

LEGISLATIVE ASSEMBLY OF SASKATCHEWAN
First Session — Nineteenth Legislature

Tuesday, April 3, 1979.

The Assembly met at 2 p.m.
On the Orders of the Day

WELCOME TO STUDENTS

MR. H. SWAN (Rosetown-Elrose): — Mr. Speaker, through you and to the rest of this Assembly, I would like to introduce a group of 28 Grade 8 students seated in the Speaker's gallery. This group of students comes from the Rosetown School. They are accompanied by their teacher, Mr. Purcell and bus driver, Raelene Formanek. I'd like to welcome them to the Assembly today. I hope that they find the Assembly enjoyable and that you learn something from watching the legislative process. I look forward to meeting with you for pictures and for a drink after the time that you're in the House. Would you assist me in welcoming this group.

HON. MEMBERS: Hear, hear!

MR. J.R. KOWALCHUK (Melville): — Mr. Speaker, through you and to the members of this House, it gives me a great deal of pleasure to welcome a group of 10 students from the Goodeve Junior High School (the same place where I got my education and where I still live today). They are accompanied here by their principal, Mr. Bohay. I think the bus driver is Mr. Melvin Klus. On behalf of all of you, I'd like to welcome them here and say that we'll be meeting with them and taking pictures. I sincerely hope that their time here is going to be beneficial and that they have a safe journey home.

HON. MEMBERS: Hear, hear!

MR. G. TAYLOR (Indian Head-Wolseley): — On behalf of my seatmate, the member for Qu'Appelle (Mr. Lane), I would like to welcome and introduce through you and to you the 44 students that are seated over in the east gallery from the Bert Fox High School in Fort Qu'Appelle along with their teacher, Miss Elaine Wilcox and my good friend and colleague, Mr. Rathgaber. In talking to Mr. Rathgaber the other day, he informed me that Fort Qu'Appelle Junior High have the class in citizenship and we know this is the third group that he has brought in. I think he should be commended for this and I'd like to give a hearty welcome to the students from Fort Qu'Appelle.

HON. MEMBERS: Hear, hear!

QUESTIONS

Doctors' Fee Schedule Dispute

MR. E.A. BERNTSON (Souris-Cannington): — A question to the Minister of Health. All indications are that no matter what the settlement in the current SMA (Saskatchewan Medical Association), MCIC (Medical Care Insurance Commission) dispute that those doctors and clinics currently billing mode 3 will continue to do so no matter what the settlement. What is your department doing or what will your department do to ensure that those people who might be in financial straits have access to quality health care that they deserve?

HON. E.L. TCHORZEWSKI (Minister of Health): — Mr. Speaker, I don't know where the hon. member, the health critic, gets his indications that the mode 3 billings which there have been in the last several months will continue. I do not get those indications. The question at this point in time is hypothetical because, as the member well knows, the mediator has made a proposal to the SMA (Saskatchewan Medical Association) and the Medical Care Insurance Commission. It is now being considered and we are waiting for a response to what the mediator has proposed.

MR. BERNTSON: — A new question to the Minister of Health. What is your government doing now to ensure that these people who might be in financial straits have access to the health care they deserve?

MR. TCHORZEWSKI: — Mr. Speaker, I don't see any evidence that people in Saskatchewan are not having access to the medical services which they deserve and/or need. Nothing has changed that has not been the case in this province since 1962 when Medicare was first instituted. It is true that there has been, in recent weeks, any increase in the number of mode 3 billings, which have always been available to our physicians, but that increase has been very modest. The suggestion by members that there are any people who are being denied health services in any way because of the modest increase in incorrect.

MR. D.M. HAM (Swift Current): — Mr. Speaker, I'd like to direct a question to the Minister of Health. In light of the dispute between your department and Saskatchewan doctors, and since the Health Region No. 1 in Swift Current and MCIC (Medical Care Insurance Commission) do not duplicate services, are you aware that senior citizens in the Swift Current Health Region are not included in the health region plan?

MR. TCHORZEWSKI: — I'm not sure what the member means by that. Senior citizens in the Swift Current Health Region are covered by the medicare program in the same way as they are anywhere else in the province, except that it is administered and the payment is made by the Swift Current Health Region rather than coming out of the Medical Care Insurance Commission.

MR. HAM: — You are aware of it then. Would you not agree, Mr. Minister, that since senior citizens are not able to participate in the Swift Current Health Region plan, they are being discriminated against by your government, by virtue of the fact that they are paying medical bills for which they are not able to collect the total amount back from your department again?

MR. TCHORZEWSKI: — I'm not sure, Mr. Speaker, that I get the full thrust of the question in that I do not understand what the member is saying when he says that people in Swift Current, who are senior citizens, are not able to participate in the plan. If he is making reference to the question of the dental fee that is applied (and he shakes his head and says he is not) I want to just point out that that has no relevance or connection at all to medical coverage. That is a separate program that is run only by the Swift Current Health Region and has nothing to do with medical coverage.

MR. HAM: — A supplementary, Mr. Speaker. Perhaps I should explain it this way, Mr. Minister. Since Swift Current's senior citizens are not covered under the Swift Current Health Region and since your department is now under dispute with the doctors of Saskatchewan, it is the senior citizens of Swift Current who are bearing the brunt of doctors' billing in Swift Current. You get it clear now?

MR. TCHORZEWSKI: — I'm afraid not because the senior citizens of Swift Current are covered by the medicare program in the same way as anywhere else in the province.

MR. HAM: — That's true, Mr. Minister, except they are being billed and they are attempting to collect these bills from your department and they're not getting the full amount. Would you not also agree that your government is effecting a deterrent fee and in particular a deterrent fee upon the backs of those senior citizens who can ill-afford this so-called free service?

MR. TCHORZEWSKI: — No, Mr. Speaker, I do not agree with the member that there is a deterrent fee. The only recent deterrent fee I am aware of that has been imposed is in the province of New Brunswick where there is a Conservative government. In last week's budget they announced that they are going to put a deterrent fee not on the person who feels ill and is going to see a doctor to determine what the problem might be but on the person who the doctor decides must go into hospital. That's where we have a deterrent fee. There is not a deterrent fee in the province of Saskatchewan; we did away with that in 1971.

SOME HON. MEMBERS: Hear, hear!

Health Care Responsibility

MR. R. ANDREW (Kindersley): — Mr. Speaker, a question to the Minister of Health (Mr. Tchorzewski). I have been advised by the administrator of the Kindersley Hospital that over the last three years the deficit of that hospital has increased from \$21,000 to \$42,000 and just ending this year March 31, 1979, \$140,000. In Maple Creek, \$7,000, \$10,500, and this year, \$63,500. That same thing is applying in the towns of Tisdale, Nipawin, Moosomin, Assiniboia . . .

MR. SPEAKER: — Order, order. Does the member have a question?

MR. ANDREW: — My question, Mr. Speaker, is this. As I understand it, health care is a responsibility of the province of Saskatchewan and it strikes me that you're shifting that responsibility to the local governments of Saskatchewan. Now are you not shifting that?

MR. TCHORZEWSKI: — Mr. Speaker, there are no doubt some hospitals which may run a deficit from time to time. There are provisions at the year end, Mr. Speaker, where adjustments are made when the final settlements between hospital and Saskatchewan Hospital Services Plan are worked out. I can't predict what may happen in the case of the Kindersley Hospital where the discussions will obviously take place between SHSP and the Kindersley Hospital.

The member says that the responsibility of hospital care is with the province of Saskatchewan. I accept that to a degree. Surely, there is also some responsibility to provide hospital care by local people through the hospital boards which has been the case in Saskatchewan as long as I can remember and before that as well. The Saskatchewan Hospital Services Plan provides a standard system of formula payments to hospitals based on the needs in the particular area, on the age population mix, the numbers of people and that has worked very well. If there is a deficit in that case, there may be various reasons for it and if there is a good reason for a deficit, SHSP will recognize it as it always has.

April 3, 1979

MR. ANDREW: — My question, Mr. Minister, is this. Unfortunately there appears to be a trend building there. Those deficits are in fact going higher and higher and higher; 3.5 mills now, maybe 6 mills next year. My question is this. If you allow that to increase are the services not going to suffer in the rural areas of Saskatchewan because those people are going to be pushed to pay that price?

MR. TCHORZEWSKI: — Mr. Speaker, I think the record will show that indeed the numbers of hospitals which have had deficits incurred because of whatever the reasons might be have indeed been decreasing, at least in the time that I have been in the department which is the time that I can most well recollect in my mind. Indeed if the member would check the achievements that have taken place in this province with regard to hospital care he would find that the quality of that care and the numbers and kinds and variety of services provide in recent years have been increasing. They have been increasing, Mr. Speaker, because in this province we have had increases of 18 per cent, 20 per cent and 12 per cent to our funding to hospitals, whereas in other places like Ontario they have had 5 per cent, 6 per cent and 4 per cent.

Some Hon. Members: Hear, hear!

Megavitamins

MR.S. J. DUNCAN (Maple Creek): — Mr. Speaker, a question to the Minister of Health. In light of the growing acceptance within the medical field of the benefits of a megavitamin therapy as both a preventative and a corrective treatment, could you tell this Assembly why megavitamins are not covered under the pharmacare plan?

MR. TCHORZEWSKI: — Mr. Speaker, I don't know whether the member is familiar that in our Saskatchewan Prescription Drug Plan we have a formulary committee. This formulary committee consists of representatives from Saskatchewan Medical Association, the College of Physicians and Surgeons, the Pharmaceutical Association, the Department of Health, the Registered Nurses Association, all people who are eminently qualified and competent, Mr. Speaker, in making the judgments as to which drugs ought to be included in the formulary. They have considered in their wisdom all of the drugs which are to be included, of which there are over 1,300. If the member wants to know their reasons I can find out for her by asking or she can write to the formulary committee. The drug plan as it is now has one of the highest standards of any drug plan anywhere in Canada.

SOME HON. MEMBERS: Hear, hear!

MR.S. DUNCAN: — Supplementary, Mr. Speaker. I am quite aware of what procedure goes on, Mr. Minister. Could you tell me, or perhaps even take notice, why would plan III recipients receive megavitamin therapy at no charge? Is there some secret thing that maybe these people know about that we don't? If it's good enough for them why isn't it good enough for everybody?

MR. TCHORZEWSKI: — Mr. Speaker, I'll have to take notice of that. I don't know the specifics on that. I will get back to the member.

Doctors Fee Schedule

MR. P. ROUSSEAU (Regina South): — Mr. Speaker, a question to the Minister of Health. Mr. Minister, since it has now been well over six months since you have been

negotiating with the doctors, since your government has seen fit to allow increases of 20 per cent to 22 per cent to your deputy ministers and senior officials, do you not think it is time and do you not think that the doctors' requests for the increase that they are asking for is a reasonable one? It is time that you settled it.

MR. TCHORZEWSKI: — Mr. Speaker, whether the doctors' request which was initially of 24 per cent which would have been increasing the medical care insurance payments by \$16 million, to 1,100 physicians, is reasonable, I am not going to comment on that. I am saying that we have had a process in place by which the Medical Care Insurance Commission and the SMA (Saskatchewan Medical Association) have been negotiating to establish a fee schedule. That process has resulted in the two parties agreeing on the establishment of a mediator, a mediator (which I may add) the Saskatchewan Medical Association picked. We agreed to the person who became the mediator and who has been doing a very excellent job. That process will arrive at a settlement which will be mutually agreeable to the government, the Medical Care Insurance Commission and the SMA and I think that's the most adequate and appropriate way to do it.

MR. ROUSSEAU: — Mr. Speaker, a supplementary question. How much longer can you expect the people of this province to wait for your government to make a move on this?

MR. TCHORZEWSKI: — Mr. Speaker, the member seems to forget, or does not follow the news reports, but the mediator, Judge Muir, has submitted his report with recommendations to both the SMA and the Saskatchewan Medical Care Insurance Commission. I don't know whether the member suggests that all of a sudden all of that should be forgotten and that somebody should make a decree that there is a settlement at X number of dollars on the fee schedule. If that's what he thinks, that's his business. That's not what I think — I think the process that has been established has to be followed through.

MR. ROUSSEAU: — One final supplementary, Mr. Speaker. Does it take you as long to make the settlements and give the raises to your deputy minister and your senior officials as it has taken to give the increases to the doctors?

SOME HON. MEMBERS: Hear, hear!

AN HON. MEMBER: — Stand up and answer.

MR. R.L. COLVER (Leader of the Opposition): — Mr. Speaker, I gather the minister is not going to answer that question, since he realizes the time it takes to give these other deputy ministers and administer . . .

MR. SPEAKER: — Order, does the member have a question?

Problem with Medicare in Saskatchewan

MR. COLVER: — Mr. Speaker, my question is to the Minister of Health (Mr. Tchorzewski) and it is quite simply this. The minister is aware that large numbers of patients in the province of Saskatchewan are being direct-billed through mode 3 for the excess between the amount that the doctors receive from MCIC (Medical Care Insurance Commission) and the amount which the patient is required to pay his doctor. The minister is aware of that. The minister is aware of the fact that hospitals throughout the province of Saskatchewan are being subjected to ever-increasing pressures for deficit budgeting, which in turn is causing them to have to raise the money locally

April 3, 1979

through their . . . Mr. Speaker, I presume the members opposite don't like this question. I have to preclude the question with a statement of the facts. The minister will be aware of the situation which exists with regard to ever-increasing deficits in a great many centres in the province of Saskatchewan with reference to the local hospitals. The minister will be aware that ever-increasing numbers of patients are having to buy, through the pharmacare program . . .

