out to members opposite that there have been some other doctors brought into this province during medicare crisis, and some of them that left here and though there was some similarity, I just want to mention one. I have some notes. What was his name, it slipped my mind, yes, there was a famous, or infamous Dr. Beck, I recall, that came into this province, and you know there was quite a similarity here, when he left, he stopped off in Winnipeg and he was interviewed by the C.B.C., and if I remember rightly, I think the then Premier of the province raised quite a bit of discussion about this in the province, what a terrible thing, this man had been driven out of the province, he was interviewed in Winnipeg and this was blown up to a great extent. It was found out later this man had been involved in dope in the United States, but Dr. Rayman, no one has suggested that he was anything but of the highest character. He ended up down in Toronto on his way home, and I don't know who, I think it was the Farmers Union of Ontario, I guess alerted by a Mr. Atkinson, the local President of the Farmers Union, they interviewed him there the same way.

The members opposite have attempted to take this case and blow it up, make something of it, out of all proportion of what it is. It is a clear case of a man going in, usurping his rights, going into an operating room that he had no business to do, and then, this is while his application

was pending for hospital privileges, is it any wonder that the hospital board, acting in a responsible manner, turned his privileges down, and I am sure if he had stayed around a while, they may have reconsidered them, but they hadn't at the time, and he decided to leave, it was his own business, he had every right to do it.

Mr. Walker: — It was his color . . .

Mr. Steuart: — No, it is not the color of the person, it was just the simple facts, there it was admitted by himself . . .

Mr. Walker: — . . . as judged by one of the participants . . .

Mr. Steuart: — He admits it right in here. He admits it right in the letter and I will table the letters.

Mr. Blakeney: — Mr. Speaker, did the minister say he was going to table the letters?

Mr. Steuart: — Yes, I will, I'll table them right now. Mr. Speaker, I have felt as this debate proceeded, when we came in here to clear the air, we found there were many outstanding cases, and they were all community clinic doctors, and the members opposite, in spite of the fact that they had changed the law, they had put the amendments on the books, they had not succeeded in getting the local doctors here in Regina inside of the hospitals, they had not succeeded in clearing up the situation in Eston, there were outstanding cases in Saskatoon.

Now, it was claimed that I patted myself on the back that I had done a great job, I never said anything, or anytime that I had done a great job, but I felt we had cleared the air, we had made it possible for people to sit down in a calm manner, conciliate their differences across the table, and settle the matter without resorting to changes in legislation or inserting the heavy hand of the provincial government into what should be, and has been for half a century in this province, purely a local responsibility.

I am forced to come to the conclusion that I think members opposite want to see this thing kept alive, they want to stir it up. Well, I maintained from the start that we want to get politics out of medicine; we want to get doctors in the hospitals if they are qualified; and we will fight just as hard, just as long, as members opposite, to see that the rights of the people of this province are maintained, whether they are practising as community clinic doctors or no matter how they are practising.

Some Hon. Members: — Hear, hear!

Mr. Steuart: — Well, Mr. Speaker, the basic reason for removing these amendments are this, that if we want to see local hospital boards act in a responsible manner, then we have to treat them in a responsible way. The crisis situation arose. Some of the hospital boards and I freely admit this, possibly didn't measure up. They were faced by pressures from two or three sides, and the mechanism for granting hospital privileges broke down in some areas. Once the crisis passed, we brought a new calm atmosphere to this situation and were able to get these doctors; I say that the quicker we can get the atmosphere in medicine, in our hospitals, back to normal, the quicker everyone will gain. I don't think that anyone really gains from the medical crisis. I think everyone lost and if we keep this fight alive, if we keep this bitterness alive, we will continue to lose. I think the quickest way to get the atmosphere back to where I think we should all want to see it, is to give back the local government — and hospital boards are a branch of local government responsible to local councils — to local people. Give them back the responsibility. They did, I think, a fine job for half a century. Give it back to them, and then if they don't measure up, if the situation is calm, there is no crisis, we may have to do something.

As I said when I opened this debate, we find that if we take these steps that are suggested here in this bill, that we have many outstanding cases arise, if we find that the doctors are being discriminated against, we may have to take action and if I have to come back in this legislature a year from now, I will be the first one to admit that we were wrong. I have confidence in our local hospital boards. These changes in the Hospital Standards Act were put on the books over their objections. The question was asked

many times by members "Who asked you to take this step, who asked you to bring this bill in?" Well, I can tell you who asked me to bring this bill in, the hospital boards did. The Saskatchewan Hospital Association — they were opposed to it when you put the amendments on the books. They were opposed to it all the time, the law of this land. They are still opposed to it, they say take them off, give us a chance to do our job the way we have done it for years, and we will show the people of this province that we are responsible, and we can face our duty.

I hope that the members opposite won't go out and try to stir up trouble. I think we can get enough trouble without people going out and trying to stir up trouble to suit their own political ends. I hope they will give this thing a chance to work. I think that it will work if given a chance. If these people go back and try to stir it up, it may not, and I can tell you, Mr. Speaker, that on our side of the house we have fought for twenty years for the rights of individuals, and we don't need any lessons from the socialists to talk about minority rights. We fought inside this house and outside this house for minority rights in the medical crisis. We are still fighting, and we believe in local government. We believe in the autonomy and independence of local government, we believe in giving them the opportunity, the chance to carry out their responsibilities, that is all we are doing in this bill. I hope it receives unanimous approval.

The motion was agreed to on the following recorded division, and bill read the second time.

