

**LEGISLATIVE ASSEMBLY OF SASKATCHEWAN**  
**Third Session — Fourteenth Legislature**  
**37th Day**

**Saturday, April 14, 1962.**

The Assembly met at 10:00 o'clock a.m.

On the Orders of the Day:

**PRESENTATION: MR. WOOD'S SON**

**Mr. Frank Meakes (Touchwood):** — Mr. Speaker, before the orders of the day I would like to refer to a statement made yesterday by the Minister of Municipal Affairs when he announced his new son. I have been chosen to present on your behalf and all the members on your right Sir, a small package to that young sapling, youngster Wood. Someone said Sir, that we have been rushing things by presenting this tricycle and football to such a young child, but I would rather suggest Sir that if was not actually rushing, it was the Minister of Municipal Affairs who was so slow.

The evening before last I offered to stay with the minister and to hold his hand, because he always talked about the father waiting at the hospital for the mother, and we are all so happy that he survived the terrible ordeal of being a father for the first time.

On behalf of you, Sir, and members to your right, I present this to the young son of the Minister of Municipal Affairs, and we wish him the very best.

**Hon. E.I. Wood (Minister of Municipal Affairs):** — All I can say is thank you very much. I am sure my young son will thank you from the very depth of his heart when he is old enough. I am deeply touched by this indication of appreciation of the young generation. I want to say that yesterday when I made the announcement of the young man's arrival, the Premier made some remarks about the value of a trip to Europe in regard to such things. I would like to say, Mr. Speaker, that I don't like to criticize the Premier in regard to his knowledge of eugenics and such, nor as to a man who was the Minister of Education so long do I feel it is right for me to question his ability to count, but I think

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upon a closer examination of some of these things, he will find that my son is truly in line with anything the Minister of Industry and Information would wish, and I can assure you that he was made in Saskatchewan.

**Mr. W. Ross Thatcher (Leader of the Opposition):** — Mr. Speaker, I am sure all the opposition would like to say insofar as this event this morning is concerned, is that the Minister of Municipal Affairs in some ways, is perhaps a better man than we had realized he was. We too are quite proud of his achievements.

Mr. Speaker, while I am on my feet and as we are near prorogation, I should like to direct a question to the Premier. Can we expect at anytime in the near future an announcement of the date of the by-election to be held in the constituency of Prince Albert.

**Premier Lloyd:** — Mr. Speaker, I agree the Leader of the Opposition can expect . . .

**Mr. Thatcher:** — Well, Mr. Speaker, I would certainly hope so.

### **CONGRATULATIONS TO STUDENT**

**Mr. Allen L. Stevens (Rosetown):** — Mr. Speaker, before the orders of the day I would like to call the attention of the House to the achievement of a certain young lady in my constituency. I have noticed several members on this side of the House have risen in their places and extolled at some length the virtues of a particular type of bull in their constituency, and the members on the other side of the House have risen in their place to demonstrate this particular type in their constituency.

We in Rosetown are more interested in the accomplishment of our citizens, and this particular young citizen Miss Evelyn Lord of Zealandia who is first year nursing student at the University of Saskatchewan has won the right to represent Saskatchewan at a 4H Conference in Washington, D.C. on April 21st to 27th of this month.

We are particularly proud of this young student, because every year during her high school years in Rosetown she won every possibly honour both academically and in department, and I am sure she will be a worthy ambassador of this province when she goes with the other nine members who represent Canada at this conference of about 40 students from all over the United States. They will travel to Montreal, Toronto, and New York where they will tour the United Nations building. I am sure the other members of the legislature would like to join with me in congratulating this youngster, and to wish her every success and happiness during her trip.

**QUESTION: DELEGATION FROM COUNTRY RE MEDICAL SCHEME**

**Mr. D.T. McFarlane (Qu'Appelle-Wolseley):** — Mr. Speaker, before the orders of the day are called I would like to direct a question to the Minister of Public Health. I would like to ask him if he knows of a large spontaneous delegation wishing to meet with members of the legislature and the government here this morning before anything else is done I regard to the amendments to the Medical Care Insurance program? They are deeply concerned over the probable loss of the doctors in their area. It is their wish that they have the opportunity of discussing this matter with members of the legislature both on the government side and the opposition side before proceeding further. I would like to have the answer of the minister, whether he knows of this, and if he is willing to grant the concession to them.

**Hon. W.G. Davies (Minister of Public Health):** — Mr. Speaker, I have not had any news of this large and spontaneous delegation which is supposed to be anticipated or on the horizon, I am not sure which from the remarks of the hon. member. Of course if any delegation at all comes here from time to time we make a practice of listening to that delegation. I can only say that I have not heard of a delegation arriving this morning for that purpose.

**ANNOUNCEMENT: PRESS RELEASE RE WELFARE**

**Hon. A.M. Nicholson (Minister of Social Welfare):** — Mr. Speaker, before the orders of the day, I might mention that yesterday I received from the Hon. J.

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Waldo Monteith, Minister of Health and Welfare in Ottawa, an air mail special delivery press release of his statement in the House of Commons on Thursday, April 12th. Mr. Monteith, I think, correctly describes his statement as a new breakthrough in Canada's welfare system.

He says:

“I have written today to provincial ministers informing them of the government's intention to initiate a new program in welfare grants designed to assist in overcoming major deficiencies in our present nation-wide network of welfare services.”

Mr. Monteith pointed out that two separate grants are involved — one pertaining to general welfare and professional training which will commence at the level of \$450 thousand for the 1962-63 year, and increase at the rate of \$450 thousand annually for five years, reaching \$2¼ million by 1966-67. The other grant respecting welfare research will begin at the level of \$50 thousand in 1962-63, and increase at the rate of \$50 thousand annually for five years, reaching an amount of \$250 thousand in 1966-67.

Mr. Monteith stated that the welfare grants program would be complemented by the establishment of the National Council of Welfare, which was announced in the Speech from the Throne, and mentioned that for a number of years government has been participating in a training program on our own account, and we welcome this news that the federal government will be involved in this very important activity. The minister was kind enough to refer to our conversation the last time I was in Ottawa, and he expressed his gratification for the interest we have taken in this very important development.

## **SECOND READINGS**

### **Bill No. 69 — An Act to amend The Saskatchewan Medical Care Insurance Act, 1961**

**Hon. W.G. Davies (Minister of Health):** — Mr. Speaker, before commencing precisely on the amendments to this bill, I should like to make a few general comments respecting what I think are some altogether unwarranted statements which have appeared in yesterday's issue of the Leader-Post.

Now, Mr. Speaker, there was an editorial in yesterday's newspaper entitled "Straitjacket for the Doctors". The following statement was made in this editorial, and with your permission I will quote the three relevant paragraphs that I had in mind:

"At the same time a well-authenticated report was in circulation that the government was on the verge of agreeing to work out an arrangement with the doctors for the extension of the present voluntary scheme until T.C. Douglas, the former Premier and now national leader of the New Democratic Party arrived back in Regina. Mr. Douglas, so this report declares, brought pressure to bear on Premier Lloyd and other members of the government to scuttle negotiations with the doctors on this basis. One of the major plans in the NDP program is the compulsory government-controlled, nationwide medical care plan, and if the Saskatchewan government agreed to the proposed compromise with the doctors, this allegedly would have kicked the props out from under the NDP campaign."

The editorial goes on to say:

"The government, then is said to have decided to break off negotiations with the Saskatchewan College of Physicians and Surgeons and to have prepared the statement read to the legislature Wednesday, which in effect repudiated the undertaking that the plan to be adopted in Saskatchewan would be acceptable to those rendering medical care."

Mr. Speaker, I want to say that there is not a vestige or a shred of substance to this so-called well-authenticated report. I want to categorically deny that any such overt pressure has been applied by either Mr. Douglas, or the New Democratic Party. The suggestion, Mr. Speaker, I think is a slur on the integrity of Mr. Douglas and of this government, and it is specifically denied.

It is apparent indeed to me that the Leader-Post continues to assist the cause of the Liberal party, and their continued opposition to a provincial medical care plan in carrying out such an unworthy and unfounded report.

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I want to say also, Mr. Speaker, that the amendments that are before us today do not adversely affect the essential rights of the medical profession. The premature charges that are attributed by the local paper to the Liberal party of Saskatchewan that the changes that we are proposing here mean civil conscription rights to practice medicine, to treat patients according to the judgment of the individual doctor, remain, as my friends very well know on the other side of the House, inviolate.

The amendments, Mr. Speaker, do strengthen the ability of the Medical Care Commission, to administer a program of medical care for the people of Saskatchewan.

**Government Members:** — Hear! Hear!

**Hon. Mr. Davies:** — They do not require the doctors of the province to enter into contractual relations with the commission, nor do they impose anything in the nature of a straitjacket on the provincial medical profession.

I want to say again that I personally resent and deplore the reports and the charges I have referred to. They do little, in my opinion, to convey that objective view for the consumption of readers which I think should be the first duty of a newspaper to convey, especially in a city where there is only the one newspaper. I think that in a situation which calls for something more positive, the Leader-Post continues to steadfastly pursue a policy based on its opposition to this government, and its support of the Liberal party. Anything apparently seems to be grist in this mill.

Mr. Speaker, let me turn to the amendments themselves. These are not in reality major amendments, as I think the Premier informed the House the other afternoon. In general the amendments proposed are of four types, and I propose to deal with them in that sequence.

First of all, two of them are intended simply to clarify the meaning. Here I am referring to sections 4 and 5 of the bill, which amends sections 31 and 42 of the act. Now one amendment, section 2 of the bill, is designed to simplify regulations as these regulations concern administration. The need for this provision was not foreseen at the time the act was passed last fall. In the third bracket lie two new sections, 28A and 28B.

These are intended to spell out relationships which we believe are already implied in the act as it stands. Finally in another bracket we have a further new section 42A. This introduces a clear statement of the government's intent to provide the mechanism to afford a means of adjusting any differences which may arise at the rates of payment for the providers of services.

Mr. Speaker, I would like to discuss these amendments in the order in which I have introduced them here.

First, on the question of amendment for clarification purposes. I am referring now to section 31 of the act. Section 31 of the act is concerned with contributions made by the employer to the cost of health services received by employees. To give practical effect to this section, it would seem that the term "health services" must be interpreted as "insured services," that is, of course, within the meaning of the act. The amendment proposed will substitute insured services for health services, and therefore should be suitable for the purposes of the clarification that I have suggested.

With respect to section 42, subsection 3: subsection 1 and 2 of this section refer to an appeal procedure, and I suppose perhaps for that reason, the word "appeal" appears in subsection 3, but the use of the word "appeal" in this subsection may be misleading. It could be interpreted to suggest or to mean that an appeal to a court on the decision of a hearing, that is, the hearing held under subsections 1 and 2, is in fact an appeal when the intent of the subsection was in reality to point out that there was nothing in the section which interfered or which indeed obstructed anyone's right to take action in court, and subsection 3 has been changed so that this intent is made crystal clear.

On section 25, subsection 1: the question here is one of simplifying regulations on registration. The problem has been created by the fact that no premium will be collected during or perhaps I should say for the year 1962. At the same time we envisage benefits as from the period July 31st to December 31st of 1962. July 1st to December 1st, Mr. Speaker.

As it now reads, the act makes the payment of a premium the condition for eligibility for benefits. The amendment will provide that a person will be eligible for benefit from July 1st to the end of the year, if he has been registered and if he has been a resident of three months or more.

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Now coming to section 28A: we here meet a new provision which as I stated simply spells out a relationship which is already implied or intimated in the act. I am referring to section 28A, which establishes here the commission as agent of a beneficiary and I am going to quote the phrase "with respect to any matter relating to payment for an insured service." Provisions of this kind are common in insurance contracts, and in medical service plans and I have no doubt that parallels can be found in other legislation. I intend to give you one or two examples of what I am pointing to in just a moment.

First, perhaps it might be useful if I set out the two purposes of the section, and I again say they bear very little relationship indeed to some of the unfortunate references that were made about them in some quarters yesterday.

The first purpose is to permit the medical care plan to avoid involving the beneficiary in all the administrative details that are necessary in the payment of a doctor's bill. As the agent of the patient the commission may undertake to verify accounts, and to tender payment on his behalf. Surely, Mr. Speaker, we are underwriting the cost of his medical care, this is an eminently reasonable procedure.

The second purpose is to permit the commission to relieve a beneficiary of all the expense and perhaps sometimes headaches which would be involved in any conceivable litigation over payments for an insured service. I want to point out again that there is nothing in this amendment which states that the beneficiary is not liable for medical expenses which he incurs, but if there is a dispute over payment, this amendment permits the commission to represent the beneficiary in arriving at a just and proper settlement. I say this is a reasonable, necessary procedure if we are to have a workable provincial medical insurance program, and I should add here that it would be my hope that the use of litigation would not be frequent.

I said a few minutes ago that there were a number of examples of provisions of this type. I am going to recite just one or two examples. Medical Services Incorporated is, as you know, a doctor-sponsored plan. All members of the board of directors are either doctors or those appointed by doctors. I would like to quote to you from their Group Service Contract C (Commercial), but perhaps first I should point out that this contract is signed by the employer or the representative of the



group, not by the individual subscriber and I suggest that perhaps one out of one hundred persons that would be covered by this type of contract, would know anything about the provisions. I am going to quote from section 7B of this particular contract, which is characterized by the term "Assignment of Record". I am quoting here:

"Every employee member shall authorize and permit any physician and surgeon, nurse or hospital, who made a diagnosis or rendered treatment in connection with any illness, or whose service is sought by Medical Services Incorporated to furnish to Medical Services Incorporated at any time, upon the request of its authorized representative, any and all information and all records or copies of records relating to the diagnosis, the treatment or service rendered to the subscriber or his dependent."