MR. SPEAKER: — Order, order! I will take a new question.

MR. COLLVER: — My question is, Mr. Speaker, what is the Government of Saskatchewan going to do about the misleading statements that Saskatchewan does not have any problems with its medicare program?

MR. SPEAKER: — Order. I'll take a new question.

Confrontation Between Doctors and People on Medicare

MR. R.A. LARTER (Estevan): — Mr. Speaker, I'd like to ask the Minister of Health (Mr. Tchorzewski), do you not agree that what is happening here is the Government of Saskatchewan is creating a confrontation between the doctors and the people of this province and the health care program of this province? And it just follows all the other confrontations. You can't negotiate: you always confront. Is this just not another one of these facts today?

MR. TCHORZEWSKI: — Mr. Speaker, there is no confrontation in Saskatchewan between the physicians of this province and the government of this province. If the member wants to see an example of confrontation he has to go to the province of Ontario, if he wants to see confrontation.

SOME HON. MEMBERS: Hear, hear!

MR. TCHORZEWSKI: — I suggest, Mr. Speaker, that the whole line of questioning we see here this afternoon by the members opposite, is an attempt to try, somehow, to interfere with the process that is now taking place . . . (inaudible interjection) . . . in consideration of recommend . . .

MR. SPEAKER: — Order, order.

Deterrent to Specialist Services

MR. G. TAYLOR (Indian Head-Wolseley): — Question, Mr. Speaker, to the Minister of Health (Mr. Tchorzewski). It concerns people in my constituency, Mr. Minister. I've been informed by the people in my constituency that they have referrals to a well-respected orthopedic specialist. They have been billed \$40 and have been reimbursed \$29 from the MCIC (Medical Care Insurance Commission). I ask you, Mr. Speaker is this not a deterrent to specialist services?

SOME HON. MEMBERS: Hear, hear!

MR. TCHORZEWSKI: — Mr. Speaker, I don't know the particular situation so I can't comment on the situation. There has always been the possibility of some physicians charging mode 3. I'm not saying that I necessarily agree with many doctors doing that. The fact of the matter is that that opportunity has been there. It's also a fact, and I don't

deny it, that there has been some modest increase in the numbers of claims that have been made under the mode 3 system. But as I have said earlier, Mr. Speaker, we are, I believe, soon to have a settlement. I also believe that that will result in a lot of those cases not happening.

SOME HON. MEMBERS: Hear, hear!

MR. TAYLOR: — Supplementary, Mr. Speaker. I hope that we soon have a settlement. You mentioned modest increases. I'd like to cite this. I've been informed of another incident where a constituent had a cataract operation by one of the leading eye surgeons in Regina. The bill for this operation was \$500 and the portion paid by the individual was \$250. What steps are you prepared to take to avoid situations such as this that will prevent many citizens from obtaining the necessary medical treatment they require?

MR. TCHORZEWSKI: — Well, Mr. Speaker, I'm not sure what steps the members opposite would recommend. I suspect, by what he is asking, that he is recommending that somehow we take a categorical move on our part and stop it from happening. We have been working on it through the process of negotiations in an attempt to arrive at a fee schedule between the MCIC and the SMA (Saskatchewan Medical Association) which will deal with the situation. And that is where we're at now.

Direct Billing - Saskatchewan Doctors

MR. E.A. BERNTSON (Souris-Cannington): — Is the minister not aware that 40 per cent of the doctors in Saskatchewan are selectively direct billing?

MR. TCHORZEWSKI: — Mr. Speaker, I don't know where the member gets that information. He has no way of getting it and he is dead wrong. That is just another example of an exaggeration that at this particular time, we don't need.

Even if, Mr. Speaker, (let us take a hypothetical figure of 100 physicians) those 100 physicians had done some select billing, the chances are that many of them may have made one select billing, so those kinds of figures are misleading and mean nothing. It is the question of the number of claims that have come into the Medical Care Insurance Commission that is the important part, and I'm telling you, Mr. Speaker, and this House, that the numbers of claims have increased very modestly in the last several weeks.

Health Care for Senior Citizens

MR. J. GARNER (Wilkie): — Mr. Speaker, a question to the Minister of Health. I have a bill of \$375 from an 86 year old pioneer of Saskatchewan, just barely living on the old age pension. This man had to have an eye operation in February. He cannot afford to pay the bill. Will the minister please tell this Assembly and this senior citizen and the rest of the senior citizens in Saskatchewan, when he is going to start providing health care to the people who have pioneered Saskatchewan, and not be charging them a deterrent fee?

MR. TCHORZEWSKI: — Mr. Speaker, I invite the member to give me the name of the senior citizen and the name of the doctor and I will check out the case on his behalf so that we can find out what the situation is.

Mr. Speaker, if he is prepared to bring that over to me after the question period, I will be

April 3, 1979

prepared to follow it up. Let me make this point as well. I am very surprised if that in fact is the case, because the Saskatchewan Medical Association has been assuring the Saskatchewan public, and are giving me assurances that it would be select billing and that it would not be billing of individual people such as senior citizens and so on. If there is one case or a few cases that might have happened, I will be accepting it from the member and we will discuss it with the appropriate people.

MR. GARNER: — Mr. Speaker, I will give the minister the bill, providing he will pay it. A new question. Mr. Speaker, since the minister is going to pay bills, I also have another bill here. This is for a young mother trying to bring a child into the world – another \$240. Will the minister also pay that bill? I will give it to him as well.

MR. TCHORZEWSKI: — Mr. Speaker, my reply is the same as to his original question. Provide me with the information and we will follow up on it.

Quality of Saskatchewan Doctors

MR. W.C. THATCHER (Thunder Creek): — May I proceed now. Thank you.

Mr. Speaker and the students, I apologize for the outlandish behaviour on behalf of the government. Mr. Speaker, a question to the Minister of Health. Mr. Minister, I don't think I'm suggesting anything outlandish when I pose a question to you. Do you accept the commonly held view that the general overall quality of our doctors in the province of Saskatchewan has showed a rather sharp deterioration in the decade of the 70s? I am sure the minister is aware that very few of our Canadian doctors are staying in the province of Saskatchewan. My question to the minister is simply this: Mr. Minister, in the light of what is becoming a rather intense dispute between the medical profession and the Government of Saskatchewan, does the minister feel that the atmosphere that is being created is conducive towards reversing this trend and improving the quality of doctors in the province?

MR. TCHORZEWSKI: — Mr. Speaker, I can't let that kind of a comment go by without pointing out very, very clearly what the member has just said. The member has just said, Mr. Speaker, and I use his words. "The general quality of our doctors in Saskatchewan has seriously gone down in the 70s". Now, I want to say, Mr. Speaker, I deny that.

SOME HON. MEMBERS: Hear, hear!

MR. TCHORZEWSKI: — I deny that on behalf of the Saskatchewan people and the hospitals throughout this province that have gone out actively to recruit doctors for their communities and I deny it on behalf of the medical profession in this province as well.

SOME HON. MEMBERS: Hear, hear!

MR. TCHORZEWSKI: — The member asks something about the doctors leaving this province because of dissatisfaction. I want him to know, in answer to his question, that in 1978 only five physicians left this province to go to the United States – five. I know we get headlines in the Globe and Mail from Toronto saying mass exodus of physicians. Well, I want to say that I would state the Saskatchewan situation and say that there has been a mass influx of physicians in this province and that obviously is a tribute to the

kind of climate that exists in this province for the practice of medicine and the quality of the medicare program that is, therefore, provided to all Saskatchewan citizens.

SOME HON. MEMBERS: Hear, hear!

MR. COLLVER: — Mr. Speaker, a supplementary question to the Minister of Health. Is the Minister of Health not aware that the ever increasing use of the deterrent fee through mode 3 that is being charged by specialists primarily and primarily in the cities of Regina and Saskatoon is prohibiting patients from going to their doctor and is also causing doctors to leave the province of Saskatchewan to seek practice in Alberta and in the United States of America primarily . . . (inaudible interjection) . . . I hear the comments now, let them go . . . and our finest specialists are leaving. Is the minister not aware that that is detracting from the health care standards that the people of Saskatchewan are expecting to get? What is the government going to do about meeting these needs of the people of the province?

MR. TCHORZEWSKI: — Mr. Speaker, I think the figures speak for themselves. The needs of the people of this province are being met. The member wasn't listening when I gave the answer to the other member that said only five Saskatchewan physicians left this province last year, in 1978, to go to the United States. But that may not be significant until you consider, Mr. Speaker (and the member should consider) that the College of Physicians and Surgeons in 1978 registered 126 new doctors in the province of Saskatchewan and so that is no argument to indicate that the quality of care because of lack of physicians is a problem in this province at all.

MINISTERIAL STATEMENTS

HON. G.T. SNYDER (Minister of Labour): — Mr. Speaker, I want to take this opportunity to make a brief statement and to table in the legislative today the report on the occupational health and safety in the sub-basement of the T.C. Douglas Building. This report, as members will recall, was commissioned by the Department of Labour in February of this year. The report was prepared by Donald F. Jones, an environmental engineer from Don Mills, Ontario. Mr. Jones was brought in by my department to investigate the occupational health problems on the request of the occupational health committee in the T.C. Douglas Building.

I don't intend at this time to deal in any kind of detail with the background about the complaints of the working conditions or the medical problems of workers in the basement and the sub-basement of the T.C. Douglas Building and their subsequent refusal to continue working. I'm sure that all members of the House are acquainted with the details of that event. I simply want to state Mr. Speaker, that the Jones report is an excellent one. It has pinpointed in a major way the causes of the problem as well as recommending ways to avoid similar situations in the future. I might say that I've discussed this matter with the Minister of Government Services and we've agreed on a course of action. I want to assure the House that we've looked at the recommendations of the report very carefully and we'll be taking positive action on them just as soon as possible.

In the meantime, Mr. Speaker, I'm pleased to be able to state that all of the workers who stopped working in the T.C. Douglas Building have been re-assigned to suitable work with no loss in pay and I think the occupation health committee at the T.C. Douglas Building and the government have indeed agreed that no employees will return to work until the difficulties have been corrected. Mr. Speaker, I want to take this opportunity to commend the occupational health committee at the T.C. Douglas Building for its role in

April 3, 1979

dealing with the problems in the basement and the sub-basement areas of that building. The whole situation has shown how an active occupational health committee can affect changes in the work environment. The government is very proud of the occupational health legislation which we passed and brought into being several years ago.

In his letter of transmittal to me, Mr. Jones says that the fact that the report justifies the employees' concern while showing that there are the results of several imperfections which, in isolation, one from the other would not have been as serious, I think emphasizes the importance of the legislation which brought this matter to the public's attention. Mr. Speaker, The Occupational Health Act was designed to protect workers and this is a good example of where this was done. Mr. Jones also refers to the fact that he was not restricted in any way in his investigation into the problems of the T.C. Douglas Building but the report is to be given to the Occupational Health Committee immediately, that is to say later this day and that it is, indeed, a public document. In his opinion, this was the most innovative and exceptional experience after more than 25 years with the Ontario government in the field of occupational health and safety. We clearly indicated to him that this government has nothing to hide and was open-minded about the area which in other jurisdictions would have been kept secret or made confidential. In his letter of transmittal to me, Mr. Speaker, Mr. Jones states that in making the report of the investigation public, Saskatchewan has again showed itself to be a leader in this area. He expresses his appreciation for having the opportunity to participate in what he refers to as a landmark in the continuing development of industrial and human relations as it relates to the specific component of occupational health and safety.

Mr. Speaker, this is an endorsement of this government's concern for people. The fact that there have been problems in the basement and the sub-basement of the T.C. Douglas Building is regrettable. However, in new buildings of the size and the complexity of the T.C. Douglas Building, it's not unreasonable that problems of this nature might occur. We've done our best then, Mr. Speaker, to try to isolate these problems and have tried to correct them. We've co-operated fully with the Occupational Health and Safety Committee. We commissioned Mr. Jones to prepare a report and make recommendations. I think the important thing, Mr. Speaker, is now to correct the problems in the basement and the sub-basement of the T.C. Douglas Building.

Mr. Jones' report in his recommendations will help us in the measures necessary in making the basement and sub-basement a safe and attractive place to work. In his report, Mr. Jones concludes that the operation, excluding the clerical workers, can continue to work in the sub-basement level. The reason for this is that it can be made to be a healthful and safe place to work. The report will also be helpful, Mr. Speaker, I believe in assisting us in avoiding problems in the future. In his conclusion, Mr. Jones states that the problems in the T.C. Douglas Building have reminded us all that the physical and the emotional needs of human beings cannot be treated in isolation from the environment in which they live and in which they work. Mr. Jones says that if the lesson has been learned, the situation should not arise again. He says that we all have short memories when motivated to get a job done and it would, therefore, be advisable to review the procedures for planning, contract letting, supervision of construction and final clearance of the completed work to ensure that they clearly reflect the lessons that have been learned here.

Mr. Speaker, I am confident that we will not forget the lesson which has been learned.