YEAS — 30

Thatcher	Loken	Leith
Howes	MacDougall	Bjarnason
McFarlane	Coderre	Romuld
Boldt	McIsaac	Weatherald
Cameron	Trapp	MacLennan
McDonald (Moosomin)	Grant	Larochelle
Steuart	Cuelenaere	Asbell
Heald	MacDonald (Milestone)	Hooker
Guy	Gallagher	Radloff
Merchant (Mrs.)	Breker	Coupland

NAYS — 24

Lloyd	Willis	Snyder
Wood	Whelan	Broten
Cooper (Mrs.)	Nicholson	Larson
Nollet	Dewhurst	Robbins
Walker	Berezowsky	Brockelbank (Saskatoon City)
Brockelbank (Kelsey)	Michayluk	Pepper
Blakeney	Smishek	
Davies	Baker	
Thibault	Wooff	

THIRD READINGS

Hon. D. Steuart (Minister of Public Health) moved third reading of Bill no. 42 — **An Act to amend The Hospital Standards Act.**

Mr. J.H. Brockelbank (Kelsey): — Mr. Speaker, I just want to say a very few words before this bill gets third reading, I am disappointed that this bill is being passed, I think it is rather a dark day when this legislature takes away the right of appeal from a number of people, and also the other sections that were in the Hospital Standards Act.

We did our best to persuade the government that this was not good from the point of view of equity and justice, and we did our best to tell them it was not wise from a political point of view. They have insisted on going ahead with it, it is now their responsibility.

Mr. Steuart: — Mr. Speaker, I don't want . . .

Mr. Speaker: — I draw the attention of the members to the fact that the mover of the motion is about to close the debate, if anybody wishes to speak he must do so now.

Hon. W. Ross Thatcher (Premier): — I think that I shall speak to this bill, since the hon. member from Kelsey (Mr. Brockelbank) spoke. We think that the whole plan will work better without the board which we are just doing away with. We have received every assurance from the medical profession that as long as they are not coerced or forced, they will co-operate, and we are quite certain that in the future no doctor will be deprived of his right to hospital privileges, if he qualifies, and if that day should come, I can assure this legislature that immediately the government would take whatever action was required to see that he did receive the privileges. The medicare crisis did leave many wounds, we think that some of those wounds are disappearing, and we think the passage of this legislation today will help to restore harmony. Now, my hon. friends opposite feel differently. Maybe time will show them right, but I don't think so. I think you will see in the future there will be no coercion or compulsion necessary to see that all doctors in Saskatchewan, who qualify, receive hospital privileges, and I would be the first to admit that should this not be the case, then part of the fault would lie with this government.

Some Hon. Members: — Hear, hear!

Motion agreed to on the following recorded division and bill read the third time.

YEAS — 30

Thatcher	Loken	Leith
Howes	MacDougall	Bjarnason
McFarlane	Coderre	Romuld
Boldt	McIsaac	Weatherald
Cameron	Trapp	MacLennan
McDonald (Moosomin)	Grant	Larochelle
Steuart	Cuelenaere	Asbell
Heald	MacDonald (Milestone)	Hooker
Guy	Gallagher	Radloff
Merchant (Mrs.)	Breker	Coupland

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Lloyd	Willis	Snyder
Wood	Whelan	Brotan
Cooper (Mrs.)	Nicholson	Larson
Nollet	Dewhurst	Robbins
Walker	Berezowsky	Brockelbank (Saskatoon City)
Brockelbank (Kelsey)	Michayluk	Pepper
Blakeney	Smishek	
Davies	Baker	
Thibault	Wooff	

ROYAL ASSENT AND PROROGATION

At 4:25 o'clock p.m. His Honour the Lieutenant Governor having entered the chamber, took his seat on the throne and gave royal assent to the bills presented to him. His Honour the Lieutenant Governor then said:

Mr. Speaker, Members of the Legislative Assembly:

It is my duty to relieve you of further attendance at the legislative assembly. In doing so, I wish to thank you for, and congratulate you upon the work you have done. I wish also to express my confidence that the approval of the programs and plans presented to you will continue to provide the services necessary to the growth and development of our province.

The legislation you have passed in this first session of the fifteenth legislature has been designed to speed the development of those resources providence has bestown on us, so that all our people may share in their fruits.

Among those measures, were enactments for tax relief which my ministers believe will go far in inducing a larger measure of industrial investment in Saskatchewan, and in enabling our agricultural industry to reap greater benefits from their operations. In this latter respect, you

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have approved the establishment of administrative machinery to sell, where conditions warrant, certain cultivation and grazing leases.

You have approved measures to accelerate the construction of roads throughout our province in the hope of making many undeveloped areas more readily accessible to potential private investors. In this regard you have also moved to relieve municipalities of some of the burden they have had to bear in road construction and maintenance.

It is your hope that our municipalities will also benefit from new measures encouraging the speedy installation of new water and sewer facilities.

You have approved the establishment of an Indian and Metis development branch in order that my government can proceed with an adequate program to relieve the plight of many thousands of our native people in Saskatchewan.

You have approved an increase in benefits to those of our civil servants and teachers whose pension benefits have proven inadequate.

Your concern for the youth of our province has been reflected in the establishment of a Saskatchewan Youth Agency, and in the provision of larger sums of money for higher education and school grants.

In the search for efficiencies and improvements in the administration of government, you have approved the expenditure of monies for the work of the Royal Commission on Government Administration.

I thank you for the prevision you have made to meet the further requirements of the public service and assure you the sum of money voted will be used economically, prudently and in the public interest.

In taking leave of you, I desire to thank you for the manner in which you have devoted your energies to the activities of the session and wish you the full blessing of Providence as you return again to your respective homes.

The Hon. Mr. Heald, Provincial Secretary, then said:

Mr. Speaker, and Members of the Legislative Assembly:

It is the will and pleasure of His Honour the Lieutenant Governor that this legislative assembly be prorogued until it pleases His Honour to summon the same for the dispatch of business and the legislative assembly is accordingly prorogued.