Clause 8A in the same contract states, and I am quoting again:

"All agreements entered into between the association and its medical members for providing care and treatment to subscribers, shall be taken as having been made by the association on behalf of and as agent for the subscriber."

Now there is also Clause 8B which concerns the right of Medical Services Incorporated to recover costs in the case of third party liability, and I quote again:

"Where the subscriber or the dependent receives and is covered pursuant hereto, for medical, surgical or obstetrical services as herein defined by reason of an illness or accident in respect of which some third party is under legal liability, the association shall be subrogated to the subscriber or dependent's right to compensation for the cost of the services rendered in respect of such illness or injury to the extent of the amount paid by the association in respect thereof, and the subscriber undertakes and agrees that he or the dependent so entitled will prosecute such claim and pay over to the association what it is entitled to receive."

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I think these examples from the MSI contract probably clearly establishes the principle of agency which is the subject of the amendment before us. I say there are some similar, perhaps not so sharply-defined provisions contained in the Group Medical Services contract and of course in some commercial insurance contracts which to this time I have not had the opportunity of examining.

May I also suggest, Mr. Speaker, that legislation in some cases goes much further in taking the problems out of the patient's hands. Let me quote from The Workmen's Compensation Accident Fund Act, presently section 80, subsection four and five and they read as follows: Subsection 4 of Section 80:

“All questions as to the necessity, character, and sufficiency of any medical aid furnished or to be furnished shall be determined by the board.”

and 5 goes on to say —

“Fees or charges for such medical aid shall not be more than would be possible and reasonably charged to the workmen if himself paying the bill, and, except in the case of an employer individually liable, and himself furnishing the medical aid, the amount thereof shall be fixed and determined by the board, and no action for any amount larger than that fixed by the board shall lie in respect of any medical aid herein provided for.”

That is the end of the quotation from The Workmen's Compensation Act.

I think, Mr. Speaker, it would be admitted probably by everyone in the House that there is very little doubt about the intent of these sections. It is also very plain that the authority conferred does not rest on any agency clause. The provisions that I have read to you were enacted by the Saskatchewan Legislature in the year 1929, and the cabinet minister who introduced the legislation was someone well-known and well-respected on both sides of this House, the late Rt. Hon. J.G. Gardiner. The relevant amendment before us today doesn't really go as far as the principle that was embodied in this change which was implemented by the Liberal administration of that day.

Now may I also say that section 28A makes provision that any beneficiary who does not want the commission to act as his agent may withdraw. He would simply make application to the commission, and the commission will not act on his behalf.

May I now comment very briefly on the effect of this amendment on the beneficiary. I think I said earlier that we believe it does no more than make explicit a relationship between the beneficiary and the commission, which would probably implicitly exist without the amendment. Before the commission could take any action on behalf of a beneficiary the beneficiary would first have to bring the matter to the attention of the commission. The most common procedure I would think would be for the beneficiary to forward his physician's bill to the commission with a request for payment. Now is he not in this case asking the commission to be his agent and asking the commission to be his agent for this purpose? I think the answer to this question is yes. I am saying this amendment actually will formalize the relationship that I referred to.

I think there is another reason for making this relationship explicit. The commission being a body corporate is limited to the powers that are stated in this act. The amendment removes that particular limitation. We believe that the very vast majority of Saskatchewan residents want the kind of arrangement which the amendment provides. If any individual does not wish to take advantage of it, he has the privilege as I said of opting out of the agency arrangement that is contained within the bill.

Mr. Speaker, may I now say again, what are the effects of this amendment on the medical profession of the province. The Leader-Post headlines yesterday were screaming "Doctors conscripted" and unidentified Liberal members as I recall were given as a source of this particular allegation. I want to say, Mr. Speaker, that there is not a vestige of evidence to suggest this, and that these charges are the epitome of gross and irresponsible reporting. They are foundationless and they cannot be supported.

Finally on this section of the amendment does not interfere in any way in the manner with which a physician conducts a diagnosis, and his decision. It concerns only matters that relate to payment for services. The amendment does not impose any restriction, condition or requirements on the physician which really could not be

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resorted to individually by any patient. It establishes, I suggest further, a practice which is not unfamiliar to the medical profession, to their own association.

Dealing with the new section, 28B: The purpose of this section is primarily to permit administrative economy. Processing cheques in volume through a single paying agency is one way this might be done. If further study indicates that course desirable and is at the same time necessary and feasible, we would wish to be able to implement it, and some examples of the kind of payments which we would make under this section are payments that would be made by the Minister of Public Health under The Mental Health Act, to physicians for certifying persons as being mentally ill, or for providing surgical payment by the Saskatchewan Government Insurance Office under part 2 of The Automobile Insurance Act, of the supplementary payments which members of the House know go up to \$2,000 for out of pocket expenses.

A third example the provision of possible arrangement with the federal Indian health services concerning payments to physicians employed to provide services to Indians. Payment might be made by the commission acting as the agent for the federal government.

Another example that comes to mind is that of the Flin Flon Employees' Health Association. You have some presentation from this body, and if a suitable compromise were worked out payments could be made by the commission on behalf of this association for the insured services that were received by members of the association who happened to be beneficiaries under our plan.

I turn briefly, Mr. Speaker, to section 42A. I made some casual reference to this in the beginning of my remarks. This is a new clause that really is supplementary to the principle which is already embodied in other parts of the section. Its differences arise with respect to rates of payment to physicians, or indeed for other persons that render services under the act. It is proposed to settle them by mediation or some other kind of appropriate means which could readily be devised, and may I say, Mr. Speaker, that in the devising of such methods we would want to bind consultation with the providers of service to ensure that whatever methods were arrived at, that they were deemed reasonable and proper by all concerned.

I feel, Mr. Speaker, that what I have said should serve to explain the substance of the bill that is before us. The discussion on each clause is of course a matter for committee consideration.

I do want to say, though, Mr. Speaker, before I take my seat, and to underline this again, that these amendments do not seek to regiment or to confine or to abuse any professional person in this province.

**Government Members:** — Hear! Hear!

**Hon. Mr. Davies:** — They actually seek and envisage a method whereby conflict with professional people can be reduced to a workable method for insuring Saskatchewan people for the provisions of medical care. I want to say this too, in all sincerity that while we wish to guard the right of the some 800 physicians in the province of Saskatchewan, we must be mindful also of the needs and the right of some 900 thousand citizens that are also involved in this.

**Government Members:** — Hear! Hear!

**Hon. Mr. Davies:** — Mr. Speaker, with those remarks which I hope are distinct enough to begin this debate, I move that Bill No. 69 be now read a second time.

**Mr. W. Ross Thatcher (Leader of the Opposition):** — Mr. Speaker, Bill No. 69, An Act to amend The Saskatchewan Medical Care Insurance Act, is now before this legislature. I would ask you Sir, and the other members of this legislature to look at this file of bills. Everyone has such a file on his desk. You find that there are 69 bills that have been tabled this session. This is the 69th one, and the last one to be brought before the House. I suggest it is significant that this very important piece of legislation has been brought forward in the dying days of the session. I suggest it is also significant that this is the first real task the new Minister of Health has been given to pilot it through. I rather doubt if the former Minister of Health would have taken on this job. I think he had too much responsibility, too much integrity, probably that is why he is not the present Minister of Health.

The Minister of Health who spoke a moment or so ago was the former tough, union negotiator before he came into this House. He was a good one — he had gone up and down the length and breadth of this province, and I have heard him, opposing compulsory labour legislation, opposing compulsory arbitration, and yet today he has brought down a bill as minister which imposes compulsory arbitration of a kind which is as vicious and as authoritarian as any that I have ever seen. I don't

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think there is a trade union in Saskatchewan who would accept this kind of a bill, if they were asked to do it, I suggest that in doing that he has abandoned many of his own principles.

Now, Mr. Speaker, three days ago I directed a question to the Premier as to how much legislation remained to be worked upon for the balance of the session. He indicated to the House in reply, I think it was Thursday, I want to quote his own words:

“My understanding is that the legislation is all complete now. Oh, there may be a minor exception to that.”

Perhaps this is the minor exception, I don't know. I would say the Premier's statement was clear cut, in effect last Thursday he told us that there was no more legislation certainly of a major nature which remained to be brought down. Thursday afternoon the Premier crossed the floor to discuss the matter with me, and he asked if the opposition would agree to suspend the usual rules of procedure so that certain minor amendments, the medical insurance bill, might be passed through the three various stages in one day, and, of course, in order to facilitate prorogation and on the understanding that these were minor amendments, we agreed.

However, when last Thursday we were given a copy of the amendment, we learned that they were anything but minor. On the contrary, these amendments which are now before the legislature are of a drastic and sweeping character, and despite anything the Minister of Health may say this morning, they propose vital and fundamental legislation, which will affect the lives of every citizen of Saskatchewan, and they incorporate into the medical act clauses which give the government and the commission, for all practical purposes, the power of absolute control over the medical profession in all its works and actions. Now if passed they will virtually introduce peace-time conscription of the medical profession, and the abrogation of its civil rights, whether the minister likes that or not.

These amendments which are before the House this morning, Mr. Speaker, put the real teeth into the medical act, after months of fruitless discussion between the college and cabinet, this morning we see the iron fist. When all else has failed to bring the profession to its knees this weapon, economic strangulation, is to be tried.

Mr. Speaker, I would say the manner in which this bill has been introduced is an insult to the members of this legislature. Here we have perhaps the most important bill to come before it in a decade, and it is brought in as I say in the dying days. The opposition was given a copy Thursday that wasn't printed until yesterday. The amendments have never been discussed in public, the amendments have never been discussed with the profession, the amendments have never before been proposed in this legislature. Why? I say it is basic, this fundamental legislation was conceived in haste, and it was left until the last moment so that it could be rammed through with a minimum of opposition.

**Mrs. Cooper:** — Nonsense.

**Mr. Thatcher:** — You left the county system to the last moment in the same manner and for the same reason. They couldn't print the bill until the last moment. It is an all important piece of legislation and is left until the last couple of days.

Well now, Mr. Speaker, what is the purpose of this legislation before us? The minister said and I quote him:

“These are not really major amendments — a few of them are just needed to clarify a few matters that we had before. They are really harmless — they don't in reality mean a single thing.”

The purpose, purely and simple, of this bill in front of us this morning is to force the doctors to accept payment for their service from the commission if they want to be paid, and the purpose is to force the doctors whether they like it or not to participate in the socialist medical scheme.

As I read the act, in practical effect it can be used to force any doctor to accept the fees set by the commission, so I say these amendments are all embracing in their ramification, and they are sweeping in their provision. They are not the kind of minor amendments suggested by either the Premier or the Minister of Health. In other words, Mr. Speaker, this morning, after violating their solemn pledge to the profession to introduce only a plan which is acceptable to those rendering the services, the government is now going to practically the extreme, and despite what the minister may have said this morning, it is endeavouring to put the doctors in some kind of a straitjacket. I know, Mr. Speaker, that some

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people say why should the Liberals worry about the doctors. They are wealthy, they are powerful, they can take care of themselves. I have had some people telephone me and ask me that question. Some of them won't even give their names. Mr. Speaker, if the government can take the rights of the doctors away today, they can take the rights of some other ministry group away tomorrow. Who will be next?

**Opposition Members:** — Hear! Hear!

**Mr. Thatcher:** — Is any minority group safe from these socialist planners? Liberalism believes in the rights and privileges of minority, and our party will defend those privileges at every opportunity, whether or not it is politically expedient.

Now, Mr. Speaker, I remind the House and the people of Saskatchewan that the Liberals have advocated a prepaid medical insurance scheme, as an alternative to state medicine. The Liberal proposal would do a number of things: first of all it would be acceptable to those receiving and those giving the service; secondly it would be financially feasible without a substantial portion of the new tax burden recently imposed by the socialists; thirdly, it would be prepaid medical insurance, rather than state medicine; fourthly it would be a scheme that would take care of indigents, those unable to pay their premiums.

Mr. Speaker, we think the Liberal scheme would protect our people against major or catastrophic bills, and it would give us protection against a pressing tax burden that the socialists have recently imposed.

I remind this House, and through the House, the people of Saskatchewan, that medical insurance has been the major issue at least one of the major issues for three successive by-elections or a deferred election, and I point out it has been the Liberal scheme, not the socialist scheme, which has been endorsed by a majority in each of the constituencies of Athabasca, of Turtleford, and of Weyburn, and which will be endorsed by the people of Prince Albert when the Premier gets the courage to call a by-election.

**Opposition Members:** — Hear! Hear!

**Mr. Thatcher:** — The socialists will be third in Prince Albert when they call a by-election. Obviously the socialists



will no doubt use the majority to ram this bill, this legislation, through the House. I think such a course should cause misgiving on the side of the House to your right, Mr. Speaker. Already there is a shortage of doctors in Saskatchewan.