Mr. Jones' report will serve a real useful purpose, I think, not only in connection with the T.C. Douglas Building, but with future construction projects. I am pleased, at this time, to table it in the legislature, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

MR. P. ROUSSEAU (Regina South): — Mr. Speaker, I must add a few words to the statement. I am very pleased indeed that the minister has taken action and that the people have been moved out. I suppose it was to be expected that we would receive today a glorious explanation of the function of the Department of Occupational Health. However, since you were patting yourself on the back for so long on that point, I wonder if you could tell us, Mr. Minister, why it would take you nine months to move on such an important and serious matter? The people who have been in that place since June of last year, are now getting some action. There was a fair amount of noise during the reading of that statement, Mr. Speaker. I am not too sure that I heard everything correctly and if I am wrong I will stand corrected. Did I hear you say that they are going to make the corrections, make the improvements and then move these people back in? If that is the case (and I think you said that), what is being said re the psychological problem which will exist when people are still working in that atmosphere with 400 cars parked above their heads?

It has been pointed out to you, Mr. Minister, by two of the members on this side of the House, in particular myself and the member for Souris-Cannington (Mr. Berntson), that you have facilities within the T.C. Douglas Building, on the first floor, that would be an excellent area to move these people into and not 27 feet below ground. I fail to see the reason why you would insist that the sub-basement of the building can be fixed, that it can be engineered or designed, or whatever you like done with it, to move those people back down into it, when you have an area (a file area) where you have storage files, metal files with beautiful scenery, carpeted and fixed like a corporate board room area. Well you have one machine that wouldn't take it . . .

AN HON. MEMBER: — Spend 20 years on a wooden slab!

MR. ROUSSEAU: — Exactly. After 20 years on a wooden slab you are telling me that the T.C. Douglas Building construction won't take that machine at this point in time? If that is the case, Mr. Minister, there was something wrong with the designing and engineering of that building. But I doubt it. I know it will take that machine.

So the point, Mr. Speaker, is that no matter what the occupational health department intends to do with the sub-basement, it will never function as a place for 35 people to work under those conditions. Mr. Minister, I am only relating to you what the people working inside the building have related to me, which we have passed on to you. What else can we tell you? Dr. Atherley agreed with it when you brought him in from Toronto to make an investigation on it. I don't know why you went to a different engineer. I don't know why you didn't stick with Dr. Atherley. There must be a reason for that. But, Mr. Minister, when are you going to think not of the dollar amounts, and not of the engineering, when are you going to think of the people who are involved in this sub-basement. They are the ones that count.

ANNOUNCEMENT

Joint Professional Review Committee – Medicare

April 3, 1979

MR. TCHORZEWSKI: — Mr. Speaker, I want to inform the legislature today of a development which has been made possible by some very positive discussions which have taken place during the past several months among the Saskatchewan Medical Association and the College of Physicians and Surgeons and the Medical Care Insurance Commission and the government. I think it's particularly appropriate that I make this announcement today because of the line of questioning which obviously was meant to try to undermine the confidence of the Saskatchewan public in our medicare program.

Mr. Speaker, in order that an adequate medical care program can be provided to Saskatchewan people, the co-operation of these four parties, who I have just mentioned, is necessary and I want to say to this House that in this province we have that co-operation. This co-operation and the common desire to see that our medical care program operates to the material benefit of all concerned has led to unanimous agreement by the government to appoint a joint professional review committee to review claims submitted by doctors to the Medical Care Insurance Commission. This committee will review these claims when there are questions about their accuracy. It is called a joint professional review committee because the Saskatchewan Medical Association, the College of Physicians and Surgeons, and the Medical Care Insurance Commission will be equally represented on it.

I would like to explain, Mr. Speaker, why this committee is being appointed. Sometimes there are questions about the accuracy of doctors' claims. There may be clerical errors in claims. Sometimes doctors are unaware of how to apply the fee schedule and they may not understand what specific service to bill for or how often in a given period of time a service can be billed by a particular patient. Infrequently, there may be a situation where a doctor has submitted a number of inaccurate claims and his patterns of billing need to be reviewed with him.

The question of professional review is obviously quite important to both the medical profession and the Medical Care Insurance Commission. It is important that doctors be confident about how a professional review will be carried out, what its scope is, and that their interests are adequately represented. It is important that the Medical Care Insurance Commission continue to meet its legal responsibilities to see that public funds are properly paid out. Previously, accounts that were questioned have been referred by MCIC to the Saskatchewan Medical Association for review by a committee of the SMA. MCIC was represented on this committee. It was clear that both parties — the SMA and the MCIC — were dissatisfied with the procedure as it stood and it was a cause of mutual disagreement from time to time. Some new vehicle was needed that would assure better communication, at least a better understanding of different points of view and co-operation. Late last spring, I appointed a small working group to look at the whole area of professional review and to make some recommendations about what could be done to improve it. The working group was chaired by Dr. Paul Good of Regina. The recommendations that were submitted by Dr. Good and the committee have formed the basis of the joint professional review committee. I am pleased that the committee has been unanimously endorsed by both the medical profession and the Medical Care Insurance Commission.

The joint professional review committee required a legal basis in order to operate. I am pleased to announce that regulations establishing the committee have been approved by the government and I'm going to see that it is set up immediately.

I think that the creation of this committee, Mr. Speaker, is an excellent example of a joint

co-operative approach to problem solving.

Dr. Good and his co-workers should be congratulated for coming up with a set of recommendations that are acceptable to all parties concerned, unanimously endorsed, in fact. I am sure that the new system for professional review being established will have the confidence and the support of the SMA (Saskatchewan Medical Association), the College of Physicians and Surgeons, the Medical Care Insurance Commission and the government alike and will be very significant in assisting our medicare program to maintain the high standard for which it has become so well known.

SOME HON. MEMBERS: Hear, hear!

MR. E.A. BERNTSON (Souris-Cannington): — Mr. Speaker, it just amazes me how one's intelligence quotient can take such a fantastic jump in 15 minutes. During question period he knew nothing. Now he has recognized that there is a problem and in 15 short minutes has set up this happy little committee, which by the way, we support. Quite frankly, I thought for a while question period was lost, wasting our sweetness on the desert air, so to speak, but we have flushed you out. You have recognized the problem and I say, thank you very much. And I say, full marks for Her Majesty's Loyal Opposition in getting the job done.

SOME HON. MEMBERS: Hear, hear!

RESOLUTIONS

Resolutions No. 3 – Confrontations with Saskatchewan Doctors.

MR. E.A. BERNTSON (Souris-Cannington) moved, seconded by Mr. R.L. Collver (Leader of the Opposition):

That this Assembly condemns the Government of Saskatchewan for deliberately creating a confrontation atmosphere with the doctors of Saskatchewan, thereby causing undue expense and hardship to the citizens of Saskatchewan.

He said: Mr. Speaker, the motion I will be moving at the end of my remarks condemns the Government of Saskatchewan for deliberately creating a confrontation atmosphere with the doctors of Saskatchewan, and I am pleased to note that the Minister of Health (Mr. Tchorzewski) has finally recognized that there is, in fact, a problem.

I think, Mr. Speaker, there is ample evidence that this, in fact, is true. Let me take you first to a radio talk show in Saskatoon about six weeks or two months ago, where the member for Saskatoon Centre (Mr. Mostoway) very clearly stated that there are clearly two camps in the medical dispute in Saskatchewan – the doctors on one side, the government on the other.

I think that statement by the hon. member clearly sets out the position of the government as it relates to this dispute. It clearly indicates their inability to negotiate with the doctors of Saskatchewan and I suggest, perhaps, more than ability, that is unwillingness, a desire, perhaps, to create a very emotional situation for cheap political

April 3, 1979

points.

We have other evidence that this government set out deliberately to create confrontation with the doctors of Saskatchewan. Dr. Penman, director of MCIC, suggested that doctors have lost sight of their real purpose and are interested only in dollars, suggested that doctors are a greedy lot – only interested in the buck and not in the welfare of their patients. This was a suggestion that was made during these very delicate negotiations and I say it was a very irresponsible action by that particular individual.

We have a Mr. Garnet Dishaw. Garnet Dishaw has been sending letters to every editor in Saskatchewan. Garnet Dishaw is caucus research director for the New Democratic government. The Doctors Dilemma by Garnet Dishaw, Commonwealth . . . (inaudible interjection) . . . subscribe to it my friend.

Garnet Dishaw, that caucus research director and his final line: ‘I condemn that kind of greed.’

Jerry Hammersmith: ‘Doctors demands out of line’, Prince Albert, February 7. Doctors demands out of line, he says, while all the time these negotiations are going on between MCIC and the Saskatchewan Medical Association.

What another? Garnet Dishaw, Hafford newspaper . . .

AN HON. MEMBER: — He writes lots of letters.

MR. BERNTSON: — ‘I condemn that kind of greed.’ It makes me wonder, with the coverage Garnet Dishaw got, whether just perhaps government information services were used to get this across the province . . . (inaudible interjection) . . . I condemn that kind of greed, he says. Here’s another one. Garnet Dishaw sending letters all over Canada, all over Saskatchewan, letters to the editor. They were published in Saskatoon and Regina, in all the little rural papers, in your happy little NDP organ, all of them during the time that these negotiations were going on, and if that isn’t designed to create confrontation I wonder what is. Jerry Hammersmith, MLA for Prince Albert. Now we have one here: Legislative reports, Dennis Banda, MLA (Redberry). I’d like to read some of this.

A number of constituents, particularly older people, have expressed to me their concerns over news stories that suggest Saskatchewan doctors may begin billing patients directly for medical treatment. I have been watching recent developments closely and I do not think people should be unduly concerned, and begin worrying about their present situation.

That’s from the legislative report of Dennis Banda, he goes on and on and on. ‘Lingenfelter reports on medical association and Medical Care Insurance Commission dispute’, MLA reports:

A number of constituents, particularly older people have expressed to me their concerns over the news stories that suggest Saskatchewan doctors may begin billing patients directly for medical . .

On and on and on – something short I would suggest, of original thought and a conscious effort by that party to stir up the emotions of the people of Saskatchewan, a

deliberate confrontation with the medical profession in Saskatchewan, amongst other things.

Mr. Speaker, the evidence is quite clear. This government in fact set out deliberately to create a confrontation situation with the doctors of Saskatchewan. We had the member for Saskatoon Centre (Mr. Mostoway); we had the member for Prince Albert-Duck Lake (Mr. Hammersmith); we had the member for Shaunavon (Mr. Lingenfelter) and Redberry (Mr. Banda). I don't know, that was just five minutes in the library. Had I gone through all the papers I probably could have found one on every one of you that had about as much original thought as those did. As a matter of fact, if you read the whole thing, Mr. Speaker, it sounds very much like Garnet Dishaw maybe wrote it. If we compare this with the Garnet Dishaw letter I would bet that there was some considerable collusion. I quote again:

Even after expenses are paid that leaves a pretty good income by anybody's standards.

Anybody's standards, he says:

I think doctors have done well financially under the present provincial government.

That was Dennis Banda, MLA reports. Oh, by golly it's down there in the other one too. The same guy wrote them all, isn't that funny.

Mr. Speaker, my resolution goes on to say that:

Undue expense and hardship will be caused to the citizens of Saskatchewan as a result of this government's inability or unwillingness to negotiate with the doctors of Saskatchewan.

Well, Mr. Speaker, that again is indisputable. Over 40 per cent of the doctors in Saskatchewan is currently doing selective direct billing – 40 per cent selective direct billing. We gave you some examples earlier today in question period, which finally flushed the minister out, of this government's inability or unwillingness to negotiate with the doctors in Saskatchewan. Every time the doctor bills direct we get the worst of all worlds.

When doctors go to mode 3 the result is that doctors pay higher administrative costs, patients must pay extra charges and deterrent fees, patients must endure the inconvenience of resubmitting bills to MCIC to get the refund, and MCIC must process the bills of individual patients rather than the monthly claim of the smaller number of doctors.

As a result of this government's inability or unwillingness to negotiate in good faith with the doctors, we have the worst of all worlds: added administrative costs at every level.

On February 20, there was an ad that appeared in the Saskatoon Star Phoenix which said:

Saskatchewan Health Services Card and You

Saskatchewan people have a tradition of being the first in health care, first

April 3, 1979

with insured benefits and programs that contribute to healthy living. At present the province's health service card entitles residents to hospital and medical care.

I say to you, Mr. Speaker, that that is nothing short of false advertising.

Mr. Speaker, this government has failed to provide adequate health care for the people in Saskatchewan and I suggest to you that it is probably a well designed, well thought out plan for cheap political purposes. I think we have illustrated that there is in fact a deliberate attempt by this government to create a confrontation situation with the doctors. I think we have illustrated that there is in fact undue, additional burden on the patients of Saskatchewan. What we don't understand is what motivates the NDP in this direction.

Well, we can listen. What do we hear? We hear the Prime Minister of Canada saying that provinces with Progressive Conservative governments were making medicare less universal than it was intended. Trudeau indicated that his government had assumed the medicare system was secure until provincial statistics recently indicated that, in Alberta, 30 per cent of the doctors were charging fees higher than the fee schedule.

In Ontario, 17 per cent of the doctors had left the plan, meaning that people in some regions of the province didn't have access to doctors operating in OHIP (Ontario Hospital Insurance Plan).

The Hon. Monique Begin was quoted as saying that if Alberta and Ontario didn't clean up their act, they stood the risk of having the federal portion of the health funding withdrawn.

Mr. Speaker, if that is true in Alberta and Ontario, it is also true here in Saskatchewan.