**Hon. Mr. Nollet:** — Here we go . . .

**Mr. Thatcher:** — It is steadily becoming more acute. Last night a gentleman telephoned me from Carlyle and he said, our doctor already said he is leaving town and going to North Dakota in a month, and they are pretty concerned about it. Our doctors don't have to remain in this province to be socialized.

**Government Members:** — Nonsense.

**Mr. Thatcher:** — Well nonsense! Are you going to put them in jail to keep them here? Aren't you going to let them go if they don't want to be socialized?

Mr. Speaker, the province of Ontario has stated they can take 500 doctors. There is a place for 500 doctors if some of ours want to go.

**Hon. Mr. Nollet:** — Is that a threat?

**Mr. Thatcher:** — No. No, it is no threat at all. In Manitoba when the federal royal commission was there, statements were made that Manitoba could take many of our doctors. Alberta has already taken some. They have said they can take more. The states of Minnesota and North Dakota can take some.

I say then that if this legislation goes through today, whether my hon. friends like to admit it or not, there is a very real danger that many of our best doctors will go to either one of the other nine provinces, or one of the 50 states in the union south. There are signs that this exodus has already started. That is why I say my socialist friends opposite are playing fast and loose with the health of the people of Saskatchewan. They are always quoting what happened to the health scheme in Great Britain — how successful the one over there has been. I have a clipping in my hand dated March 16, 1962, from the Yorkshire Post Report. This certainly indicates that there has been a mass exodus of doctors from Great Britain. The heading of this is "700 doctors lost to Britain every year." I want to quote a

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few lines for the benefit of my friend, the Minister of Agriculture, and a few of his other associates.

Each year 700 doctors from Great Britain and Ireland packed their bags and head for the commonwealth, the United States or South Africa. The rate of emigration is five times that of the 1930's, but far more serious, the total represents one third of the annual output from all the medical schools in Great Britain and Ireland. During the five years between 1956 and 1960, Canada has registered 1,071 of our doctors; Australia 1,060; the United States 749; Southern Africa 202; New Zealand 184; Southern Rhodesia 145; Northern Rhodesia 119; a total of 3,530. The data indicates a mass migration of young British doctors in the last fifteen years, away from their native land on a scale heretofore unknown. A possible explanation of the phenomenon is the practice in the national health service is relatively unattractive to young doctors, economically, professionally, and idealistically.

Socialized medicine has caused Great Britain to lose the very cream of her doctors, and I say there is a very real danger, if this bill goes through this morning, that the same thing could happen in Saskatchewan.

Now is this bill constitutional? There are many people, I think even sitting in this legislature, certainly throughout the province, who feel this legislation infringes the Bill of Rights. There is some doubt as to whether or not it will be constitutional. Certainly the doctors have enough at stake to challenge the act if they are so advised. I think it is no exaggeration to say that it could result in lengthy and involved legal proceedings. Of all these reasons, Mr. Speaker, I appeal once again to the Premier and to the government to refrain from passing this legislation — to try and once again work out a satisfactory arrangement with the doctors. Surely reasonable compromises on both sides could not bring about voluntary acceptance. The people of Saskatchewan desire, hope, and expect both the doctors and the government to make reasonable concessions to reach an agreement. Government has handled medical care bills badly from beginning to end in order to provide Mr. Douglas and the NDP with a better election issue. They rushed it through last session. They used a most unfortunate tactic, and I suggest this morning that the

time has come for this government to put the affairs of the people of Saskatchewan first, put the affairs of the NDP and Mr. Douglas second.

**Opposition Members:** — Hear! Hear!

**Mr. Thatcher:** — Now what is the position of the Liberal party towards this whole political act?

**Hon. Mr. Kuziak:** — They have no position.

**Mr. Thatcher:** — I repeat, the Liberal party does favour prepaid medical insurance, and there is a vast difference between that and state medicine. In order to emphasize that fact, when the bill was introduced in the special second session, on second reading, we supported it. We did so even though we were opposed to many clauses, but in our British system of government when the principle is being discussed on a bill you vote according to the principles which are involved, but not withstanding the fact that we voted for the bill on second reading, we warned that unless changes were made we would oppose it in committee, and on third reading.

The government at that time adamantly refused to make any changes and they have refused to make any changes since that time. As a result, at the last session of the legislature, we opposed the third reading of this bill on the grounds that it would give the people state medicine, not prepaid medical insurance. I want to take only a moment before I sit down to remind the House the reasons that we voted against third reading last November.

First, we voted against the third reading of this bill because we did not think the government could obtain the co-operation of the doctors. We were right in that assumption. Secondly, we voted against the third reading because of the staggering costs involved — \$25 million the first year. Thirdly, we voted against it because of the unprecedented tax burden which the government proposed to finance the plan, and we were particularly opposed to the vicious five per cent sales tax neither the people of Alberta or Manitoba have. Fourthly, we opposed the bill because of the timing, coming as it did in a year of drought, recession and unemployment. Finally, we opposed the bill because we feared then and we fear today, if it is passed as I said a moment ago, many of our best doctors may leave the province.

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In the long run then we fear that this legislation is not in the best interest of the 900 thousand people of the province of Saskatchewan. We opposed third reading last fall; we feel obliged to vote against this bill today for the same reasons. We shall have more to say about the details when it comes to committee.

**Premier Lloyd:** — Mr. Speaker, before I turn to comment on remarks of the leader of the opposition, I want to add my support and endorsement to the remarks made by the Minister of Public Health in introducing the bill. Here I refer first of all to the very clear and lucid explanation which he gave to the bill, an explanation which if it had been listened to by the Leader of the Opposition, he would not have made the speech which he has just given. I submit, the Leader of the Opposition did not in fact examine that which is proposed in the bill, did not substantiate the dire effect which he predicted by pointing out how the bill makes arrangements for the proceeding of the medical care plan in the province of Saskatchewan.

I want to congratulate the minister on that statement, and while I am on this particular point I want also on my behalf and on the behalf of many of the people of the province who have spoken to me about this, to congratulate the minister on the way in which he has handled this very difficult problem during the period when he has been minister. I submit there is probably not in the experience of this province an instance when a person has been given a more difficult kind of task to undertake nor is there one who has taken it more competently than the present Minister of Health.

The other are of remarks of the Minister of Public Health to which I want to refer are those with regard to the editorial appearing in yesterday's Leader-Post under the by-line of Mr. E.N. Davis and I say that I spoke to the writer of this editorial at about this time yesterday morning and pointed out as indeed he has said in his editorial of this morning that I emphatically and categorically denied this statement. I want to say that indeed I did so. I appreciate the fact the writer then went on to say — he comments that I had advised the writer that Mr. Douglas had not interfered in any way of the conduct of the Saskatchewan affairs since he resigned as Premier, this I want to emphasize. He went on to say then that the responsibility of the action lies with this government and that I gladly accept. While I appreciate the fact that the record has been to some extent corrected in this morning's paper, I want

also to suggest that in my opinion it would have been in order for the writer to have gone further. I suggest that with proper respect for the responsibility of the free press, the writer might have gone and said that 'the well-authenticated report' to which he refers was in fact not authenticated whatsoever, that he had been a party to spreading a rumor which was not in any way true and that he regretted the fact that he had been a party to the dissemination of false information. It seems to me we have a right . . .

**Government Members:** — Hear! Hear!

**Premier Lloyd:** — Now let me proceed to comments with regard to remarks of the Leader of the Opposition. First of all he has had something to say about the fact that this bill being introduced in the dying days of the legislature. Of course, Mr. Speaker, whether or not the legislature dies on any day is perfectly within the control of the members of the legislature. The reason for it being introduced late in the session should be, I submit, perfectly obvious to everyone. It was introduced late in the session because it was not until late in the session that we had completed our discussions with representatives of the College of Physicians and Surgeons and we were loathe to introduce any legislation until that had been done.

He has had some remarks to make also with regard to what supposedly occurred in a conversation between him and myself. He has submitted that I went to him to ask the opposition if they would agree to waiving the usual notice which bills are given in this House. What indeed I said, Mr. Speaker, was this, if it is the wish of the legislature to complete its session this week this could only be done if there was agreement as to waiving the usual notice given to bills as they are processed to the legislature. There is no reason at all why we could not have carried on this debate on Monday, but since he has entered into this kind of discussion and this kind of accusation I must point out that it was he who came to me at about this time yesterday morning to suggest that they were quite willing to proceed with the debate of this bill today. It was on that basis that I moved a resolution in this House yesterday seconded by the Leader of the Opposition, setting aside the previous order and arranging for the bill to be discussed at this time.

There is no reason at all, had the opposition wished it, that this debate could not have been left

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over the weekend and carried on on Monday. The only reason was the express wish of the opposition, expressed by the Leader of the Opposition, to finish the session today.

Now I want to turn to some of the comments which the Leader of the Opposition has made. Particularly he made about medical care and about what the Liberal party would do if it happened to be entrusted with the responsibility of providing a medical care plan in the province of Saskatchewan. I suggest that the remark with regard to the bill itself had been more than adequately answered by the statement of the Minister of Health which preceded him. You will recall that in the opinion of the Leader of the Opposition this particular amendment strengthened the bill insofar as organizing what he would refer to as state medicine or socialized medicine is concerned. Mr. Speaker, words require definition, usually they are defined in terms of things or in terms of events which relate to known facts. I submit that the Leader of the Opposition has been trying to define this thing which he suggests is state medicine without any reference to facts. He is trying to simply define it in a way which will cause the maximum amount of suspicion and fear and even hatred in the minds of Saskatchewan people. We do know of course that one who is close to him and one indeed who is a member of the executive of the Liberal party in the province of Saskatchewan has undertaken to give us some inkling as to what I presume Liberals mean by state medicine. My reference here is to statements by Dr. McCannell speaking in May of 1961 in Fargo, North Dakota. I do not quote Mr. McCannell because he is a doctor; I quote him because subsequent to this address the Liberals saw fit to elect him to their provincial executive and noting the way my friend, the Hon. Leader of the Opposition, runs his group, I am certain he isn't on the executive without his concurrence and his consent and strong support.

**Government Members:** — Hear! Hear!

**Premier Lloyd:** — What Dr. McCannell is reported as having said is that since the CCF came into power in the province in 1944 it has been taking Saskatchewan step by step down the socialized medicine trail. In 1957 he said the federal government got into the act and now pays 50 per cent of the cost of whatever hospital scheme each province chooses. I can only presume in the absence of any clear statement from the Leader of the Opposition, this being the only statement that I have seen as to what the Liberal party

mean by this thing they call socialized medicine, that this is what they do mean. They refer then to these measures that have been introduced or extended in the province of Saskatchewan, measures which provide care for persons suffering from cancer, those expensive plans of the province, whereby persons who are mentally ill receive treatment and care and all of the other programs which are in fact public programs.

Let me for a moment, Mr. Speaker, just ask members to ask themselves what it is that this plan requests the members of the medical profession in Saskatchewan to undertake. I submit it is simply this, that we express the hope and the confidence that they will provide care for persons with measles, or broken arms or other kinds of problems requiring their services in the same manner which they have been providing for and doing so most excellently, the care of persons suffering from cancer. I submit, we are simply asking if they will provide for all of the people of the province in the same way that they have been providing, and providing most excellently, services for certain groups of our pensioners, for the mothers who are in receipt of aid, for dependent allowances, and so on. I submit, that we are simply asking that there be a geographical extension and some improvement in services to the kind of thing which has been going on in the Swift Current Health Region for more than twelve years at this time, and I submit that if this plan which we are talking about again today is state medicine or socialized medicine, then so to is the cancer program. This program has been such a tremendous success, has been a success because of the co-operation of the profession, of persons in research and the public generally, and it has provided the people of Saskatchewan with, I think, as good care for cancer as can be found any place in the Dominion of Canada and beyond.

**Government Members:** — Hear! Hear!

**Premier Lloyd:** — If this plan is state medicine, then so too is the whole plan which has been developed in this province for the care of persons suffering from mental illness. This may I remind you is a program which in the opinion of a doctor, one of the witnesses before the federal commission on health matters ranked third in the entire world. This is a program which has resulted in the people of this province, through their government, spending more money on research into this particular problem than all the rest of the provinces in Canada put together.

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**Government Members:** — Hear! Hear!

**Premier Lloyd:** — If this plan is state medicine, then so too is the hospitalization plan which has had such tremendous effect in this province and now has been spread throughout the rest of Canada. I submit, if this is the objection of the Leader of the Opposition to this plan, then he indeed objects to a whole series of excellent developments which over the years have received the support and will continue to enjoy the support of the people and the medical profession in this province.

**Government Members:** — Hear! Hear!

**Premier Lloyd:** — Mr. Speaker, the Leader of the Opposition has said that one of the things which his party thinks ought to be done is that they ought to come to an agreement with the College of Physicians and Surgeons and presumably he is saying that we ought really to accept from them the limitations which they suggest with regard to a plan of this kind. Presumably, I submit, what he is saying in the light of past events is that we ought to say to the College of Physicians, ‘you write the medical care plan, you undertake to tell us exactly what should be done and we, the rest of the people of the province, will accept and submit to that which you suggest must be done’.

We have had a considerable amount of opportunity to find out what the college of Physicians and Surgeons thinks about the medical care plan, and may I say as I said in the House the other day, Mr. Speaker, that I am quite ready to urge on the people of Saskatchewan that the discussions which we have had have been carried on from the point of view of utmost sincerity on both sides of the table, but after all of this is what we were asked to accept and this presumably is what the Liberal party would urge be accepted on behalf of the people of Saskatchewan. One can read nothing else, no other interpretation into the words of the Leader of the Opposition this morning.

Let us see what it is that he then is urging we accept on behalf of the people of the province of Saskatchewan. He is urging that a plan be accepted whereby the government is in the position of a tax collector of large sums of money, that this be paid out for medical services provided by a variety of private plans including perhaps compulsory plans not necessarily



including plans such as the Swift Current Health Region, most definitely ruling out any kind of plan which would mean service for the whole province provided through health regions.

Let me restate again in somewhat different language, Mr. Speaker, some of the objections which the government has taken and some of the reasons why we felt we could not on behalf of the people of the province accept that plan. If one examines it you know, one finds to begin with that it is indeed compulsory, I submit, and objection was taken to the idea of compulsion. I will outline why I suggest this proposal is in fact a compulsory plan. It is compulsory if any advantage is to be had from the payments of the taxes levied and allocated for medical care. It would mean that all people would continue to pay the income tax, the sales tax for medical care, but the only way in which one could get any advantage from those payments would be to join a private medical plan sometime. So a person is compelled either to forego entirely the money he has paid in taxes for medical care and pay his own medical bills on top of it or else he is compelled to join a private plan of some kind. That in a nutshell is what we were asked to recommend.

It is true that the person has to take a choice of plans. he could choose a red plan or a green plan or a blue plan or a purple plan, but that is the limit of his expression. Having joined that plan he does not necessarily have any real part at all in deciding the policies of that particular plan. If there was a requirement that people joined in a public plan administered according to the principles of parliamentary democracy, accountable to all of the people through the legislature, if such a requirement is wrong because it is compulsory then I submit that this other kind of requirement whereby people in fact are required to join voluntary plans in order to receive benefit for their taxation is much more wrong indeed.

**Government Members:** — Hear! Hear!

**Premier Lloyd:** — Now then what arrangement was there for the citizen after joining this plan which I think is endorsed by the leader of the Liberal party? First of all each person would pay his own doctor bill. He would be required to pay to the doctor his bill according to what the representatives of the College of Physicians and Surgeons told us was their last position on this matter. He has already paid his premium, but he gets sick, goes to the

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doctor, gets treated, and he pays the bill. Secondly then, the plan would refund some part, perhaps all but he has first paid the bill. May I submit, that the client, the taxpayer, the sick person has no bargaining power whatsoever and no bargaining position in a plan of that kind. The citizen is back in the all-too-familiar position of purchasing in a market which he is unable to influence. He takes what he is given and is presumably supposed to like it. This I submit is the price tag on the plan which the Leader of the Opposition . . .

**Mr. Thatcher:** — Mr. Speaker, I must say in fairness now the Liberal party has never endorsed a plan of the medical profession.

**Mr. Speaker:** — Order! Order!

**Mr. Thatcher:** — Nor do we . . .

**Mr. Speaker:** — Order! You have no right to be speaking at this time.

**Premier Lloyd:** — It is refreshing, because he spent about fifteen minutes emphasizing that we ought to make an arrangement with the College of Physicians and Surgeons and that the Liberal party would make an arrangement with them. All that I am doing is outlining the arrangement which we could have made, and all that I am saying now is that this price tag was too high for us to pay.

**Government Members:** — Hear! Hear!

**Premier Lloyd:** — The people of Saskatchewan elected a CCF government something less than two years ago.

**Mr. Thatcher:** — Forty per cent.

**Premier Lloyd:** — This plan is less beneficial, according to our interpretation, in many ways than a number of the existing plans, a proposal which destroys the whole insurance principle as applied to medical care. Such a principle depends on wide participation and a sharing of the various kinds of risks. You will recall the position of the government in this plan which it appears to me the Leader of the Opposition would have us accept, is that we would collect the taxes, we would establish a registration authority but our discretion in that registration authority would be to say that certain benefits

had to be provided and be acceptable but from then on we must perform a financial audit. We would say whether or not the plan was administratively efficient; we would outline the kind of reserves the plan would have to have. In other words, we were placed in the position of simply carrying on a financial and administrative audit of the plan. This we felt we could not accept; this I still feel the government would be most unwise to accept, and I think that there are those in the Liberal party who would agree with that, but this is what the Leader of the Opposition urged this morning we ought to do.

**Mr. Thatcher:** — Mr. Speaker, again I must say I didn't say this, we certainly have never endorsed the plan which the doctors put forward; we have our own plan.

**Mr. Speaker:** — Order! Order!

**Premier Lloyd:** — But, Mr. Speaker, the Leader of the Opposition is saying that we have to make an arrangement with the College of Physicians and Surgeons. I am saying that these are the terms and conditions under which an arrangement could be made. Either he takes back one statement or he takes back the other.

Now, Mr. Speaker, I am not going to prolong the day much longer, I want to make, since he introduced the success of the medical care program in Britain into the debate, just a brief comment there. He made reference again to the fact of doctors leaving the country, and undoubtedly it is true, many of them incidentally are going to countries in which there are also programs of medical coverage provided through some kind of government plan. It is always true of course that doctors have left and other professional people have left the older countries to seek new careers in the newer countries, countries which to some extent are richer if measured in dollars and cents. This isn't true just of doctors. There have been a great many teachers who have left these countries over a period of time too. There are certain other aspects to this problem which the Leader of the Opposition saw fit not to mention. I am not going to repeat again statistics which I gave this House on a previous occasion. Statistics show the tremendous pressure which there is on the medical schools in Great Britain, they have in fact been unable to accept the number of applicants they have. I would remind you Sir, of the statistics showing the high percentage of those students who are sons of doctors and the high percentage of sons of doctors who were continuing to seek preparation as doctors and physicians themselves.

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There was an article in the Leader-Post on April 3rd which confirms part of what my friend, the Leader of the Opposition had to say but it contains something else, maybe it is significant that he left this out of comments on these difficulties of doctors leaving. I suggest that this is something that has to be solved in a way better than it has been a present. It also adds this, says the London Medical Weekly Lancet taking stock of the first ten years, commented and I quote:

“For our part, we think the national health service one of the biggest improvements in the life of this country since the war. Thanks to the hard and intelligent work of a great many people, professional and lay. It has done much to better the conditions of the medical care and it has been an immense comfort to the public.”

This is the judgment of the medical weekly Lancet in Great Britain.

Now, Mr. Speaker, I want to make just one closing statement. It is in part repetition of statements I have made before. I spoke, read a statement to the House a few days ago and pointed out that I could understand the position of the College of Physicians and Surgeons not being able, perhaps not being free to indicate an agreement with the proposals which the government has made. You will recall that I outlined those proposals, noting that we had gone as far as we thought possible to remove any apprehensions they might have without interfering with any basic principles of the plan. I went on to say that in our opinion this did not, should not interfere in any way whatsoever with the individual member of the profession providing his services to the people of the province of Saskatchewan. I submit again, what we are actually doing in this whole plan is offering to the members of the medical profession in Saskatchewan an opportunity that they have never had before to beneficially influence a practice of medicine and to beneficially improve the health of Saskatchewan people.

**Mr. J.W. Gardiner (Melville):** — Mr. Speaker, I desire to have a few words to say with regard to the question that is now before us and following the remarks of the Premier to indicate in no uncertain terms our position on this side of the

House, the position that we took when the original bill came before this legislature last fall, and the position that the Liberal party has continuously taken in this province with regard to prepaid medical services. I am quite certain that some of the statements that have been made, both by the Minister of Health and by the Premier during this debate will add little to the possibility of some agreement being reached within the next two or three months to assist in providing a medical plan on a proper basis for the people of this province. I am not going to add to the difficulties that may have been caused through statements that have been made today by the Premier and the minister to go along with statements that have been made during the past few months which have brought us to the position where there is suspicion in the province of Saskatchewan that we know that commitments have been made by the government of this province that have not been fulfilled and have not been carried out, indicating that a particular group, whether it be a minority or otherwise cannot trust or place trust in the government of this province to carry out a plan which will be in the best interest of the people of this province, but as well that they cannot place faith and trust in the work of the government of this province in such a way that they can accept the position of the government as has been presented by the Minister of Health and by the Premier in this debate and previously in this province through public statements.

I want to take a few moments to relate the position of our party on this side of the House with regard to some of the statements made by the Premier in his address. As usual he brings out the old story about health services in the province of Saskatchewan, health services for which very little credit is due to the government that sits to your right, health services that were built up by both previous governments that we had in the history of the province of Saskatchewan. Of course my friends to the right always continue to insist in their statements that they have had some great part to play in it. The Premier had particular reference to the Cancer Commission, the operation of The Cancer Commission Act. Of course, he forgot to state during the course of his remarks with regard to that legislation that all the basic work of the program, the basic institution of that program was carried out by both previous Liberal and Conservative governments or whatever name you would want to give to the official government from 1929 to 1934. All of the work done was done by those two previous governments in the province of Saskatchewan, and so when the Premier stands in his place

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and makes mention of that act he gives the lie himself to the statement that the Liberal party does not believe in the provision of proper medical services for the people of this province. Then, Mr. Speaker, we are all quite well aware of the fact that prior to this government coming into office in 1944, legislation was already on the statute books of this province and still remains there today to provide medical services to the people of the province of Saskatchewan placed there by a Liberal government that was in office prior to 1944.

The Premier made some reference to the fact that there are some changes made from time to time in Liberal policy. I need only point out the one fact that there have been many changes in the policy of the group which is represented in the government of this province at the present time. We all remember, and I don't have to make any extended remarks about it, the promise made by the former Premier and his colleagues prior to the election of 1944 that they would provide full medical services without cost and without price. I am quite certain, Mr. Speaker, that we all realize today that if medical services are provided to people of this province, they aren't going to be provided without cost and without price.

Now I want just for a moment to relate to the debate that took place in this legislature last fall when the medical care bill was presented to the legislature, and I want to point out here so that there can be no shadow of a doubt as to where the Liberal party has stood in this debate on the question of medical care insurance. It was stated by the leader of our party that every member on this side of the House, and I think that probably most of us, I don't know as I can speak for everyone, happen to be members of prepaid medical plans at the present time. We would not be following our own view and our own thoughts if we had not voted in favour of the principle of a bill which was stated as providing prepaid medical insurance for the people of this province. However, when the bill was brought down, we did state four basic principles in which the Liberal opposition could not support the government in implementing their medical insurance plan. The first of these was this, that the commission that was to operate this plan must be non-political as was suggested by I think the majority of those who were members of the commission which was established to bring in recommendations to this legislature.

That was the first recommendation made by the opposition in the debate last fall with regard to the medical care insurance bill and I think, Mr. Speaker, if the amendments that have been suggested, either the suggested amendments that were made last fall, had been approved and accepted by the government of this province that it would have gone a long way to bringing about an amicable agreement between the medical profession and the government of this province and to providing a workable medical care insurance plan for the people of this province. But no, Mr. Speaker, the government refused to accept those recommended amendments to the bill as such.

Then secondly, what was the second basic principle as suggested? The second basic principle of change was this, that The Medical Care Insurance Act should be under the direct control of the members of this legislature. Here again, Mr. Speaker, the government refused to provide to the elected representatives, to the people of the province the right to direct control over the operations of this medical care insurance plan. Again taking it out of the realm of political control by any one political group and placing in the hands of the people of this province the confidence of the members of this legislature in a group of individuals who would probably be suggested either on a regional basis as one suggestion that was made or if in order to dispute the arguments that were raised by the government of the large commission that would be necessary then there are other ways that we can receive a recommendation representing the majority of people of this province to establish a commission which would be recognized by everyone in this province as free of political control.

Thirdly, Mr. Speaker, we suggested that the taxing powers under this legislation should be placed in the hands of the legislature. We know that under the Saskatchewan Hospital Services Plan the government that sits to your right has used that plan for political purposes and to enhance their own position politically in this province. After every election the tax rate has been increased and there is very little doubt that the true story of the Saskatchewan Hospital Services Plan was known that this government has used it in the extreme to promote their own political position, and as I have stated before it may be possible to do this with regard to hospitals, it may be possible to use buildings that are built of brick and mortar for political purposes because there is no way in which they can take action on behalf of themselves. I submit, that there is no one in a democratic country such as ours that is going to

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have their own personal physicians used, if they can possibly prevent it, to enhance any political party and particularly when it relates to the health and welfare of the people of this province or any part of our country. So I say here that we recommended last fall that the taxing powers in relation to this bill, personal taxing powers, be placed in the hands of the local representatives of the people of this province or the legislature. Here again the government refused to accept that recommendation.

Now, Mr. Speaker, we come to the fourth suggestion that was made during that debate and that was that the funds were going to be collected for this purpose should be placed in a fund so they could only be used in the line of medical care insurance. I understand that yesterday this pamphlet which I hold in my hand was issued to the people of the city of Regina and I imagine it has been distributed now to the rest of the people of the province. I don't know when this was printed but I am quite certain that it wasn't printed in one day. I am quite certain that this particular pamphlet must have been prepared some time ago and it once again indicates the fact that no one, the medical profession or no one else, could trust the government which already has drawn up although it has indicated to them that they are prepared to negotiate in order to draw up an agreement that they already have the literature printed that they intended to put it into force with or without the consent of the medical profession, they had it ready to send out to the people of this province even at the time that they were supposedly meeting with the doctors of this province, attempting to work out an amicable arrangement with regard to the medical care insurance in this province.