Premier Blakeney said in Moose Jaw the other night that the Ontario medicare program was under severe strain along with other provinces. The whole program could go under, with Ontario leading the way, unless the Canadian government moves in to stop it.

What he said was, 'We should send sufficient M.P.'s to Ottawa (sufficient NDP M.P.'s to Ottawa) to ensure that medicare across Canada is as good as it is in Saskatchewan.'

Mr. Speaker, this statement is the clue to what motivates this government in its confrontation with the doctors in Saskatchewan. At home, they want to whip up the emotions of the people to vote NDP just as they stirred up the emotions of the people last October on their phony health issue. They seem to be holding hands with Mr. Trudeau on this whole matter because – in Mr. Trudeau's comment, there seemed to be no indication of health care in Saskatchewan being jeopardized in any way. The simple fact is, Mr. Speaker, in Alberta, 30 per cent of the doctors are doing selective direct billing. In Ontario, 17 per cent of the doctors have opted out of the OHIP (Ontario Hospital Insurance Plan). In Saskatchewan, 40 per cent of the doctors are doing selective direct billing and that is a fact, sir. And Premier Blakeney said we should send sufficient NDP M.P.'s to Ottawa to ensure that medicare across Canada is as good as it is in Saskatchewan. I shudder to think what will happen to medicare in Canada if we send NDP M.P.'s to Ottawa to vote solidly with the Liberals on every major issue, as they demonstrated they have in the past.

Mr. Speaker, the government of Saskatchewan is playing politics with the health of the people of Saskatchewan. It is their favourite game. Somewhere here I have a motion, and I have found it.

Mr. Speaker, it is not for me to decide what the fee schedule should be in Saskatchewan. That should be negotiated between the Medical Care Insurance Commission and the Saskatchewan Medical Association. The situation now, of course is being mediated. But let me just give you a quick comparison. As of August 1, 1978 the average fees paid by the Saskatchewan Medical Care Insurance Commission to our fee-for-service physicians was 14.5 per cent below the average paid to Alberta and Manitoba physicians. What our doctors are asking for are fees comparable to those in neighbouring provinces. For example, in Saskatchewan he gets paid a fee of \$16 for a house call during the day, \$20 at night. The payment for repeat office calls to a general practitioner and some specialists is \$6.50. The average fee paid to general practitioners for office visits in Saskatchewan is \$8.40 but \$11.75 and \$9.37 in Alberta and Manitoba respectively. The average fee paid for specialist surgery in Saskatchewan is \$109.63, in Alberta \$125.30 and in Manitoba \$125.73.

I would also point out that our doctors are in fact the second lowest paid doctors in Saskatchewan . . . (inaudible interjection) . . . no, I'm finished right now. They are the second lowest paid in Canada — second only to Prince Edward Island. They receive 15 per cent less than our neighbouring provinces because of this government's inability or unwillingness to negotiate in good faith. For all the aforementioned reasons, Mr. Speaker, I move, seconded by the Leader of the Opposition (Mr. Collver) Resolution No. 3.

MR. R.L. COLLVER (Leader of the Opposition): — Mr. Speaker, it is with pleasure that I second the motion of the member for Souris-Cannington. There's been a great deal of discussion in the province of Saskatchewan over the last 25 years, and perhaps even more than that about medicare, about the benefits of medicare, about government control of hospitals and the benefits to be derived by the government control of hospitals. Mr. Speaker, the CCF in the province Saskatchewan were the forerunners of introducing this kind of program into government. Now, Mr. Speaker, I want you to understand and this Assembly to understand that this was not a CCF idea. They didn't have a monopoly on whether or not government should operate a medical care insurance commission owned by the government and operated by the government. They didn't have a monopoly on that. This was suggested by the Conservative Party in the '30s, suggested by Mr. John Diefenbaker in the '40s. It was suggested by a great many people over the years, but the CCF . . . (inaudible interjection) . . . The CCF has only existed since 1935, for the benefit for the member for Assiniboia-Gravelbourg (Mr. Engel).

Mr. Speaker, the fact is that it has not a monopoly on this idea. As a result of the work, however, of the CCF in Saskatchewan, the province of Saskatchewan was the first province to introduce a prepaid medical care insurance program . . .

SOME HON. MEMBERS: Hear, hear!

MR. COLLVER: — . . . and was the first province in Canada to introduce a government-run hospital services plan. It was the first! Over the years, the people of the province of Saskatchewan have come to accept that program as a good program. They have come to accept those two programs, and plus one or two others — the Saskatchewan drug

April 3, 1979

plan, for example – as a good idea. These good ideas that were brought 30 and 20 years ago into the province of Saskatchewan by the CCF, we accept as good ideas, we accept as good plans. But, Mr. Speaker, the fact is this. How much longer must the people of Saskatchewan have to listen to the same old nonsense from the NDP? How much longer must they continue to try and picture the modern person in Saskatchewan, as being such an idiot that because they had the idea 30 years ago, that the operation and administration of it is going to be perfect? Because the fact is, Mr. Speaker, that no program designed by man is ever perfect. No plan or government designed by man is ever perfect. There are always going to be differences of opinion as to how a particular good program and good idea shall be operated.

There are always going to be changes that are needed to be made from time to time in order to update any good idea, to update it and modernize it and bring it into the modern world.

You know what was an interesting thing here, in this House, today, during question period? Just immediately following the Attorney General (Mr. Romanow), not on his feet, but talking across the floor to us, says, why do you attack our issue? The public perception out there, he says, will never change. The public perception is out there that the NDP invented medicare. The NDP are forever going to have medicare so why do you bother asking questions about it? You know, says the Attorney General, and you know say a great many political experts in the province of Saskatchewan, what can the Progressive Conservatives ever gain by raising problems with medicare because you know that the press are going to print always, invariably, the CCF-NDP position on medicare and are never going to print the Progressive Conservative position on medicare. Never. The press are not only going to print the NDP position on medicare but they are going to print what the NDP say the Conservative position is on medicare. That's what they are going to print. So don't ever raise problems, Mr. Speaker, was with the . . . (inaudible interjection) . . . Well I'm glad the Attorney General says he agrees with me. Don't ever raise problems says the Attorney General. Don't ever raise problems, say the members opposite. And so, too, in our party, don't ever raise medicare, say some people in our own party. Don't bring it up because invariably you are going to get your brains knocked out, you are going to get clobbered by the NDP because they invented medicare in the minds of the people.

Mr. Speaker, the fact is that there are problems in Saskatchewan medicare today; there are problems in the Saskatchewan Hospital Services Plan today. They are obvious to everyone; they are evident both to the Attorney General and to the Minister of Health and to others. They are certainly evident to the Hospital Board in Nipawin. They are certainly evident to the Hospital Board in Kindersley, the Hospital Board in Rosetown and the hospital boards in all of the other towns in Saskatchewan mentioned by the member for Kindersley today. Deficits have increased from relatively small deficits to huge deficits. Individual patients . . . for the information of the members opposite I am going to quote from the bills mentioned by the member for Wilkie (Mr. Garner). I am going to quote from the bills. We are not going to mention the name of the patient because, as the members opposite will know, that is supposedly confidential information between the doctor and the patient. I am, however, going to mention the name of the doctor so that the Minister of Health (Mr. Tchorzewski) can check into it. He raised a great storm because the member for Wilkie didn't mention the name of the patient, didn't table the bill. Table the bill on a patient! That's the kind of thing your government would do to get rid of the confidentiality.

Mr. Speaker, the perception by the people of Saskatchewan, as I have said earlier, is

without doubt that the NDP invented medicare. Whatever the NDP say about medicare must be true. But I say, as a responsible member of the opposition, when serious problems exist and when serious problems are brought to our attention by pregnant women, by people who can't use the drug plan because the drugs are not on the formulary, when those serious problems are brought to the attention of individual members of the opposition, we would be remiss in our duty not to bring them to the attention of the people. We would be remiss in our duty if we didn't bring them here. And let me assure the members opposite, the Attorney General, the Minister of Health, and any members of our own party that say we always get clobbered when we bring up NDP health care programs, that when we are presented with serious problems we are going to continue to bring them to the attention of the people. And maybe, just maybe, as a result, we are going to get the kind of action that the Minister of Health produced today. Don't you think it's particularly coincidental that on the day that our motion on health care is item 1 on a private members' day, that the Minister of Health just happens to have a statement that we've been pressing for for the last year and that is a committee. Why don't you listen? We have been pressing for it for the last year and that is a joint committee to examine the charges. That's what he's come up with today but don't you think it's particularly significant that today is the day he announces it, on the very day that this motion is going to come up before this Assembly? Well, we think it's particularly significant and we think that we have been able to bring the members to this position.

Now perhaps, the Minister of Health might possibly be prepared to listen about the doctor's deterrent fees in Saskatchewan. One bill is from the O'Keeffe firm in Saskatoon. They are gynecologists and obstetricians, as the member will well know. This bill is dated March 1, 1979. It is a bill for \$40 for which the patient will receive \$25 in remuneration approximately and it will cost that patient \$15. That was just for one visit. The other bill is from a Dr. Knowles who practices ophthalmology in Saskatoon. It's dated February 9, 1979. It's for a total of \$375, of which the patient expects to get back from MCIC (Medical Care Insurance Commission) approximately \$225, meaning the patient must pay \$150 out of his pocket.

AN HON. MEMBER: — A deterrent fee.

MR. COLLVER: — Go to every specialist in the city of Regina; go to every specialist in the city of Saskatoon; go to every specialist in the city of Prince Albert and you will find similar occurrences. Not one, as the minister would have you believe but every single specialist is extra billing through mode 3.

AN HON. MEMBER: — NDP is opposed to deterrent fees.

MR. COLLVER: — Every single one. Now, is that of concern? Of course, it's of concern. It's of concern to those individuals who are referred to their specialist by their general practitioner. From all over the province, they are referred into the cities and they are having to pay extra to see their doctor. They have no way of telling their general practitioner, we can't afford to do that. What's happening in a great many instances throughout the province is that that the patients are saying to their general practitioners, don't refer me to a specialist because I can't afford it. That's what they're saying.

AN HON. MEMBER: — Shame, shame.

MR. COLLVER: — The members opposite think it's funny and they think we're getting

April 3, 1979

whipped on the issue and maybe we are. Maybe the press are going to continue to print that kind of thing, about how the NDP invented medicare and they're going to present the Conservative approach. We're presenting the problems to you. You were elected the government in October. It's your job to fix them up. It's your job to present the problems. It's your job to fix them. When we're government, we fix them. If you can't fix them, then resign and let somebody do it who can.

SOME HON. MEMBERS: Hear, hear!

AN HON. MEMBER: — We'll put the committee back in there.

MR. COLLVER: — If you can't fix them, then resign and let somebody govern that can fix the problem . . .

AN HON. MEMBER: — Resign, resign.

MR. COLLVER: — . . . that can have a proper medical profession in Saskatchewan where the senior top outstanding specialists are not leaving the province and heading for the United States, being replaced . . .

AN HON. MEMBER: — Put medicine back in medicare!

MR. COLLVER: — As long as you guys are going to keep on debating I don't have to.

MR. SPEAKER: — Order, order!

MR. COLLVER: — I hope you are calling them to order.

MR. SPEAKER: — Yes, I wanted to assure the Attorney General that we could probably get him into the debate later on today . . .

MR. ROMANOW: — I hope so. I want to say a few words about the PC's . . .

MR. SPEAKER: — Order, order! At that time the Attorney General can bring forward his thoughts which he will have plenty of time to collect.

MR. COLLVER: — Mr. Speaker, it is fortunate that . . .

MR. THATCHER: — It's too early for the Attorney General, he doesn't go 'til 4:45!

MR. COLLVER: — Perhaps the member for Thunder Creek will get into his debate as well.

Mr. Speaker, I'm glad that you brought that to the attention of the Attorney General, and I'm glad you gave him sufficient time to collect his thoughts, although I would suggest to you that it would be a relatively short time considering the kinds of thoughts which the Attorney General has had in the past.

The fact remains there are serious problems with medicare in Saskatchewan; qualified doctors are leaving, being replaced by unqualified youngsters. That's a fact and the people know it. Five left last year, five senior doctors, being replaced by young people. Secondly, hospitals are faced with a terrible burden of extra charges to their local constituents (especially in the rural areas) in order to provide the service. Your

government is watching this happen and doing nothing about it.

Third, senior citizens and people in Swift Current, people in the Indian Head-Wolseley area are having to be sent to their specialist doctors and some general practitioners in clinics and having to pay extra to see their doctors even though they were assured by your government that that kind of deterrent fee would never occur. That's a problem. Now you accumulate all those problems and you've got just as serious problems with medicare in the province of Saskatchewan as they have in any other province of Canada. We agree there are problems in Ontario. We agree there are problems in Alberta. We agree there are problems in Manitoba but we also have them here. If you won't recognize the fact that we've got them in the province of Saskatchewan, you won't do anything about them. That's our problem, Mr. Speaker. They want to run around the country, run around Saskatchewan saying we did such a wonderful job. They don't bother fixing up the real problems which are developing in medicare. On top of all that when they run into a little problem with, Mr. Speaker, a legitimate union in Saskatchewan, the Saskatchewan Medical Association, what does this government do? The member for Souris-Cannington (Mr. Berntson) has mentioned item after item of bringing undue government pressure on a legitimate union in the province. Would they accomplish the same thing for the unions which backed the government? The answer is no. Would they attempt the same kind of coercive tactics on the SGEA (Saskatchewan Government Employees Association)? The answer is no. Would they try the same kind of tactics on the steel workers at Ipsco? The answer is no. Where are the kinds of tactics on the unions which back the government? But the SMA (Saskatchewan Medical Association), another legitimate union in Saskatchewan, a union of doctors is specifically designed to negotiate with the government and has no other function. It is not the professional body (the college); it is the union. But because that union refuses to back the NDP this government uses coercion and coercive tactics and sends its members out applying all over the province these kinds of pressures to get those guys into line. I say to every other union in Saskatchewan, if this government is allowed to get away with the tactic which they have used on the union of doctors, there is not a union in the province that is safe, in negotiating with government.