What does it say in this particular pamphlet? One of the statements made is this, it relates the place from where the money is going to come to provide medical care insurance and then it goes on to say, collections from tax sources will be retained in the medical care insurance fund and used solely for medical care, now that is not correct and it is not true, Mr. Speaker. During the debate last fall we moved a motion which would have made it compulsory for the government to place these funds into the medical care insurance fund. That amendment was defeated by the members to your right, Mr. Speaker, and they said they were not going to put anything but the personal tax payments into this fund that it was up to the legislature to decide on the disposition of the other taxes that were to be collected.



So I say that this pamphlet is not correct when it is sent out in this form because there is no legislation on the statute books which states that they must place the money from these three tax fields into the medical care insurance fund as is suggested here in this pamphlet that is being sent out to all the people of this province. So I say, how can the people believe this pamphlet at all when untrue statements are contained in it under the authority of the Saskatchewan Medical Care Commission? I say here that there is very little wonder that the medical profession states that it cannot trust this government, and it is very little wonder that only forty per cent trusted them in the last election and I am quite certain that if they were to go to the people at the present time the percentage would be very much less of the people of this province that would be prepared to place their faith and trust and support in the government that sits to your right.

Now I just want to make this very clear, that at no time have the Liberal party or have we sitting on this side of the House stated that the government should accept the terms of the College of Physicians and Surgeons. What we have stated and what we stated during the debate last fall was that the government should have stepped down with the representatives of the profession before they brought this bill in and tried to work out an amicable agreement, give and take. When you sit down at a table for negotiations you don't intend to finish up with the product that you start with. I am quite certain that the medical profession didn't and doesn't today expect to have everything their own way and I would think that the government would be in the same position when they sit down at the negotiation table, that they know that there is going to have to be give and take, there is going to have to be reason used, there is going to have to be mutual talks between the two parties. Mr. Speaker, I am quite certain that no one in this province, whether he has any use for the medical profession or whether he hasn't, can state that there is any mutual trust or can be in the future because of the action of this government. There can't be mutual trust and faith between those that must provide the medical service and the government of this province which is going to force legislation through because of the fact that they have a political majority in this legislature, are going to force this legislation through in an attempt to force the medical profession to go along with every one of the demands of this government without further negotiations.

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Now, Mr. Speaker, I contend that the majority of the people of the province expect our government and expect us as members to demand from our government that before information is passed out to the people of this province that they sit down and earnestly and honestly carry out negotiations with those that must provide the service. As has been stated earlier in this legislature by the member for Qu'Appelle-Wolseley (Mr. McFarlane) there are many people that are worried about the medical protection for the people of our provinces at this present time, and it is well past the time that we in this legislature can play with the health and welfare of the people of this province for political purposes. It is well past that stage. It has come to the time when we as members of this legislature must realize that there are other problems except the problem of getting votes at the present time. There is also the question as to whether or not the proper information has been given to them that would be prepared to back the government of the province of Saskatchewan in their dispute in this particular regard, because of their failure to carry out negotiations in the good faith because of their failure to accept any recommendations, and I say that advisably. Thirty amendments at least were moved by the members on the opposition side of this House in the session last fall. Not one of those amendments in spite of the fact that speakers got up on the other side and tentatively agreed that some of them might be good, not one of those recommendations was accepted by the government across the way. Is it any wonder that other people realize the position they are in when they deal with this government.

The government has stated that the doctors have taken a certain position. Well, I think it is quite clear in the minds of all the people in this province that the government of this province as well has taken a position and has refused to deviate from that position whatsoever, although they know that the suggestions that were made by the opposition last fall would not have affected the opportunity of anyone in this province to obtain prepaid medical services, but it would have granted the assurance to the people of this province that they had a plan which they had a stake in, they had a plan which they could sincerely support, a plan represented by all the people of the province of Saskatchewan and I urge the government to reconsider the hasty legislation that they have brought into this province and to in some way or other be able to assure those that are going to provide the service that they are prepared to sit down in honest negotiation not with the

fact that either side has to give in 100 per cent to the other or even 50 per cent to the other, but in the honest fact that when those negotiations are completed that there will be fair play and that there will be fair consideration given to the views of both of those who must receive the service and must give the service and also to the views of those that must receive it because I would remind my friends on your right, Mr. Speaker, that in the next few months it will be our responsibility if the medical health and welfare of the people of this province is endangered by the present legislation that is placed on the statute books of this province, it will be your responsibility and mine for anything that might take place in this province in the next few months with regard to the health and the wealth of the people of this province. Mr. Speaker, that is not a threat, I accept that as a responsibility as well as any other member in this legislature. I feel that I have a right to see to it that the health and the welfare of my children and the children of the people that I represent are protected by the members of this legislature and I am quite certain that the legislation that has been placed before us at the present time and the refusal of the government to carry out honest negotiations that that protection will not be forthcoming for my people if the trend at the present time continues.

**Hon. A.E. Blakeney (Provincial Treasurer):** — Mr. Speaker, I first want to refer to one or two comments from the hon. member from Melville (Mr. Gardiner). He referred to the pamphlet which had been distributed by the Saskatchewan Medical Care Insurance Commission and he referred particularly to one portion where he took exception to the statement that collections from tax sources will be retained in the Medical Care Insurance Fund and used solely for medical care. He suggested that this was not the case. The only respect, Mr. Speaker, in which this thing may be a factor is that it was printed before our proceedings last night. Hon. members who were here last night will know that we passed an appropriation bill and hon. members will know that in the bill was an appropriation for the Medical Care Insurance Fund which contained or provided for the disposition of the full amount of the taxes which were to be levied for medical care. Now it is correct to say that this is not provided by statute; it is correct to say that this is up to the legislature and the legislature could change this at subsequent sessions, it is correct to say that this is within the control of the legislature.

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In my view, Mr. Speaker, this is the proper place for it. I think that the legislature, if it cannot be depended upon to dispose of the taxes in the way which it thinks best for the people — this cannot be remedied by any legislation of the legislature. The legislation can be changed in the same way that budget can be changed and therefore the disposition of the tax funds ultimately is in the hands of the group who are sitting on your left and on your right, Mr. Speaker, and it is not entirely or not really relevant whether this is provided for by appropriation or by legislation.

I have one or two other things that I would want to refer to. I was a little disturbed by a number of the comments of the hon. member for Melville (Mr. Gardiner) when he referred to the desire for earnest and honest negotiations. I think we would all endorse his suggestion that there ought to be earnest and honest negotiations. If his remarks contained any suggestion that there had not been such negotiations, and I am not alleging that but it seems to me that they were capable of the interpretation then I would want to disassociate myself from them. We have had negotiations with the College of Physicians and Surgeons and while they have not produced an agreement, I don't think that they would say and I am very sure that the government would not say that either party was acting through any lack of earnestness or honesty. I felt that the negotiations on both sides were conducted earnestly and honestly.

**Government Members:** — Hear! Hear!

**Hon. Mr. Blakeney:** — I just want to say one more thing before turning to some of the remarks that I propose to make and this has to do with the comments of the hon. member for Melville when he speaks of the accomplishments of the Liberal party in providing for health care. Mr. Speaker, I had an opportunity to comment on these matters previously. All I want to say now is suppose we accept what the hon. member for Melville says, suppose we say that the previous governments, previous Liberal governments had made substantial provision for the health care of the people of Saskatchewan, that a previous Conservative government has done the same, and that the present CCF government has done the same. Surely we can see that what is happening is that governments are providing for medical care for people and it does not cease to be socialized medicine merely because the government which is providing it calls itself Liberal or calls itself Conservative — it still is government-provided medicine. I call it public medicine, other people call it socialized medicine but it is all the same thing and

medical services provided by government for people. Now the Liberals thought it was a good thing; the Conservatives thought it was a good thing; the party which sits on your right, Mr. Speaker, thinks it is a good thing.

Now, Mr. Speaker, I want to turn to the bill itself, and I think it is a matter for regret that the speakers opposite have not turned to the principles which are included in the amendments. I want to deal with them in some little detail, because I think there is a distinct possibility that we may be led into believing that this bill does some of the things which members opposite have suggested that it does, particularly the Leader of the Opposition.

A bill doesn't mean what someone who is standing in the legislature says it means. It means what it says in print. Now, what does this bill say in print? There are seven sections to the bill. Two of them are purely formal, leaving us with five sections which are in any way operative. Two of these, sections 4 and 5 deal with minute drafting changes. This leaves three sections, sections 2, 3, and 6, and these contain what substance there is in the bill.

The Minister of Public Health has already outlined this but I want to add my comments to his as to what I believe is included in these sections. Now sections 2 and 3 simply set out in clear form what I believe was intended by the legislature in the original act. Let us first turn to section 2. This section deals with the definition of beneficiary and as the definition of beneficiary appeared in the original act, it contemplated that every beneficiary would pay a premium. Now it has been decided that beneficiaries will not, this year, pay a premium, so that it was desirable to make clear that during 1962 the status of beneficiary did not depend on paying a premium. Now this I think was in every member's mind when the bill was passed last autumn. It was made clear at that time that it was not the intention of the government to collect a premium during 1962, but the bill did not state this with a sufficient degree of clarity and I think it is important that this point is made perfectly clear, and that there be no doubt that a beneficiary is not necessarily restricted to a person who has paid a premium. This I think is particularly important in case there are attempts made to challenge any particular section of the bill. I think we all agree that a beneficiary was intended, in later years, to be a person who pays a premium, but in the forthcoming year of 1962 to be a person who is either a resident or a

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holder of a hospital services care, in any case a person who has not paid a premium, and this point I think should be made clear by the bill.

Turning to section 6, it provides for an appeal procedure. I think this section is conceived of as one which will only benefit the providers of service and if members opposite objected to it, I certainly can't speak for the Minister of Public Health, but I fancy that he would drop this section if anyone took strong objection to it.

Now let us turn to section 3. This section makes clear that the Medical Care Insurance Commission can act as an agent for a beneficiary or for a governmental agency. Surely this, Mr. Speaker, is a sensible provision. Any beneficiary under almost any insurance arrangement expects the insurer to act as his agent — in settling accounts. I think most of us assume that the Medical Care Insurance Commission would be doing this for beneficiaries. I think most people throughout the province have assumed that this would be done and I think it is quite possible that it could be done within the present legislation. But the simple and convenient way to do it, it seems to me is to provide in the legislation clearly that the insurer can act as an agent for the beneficiary in settling accounts. Now, just exactly what does this section do? It allows the commission to act for the beneficiary in settling accounts, but if any particular beneficiary doesn't want the commission to act as his agent in this regard there is a provision for opting out.

I think the large majority of people in the province have expected that the commission would be acting as their agent in this regard, so the simple and convenient way to accommodate this large majority is to make clear that their expectation will be realized. For that smaller group who may feel that they do not wish the commission to act as their agent, there is clear provision whereby this group can exclude themselves from any situation whereby the commission would act as their agent. This clause, Mr. Speaker, does not change the rights of the providers of service in any way. The doctor or other provider of service still has the same rights that he had before. I have seen some press reports to the effect that this somehow will limit the right of the doctor to have a cause of action against the patients. This, I don't read into the bill. I am unable to read that into it. It seems to me to create a pure agency arrangement and it is not at all uncommon for individuals to use an agent to pay their bills. The patient could

have gone to a trust company, and many people have trust companies pay their bills. The patient could have gone to an accountant or a lawyer, and there are some people who have lawyers or accountants who handle their affairs, act as their agents for the payment of their accounts, and do in fact pay their accounts. He could have given the trust company a power to pay his grocery bills, or his dentist bills or his haberdashery bills, and how does that effect the rights of the grocer, or the dentist, or the haberdasher? Now, this right of the insuring agency to act for the insured in settling accounts is almost universally accepted.

Let us look at some of the other fields where this device is familiar. I want to look at two or three fields. I was going to suggest workmen's compensation, but this may be slightly different and it has already been covered by the Minister of Public Health. Let us consider auto insurance because it is a field with which many of us are familiar. Let us consider voluntary automobile insurance and compulsory automobile insurance. Now, what about automobile insurance? If any member opposite has an automobile policy, that he has purchased from Wawanesa or from Saskatchewan Mutual or from any other insurance company — do you know what rights he has given to his insurer? It is set out in The Insurance Act of 1960 and made clear that the insured has created the insurer his agent. The insurer is required to give particulars which shall be verified by affidavit or statutory declaration and he shall forward immediately to the insurer every writ, letter, document or advice received by him from or on behalf of the claimant, the insured shall not voluntarily assume any liability or settle any claim at his own cost; the insured shall not interfere in any negotiations for settlement or in any legal proceedings, but whenever requested by the insurer shall aid in securing information and evidence and the attendance of any witness and shall co-operate with the insurer, except in a pecuniary way in the defence of any actional proceedings or in the prosecution of any appeal. Now, this is not compulsory insurance; this is voluntary insurance and it is standard across Canada; these statutory conditions are contained in every insurance act across Canada. Members will know that auto insurance is in fact compulsory in almost every province of Canada, I think in every province of Canada now — it really amounts to the fact that you must have an insurance policy. If you have an insurance policy this is in it by law — this is the right that you give your insurer if you want to drive an automobile in Canada.