SOME HON. MEMBERS: Hear, hear!

MR. COLLVER: — That kind of behaviour is allowed just because the union doesn't back the NDP. I say to those unions who believe that they are independent (and I don't suggest the head of the Saskatchewan Federation of Labour and I don't suggest the Farmers' Union and a few others), who don't directly back the NDP, I say to those unions and their union members, you take a look at the government's tactics, the NDP's tactics as they apply to the union of doctors and then say to yourself, can I ever stand up for my political freedoms; can I ever back anybody but a socialist, NDP government? The answer is no.

Mr. Speaker, it is my great pleasure to second this motion and I sincerely hope that the people of the province of Saskatchewan are made aware of the real problems which are facing our health care programs in Saskatchewan and are not only made aware of the fact that the NDP, twenty years and thirty years ago, through the CCF, brought about programs that we are all in favour of. We just hope that they don't close their eyes, that the government doesn't blind their eyes to their own success with medicare, that they are prepared to go on and make it better and better.

SOME HON. MEMBERS: Hear, hear!

April 3, 1979

MR. P.P. MOSTOWAY (Saskatoon Centre): — Mr. Speaker, it certainly gives me great pleasure to enter this debate because it will give me and others on this side an opportunity to tell the people of Saskatchewan just what the real motives are behind the sort of hatchet job the Tories opposite are trying to pull off right now in this House.

SOME HON. MEMBERS: Hear, hear!

MR. MOSTOWAY: — First of all I want to confine my remarks to the remarks made by the member for Souris-Cannington (Mr. Berntson). They weren't very substantial, but much more substantial than . . . well is he still the Leader of the Opposition, the hon. member for Nipawin (Mr. Collver)? At any rate, I have no doubt that this whole resolution was introduced in this House to undermine confidence on the part of the people of Saskatchewan, Canada, to help all the Tory hatchet men (and they are the elected people). That would be the Tory members opposite and also Mr. Clark who is trying desperately to undermine medicare in Canada.

I might also add that that kind of undermining of medicare, we had ample evidence of that a few years ago, last year. I refer specifically to the member for Thunder Creek (Mr. Thatcher) and others, one of whom is not here, today, who told us exactly what they would do if they were in charge, if they had the opportunity of forming the government. Yes, that is right, twisting it, distorting it to fit your little mold.

Now, the member for Souris-Cannington (Mr. Berntson) refers to an open line program on CBC radio in Saskatoon. He tells people that I referred to two camps. Now, I ask the hon. member, what is wrong with using that expression? Is there anything wrong with using that expression — there are two sides? I tell you what, if that was such a terrible thing to say, how come I didn't get one letter or one telephone call relative to what I said?

He also mentions greediness. Well, I tell you what. The only greed that I can detect is a greed on the part of the members opposite, because they will stoop at anything to gain a few votes and try and gain a few votes for their national leader.

He also mentions a gentleman by the name of Garnet Dishaw, a very respected gentleman. I have never heard anything bad said about Mr. Garnet Dishaw. He is a good man. What is wrong with somebody working in this building, writing a letter to a newspaper, or to numerous newspapers? Is this something that Tories would not allow? Well, I am sure they probably wouldn't if they ever had the opportunity of forming a government.

I'll tell you another thing. You referred to certain statements made by the member for Prince Albert-Duck Lake (Mr. Hammersmith). Well, I tell you what. In our party nobody is honour-bound to toe the line like members there used to. They don't anymore because, of course, there is a leadership race on the horizon.

AN HON. MEMBER: — You have gone crazy.

MR. MOSTOWAY: — I have gone crazy, the gentleman says. Well, fine, I will let the people of Saskatoon Centre judge as to whether I am or not.

SOME HON. MEMBERS: Hear, hear!

MR. MOSTOWAY: — Better to go that way and at least contribute something than not

and contribute absolutely nothing.

You mention 40 per cent are involved in direct billing and that is absolutely false. I reckon that what really happened is that you went down the list and you decided to phone up a certain number of doctors and 40 per cent of those said that they were, at one time or another, involved in direct billing. Now, don't tell us that you people aren't out to undermine medicare, because I know better. Having been a member of this House since 1971, let me give you a little resume of what has occurred.

First of all, we get some gentleman in this House (and I use the term loosely) and he accuses the hospitals and the hospital boards and the nurses and doctors of Saskatchewan of operating dirty hospitals.

SOME HON. MEMBERS: — Filthy, filthy!

MR. MOSTOWAY: — That's what I said. Filthy hospitals. In fact it's sort of a dirty filth. That's the only kind of filth the Tories seem to come up with.

Another gentleman says, oh, I know people who would gladly pay \$10 a day to get into the hospital. I don't know where he was (probably walking on clouds) because my constituents have never been prepared to pay that and I don't want to see them do that and I'm sure you gentlemen don't. But I tell you, that's what one of your members said last year.

The Leader of the Opposition talks about the drug plan. He says, oh, you've got a nice drug plan here. But he says, we'll just make some improvements like making people, poor or not, pay the first \$50 such as they do in Conservative Manitoba.

Another member, I believe once again the ex-leader — I'm sorry, the leader — of the Tory Party . . . I guess I'm just anticipating. They tell me that that gentleman doesn't really have a chance, although he seems to think he does. He says oh, the dental plan whereby, via the schools, the children's teeth are looked after . . . He has the audacity to say dentists would do that work for nothing. Well, I have a lot of faith in the dentists of Saskatchewan but I don't think too many of them would be willing to do it for nothing.

Then we had the attack on the community clinics, the poor little community clinics! They never hurt anybody, least of all you, and they probably treated some of you. You have the audacity (and I know you still have it even though you're trying to pretend you don't) to say that you have never knocked community clinics.

I remember being in this House last year and sending copies of Hansard to certain people, about community clinics. They were completely outraged. They said, what brought on this attack? Why are they after us? What have we done?

No answer from the Tories. Let me once again refresh your memories. I believe the gentleman is not in here now . . .

AN HON. MEMBER: — Hon. gentleman . . .

MR. MOSTOWAY: — He says hon. gentleman. If you insist that he is an hon. gentleman, I will be the last person to disagree with you today. He says deterrent fees are the answer.

April 3, 1979

The hon. member for — what is it? Thunder Creek? Thunder Bay?

AN HON. MEMBER: — Thundering away.

MR. MOSTOWAY: — Well, it's Thunder Creek but it may as well be Thunder Bay after the next election . . .

SOME HON. MEMBERS: Hear, hear!

MR. MOSTOWAY: — . . . because he'll be far gone. He has the audacity to say deterrent fees are the answer. He says, you know there are some poor people in this province but let's just squeeze, you know, and squeeze a little more out of them because they are the most squeezable of all. Well I'll tell you gentlemen that there's a lot more fun squeezing other things than poor people. Now let me just refresh your memories because some of you new members certainly wouldn't be aware of this, that four years ago, four years the federal government decided to pull out of federal funding for the hospital plan. And they also pulled out of their cost sharing of medicare, which was at that time 50 percent — I don't know what it is now, but here's a real arm breaker. The Progressive Conservatives . . . (inaudible interjection) . . . Mr. Speaker, do I have the floor? And I will say it five times because I think it needs to be said to you five times in order for it to sink through.

O.K. and I'll go much more slowly for your benefit too. Now let me just say that the Progressive Conservative Association policy . . . (inaudible interjection) . . . it's a meeting at which some of you birds were present, established in 1974 that the provinces should carry the costs of health care. And you've got the millstone hanging around your necks and no way are you going to get rid of it.

SOME HON. MEMBERS: Hear, hear!

MR. MOSTOWAY: — Now, if I could just get into the meat of what I want to say, Mr. Speaker, and probably propose a little amendment at the end of my remarks . . . if I can continue I certainly will do so.

Well, I must say at the outset a few things. This resolution is nothing less than a deliberate attempt by the member for Souris-Cannington (Mr. Berntson) and, of course, the Tory caucus to create a confrontation rather than making some effort to insure a continuing high quality medical care situation in this province. The Tories opposite appear to be doing everything in their power to undermine it in some cruel hope that they may then make some political gain out of it.

In my remarks today, and as I mentioned before, by an amendment which I'll move later, I intend to place in the proper perspective the government's relationship with Saskatchewan's physicians. Now, the motion moved by the member for Souris-Cannington suggests that the Government of Saskatchewan has deliberately created an atmosphere of confrontation with doctors. The true facts really suggest quite a different story. The opposition has chosen to distort this relationship in a way which seems intended to inflame certain tensions which exists while fee schedule negotiations are going on. Ball up the negotiations. That is exactly what the Tories are after. While this tactic comes as a surprise to no one because it does come from Tories, it is a grave

injustice to members of the medical professional and the government, who have worked long and hard in building and preserving a generally healthy relationship. Certainly, there have been some ups and downs, but there have been some smoothies along the way also.

Since 1971, the Tories opposite have been telling every one that our health system is in trouble. Well, they certainly didn't believe that in the last election held in the province. No one believed them. Now they have changed their tune. Now they are crying gloom and doom about the government's relationship with the physicians.

I know, Mr. Speaker, that the people of Saskatchewan will reject that allegation just as they rejected the claim that our health system was in trouble. We in Saskatchewan have a long history of co-operative action between government and physicians. The roots of this partnership go all the way back to the early 1900s when physicians and government co-operated in such ventures as the Anti tuberculosis League, the municipal doctor system, and the establishment of a cancer commission, the first of its kind in the Commonwealth.

Now, this tradition stills exists today. Members of the medical profession are involved in many government health programs. Their input is solicited and welcomed by government because government recognizes that everyone will benefit from a co-operative approach to health care.

For the record, let me give you a few examples of physician involvement in the activities of the Department of Health and the health commission.

AN HON. MEMBER: — For some reason nobody is listening, Paul.

MR. MOSTOWAY: — It would appear to me that the hon. member didn't listen for about two weeks. But of course I don't ever claim to be able to throw my voice down to California or down to Texas, or wherever it was. I don't know.

Now, private practice physicians, Mr. Speaker, are appointed as members of the Medical Care Insurance Commission, the Alcohol Commission of Saskatchewan and the Saskatchewan Cancer Commission. Physicians serve in an advisory capacity on the following boards and committees: SHAP Advisory Board, SAIL Advisory Committee, SAIL Equipment Sub-Committee, Radiological Advisory Committee, Advisory Committee on Hospital Services, Provincial Laboratory Medical Advisory Committee, feeling Good Advisory Committee, and the Professional Review Committee. Now, that is what I call real involvement.

Physicians are appointed to serve as consultants, on the Joint Committee on Drug Utilization and the Saskatchewan Formulary Committee – the very drug plan that you fellows seem to want to condemn at every opportunity. A physician is also appointed to serve as medical consultant to the Alcoholism Commission of Saskatchewan. Furthermore, physicians frequently act as consultants to the department on an ad hoc basis for a wide variety of issues such as new health legislation and amendments to existing legislation, preparation of new programs such as the Physician Establishment Grant program and the health research fund.

Now, I could go on and on, Mr. Speaker, listing examples of co-operation and consultation between government and the medical profession. Indeed, perhaps I should for the benefit of members opposite. It is not my intention, Mr. Speaker, to imply

April 3, 1979

that the relationship between government and physicians is one of blissful harmony but I can tell you, Mr. Speaker, that the relationship is not one of confrontation such as they would like to suggest. It can be more honestly described as one of accommodation and co-operation. The balancing force behind the relationship has always been and must continue to be the common desire to provide high quality health care for the people of Saskatchewan. That's not to say that other factors do not affect the relationship. Of course, they do. The government, on the other hand, has a responsibility to the public, both from the view point of ensuring equal access to quality health care and balancing the demands of the health care system with the resources available to meet those demands. The physicians on the other hand, have a natural and legitimate desire to protect their professional interests as well as provide quality health care.

The common denominator, however, has always been the patient's welfare and it is essential that government and physicians not lose sight of this shared goal and I'm sure that they haven't. Equal accessibility to health services is one of the founding principles of Saskatchewan's hospital and medical programs. Indeed, we convinced the rest of Canada that it was a sound and just principle and we do not intend to falter in our commitment to that principle even though it is being attacked almost on a daily basis by members opposite. Saskatchewan doctors enjoy a high degree of flexibility in their billing practices, more so than physicians in other provinces with quite possibly, I may grant you, the possible exception of Alberta. So far this flexibility has not threatened the fundamental principle of equal accessibility. If ever that principle should be at stake this government would consider the matter a major threat to our health system and it would not hesitate to take the necessary action to protect it.

The people of this province have repeatedly and unanimously expressed their support for universal hospital and medical programs. This government acknowledges that support is firmly committed and is firmly committed to the protection of those programs as we know them today. There can be no question of compromise on the program's basic principles such as equal accessibility and universality.

Mr. Speaker, ever since 1962 those who opposed the Saskatchewan Medical Care Plan have been predicting its failure on mainly three counts. They predicted and continue to predict a mass exodus of physicians, a sky-rocketing of costs and, finally, a deterioration in the quality of medical care. Now, those prophets of doom and gloom (and they have passed the torch to members opposite) were dead wrong in 1962 and those who carry the torch for them today, are dead wrong today.

No group has been more vocal on these issues than very prominent people in the Conservative Party. It is that kind of mentality that prompts Conservative members, of this Assembly today, to bring forward this resolution.

Mr. Speaker, the mass exodus never took place. In fact, rather than a mass exodus, it has almost been a mass influx. Every year, since 1963, there has been an increase in the number of active physicians in Saskatchewan.

AN HON. MEMBER: — How many of your own graduates stay in this province, from your own constituency?

MR. MOSTOWAY: — A goodly number.

AN HON. MEMBER: — Six? How many?

MR. MOSTOWAY: — Six, no way.

AN HON. MEMBER: — Name one.

MR. MOSTOWAY: — Name one. You want me to get personal and single out certain people. No way! You people have a nasty habit of liking to drag people's names into the debates in the legislature. Our party, we just don't resort to that. No way! We respect doctors and we are not going to drag their names in the mud that you people . . .

AN HON. MEMBER: — Stirred up.

MR. MOSTOWAY: — Very good, thank you. Stirred up.

In 1963, the first full year of operation, there were 551 physicians, not including the Swift Current Health Region. By 1970, the numbers had gone to 693. And in 1978, there were 1,335 physicians practising in Saskatchewan. Well, the member laughs. I suppose you are laughing at the increase that we got. Everything is a laughing matter with those birds.

You said before, in the question period that the quality of doctor care in this province has gone down. And you still say it has? I notice the member for Thunder Creek (Mr. Thatcher) is shaking his head and saying, yes. Well, I wouldn't want to be in your position. I certainly wouldn't want to get sick in Saskatchewan in the very near future.

Well, our province has had continuing success in attracting an ever-increasing number of physicians to Saskatchewan. The number of physicians in the 15 years since medicare began has been increasing at the rate of about 8 per cent per year. Now, this is hardly the kind of thing that would have been happening if our government was in the practice of deliberately creating a confrontation atmosphere such as Tories suggest. If it will help to persuade members opposite, allow me to talk for just a few moments more about recent times, the period since our government was elected in 1971. The number of positions has risen by 272 individuals since 1972, an increase of 25.6 per cent. Between 1975 and 1978, the number of Saskatchewan graduates practising in the province increased by 27.7 per cent. That answers your question.

Federal government figures show that in the first half of 1978 only 15 Saskatchewan doctors left Canada. At the same time, in 1978, the Saskatchewan College of Physicians and Surgeons registered 126 new doctors for practice in Saskatchewan. Now, Mr. Speaker, as for the matter of costs — the people who argue against universal medicare have been just as wrong as they have been about the doctor exodus. Our public health plan is more efficient, more comprehensive and provides more value for each dollar spent than private plans in the United States. The administration of MCIC has been a show piece of efficiency for all of the world.

SOME HON. MEMBERS: Hear, hear!

MR. MOSTOWAY: — In 1977 administrative costs were 4.26 per cent of the MCIC budget. It is interesting to note that in other provinces administration costs are as high as 7.3 per cent. I would imagine that includes Alberta — it is probably a little higher, this is just the average. For the benefit of the members opposite who constantly talk of the efficiency of private enterprise, I want to point out that private plans run administration of our medicare program the interests of both patients and doctors are

April 3, 1979

well looked after, indeed, better than anywhere else in Canada.

This is further evidence of why the relationship between practising doctors and the government remains good. When a doctor submits his claim to MCIC, fast and efficient service is provided. Mr. Speaker, 55 per cent of all claims are processed within 15 days of service; 85 per cent are processed within 30 days. MCIC pays on a weekly basis and only Alberta and New Brunswick do the same.

Our system is so good that the vice-president of the Saskatchewan Medical Association, Dr. Kendall, wrote in the Leader Post on September 26, 1978, the following and I quote:

The vast majority of physicians in this province have worked co-operatively with medicare planners in 1962. Almost all bills for physicians' services are submitted directly to the MCIC.

This contradicts what the member for Souris-Cannington (Mr. Berntson) says. They are processed very efficiently. That, Mr. Speaker, is hardly a comment that would come out of confrontation.

Thirdly, there was a grim speculation that the quality of medical care would deteriorate. I have long since concluded that statements about quality of care can be freely given because it is unlikely they can be proven or disproven.

Firstly, there is seldom a reliable base line against which comparisons can be made at some future date. Secondly, there are usually no more than two health experts who can agree on the definition of quality health care at any one time. It is my impression that the majority of people in Saskatchewan believe that the quality today is improved over what it was prior to 1962 but the extent of improvement is mostly a matter of speculation. What about the present attitude of the doctors to medicare? Obviously from the figures I have given you on the annual increase in the number of doctors, they're not repelled by the medicare program, such as members opposite would suggest. They operate on their much favoured fee for service. They continue as private entrepreneurs. There is no intervention by bureaucrats in their daily practice of medicine. They have representation on the Saskatchewan Medical Care Insurance Commission which administers the program. They negotiate their fees with the government, usually once a year. The federal Department of National Revenue, which collects our income taxes, regularly reports doctors as the highest paid group in Canadian society.

For 1977, the average earnings in Saskatchewan for physicians were \$63,500 from MCIC fees alone. It is estimated that the average Saskatchewan physician will gross \$67,627 in 1978. These are public figures. Now, with the addition of income from other sources, such as Workers' Compensation Board, insurance needs, et cetera, this figure will be closer to \$70,000. Nobody says they are or are not entitled to it. Annual negotiated fee increase for physicians in Saskatchewan since 1975 have averaged 9.45 per cent. Since 1971, the total cost of physicians' services has increased in Saskatchewan by 7.5 per cent. Saskatchewan has led the prairie provinces since 1971 in per capita increases in payment for physicians' services.

SOME HON. MEMBERS: Hear, hear!

MR. MOSTOWAY: — Mr. Speaker, we have an excellent medical program in Saskatchewan. A good program needs some good physicians and we have the good

physicians right in this province. We understand the need for providing a good environment in which our doctors work in order to recruit and maintain an adequate supply. I have provided evidence today which shows that adequate steps are being taken to provide that environment.

It is impossible to discuss health care in Saskatchewan, Mr. Speaker, without talking about our rural communities. We are, after all, a predominately rural province, and this government is proud of its efforts to preserve the rural way of life and it has done an excellent job.

One of our aims in this regard is to provide rural dwellers with access to quality health care. Attracting physicians to rural areas is an old and persistent problem in Saskatchewan which has faced all governments and political parties. Last fall we announced a program aimed at providing the maximum incentive to our Saskatchewan medical graduates, to establish practice in the province's rural areas. I am, of course, referring to the Physician Establishment Grant Program scheduled to begin this spring. Although the details of the program have not yet been finalized, one of its main provisions will likely be a matching grant provision whereby the government will match a community's contribution to a maximum grant of \$15,000 per physician.

Evidence of our interest in maintaining and improving a viable rural health system can also be found on our record of support for rural hospitals. Physicians rarely establish practices in areas which do not have hospitals. Although this would seem to be an obvious thought, our predecessors disregarded it when they closed numerous small hospitals.

One of our government's first tasks in 1971 was to repair the damage done by the Liberals (and in conscience supported by Tories) and convert eight of the rural hospitals that they had closed into community health and social centres. Since 1971 we have built new rural hospitals at Lestock, Elrose, Climax, Lampman, Biggar, Borden, Nokomis and Kamsack. Major renovations and extensions have been made to many other hospitals also.

We are confident, Mr. Speaker, that our programs and initiatives have helped make Saskatchewan an attractive place for physicians. The opposition can say what they wish, but the number of physicians in Saskatchewan has risen since 1972 by over 25 per cent. Moreover, we have had an encouraging degree of success in retraining an ever increasing number of Saskatchewan graduates for service in Saskatchewan. We are very pleased with this development and intend to continue doing everything we can to let Saskatchewan medical students know that they are very much wanted in this province.

On this positive note, Mr. Speaker, I conclude my remarks and leave it to the citizens of Saskatchewan to consider the facts and draw their own conclusions but, before I sit down, I would like to move an amendment, seconded by the hon. member for Regina Lakeview (Mr. Smishek), as follows:

That all the words after the word 'Assembly' in line one be deleted, and the following substituted therefore:

commends the Government of Saskatchewan for:

1. Its accomplishments in providing physicians with conditions of practice which are amongst the best in Canada.
2. Its initiatives aimed at attracting physicians to rural areas of the province, and
3. Its continued success in attracting an ever increasing number of physicians to Saskatchewan, the number of physicians having risen since 1972 by 272 individuals, or a 25.6 per cent increase.

SOME HON. MEMBERS: Hear, hear!

MR. D.F. McARTHUR (Regina Lakeview): — Mr. Speaker, I am proud to be in a position to second the amendment as moved by the member for Saskatoon Centre (Mr. Mostoway). This amendment brings a positive note to this debate, a positive note to a debate about medicare in a province which stands clearly with the best record in all of Canada for medical care.

SOME HON. MEMBERS: Hear, hear!

MR. McARTHUR: — It comes in the midst of carefully handled and delicate negotiations with the medical profession and from this point of view I find the resolution as moved by the members opposite to be quite distressing. They move this amendment at a time when the government is engaged in delicate and careful negotiations with the medical profession. It indicates the willingness of the members opposite not to be concerned about the public interest and the interest of people who utilize and need our medical care system; it indicates the willingness of those members, to play politics, to cause confusion, to cause disruption and to do what they can to wreck the system.

Mr. Speaker, I suggest to you that it indicates the embarrassment of those members opposite, the embarrassment they feel about their past statements with respect to medical care and the medicare system, embarrassment about what they were faced with when they went to talk to the people of this province in the last election about this important issue, embarrassment about what their colleagues in other provinces are doing with respect to medicare. It indicates, Mr. Speaker, their defensiveness and their attitude. It is deplorable that they should try to do this and bring this forward, as I say, at a time when we are involved in the collective bargaining process with the medical profession.

The amendment, Mr. Speaker, clearly indicates the view and the approach on this side of the House with respect to medicare and the approach of this government with respect to medicare. It indicates that we take a positive view with respect to continuing and enhancing and improving our medical care system of this province. It indicates that we are prepared to continue to lead in the advancement of medicare and to work hard to build a better and stronger medical care system. We have clearly the best medicare system in the country. There is no question about it. compare, Mr. Speaker, with respect to the remarks the members opposite have been making. Mr. Speaker, we have no deterrent fees in this province. The members opposite have been trying to twist words. We have no deterrent fees in this province. Compare that to something that I read very recently in the newspaper and which I am sure many of you read in the

newspaper not very many days ago. It indicates, as the paper says:

New Brunswick will become the seventh province . . . (The members laugh, the members make jokes about deterrent fees, well listen) . . . to levy deterrent fees on medicare users, Finance Minister of the New Brunswick government announced on Thursday. Unveiling the Progressive Conservative government's record \$1.583 billion budget for the fiscal year beginning Sunday, he indicated that they will be applying deterrent fees in that province.

Compare the situation in Saskatchewan to that in Alberta. We have a premium-free system here in Saskatchewan. We led the country in establishing premium-free medicare. Compare that to the budget presented in Alberta in 1978 in which that Tory government said — this was a Conservative government.

This government has consistently held the view that health care insurance premiums should reflect the level of growth of basic health care costs. For these reasons, premiums are to increase by 8.5 per cent effective July 1, 1978.

That was a Tory government, not only applying premiums but applying increases in premiums through time. The hon. member for Saskatoon Centre (Mr. Mostoway) pointed out another important aspect of our medical care system in this province, the accessibility to doctor care. The members opposite have tried to suggest without any factual base that the number of doctors in this province is declining because they say doctors are leaving this province. The figures show and they can get it by simply looking at the report of the MCIC if they would care to take that much time to do that much research that the number of doctors in this province has been increasing year by year by year, every year that this government has been in power.

SOME HON. MEMBERS: Hear, hear!

MR. McARTHUR: — The members opposite wish to use this debate to try to also suggest that the quality of doctors is declining in this province. Well, let them stand up and make that claim if they care to. I say to you, Mr. Speaker, that both the numbers and the quality of medical care in this province have been and continue to increase and the members opposite will have to stand responsible for that statement.

AN HON. MEMBER: — Well, stand up. Stand up so we can get at it.

MR. McARTHUR: — The Leader of the Opposition. He cries about the judgment of the people of Saskatchewan with respect to their decisions on this issue in the last election. He says people didn't understand the Conservative position. Well, I don't think there's any doubt that the people did understand the Conservative position and I'm going to make reference to that in a few minutes. Mr. Speaker, we've got in this House the members of . . .

AN HON. MEMBER: — Who do you have?