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Now, note what rights they are. They don't say that the insurer may act as your agent. They just say that you must allow the insurer to act as your agent or else forego your protection. Now, this is what the law is with respect to automobile insurance, and with respect to private automobile insurance. Now, the same is true with respect to our compulsory automobile insurance in Saskatchewan. The working of our automobile accident insurance act is almost identical, indeed it is patterned off this, as members of the House will know. What does this mean? It means that citizens have given to The Automobile Accident Insurance Act the right to settle their claims which arise out of accidents. Now, this will mean that body shops in Saskatchewan will deal with the government insurance office in settling their claims, and body shops live almost exclusively from auto accidents. This will mean, if I may take the view of the Hon. Leader of the Opposition, that these people have been civilly conscripted and that they have been for fifteen years.

**Mr. Thatcher:** — Don't put words in my mouth.

**Hon. Mr. Blakeney:** — I think this will be news to the garage operators, that they have been under civil conscription for the last fifteen years. But this is the arrangement, and indeed it is much tighter than in the Medical Care Insurance Bill. It provides that the insured must allow the insurer to act as his agent in the settling of claims. This applies to every automobile in Saskatchewan which has a plate and it will apply with respect to every automobile accident in Saskatchewan which is involved a car bearing a Saskatchewan plate, and presumably this implies civil conscription for everyone who provides service to repair automobiles which are damaged in auto accidents. This, it seems to me, will as I say be news to the providers of these services.

I want now to turn to the field of voluntary health agencies and the suggestion is that this agency arrangement is somehow a bad thing for the provider of service. The Minister of Public Health has already dealt in some detail with the situation with respect to Medical Services Incorporated. Substantially the same thing is true for Group Medical Services. I am a member of Group Medical Services. Almost every public servant in this building is a member of Group Medical Services. There is a subscriber's contract under the Civil Service Association



and I will just say a few things about what it provides. It provides, first, that the subscriber has free choice of doctor. He can go to any doctor in the province. Then it says that where service has been performed by a medical practitioner who is a general practitioner the account will be paid at the general practitioner's contract rate and will be paid by the Group Medical Services. It has a little procedure at the back for obtaining medical services. When requiring medical attention, present your identification card to the doctor on your first visit so that he may take particulars of your membership and group numbers. If the doctor is not a participating physician, have him submit the account to Group Medical Services, 1843 Broad Street, Regina. Now, if this doesn't create Group Medical Services the agent for the subscriber I don't know what does. It even goes one step further and suggests that the beneficiary should have the doctor send the bill directly to the insuring agency. Now, this isn't provided for in the bill, but it undoubtedly constitutes Group Medical Services the agent for the subscriber.

I would believe that it gives them every right to defend an action against the particular subscriber. Certainly, I would expect it to be so based upon the provisions of their contract, because the contract provides that the doctor shall have no claim against the person covered by the subscriber's contract for any additional amounts, for fees for such services. Now, I don't know how Group Medical Services could honour that contract unless they were prepared to defend an action against a particular beneficiary. It seems perfectly clear to me that the practice with respect to all the private medical care plans is to create the insurer as an agent for the beneficiary. This is true, as the Minister of Public Health has indicated with respect to Medical Services Incorporated; it is true with respect to the Workmen's Compensation Board; it is true with respect to Group Medical Services; I am confident that it is true with respect to Swift Current Health Region No. 1; and it is true as I have illustrated in the entire field of automobile insurance.

Really, there is nothing very remarkable about this. It seems to me that no creditor of mine has any right to complain if I pay my bills through an agent. Surely an ordinary citizen has some rights in this regard. If I owe my grocer, or I owe my dentist a bill, it seems to me that I can get my wife to pay the bill, or I can get my lawyer to pay the bill, or I can get my trust company to pay the bill, my banker to pay the bill, my accountant to pay the bill, just as I see fit.

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It seems to me that I can send a cheque drawn on the Royal Bank of Canada, or I can send a cheque drawn on a credit union and so long as the payment is received and the cheque is cashed in a way which doesn't inconvenience the person I owe the money, I can't see how he has any reason to complain. Frankly, I would be pretty annoyed if any of the creditors said to me — I won't take a cheque drawn on a credit union, I don't like credit unions. I insist that you pay me in cash or with a cheque drawn on the Royal Bank of Canada. It seems to me I would say, with all deference Sir, the way I pay my bills is my business, so long as this cheque cashes, my little financial affairs are mine. It seems to me that if I want to pay my bill through a trust company and my grocer or my dentist said he didn't want to do this, I would say, with all deference Sir, when I bought my groceries or my dental services I agreed to pay you, but I didn't agree to pay you in a manner which you particularly want to be paid. I have the odd little right here. It seems to me that I can pay my bills any way I like providing it doesn't materially inconvenience you. I frankly am completely unable to understand, why if I pay the bill, by a credit union cheque or through a trust company, this would in any way affect the quality of the company, this would affect the quality of the groceries I receive, or the quality of the dental services I receive. In the same way, I am unable to see how, if I use as an agent for the payment of my bills, the Medical Care Insurance Commission, it seriously inconveniences any provider of service or will affect the quality the service provides.

It seems to me, Mr. Speaker, that this is a right that any citizen has to pay his bills in a way in which is simple and convenient to him, provided that it does not materially inconvenience the person who is receiving the payment. As I said earlier, I am quite unable to see how this bill restricts the rights of any provider of service. It seems to me that if he had a right of action against a patient, he still has a right of action against the patient. If he should collect X dollars from the patient, he can still collect X dollars from the patient. Now, it is true that the patient may use a particular agency for paying the bill, but it does not in any way, it seems to me, affect the rights of the providers of service.

Now, Mr. Speaker, since this bill deals largely with administrative matters and because it gives the Medical Care Insurance Commission powers which almost all insurers habitually possess, and because it gives the beneficiary rights which many have enjoyed in the past and which they expect to enjoy in the future, and because

it gives the Medical Care Insurance Commission powers already exercised on behalf of beneficiaries by Group Medical Services, Medical Services Incorporated, Swift Current Health Region and the like, and because as far as I am able to ascertain it does not materially or in any respect restrict the rights of providers of service, I will, Mr. Speaker, be supporting the bill.

**Mrs. Mary Batten (Humboldt):** — Mr. Speaker, I don't intend to take up too much of your time but there were certain statements made that I think should be clarified insofar as this side of the House is concerned. First of all, this matter of sincerity I must say is a comparative thing — it is very relative. I certainly can't do anything but accept the Hon. Premier's word when he says that he and the government were very sincere in negotiating with the doctors. But I would like to point out to you, Mr. Speaker, and to the people of Saskatchewan, that while these sincere negotiations were going on, the CCF party won an election blackening and maligning the doctors of this province, and if you want me to start giving the statements which were given during the election campaign about the medical profession I can go ahead and spend a hour — if you want me to — from the mouths of your own speakers.

During this time of sincere negotiations, Mr. Speaker, this bill was passed, and if you will remember last fall, the opposition pointed out the dangers in this bill; the terrific powers that were given to the commission and to the Lieutenant-Governor-in-Council. We pointed out that exactly this kind of legislation that is now being brought in could be passed under those sections that were then passed in the bill. The government assured us that this was not their intention — the very things that they are today saying are implicit in this bill — they assured us were not implicit last fall; they assured us that these powers would not be exercised and that they were never intended to be exercised and that we were seeing bogey men under the bed. This is their sincerity, and I am not saying that they are not sincere. I am just pointing out the facts.

During this period of sincere negotiation, Mr. Speaker, this government was sincere in trying to bring a bill of medical care for the people of this province and negotiating with a duly established and constituted body representing the physicians and surgeons of this province, they were sending out letters to individual doctors and in effect trying to break the union. This

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is exactly what they were doing, those letters went out to individual doctors . . .

**Opposition Members:** — Hear! Hear!

**Mrs. Batten:** — . . . promising to keep any information and any attitudes secret, but dealing individually instead of with the duly constituted agent of those people. The College of Physicians and Surgeons was the agent, constituted in fact by our statutes that we ourselves pass — our own bills.

**An Hon. Member:** — With power to opt out.

**Mrs. Batten:** — Well no, and what power is there under this section to opt out and I will go into detail on that. But anybody who wishes to practise in this province belongs to the College of Physicians and Surgeons. This is true of many other professions. This is true of many trades in this province and this government has been very active in promoting this type of legislation. I think there have been more bills passed establishing professional societies and giving the boards and councils of those societies powers to act as agents for their members than there ever were before and I am merely pointing out the fact, not suggesting insincerity that it is true that the commission sent out during this period of so-called sincere negotiations letters to individual doctors suggesting in effect that they go against their duly authorized agent in the negotiations.

In addition to this, during this period of sincere negotiations, Mr. Speaker, this little pamphlet was printed. This little pamphlet that embodies the principles of the amendments presently before us, that weren't in the bill before such as the residents clause, everyone who has been a resident of Saskatchewan for three months and is registered under the medical care is eligible for benefits; this was not in the prior act but this was passed. Obviously these amendments had been written prior to this little pamphlet, but this was during the period of sincere negotiation, when the government said to the doctors and to the people of Saskatchewan, we are trying to get together. This is this togetherness where big brother takes over.

If this was sincerity, you can understand why the people of Saskatchewan are just a little perturbed.

Basically, the reason that I am opposing this bill, and I think many other people will oppose these amendments; first of all, because they take away rights that should not be taken away from any individual living in a democratic country. Secondly and more seriously and more tragically, they are going to drive the medical profession out of this province in great numbers.

**Opposition Members:** — Hear! Hear!

**Mrs. Batten:** — I have said this before and I want to repeat this, and I am sure this is close to the hearts of everybody in Saskatchewan. We can put any kind of laws that we want on the books, and even if they are good laws, if they are not practical, if they are not effective, if they are not going to serve the people of this province, we shouldn't have them on the books. I don't care how good this medical act could be, if we cannot get the doctors to stay and give us medical services, this act is going to hurt every man, woman and child in this province. We have no business, with our responsibilities as representatives of those people, to pass legislation that is going to take away the rights of these people, the right to medical care.

There is no other way you can give medical care to people except through doctors. If we are going to go against the people, the desire of the people whose services we want, we will not have those services. Certainly not in the quality and the places where we need those services and we are going to deprive our own children of the health services that they need merely to prove that the government on your right can bulldoze and put this bill into effect. This to me is not good government, and this is not the kind of legislation that I for one want to support.

Now, I want to just agree with the Hon. Provincial Treasurer when he says that the bill doesn't mean what the members say. The bill means what the words say. Well, this is true technically. The practical effect is that the words of the act don't mean what they say, they mean what the courts say that they say. This will be the final arbitration and I think we should keep this clear, because if this is going to involve endless litigation, this certainly is not a good bill.

I want to say further, that these amendments, although they may, and if we believe the hon. minister who introduced them, they may be implicit in the original

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bill, we were assured last fall that they were not. I want to say secondly that the Hon. Provincial Treasurer set up a straw man and then proceeded to, in a very knightly fashion, knock it down. He did a wonderful job of knocking it down, but I don't know why he set it up in the first place. Nobody in this House, nobody in their right mind has ever got up and said there is something sinister about the principal of agencies, nobody has . . .

**Premier Lloyd:** — Nobody in their right mind . . .

**Mrs. Batten:** — I wasn't implying that the Hon. Provincial Treasurer wasn't in his right mind. That wasn't the implication at all. Agency is a long established principle in commerce and law — it is a relationship that is very simple and has been used from earliest times. There is nothing sinister about agencies. We couldn't conduct business at all if we didn't have the principle of agency in our operations, but for me to appoint someone to be my agent for a specific purpose is one thing; for the government to say to the people of this province, we are your agent whether you want us to be or not, for all practical purposes — for all practical purposes in an important sphere such as medical care — is quite another thing. And it is quite true as the Hon. Provincial Treasurer pointed out that we have agency insurance, we have subrogation clauses in various bills and various statues that are presently on the books and some of those things are not good. Some of those things are accepted because of the practical expediency but none of them is as sinister in its purpose and in its effects as the principles embodied here. It is the way you use this principle of agency; it is how wholesale it is and how compulsive the agent is that makes a difference as to whether it is a good thing or a bad thing.

Now, if I have to sign away my rights of personal liberty through the principle of agency, surely this is not a good thing. If I merely assign the right to pay my bills, this could be a very good thing and if the Hon. Provincial Treasurer is under the impression that the grocers that deal with him would be prepared to accept his duly appointed agent and continue giving him groceries, if that agent had the power which the Hon. Provincial Treasurer is prepared to give the commission, I think he is very badly mistaken, and he is going to be a lot thinner before the summer is over.

This certainly is an entirely different thing from setting up a commission that is merely going to transmit money and handle bills, and process them in a purely technical sense. Under this bill, this commission can take the bill the people submit to them and then under other sections of the act, they have the power to set a schedule of fees. They have the power to tender to the doctor who performs services a small portion of that bill, or a large portion. They can say, I will tender it in three months time — I will tender it any way I damn well want it, and you have not alternative but to accept it. How many groceries would you get Mr. Hon. Provincial Treasurer? Not too many.

The Assembly recessed at 12:30 o'clock p.m.

The Assembly resumed at 2:30 o'clock p.m.

**Mrs. Batten:** — Mr. Speaker, when you called it 12:30 we were discussing the Hon. Provincial Treasurer's grocery bill and how he felt that through the principle of agency he was entitled to appoint somebody to act as his agent. Following this example of his, under this bill, if this bill operated in all walks of life and all commercial enterprise, he would be able to allow this agent to deal with this grocer. This agent would have the power under the regulations passed under this act to reduce this bill as he saw fit, to delay paying it, to process it in any manner and the Hon. Provincial Treasurer felt that no reasonable grocer would hesitate to give him groceries under that system. Now, I say first of all, that there is nothing wrong with the principle of agencies. There are two kinds of agencies as everybody knows, the agency that is done by contracting, by actually appointing someone as your agent, and this is a voluntary type of thing. This is what happens when you take out an insurance policy and in return for the coverage that you are given you say to the insurer, I allow you to act as my agent in case there is any lawsuit against me, or I have to take action against someone else. You know, as an individual, what your rights are and this is a relationship between you and your insurer, in this case the commission. If you don't like this system, or you don't like the relationship you can cancel it and get some other type of insurance. But this, Mr. Speaker, doesn't effect the relationship between the agent and the person who is supplying the service. I can take my car into any garage I wish; I can deal with my garage man as I see fit. The insurance company can't go and tell me what garage to take it to. They can't decide how I am going to deal with the person who is working on

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my car, and they are responsible if I sue them under my insurance contract to pay me back the damages that were caused me and to which they are liable under the insurance contract. This is not the case under this act. This act violates the principle of agencies because what it does in essence and this is why, Mr. Speaker, we say this is putting the doctors and not only putting the doctors, it is putting the people of this province in a straitjacket, because in effect this act says, and particularly these amendments say, and I refer particularly to section 28A — it says, not in the nice manner voiced by the Minister of Health, when he says that this merely was inherent in the legislation and this is merely a matter of payment. This isn't what it actually does, because if you read the words of that section the result is this; that the government establishes a commission, a commission responsible to no one but the government, appointed by them, politically slanted if they wish, and this is the case in this particular case, and says to the people of Saskatchewan, we have made you wards of this commission. You are no longer free to go and seek medical aid or set up any relationship with doctors that you wish. We are going to tax you and we are putting you under this commission. We are making you wards, you are in effect minors. You are no longer free people. You must act under the dictates of this commission. I will tell you exactly what I mean. This is written right into the section and I am not going to say what I think, I am going to say what the section says. I don't want to go into detail; I don't want to violate the principles of debate, but, Mr. Speaker, the minister did refer to the section specifically and I think in order to intelligently discuss and answer his suggestions, we will have to take the amendments section by section.

This section 28A makes, as I say, every single person in Saskatchewan, because every single person comes under the act, a ward of the commission, because it makes the commission their agent for a number of purposes, not only one purpose. It says to the people of Saskatchewan, that if you want to have your medical bills paid, if you want to get the benefit of the taxes which you are paying, then the commission becomes your agent. Then when you get your bill, unless you sign off, but I am speaking of the first part, if you don't sign off, the commission is not limited to do what you suggest it should do, it can do anything it is empowered to do under this act. It can set up schedules of pay, schedules of fees; it can set up a mediation board instead of a court for adjudicating on this subject; it can take an action on your behalf against the doctors, and it can go this far, Mr. Speaker — and this is truly shocking in a



democratic country — that if I go to a doctor under this plan and I pay him \$10 for an office call, for whatever service he happens to perform for me and then I come back home, the commission can go and sue that doctor for the return of that fee. You can't deny that because it is right in the act — “where through mistake in law or fact a sum has been paid for the providing of an insurance service under this act, the commission may take such action as it deems necessary or desirable to recover the amount paid”. Therefore, I can't limit the commission in what it is going to do for me, I as an individual in this province will be bound by the commission. This is not agency. In the ordinary sense of agency the agent has only the powers of the principal, but in this case the agent has far more powers than the principal ever dreamed of having. The agent can negotiate payment; it can compromise payment; it can direct the method of payment and almost every other power.

Now, this is exactly what we mean, Mr. Speaker, by placing the whole profession under conscription; this is what we mean by placing the profession in a straitjacket; this is what we mean by minimizing the dignity of the individual in this province and saying to them, you are going to be led by the commission, you are wards of the commission and you will get the kind of service that we will pay for.

In addition to this we have no knowledge of what the regulations are going to be. We have no knowledge of how far and how fast this type of conscription is going to be extended. It is all right to say that there were various acts limiting the rights of people passed in the past. Of course there were. Every time you make a contract with an individual you limit your rights. If this is done on an individual basis, this is done voluntarily, you can get out of the scheme if you want to. The medical profession in this province has no choice. If they are going to earn their livelihood in this province, they are going to come under the commission; they are going to be subject to the regulations of this commission; they won't be able to make a living in any other way. Look at the other side of that. By doing that to the profession they are doing that to every patient. They are doing that to every individual because if they can't earn their livelihood here we won't have access to them; there won't be a doctor who will be able to be in private practice; they will have to be under the commission, therefore, if I want to go to a doctor that isn't under the commission I won't be able to find one. This act says specifically that whatever payment the commission wishes to make the doctor, will be payment in full.

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Now, quite aside from the medical aspect of it, look at it from the point of view of any group, any profession, be they lawyers, be they plumbers, be they garage mechanics. If you said to a whole profession — you will not be paid unless you are paid by a government agency — that is not so bad, but you say further, that government agency will have the power to decide without the consent of your group or profession, how much you will be paid and how you will be paid and when you will be paid. This is truly conscriptive legislation — conscriptive to the profession and conscriptive and restrictive and straitjacketing for the people of this province.

In addition to this they say that a beneficiary may at his option, in a manner which the commission sets out, this isn't at his option it has to be a certain way — decide to contract out of the plan. Now, this is contrary, Mr. Speaker, to all principles of ordinary democratic procedure. In any ordinary democracy, you contract into things, but not with the socialists. You contract out. This is based on the very principle that we objected to in their so-called NDP rule, that working people — union people — don't contract to pay into the party, they have to contract out if they don't want to pay. This is contrary to the traditional methods of government; to the traditional principles of freedom.

Now, if you contract out, Mr. Speaker, what happens to you? If I decide that I don't want the commission to be my agent — I don't want to give the commission the right to bulldoze my doctor and tell him how to accept payment, will the commission pay me after I have paid my doctor or am I outside the plan? This doesn't say, but I have no doubt that our socialist friends will say, well you signed out, therefore, you don't get anything unless we are your agent, you have no rights to medical services at all. I don't know what you'd call it if not a dictatorial conscriptive motion.

In addition to that there is a third factor and it says that no action lies against any person in respect of particulars furnished to the commission with respect to an insured service provided to a beneficiary or a dependent of a beneficiary. I don't know what that means unless it means, and no doubt it could mean, if the words as the Hon. Provincial Treasurer pointed out are to be taken to be what they say, that I can go if I am unhappy about some doctor, I can go and I can slander him — I can bring all sorts of allegations against him

or against any medical service and there are no repercussions. I am not subject to the ordinary laws of the land. I can be as malicious as I wish; I can be as false as I wish; but I am completely covered and completely protected. The ordinary laws of the land no longer protect the inherent dignity or the reputation of a professional person, because under this section, no action will lie against anybody who wants to malign or slander or destroy the reputation of somebody by false statements.

This destroys completely any secrecy that should exist between the patient and doctor because I am not subject to any repercussions if I go ahead. I don't know the section means . . .

**Premier Lloyd:** — I agree, you don't.

**Mrs. Batten:** — That is right, and this is exactly what the Premier told us last fall. He agreed that we didn't understand the act when we suggested that these repercussions could result — when we suggested that under this act the whole profession would be conscripted and that they wouldn't be allowed to make a livelihood in this province unless they came under the commission. He said, you don't know what you are talking about, you don't understand. Maybe we don't understand, but we are not the only people that don't understand. The people of Saskatchewan don't understand what this government has been doing all these months.

**Opposition Members:** — Hear! Hear!

**Mrs. Batten:** — Now, to go on with these sections. In addition to acting as agent for the individual, under section 28B the commission may also act as agent for any department or agency of government, crown corporation, of any municipal or public body or group. Does this mean that they can automatically, without the consent of the group take over any voluntary schemes, any municipal schemes, any present employer-employee group scheme?

**Premier Lloyd:** — Of course it doesn't, and you know better.

**Mrs. Batten:** — I don't know. All I know is what the section says.

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**Premier Lloyd:** — Just read it.

**Mrs. Batten:** — Does this mean that they may take over the cancer clinic? That they may take over these other services about which they spoke in such glowing terms and destroy these services?

**Mr. Kramer:** — It is entertaining now.

**Mrs. Batten:** — Well it may be entertaining to you people, and you might think this is a great big joke because you won an election with it. It is not entertaining to the mothers and fathers of the country who are looking for some medical care for their children, I can assure you.

**Opposition Members:** — Hear! Hear!

**Mrs. Batten:** — Then, in addition to this 42A, the Lieutenant-Governor-in-Council can provide for the establishment of a procedure pursuant to which differences that may arise in respect to rates of payment under this act, to physicians and other persons, shall be settled by mediation or in such other manner as the Lieutenant-Governor-in-Council may prescribe. Does this mean that doctors will no longer have recourse through the courts? That ordinary people won't have recourse through the courts? This is not clear as to whether I can cancel this agency relationship of mine — when I can establish this agency, when I can write out of it. All these things are left up in the air as they were left up in the air last year because this government decided long ago that they were going to take control of the medical profession and it doesn't matter if they sacrifice all our lives on the way — they are going to end up that way. It is very difficult to understand that a government would take into jeopardy the lives of people in order to perpetuate themselves in power, but this is exactly what this government is doing.

Mr. Speaker, I think I have pointed out, quite clearly, what these sections can do. First of all, they make the people of Saskatchewan wards of the commission. They say that you can no longer contract for yourselves, if you want to get the services for which you are paying you are going to be taxed for them, you are going to have to act through the commission, therefore, you are not going to act at all, the commission will act for you.

It says to the medical profession, you are not going to set your fees we are going to set them for you. It says to me as an individual, you and your doctor can't decide what he is going to charge you, the commission will decide what he is going to charge you and how he is going to be paid. It takes away my right to contract with my doctor. The commission takes powers unto itself that an ordinary patient doesn't have. It takes away powers from the doctors of contracting individually that they have today.

In addition to this, it would appear that this is going to supersede all our existing plans. Now, this is the second great danger. The first one I pointed out was the loss of our doctors, which is of course the greatest danger. But, it would appear, Mr. Speaker, that this plan is going to destroy all our existing plans, therefore, this isn't only a deadlock between the government and the medical profession, but by this act and these amendments which put the teeth into the act, which make this act compulsory upon all doctors, they are going to destroy all existing schemes, our municipal schemes, the health region at Swift Current; they are going to destroy our voluntary plans; all employee group plans, just because they want to prove they are stronger than the medical profession, because they have to show us that they can compel the doctors to give us this service. Sometimes, Mr. Speaker, when they speak of doctors, I think they are talking about men from Mars. These people they are talking about are the people that you and I know in our community, the people who have served us well, the people who built these schemes that we have today. Without doctors we wouldn't have our municipal medical schemes; we wouldn't have our voluntary group schemes; we couldn't have the health region in Swift Current. Outside of people who are sick I don't know any group of people that are more interested in medicine than the doctors are and these doctors have contributed; they have built up those schemes that we have today, of which we are justly proud. But, let us never remove the personal responsibility from people. You might boast about the wonderful mental health program that we have in this province, but let me point out to you that this mental health program has lagged far behind the physical health program, because it was under government sponsorship and it wasn't until voluntary organizations went out and awakened the consciences of people towards the mentally ill that this government got off its haunches and started spending a little more money for medical care. It isn't nonsense, it is perfectly true, and nobody knows it better than the hon. member from Regina (Mrs. Cooper) who has for years advocated more mental hospitals and hasn't been listened to by the government on which she sits.

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It was the doctors who fought hard and long for better care for the mentally ill, as well as for those who are physically ill. This is what really bothers me and bothers all the people of Saskatchewan, that merely to prove themselves right, to stay by their rigid standards that they set for themselves in that bill which they passed last year, which they didn't have to pass in such a hurry, which we asked them to reconsider, they are going to sacrifice not only our health but all the schemes that are presently in existence, that were created by the people working in co-operation and working with experience and knowledge of local conditions; schemes that have been satisfactory to thousands and thousands of people; schemes that have saved thousands of lives. These schemes can go down the drain because the government has to be supreme. This is good socialist doctrine, but it is very poor government.

**Opposition Members:** — Hear! Hear!

**Mrs. Batten:** — I don't think it is very good at all. I think it is very bad and I hope you will be defeated in the next election on this very thing, because I think the people of this province think it is more important that you act as agents, not for them in the limited sphere of coercing doctors. If you are going to be agents for the people of this province, be agents for the good of these people; be able to compromise and able to provide services for them; we don't need coercion and destruction in order to do that. If you have any inherent right of agency, it is agency to act for the good of the people and to act with the medical profession or the legal profession or the mechanics or the labourers, or the agricultural people of this province, for the greater good of all — not to coerce them, not to put them in a straitjacket, not to drive them out of this province, but to make conditions so that they will serve the people of this province. This is a crisis, Mr. Speaker, a crisis in which we are all coerced. People wouldn't be here today if they weren't concerned and worried and afraid. There isn't anyone that isn't afraid that we will lose the medical services that we have; that we will lose the doctors that we have and if we do, Mr. Speaker, there is no one to blame but this government.