MR. McARTHUR: — We have in this House the members of the Conservative Party, as I say, attempting in the most disgusting way to exploit the present state of negotiations, the delicate negotiations by using exaggeration and innuendo. What do they say? They say the government wants confrontation. That's as this resolution says, that they have

April 3, 1979

moved. They say we have 40 per cent or some such figure direct billing. They say doctors are leaving in droves. Well, I say to you that this is a classic example of Tory exaggeration of the type that we know this party opposite has practised ever since they first appeared in this House a few years ago. They continue to exaggerate, to use facts that are not applicable and to find numbers that have no basis whatsoever in truth. Mr. Speaker, let me look at these claims they make. What about confrontation? They say in their resolution they condemn the government for becoming involved in confrontation. Well, I say to you, let's look at the past few months of negotiations with the medical commission have been proceeding through these negotiations in a responsible fashion in an attempt to reach mutual agreement with the doctors, with the medical profession, on an acceptable fee schedule. The government has not been engaged in deliberate confrontation, quite the opposite. But what we see here today by the members opposite is an attempt to create exactly what they say they want to condemn – confrontation. They are attempting by moving the resolution which they moved to generate a spirit of distrust and confrontation that can only destroy the integrity of the collective bargaining process which must be an important part of settling fee schedules in any civilized society.

SOME HON. MEMBERS: Hear, hear!

MR. McARTHUR: — It reflects, Mr. Speaker, their total misunderstanding of any collective bargaining process and we've seen it time and time again. They simply do not respect and understand the nature and the kinds of undertakings and the kind of behaviour that is appropriate to any kind of bargaining process. I say to you that they are the people, the members opposite are the people who are trying to force confrontation for their own political ends.

SOME HON. MEMBERS: Hear, hear!

MR. McARTHUR: — That is absolutely reprehensible. I condemn each and every one of you for participating in that act at this important and delicate time in the negotiations.

SOME HON. MEMBERS: Hear, hear!

MR. McARTHUR: — It indicates their willingness to continue to mount every kind of attack they can mount on medicare, as the Attorney General says.

What about direct billing? They say we have 40 per cent direct billing in this province. Well, Mr. Speaker, where do they get their figures? They can't produce the figures, they can't produce the evidence, they pick figures out of the air with the hope that those kind of figures will be picked up and exposed to gain some kind of credibility. Well I say to you that's irresponsible! That is classical and typical of their irresponsible behaviour and their irresponsible statements with respect to medicare. Exactly the same kind of claim as the famous filthy hospital dispute.

Mr. Speaker, I invite the people of Saskatchewan and the members of this House ... (inaudible interjection) ... That's apparent, I can't hear myself.

AN HON. MEMBER: — I can hear you, you sound great.

MR. McARTHUR: — Thanks.

With respect to these unsupported and imaginary figures with respect to direct billing, what are they really advocating with respect to direct billing? I invite the members of this House and the people of this province to ask that question. What is it that they are really advocating? What is it that they are suggesting that should be the case with respect to direct billing? I suspect, Mr. Speaker, that they are advocating a higher level of direct billing in the medical care system, that they are by their statements, supporting their Tory colleagues everywhere else in this country in advocating that direct billing should increase and expand.

Where, Mr. Speaker, do they stand on the question of an appropriate fee schedule? I cannot make out exactly what they are suggesting, Mr. Speaker, but I would suggest to you that they are suggesting the doctors be given whatever they like. They are taking the position that we should cave in to the doctors; we should be irresponsible with respect to the public interest in these negotiations. Well I say to you, Mr. Speaker, that is ridiculous. That is naive; it is irresponsible. There is no one in the medical profession who would seriously support you on that view. There is no one in the medical profession who would seriously suggest that the government should not take a responsible and firm position on these negotiations. The doctors understand (most of them) the negotiations that are going on, but members opposite do not understand what is going on, and that indicates, Mr. Speaker, how fortunate it is that they are not sitting on this side and partaking in these negotiations.

Mr. Speaker, I want to turn to some remarks that the member for Nipawin (Mr. Collver) has made. I think they are classic remarks. He said a little earlier today that he would like to be in the position where he could be in the government, negotiating this fee schedule. We can see what he has in mind. First of all, this naive and irresponsible view of how negotiation takes place, indicates that the doctors would completely take him to the cleaners. They would take him completely to the cleaners. He wouldn't know what happened to him. Secondly, he says, Mr. Speaker, that he and his fellow members would fix medicare. Well, Mr. Speaker, I say to you he still has not realized the kind of message that the people of Saskatchewan gave him and the rest of you members last October 18. They knew how you would fix medicare. The people of Saskatchewan knew how you would fix medicare. The people of Alberta know how Tory governments fix medicare. The people of Alberta know what kinds of priorities that government places on medicare as opposed to other things. The people of New Brunswick know how you would fix medicare, and the people of Saskatchewan know how you would fix medicare.

There is plenty of evidence for that, Mr. Speaker. I don't need to refer only to the Tory positions elsewhere. I would like to quote a few remarks made in this Assembly by the financial critic from that side, with respect to how he would fix medicare. He says, first of all that this government (speaking of the NDP administration) has moved far too quickly in the field of health. So, first of all, he takes a position on March 14, 1977, in opposition to the progressive advancements made by this government during this decade. Then he goes on to say and I quote:

I think it is fair to say that the universal concept of medicare where there are no user charges involved for using the system, has failed. I believe it to be a common denominator in any program, the user must pay more for using the system than a non-user.

AN HON. MEMBER: — Who said that, Doug?

April 3, 1979

MR. McARTHUR: — The member for Thunder Creek (Mr. Thatcher) speaking with respect to medicare. He wanted to be very fair in applying deterrent fees. He said there must be an equitable way for the user of our medical system to pay some form of user fee. Have you ever heard the like of it? He wants an equitable way of applying deterrent fees! That is a contradiction for the member for Qu'Appelle (Mr. Lane) to think about for a little while.

He goes on to say that the users of our system must begin to pay more than the non-users up to a maximum limit. He says, Mr. Minister, I suggest to you very respectfully tonight that your system of universal medicine has failed and is continuing to fail.

AN HON. MEMBER: — Who said that?

MR. McARTHUR: — The member for Thunder Creek. That's his position.

Reflect on those statements when we hear the member for Nipawin (Mr. Collver) saying he and his desk mate and the rest of the members opposite would like to get over here to fix medicare. I say to the people of Saskatchewan, that they should remember that. The government on this side stands ready to do what is necessary to ensure that we have a sound medicare system, free of deterrent fees.

SOME HON. MEMBERS: Hear, hear!

MR. McARTHUR: — I say to you, no one doubts the preparedness of this government to be strong in its defence of a quality medical care program. Certainly the people of Saskatchewan do not doubt that. Your tactics will not work, tactics such as you are trying to use today will not work and the people of Saskatchewan will not accept them.

Mr. Speaker, the public interest in these negotiations must be protected and respected. That reflects the kind of position the Minister of Health (Mr. Tchorzewski) and the Medical Care Insurance Commission have taken in their relationship with doctors during the whole term of office of NDP governments and certainly during the past few months.

We take our responsibility seriously and the Minister of Health takes his responsibility seriously. He takes the time and the care to resolve the differences which arise, carefully.

AN HON. MEMBER: — He's a lover, not a fighter.

MR. McARTHUR: — Exactly, I couldn't have said it better myself. That's the way it should be, taking care and taking time to ensure that there is no confrontation, unless there is no other alternative, unless there is no other choice.

The Tories urge the government to rush headlong into negotiations with doctors. They suggest we should not respect the collective bargaining process, that we should not engage in compromise. What is it that the Tories want? What is it? They use compromise on the one hand and to something that is desirable on the other hand they say no.

Well, I think I understand their application of this word, compromise. I believe that they

would compromise, Mr. Speaker, but not in the form that the Minister of Health (Mr. Tchorzewski) understands compromise, and that is through respectable careful collective bargaining. That is not the kind of compromise the members opposite talk about. The kind of compromise they talk about would be to compromise the very basic essentials of our medical care program. They would compromise on universality. There is not question about it. They would compromise on deterrent fees. They would compromise by withdrawing expanded coverage in terms of all the additional services that have been coming and continue to come. They would compromise on the question of premium free medicare. They would give the doctors all they ask.

Well, I say to you, Mr. Speaker, that I am both proud and pleased that we have a Minister of Health who understands where compromise is correct and where compromise is appropriate and where the should be no compromise. He understands that we will not compromise the essential features of this program.

So, I say to you, Mr. Speaker, the government will respect the collective bargaining process and will see it through the end, but it will not compromise all the essential features of medicare.

For that reason, Mr. Speaker, it pleases me to second the motion moved by the member for Saskatoon Centre (Mr. Mostoway).

SOME HON. MEMBERS: Hear, hear!

MR. W.C. THATCHER (Thunder Creek): — For those of you who may still be awake, and for anybody who may possibly be left after that monotone, I would like to make a few comments that I think are appropriate.

Mr. Speaker, the previous speaker in this debate on this resolution, spent a great deal of time reiterating, I suppose what is the strongest point of the NDP Party over the years. That strongest point has been their uncanny ability to somehow convey to the people of Saskatchewan the illusion — and I emphasize the word illusion — that medicare is free. I don't know how you've done it, but I respect your success. It is uncanny because, Mr. Speaker and this Assembly, in 1979 and in the estimates under the heading of health, the bottom line is \$471,303,000.

Now, Mr. Speaker, even to some of the people over there with, shall we say not the greatest degree of financial expertise, \$471 million is money that must be generated from only one source: from the pocketbooks of the people of Saskatchewan. Now, somewhere that has to count.

Mr. Speaker, both speakers on the side of the government have spent a great deal of time patting themselves on the back and patting the NDP Party on the back for this marvellous job that the NDP Party has done with medicare since they assumed office in 1971.

SOME HON. MEMBERS: Hear, hear!

MR. THATCHER: — Mr. Speaker, it's not exactly the most original speech that we have heard in the Assembly. But I suppose it follows in that line that they used to use in Germany in the late '30s under somebody by the name of Goebbels who said if you say it often enough and repeat it often enough, doesn't matter what it is, everybody or the majority will eventually accept it. Probably you're right.

April 3, 1979

Mr. Speaker, I think when one examines what the NDP record in medicare is in recent years, there are some, I think, valid conclusions to be drawn.

1. This point in time is there a member, on that side of the House that will stand up and say that there are more hospital beds in operation shall we say in 1979, than there were say, back in 1960 or '61? Anyone want to get up and make that statement? I rather doubt it.
2. Is there anybody over there that wants to stand up and suggest and say that we have more qualified specialists in Saskatchewan, practising medicine, than we had back in the late '50s and the early '60s? Is there anyone that wants to do it and back it up?
3. Is there any body over there that wants to stand up and say that we have doctors practising in Saskatchewan who would not quality to practise medicine elsewhere in Canada? Do you want to tell us? Mr. Speaker, there are doctors presently in Saskatchewan practising with qualifications that would not be acceptable in the province of Alberta, the province of Manitoba.

AN HON. MEMBER: — Name them, name them.

MR. THATCHER: — Mr. Speaker, we've heard a lot about our quality of doctors. I would like to ask the Minister of Health (Mr. Tchorzewski) sometime if he does have an opportunity to get into this debate to tell us some of the background information on a bill that was presented to this legislature about two years ago, 1976-77, Bill 51, a bill which was subsequently withdrawn, withdrawn we are told over the very strenuous objections of the then minister of health who wanted very much to proceed with this bill. Now, Mr. Speaker, this bill, and I happen to have a copy of it right here, had quite a bit to say about a variety of areas. One of the things that this bill did very specifically is that it brought the qualifications of doctors in Saskatchewan into line with those in other provinces; that was one of the sections in this bill. Here it is right here; I don't have to table it. You can get it yourself. That was one of the things that it did.

Mr. Speaker, the point of this is that obviously the government of the day, which was a different government, granted, did recognize that there was a situation to be dealt with there and the legislation was drafted. It was drafted and then it was subsequently withdrawn. Mr. Speaker, I'm not going to go into the reasons as to why it was withdrawn. It was withdrawn for a variety of reasons, other things which were in this bill which, I suppose, were questionable. Nonetheless the fact that this legislation and that provision was even drafted, indicate that government recognized a problem. Mr. Speaker, the government of the day recognized that problem and they were going to do. Nonetheless, Mr. Speaker, I have no hesitation in saying to this Assembly today that one of the strongest points that this province has going for it is the high quality university that we have in Saskatchewan. It turns out top quality graduates in anything whether it be agriculture, whether it be education, or whether it be medical doctors or veterinarians or whatever.

Mr. Speaker, I think it is a tragedy that under our medical care system we cannot attract more of our doctors (graduates of our own university) to stay in Saskatchewan and practice under our own medical care plan.

If what we have here is so marvellous and if the quality of our doctors is of such a

remarkable level, that of perfection that we have heard described, why can you not attract the graduates of our own university after they have completed their internship, to stay and practise in our own province, under our own system?

Mr. Speaker, we see a large number of our own graduates practising in, what in the view of this government is 'horrible Tory Alberta'. We see a lot of our doctors practising in that 'horrible Tory Ontario' and we see an awful lot of them practising South of the 49th parallel.

I think that's a tragedy because all of us on this side of the House, and I think all 61 MLAs, respect the university and the kind of people it turns out. I believe it is a tragedy, and I think we all agree that it's a tragedy that we cannot attract these kinds of doctors to stay and work under our own system.

Mr. Speaker, in any medical care plan, I believe that the integral unit has to be the basic component of the doctor and the hospital and before that plan can work, we must have the best quality doctors and the highest quality hospitals.