I don't see how they can throw the blame on the doctors. Certainly we can ask the doctors to co-operate and certainly the doctors have co-operated in Swift Current, they have co-operated with the voluntary schemes;

they have co-operated in all the municipal schemes. Surely now they are not becoming so rigid that they won't co-operate to provide the services for which they were trained, for which they were dedicated. But if the government is going to say to them, as it said to them last fall and it said to us, this is our bill and this is what we are going to stay with. We are not going to change this act.

I don't know what the proposal of the doctors was. I do know that we proposed a scheme to the government last fall. I know that we proposed thirty amendments to the government last fall and they would have no part of it. I know that we were willing to compromise with a scheme that we had in mind and we set up many changes for the government, introduced them in our amendments, suggested the government allow people to pay their own bills and then give them refunds; suggested they set up representation on the commission by regions. We gave them many concrete constructive ideas. Compromises on our part, of course they were compromises, because we were willing to compromise our scheme in order that the people of Saskatchewan could have a satisfactory scheme which the doctors would co-operate with.

There is no point in talking about a medical scheme unless you have the doctors that will serve you. What kind of service would you get from people who aren't doing so voluntarily? And yet this government, in spite of its word, in spite of its actions must have basically a feeling of respect for the integrity of these doctors because all the doctors need to say — we won't act for anybody unless they sign out of the scheme. If every single doctor in this province said that, everybody cancelled their agency in the form described by the commission, would you collect the taxes? What would you do with them? It is all right for the Hon. Provincial Treasurer to say that the pamphlet isn't wrong, that this is a special fund, but that isn't what the pamphlet says. The pamphlet says that the taxes are collected for a special fund; they are not put in the general treasury and it isn't until the legislature votes the money that it is put in a different fund. The pamphlet is quite wrong, but that is a minor point. The point is this that in spite of all the things they have said about the medical profession they are still relying on them to provide services, they are still relying on them not to go on strike no matter how they have treated their bargaining body; they still feel that the doctors will not say to a patient, before I treat you, you must sign

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out from this scheme, and then I will treat you. There is no doubt, Mr. Speaker, that if the doctors wanted to do that they would have this government completely at their mercy and they would have the people in no position but to contract out and thereby pay their bills and deal directly with the doctors. This is a crisis that was precipitated by the haste of this government in trying to win an election, in a usual manner by stirring up hatred and distrust among the people of this province.

**Opposition Members:** — Hear! Hear!

**Mrs. Batten:** — This is the government that won the election on that basis. This is the government that put in a bill without consulting the people who are going to provide the services under that bill, a violation of ordinary decency, Mr. Speaker.

Now, the hon. minister said that there were rights, and we are mindful of the rights and needs of 900 thousand people. Because we on this side, Mr. Speaker, are mindful of the rights and needs of those people and because we want a good medical scheme and because we want medical services for them, we have no choice but to vote against these amendments.

**Mr. Speaker:** — I must warn the House that the mover is about to close the debate. If any member wishes to speak he should do so now.

**Hon. W.G. Davies (Minister of Public Health):** — Mr. Speaker, the debate we have heard, with respect to the remarks of the members of the opposition this morning and this afternoon, I would like to suggest characteristically follows the lines of last fall's debate on the general subject of the medical care bill. I do not want to try the patience of the House in reviewing the resurrected arguments that we have heard during the passage of this debate. I do say again though that characteristically we have heard the same exaggerations, the same reading into every clause the worst possible motives, and bogies, in every sentence of the legislation.

Let me refer, Mr. Speaker, to 28B, the hon. member for Humboldt (Mrs. Batten) has touched upon during the course of her remarks, and I think it would be useful to look at that clause, and to see what it does mean. The first part of it states that the commission may act as



the agent of any department or agency of the government of Saskatchewan, or of any crown corporation, for the purposes of the act. Is there anything very much the matter, Mr. Speaker? Is there anything the matter with the Medical Care Commission assuming duties that some other department of some other government agency had had in this particular field? Surely not. I want to point out too, that any arrangement that is made with any municipal, public, or other body, or group or corporation, is made upon agreement, a phrase which the member from Humboldt did not remind us of when she was speaking of this clause. There is nothing to be inflicted upon anybody, nothing to be pushed upon anyone, it is only upon the agreement with these particular bodies.

I thought myself when this clause was being drafted there was the possibility of the government sooner or later being able to effect a program of regionalization in the field of public medical care. As everyone knows in Health Region No. 1, there has flourished for many years a very efficient apparatus of that type. I want to say that in this respect the government has expressed its willingness to move toward the regionalization of public health services on the lines of the Swift Current scheme, and I want to say, Mr. Speaker, that this thought has not been accepted by the medical profession in this province. I say, however, that within the field of the Swift Current health plan that I see no reason why we should not be able to work out arrangements with the regional bodies, so the health services can continue to be administered through the regional body on arrangement with the commission. Now that is certainly not specifically. The only thing we have in mind with respect to this clause, I gave three or four additional examples this morning, one of them of course and this would certainly refer to an agreement with a group, has to do with the Flin Flon Employees Health Association. There is a national problem here, one that can be worked out quite easily providing the authority of this clause is provided.

The hon. member for Humboldt (Mrs. Batten) has referred to a number of Liberal amendments that were made to apparently assist us in getting a bill that would meet with general acceptance. I can only say that my view is this, Mr. Speaker, that every amendment that was presented to us last fall when the bill was being discussed was designed not to assist but to frustrate, and to embarrass the government every step of the way.

**Government Members:** — Hear! Hear!

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**Hon. Mr. Davies:** — On the continual reference about the government having to be supreme, I want to say, Mr. Speaker, that the conduct and the attitude of the government throughout these days of the last six months has not been that of a supreme authority. It has been that of a body that is trying to reach an agreement on a sensible basis with those that give service. The government has not thrown its weight around on these questions, and has done its utmost to come to an agreement.

Mr. Speaker, the members well know that the history of the last six months as recited, that this is true in every particular. The member for Humboldt talks about mental health care. She has said this government didn't move until an organization of the people so created pressure to make it do so. Surely, Mr. Speaker, there will be very few people in the province of Saskatchewan that would believe a statement of that kind. Ever since the election of this government in 1944 there has been a continual move to better the facilities for people in mental institutions.

**Government Members:** — Hear! Hear!

**Hon. Mr. Davies:** — I think that when some statements are made it would be well to have an eye at least to some degree to the facts. The statement that a person would not be able to go to the doctor without the authority of the commission, surely there is no substance whatsoever to this, Mr. Speaker, and certainly there is nothing to stop any person in this province to go to his doctor, to stay outside of the plan, and of course in the particular orbit in which we are working, we know that organized medicine at this time does not wish to participate in a contractual relationship. There is certainly nothing to stop, nothing whatsoever to stop, a person getting services in the same way as a person now gets services, outside of the confines of any plan.

The Leader of the Opposition has talked about us attempting to oppose what he has been pleased to term, a vicious, compulsory arbitration. I will defy anyone to suggest that in the clauses that we will study today, there is one sentence that can justify that extreme language used by the Leader of the Opposition. Also, if I remember, at this point he termed me a rough, tough, union negotiator. Well, you know, I don't think I have much of a reputation for this. When one can't convince one's own wife then one can't convince anyone, and I have

certainly never acted that part. Throughout the years, Mr. Speaker, my main association in the field of labour and what I am principally known for I think is on the labour relations board. The study of human relations, the study of situations where there are disputes, leaves one to understand that one never gets anywhere by throwing one's weight around. I can say I have certainly not tried to throw mine around during the years, and I think in any event that I would challenge any member of the opposition to tell me where during the time I have held office in this department, that I have acted the part of rough, tough negotiator at any time. I don't and I am not taking particular exception to these remarks but I thought a word of explanation might not be amiss at this time.

I want to again say, first of all digress in saying that at least the member for Humboldt did us the courtesy of examining some of the principles in the bill, even though I don't agree with her interpretation. It seems to me the other speakers from the opposition dealt throughout with this usual exaggeration, the generality of criticism which didn't get down to the point of the bill itself. Talking about for example, the government now has power, this is from the Leader of the Opposition, absolute power over doctors. Peacetime conscription of the profession; economic strangulation to be applied on the doctors. There has not to my knowledge been any member of the profession in this province, that has stated or alleged that the remuneration of any individual member of the profession would suffer as a result of this plan. In fact statements have been made to the exact contrary.

I noted also the remarks of the Leader of the Opposition that the Liberal plan would be acceptable to the doctors. I don't know what plan the Leader of the Opposition has in mind. I know that the member for Melville (Mr. Gardiner) referred to the fact that they might have a plan and certainly they weren't going to give everything away to the doctors, so it was hard just to know where the Liberal party stood on this point. I suggest there is no program at the moment for a medical care plan in the Liberal party, that it has not been elaborated and that it is simply in the drafting stage of the political propaganda for the next election.

Mr. Speaker, I don't want to go too deeply into some of the matters that we have been discussing here. I know to some extent it is a repetition of the discussion we have had in other debates, but I want to

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again refer to some of the extreme remarks, the immoderate remarks that have been made in this debate, which have no semblance in fact. The member for Humboldt (Mrs. Batten), talking about the election, presumably in 1960, won by the CCF blackening and maligning the doctors, using smear tactics on every occasion. Now this is just not true, just not true. I don't know of any candidate, any person that ran for election on this side of the House, that could be charged in terms of those offensive words.

**Mr. Thatcher:** — The former Premier.

**Hon. Mr. Davies:** — The former Premier of this House, Mr. Speaker, I think, would not have used any words that could be termed in that context, and I think the Leader of the Opposition well knows it.

**Mr. Thatcher:** — Read some of it used against . . .

**Hon. Mr. Davies:** — Some mention has been made about the pamphlets that have been circulated by the Medical Care Commission. Now I have a copy of this pamphlet here. As a matter of fact I am prepared to circulate a number of copies to all who want them, and again I would suggest that it would take very, very careful reading to find anything at all that could be criticized. There are one or two sentences that perhaps could be abused, as perhaps they have been here in the debate today, but this fact about the medical care plan which has been issued by the Medical Care Commission is a simple recital of the terms and benefits that might be expected under medical care coverage in the province of Saskatchewan. The Provincial Treasurer has already explained to everyone's satisfaction that the funds that are being raised for medical care are being placed in a medical care fund.

Mr. Speaker, no one is trying to treat any member of any profession in this province as a man from Mars, we do on this side of the House, I think, have the decent appreciation of the rights of all people. I suggest that the amendments that are before us do not infringe upon basic rights, that they permit the proper practice of the profession, and that they should be amendments that everyone in this House should find himself able to agree with.

Motion agreed to on the following recorded division:

**Yeas — 31**

**Messieurs**

Lloyd	Thurston	Perkins
Meakes	Wood	Thiessen
Williams	Turnbull	Snyder
Blakeney	Stone	Stevens
Kuziak	Whelan	Dahlman
Cooper (Mrs.)	Thibault	Michayluk
Strum (Mrs.)	Berezowsky	Semchuk
Davies	Kramer	Kluzak
Brown	Johnson	Peterson
Willis	Erb	Nicholson
Brotten		

**Nays — 13**

**Messieurs**

Thatcher	Cameron	Boldt
Klein	McFarlane	Horsman
Batten (Mrs.)	Gardiner	Coderre
Barrie	Foley	Gallagher
Danielson		

Bill read the second time.

**Mr. Speaker:** — When shall the bill be considered in committee?

**Hon. Mr. Davies:** — By leave, later this day.

**Premier Lloyd:** — Mr. Speaker, if I may point out that it is the ordinary procedure of the House that bills move to committee at the next sitting of the legislature. To make it perfectly clear, however, that while the government is prepared to proceed with the bill this afternoon, it is also prepared to proceed with the bill on Monday if such is the wish of the legislature. We are not pushing it.

**Mr. Speaker:** — It has been moved by the Hon. Mr. Davies that we consider it later this day. Is leave granted?

Agreed.

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At 4:30 o'clock p.m. His Honour the Lieutenant Governor entered the Chamber, took his set on the Throne, and gave Royal Assent to the bills presented to him.

**His Honour the Lieutenant Governor** then said: —

Mr. Speaker and 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 and congratulate you upon the results of your deliberations.

You have enacted amendments to various Acts relating to local governments and have made provision for the establishment of larger units of administration.

You have voted further sums to provide additional assistance to all levels of education in our Province.

You have made provision for the financing of a comprehensive medical care programme.

The action you took to ratify an agreement between the Government of Canada and the Government of Saskatchewan was the final step necessary to vest the Province with full control of school lands and the School Lands Fund.

You have made provision for dependents of workmen who have been injured in industrial accidents to receive greater financial support.

The enactment of The Wascana Centre Act is the result of a considerable amount of planning on the part of the Government, The University and the City of Regina of a master plan for the future of an educational, cultural, recreational and governmental area in our capital city.

I am pleased to note that you took time to extend suitable honours to Saskatchewan sportsmen who have won national and international championships.

I thank you for the provision you have made to meet the further requirements of the public service and assure you that 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 on your return to your respective homes.

The Hon. Mr. Blakeney, acting 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.