I think in the question period today the member for Kindersley (Mr. Andrew) outlined some severe financial problems in rural hospitals. I believe he mentioned Kindersley and Maple Creek and no doubt there are many more hospitals in Saskatchewan having financial problems.

Mr. Speaker, I think it's fair to say that if a hospital is experiencing severe financial problems, you simply cannot expect it to put out the highest quality of service that we would all like to see.

I would like to relate a story that a young lady, a high school girl related to me last summer. She's from Moose Jaw. I don't want to use her name in the Assembly but I would be happy to tell the member for Moose Jaw South (Mr. Snyder) the name because he would recognize it. I think he even knows the family.

This young lady was a member of the Moose Jaw Lions Band that went on tour into Los Angeles, California last year. The young lady is an asthmatic and has been a severe asthmatic right back to here early days of infancy. She has been in and out of hospitals in Moose Jaw, the University Hospital in Saskatoon, and I believe what we have here is Regina. She is not a medical person and she is not a medical expert, but if anybody knows hospitals, if anybody has been in and out of hospitals and who should know more about hospitals without being a medical expert, it would be this young lady. Certainly if the member for Moose Jaw South (Mr. Snyder) doesn't know her, I know the member for Moose Jaw North (Mr. Skoberg) does.

While on a trip to California last year with the Moose Jaw band, her asthmatic condition forced her into the hospital in Los Angeles. She was in that hospital for four days and I found her comments interesting. I want to emphasize that had it not been for medicare her family would be bankrupt. They simply could not have afforded to live the way they now do had they been forced to pay their medical bills. I do not want to say in my approaching remarks that everything is perfect down in Los Angeles. Her comments were simply that the hospital she was in Los Angeles was so far ahead of anything she had seen in Saskatchewan, the difference was astounding. Any of you that wish to investigate that case privately I would give you the name, if not in the Assembly. She didn't say this maliciously at all. She just meant it as a straight comment from somebody who has spent more time in a hospital than she or her family would ever wish

April 3, 1979

on anyone . . . (inaudible interjection) . . . Well now, Mr. Minister, I suppose that's the sort of comment that we could expect from you over the years.

At the same time I want to acknowledge, and the family will acknowledge, that they would not live the way they are able to live now if it were not for medicare. Had it not been for medical care insurance picking up this catastrophic bill it would have been disaster financially for this family. That concept of the elimination of the catastrophic medical care bill I think is a concept that is accepted by probably 99.9 per cent of all Canadians. In fact I suppose it's safe to say 100 per cent. The point of the matter was, Mr. Speaker, this young lady makes this offhand comment about how the hospitals in Saskatchewan are not what they were when she was in public school.

Mr. Minister, Mr. Speaker. We have problems in medical care. Nothing is perfect. Regrettably, politicians tend to box themselves into a situation where any criticism or any comments made on a system mean you want to tear the system down. I think, Mr. Speaker, it's fair to say everybody on this side of this House supports the concept of medical care. There is no dispute on that. The debate on whether or not we should have medical care went out years ago.

MR. SPEAKER: — I just want to take this opportunity to say something about the motion that is before us. I realize it is difficult to discuss this motion without mentioning medicare because I think medicare is an integral part of this resolution which is before us. I noticed the previous speaker at times almost had me convinced he was debating medicare rather than the resolution. The current speaker is discussing Bill 51 and young people going to California, and medicare. It strikes me that the original motion is with regard to deliberate confrontation atmosphere with doctors in Saskatchewan. That is the basis on which we started this debate. The amendment to the resolution deals with providing certain things to physicians which would alleviate the allegation in the original motion. So it would seem to me that the debate should centre around what we have written before us. I realize the members are going to refer from time to time to medicare but I think medicare itself, as such, is off the subject.

MR. THATCHER: — The comments are well taken, Mr. Speaker, and I shall adhere to the spirit of them all the way through.

Mr. Speaker, the mover and the seconder of this motion, the member for Souris-Cannington (Mr. Berntson) I think has made a very valid point of the situation in Saskatchewan today when he has suggested that this atmosphere of confrontation has been detrimental to the overall quality of our medical system. Mr. Speaker, earlier I believe I posed the question to the government of why our own graduates, whom we view as some of the best trained medical graduates in the world, are not staying in Saskatchewan. And from there it just follow: can this atmosphere, which is going on in Saskatchewan today of confrontation, be any sort of an enticement for a potential graduate, for a student who may be graduating later on this spring, this fall or whenever, to stay in the province of Saskatchewan? Mr. Speaker, I respectfully suggest to you that that is hardly an inducement for him to stay . . . (inaudible interjection) . . . To the Minister of the Environment (Mr. Bowerman) would you believe that you broke my train of thought?

Mr. Speaker, this atmosphere of confrontation which prevails in the province of Saskatchewan does no good to anyone. It does not help the patient: it does not help the doctors: it does not help our overall medical care situation.

Mr. Speaker, when the member for Wilkie (Mr. Garner) got up in the question period today and presented to the government specifics of two cases, the government ridiculed him. The Minister of Health (Mr. Tchorzewski) ridiculed him. I suggest to you this is a situation which is all too prevalent in the province of Saskatchewan today.

Mr. Speaker, when we have a situation where a patient must go to a doctor and where that doctor direct bills him; where there is a difference between that billing and what can be reclaimed through the Medical Care Insurance Commission, you may call it what you like but I suggest to you that it must add up to some form of deterrent fee. Now, the people on the other side of the House may very well argue and I expect some of them will argue in the debate after I sit down, that that is a user tax and a user tax may very well be appropriate in this case. Mr. Speaker, we on this side of the House simply do not agree with a user tax in this particular situation.

Mr. Speaker, the previous speaker apparently saw fit to go into some comments that I had made I think way back in 1976. I believe it was 1976 . . . (inaudible interjection) . . . No, it was not '78. I think, if you want to go back to it, it will be 1976.

AN HON. MEMBER: — 1977.

MR. THATCHER: — 1977. Well may I respectfully point out to the member for Lakeview (Mr. McArthur) — and Mr. Speaker, I do apologize for having to digress in this particular area to defend myself but since the previous speaker did raise the point and since it did pertain to me personally, — I would like to make the comment that since 1977 when those comments were made a great deal of things have happened politically. Now since making those comments certain situations have happened . . . (inaudible interjection) . . . well if you care to term it that way of seeing the light, that may be appropriate. As you point out, Mr. Minister, I did see the way the federal Liberal Party was hamstringing, the party to which I then belonged. I saw the way they were imposing their will, the way the member for Saskatoon was imposing his will on the part which I belonged to and the way, more and more, the party was slipping into a period and a situation where it was extremely awkward, an untenable position.

Mr. Speaker, I am fully aware that the Attorney General is — it is about 4:45 and it is about the time when he likes to get up and provide a tongue lashing. When you do, Mr. Attorney General, or whoever is going to get up because I am going to sit down very shortly, I wish that you would tell us why you pulled back Bill 51. You know, it is a long bill.

Mr. Speaker, I suggest to you that Bill 51 is relevant to the comments that I have made. Tell us why you pulled back the entire bill.

Well, Mr. Speaker, I have some more material, however, I did agree that I would allow the government some comments on that. I made a commitment and I will honour that, but, Mr. Attorney General, as you get up to kick the blazes out of me, (or whoever is going to get up) please tell us about Bill 51. Tell us about the events that led up to Bill 51 being pulled some two years ago.

MR. SPEAKER: — Order, order! I mentioned to the member for Thunder Creek (Mr. Thatcher) a while ago that I didn't consider that Bill 51 was pertinent to the particular motions that were before the House, and that he should not deal with Bill 51. Besides, I think it is a closed issue of a couple of years ago.

April 3, 1979

MR. THATCHER: — Mr. Speaker, if I may speak to your ruling on that, the question of the quality of our doctors has been brought into this debate today, and it has been referred to. I think, by the original movers and seconders of this motion. It was certainly referred to by the seconder of the amendment. Mr. Speaker, may I respectfully suggest to you today that Bill 51 of two years ago was an act to amend The Medical Profession Act. Mr. Speaker, it did make some very specific references to the situation that we are talking about today. I think I am accurate when I say the government chose to withdraw it. Therefore, Mr. Speaker, I would like to submit to you that Bill 51, the reasons behind its presentation to this legislature, and the reasons as to its subsequent withdrawal are valid in this debate.

I am not looking for any sort of a confrontation with you, Mr. Speaker, but may I again ask you to reconsider your ruling to me?

MR. SPEAKER: — Well, all I am looking for in the member's comments is a connection, namely a connection to what we are discussing and the member has not, in my mind, made the connection. Therefore, I have to assume that the point is not valid. If the member has a connection I want to hear him make it if he wants to continue to discuss Bill 51.

MR. THATCHER: — Mr. Speaker, I think reference has been made in this Assembly prior to today that the government has deliberately set out to create a confrontation atmosphere with the doctors of Saskatchewan. We have had, I believe, the issue of Dr. Penman, who (if I'm not mistaken) is the director of MCIC, suggesting that doctors have lost sight of their real purpose and in fact, were a greedy lot interested only in money. Now, Mr. Speaker, coming from the director of MCIC, may I respectfully suggest to this Assembly, comments such as this if they are not deliberately out to create this confrontation atmosphere, then would the government kindly tell us exactly what were they supposed to do?

Now, the member for Regina Lakeview (Mr. McArthur) spent some time in admonishing Her Majesty's loyal opposition over the fact that we even had the audacity to raise this issue in this Assembly at a time when supposedly sensitive negotiations were going on with the medical profession. Mr. Speaker, I believe you were in the Chair when the member for Regina Lakeview spent about 10 to 15 minutes admonishing us to for daring to bring up the subject when there were negotiations going on.

Mr. Speaker, I have yet to hear any of the speakers from the government's side of the House make any reference to one Dr. Penman. Mr. Speaker, I would be delighted to have any member across the floor, as this debate goes on, get up on his feet and defend the comments of Dr. Penman on this particular situation, to tell us about the appropriateness of some one who is not accountable in this legislature, not accountable directly to the opposition but who is merely one who has the protection which is normally accorded to a civil servant.

Mr. Speaker, my seat mate from Nipawin (Mr. Collver) has passed me a very interesting clipping from someone of some renown in this province. His name is Tommy Douglas and that is a name which is basically going back into the shadows of history until this 1978 election last October, when all of a sudden, Tommy Douglas, who I think everybody in this province respects as an individual — many of us differed with him politically and philosophically but all of us respected him — appeared. Those of us on this side of the House were highly disappointed to see someone of Tommy Douglas'

stature, whom we all respect and still do, suddenly appearing on television during the first week of an election campaign misquoting, directly and deliberately misquoting, another respected member from this Assembly who has also, for one reason or another, chosen to pursue different endeavours. We were disappointed on this side of the House to see Tommy Douglas, a man whom we have, as I indicated, always respected and still do. We were disappointed to see someone of the stature of Tommy Douglas carrying out that dirt and the dirty campaign tactics of the present NDP because, Mr. Speaker, everyone of us on this side of the House knows that when Tommy Douglas ran this province, there were never tactics like that used by the old CCF (Canadian Commonwealth Federation) and it's a shame that Tommy Douglas had to be brought back for the terrible campaign tactics of what are now his successors. Mr. Speaker, it pained us. It pained us on this side of the House that Tommy Douglas had to be asked to do this and we wondered at the time what kind of hold have these people got that Tommy Douglas would ever go down to this level. Mr. Speaker, it hurt us. Mr. Speaker, what Tommy Douglas had to say was on June 1976. Tommy Douglas indicated, in fact, he stated:

Persons involved in the health care field must begin redesigning the health delivery system in Canada.

This is according to former Saskatchewan Premier, T.C. (Tommy) Douglas.

AN HON. MEMBER: — What does it say, Tom? I want to hear it, Tom.

MR. THATCHER: — Now, Mr. Speaker, Mr. Douglas went on to say that money spent on keeping people well or to restore their health is more than an expenditure. It's an investment in the future survival and the well-being of this nation.

SOME HON. MEMBERS: Hear, hear!

MR. THATCHER: — Mr. Speaker, those are very prophetic and very accurate remarks. As I indicated, it pains us that somebody who could make statements like this could ever be induced to come back to Saskatchewan and take part in one of the shallowest, most malicious election campaigns ever perpetrated in Saskatchewan by any party and somebody who scorned those types of tactics when he was in this province and when he ran the government, somebody who scorned those types of tactics could now be back in this province running and making these kinds of TV commercials. Mr. Speaker, it is interesting to speculate on what must have gone through Mr. Douglas's mind as he was making those TV clips, as he was misquoting what Dunskey Advertising had carefully written out for him, supposedly quoting the former member of Rosetown-Elrose (Mr. Bailey), who I think it's fair to say, during his tenure in this Assembly, was respected by people on all sides of this Assembly, on that side and on this side and even by the people who used to be over here.

Mr. Speaker, in going back to Dr. Penman's comments where the director of MCIC (Medical Care Insurance Commission), had the gall to suggest that some of the most respected members of society in Saskatchewan, doctors, had lost sight of their purpose and were in effect violating their Hippocratic oath, has to be a very serious allegation.

Mr. Speaker, I have a great deal more to say on this but I believe it is very close to 5 o'clock and therefore I would call it five o'clock.

April 3, 1979

The Assembly recessed from 5 o'clock until 7 o'clock p.m.