

**LEGISLATIVE ASSEMBLY OF MANITOBA**  
**THE STANDING COMMITTEE ON LAW AMENDMENTS**

**Tuesday, 11 June, 1985**

**TIME — 10:00 a.m.**

**LOCATION — Winnipeg, Manitoba**

**CHAIRMAN — Mr. P. Eyler (River East)**

**ATTENDANCE — QUORUM - 10**

*Members of the Committee present:*

Hon. Messrs. Cowan, Desjardins, Evans, Harapiak, Hon. Ms. Hemphill, Hon. Messrs. Lecuyer, Parasiuk, Plohman, Storie

Messrs. Adam, Ashton, Corrin, Enns, Eyler, Fox, Mrs. Hammond, Messrs. Hyde, Johnston, Malinowski, Manness, Mercier, Nordman, Mrs. Oleson, Messrs. Orchard, Santos, Scott, Steen

**MATTERS UNDER DISCUSSION:**

Bill No. 2 - An Act to Amend The Health Services Insurance Act

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**MR. CHAIRMAN:** Committee come to order. We are considering Bill No. 2, An Act to Amend The Health Services Insurance Act. I believe we have passed a minor amendment to Clause 1. We're still on the detailed consideration of Clause 1.

Clause 1 - Mr. Orchard.

**MR. D. ORCHARD:** We passed that late Thursday evening. What was the necessity of that minor amendment? What does it do?

**HON. L. DESJARDINS:** The referral was wrong. Correct the referral, that's all it did.

**MR. D. ORCHARD:** Oh, you mean it referred to the wrong section of the statute.

**HON. L. DESJARDINS:** It referred to Chapter 1135 of the Revised Statute. We corrected that.

**MR. D. ORCHARD:** That's fine.

**MR. CHAIRMAN:** Clause 1. Any questions on Clause 1? Clause 1—pass; Clause 2 - Mr. Orchard.

**MR. D. ORCHARD:** Oh, I'm sorry. Which section are you on? Are you on Section 119(1)?

**MR. CHAIRMAN:** Clause 1 includes 119, 119(1), 119(2), and 119(3). Clause 2 is the Commencement of the Act.

**MR. D. ORCHARD:** Okay, well just hold it then. I thought you were dealing with Subsection 119 repealed and substituted. I was waiting for 119(1), Mr. Chairman.

**MR. CHAIRMAN:** I will pass 119, and we're on 119(1) then.

Mr. Orchard.

**MR. D. ORCHARD:** Mr. Chairman, in the course of the presentations, the chiropractors made a case. They proposed an amendment that became part of their President's presentation, in which they proposed some specific amendments to Section 119(1), 119(2) and 119(3). As I understand their proposal, that would be a method that they saw in terms of amendment to exempt them from the act.

Now the amendment they proposed, it would seem to me, would apply to oral surgeons, etc., etc., as well who are partially of other groups of practitioners. That may be too broad an exemption.

**HON. L. DESJARDINS:** There are optometrists also, and there could be others.

**MR. D. ORCHARD:** Pardon me?

**HON. L. DESJARDINS:** Optometrists also.

**MR. D. ORCHARD:** So, Mr. Chairman, I wonder, is the Minister giving consideration to the amendments that they proposed?

**HON. L. DESJARDINS:** Mr. Chairman, I think I explained that at our last meeting. The situation is that we are looking. This bill is a change to protect the individual. It is not certainly to penalize any providers of service, but the main reason is to protect the individual.

On a bill, I think that it is obvious that if you're going to have a principle, we've always been in favour of the principle that there should be no extra billing. But then all those that are delivering services and are paid through this act should be covered.

Now I also wish to repeat that the chiropractors made the point to me that under the present situation, it was very difficult because everybody is in. There's no working outside the plan. I'm talking about the insured part of it now. It would be very difficult for them if they can't withdraw their service and they have very little to say as to how they should pay. That was recognized. That would be for all providers of service, the medical profession also.

We considered the Quebec model, and as I explained at the time, the situation was that probably that would not be allowed by the Federal Government because there would be a real danger of not having the universality and that is one of the main things of the plan.

As I announced again the last time that we recognized that they had a point and we informed them on different occasions that we would be ready to look at binding arbitration under certain conditions. They have this

letter and I would expect that they'll start negotiating fairly soon.

Now, they find themselves in no different a position than the medical profession at all. The medical profession, there's no agreement signed. They have the same request and because of the change, because of this act, then we're a little more inclined to accept binding arbitration which we weren't three years ago when it wouldn't, in effect, be binding only on the government. So the situation is the same that we probably will have an agreement with the medical profession and the chiropractors that there will be binding arbitration.

**MR. D. ORCHARD:** Mr. Chairman, the Minister mentions negotiations with certain conditions. Are the Chiropractic Association and its members aware of certain conditions the Minister refers to again this morning as well as last Thursday night?

**HON. L. DESJARDINS:** Yes, they are. The main condition that I'm talking about, they are. Now I'm not talking about all the details. It probably would be we'd try to make it as uniform as possible like the agreement that we've practically reached with the medical profession, that is, that it would be tried for three years or something and then it'd become permanent. I'm not talking about the details, I'm talking about the main thing. They are aware of that condition.

**MR. D. ORCHARD:** That main condition is?

**HON. L. DESJARDINS:** The main condition is that we would have an agreement with them on binding arbitration providing that they would agree, because it's a package deal the same as the medical profession, that in this case that once they appeal to the arbitrators, if they feel that whatever the government is ready to pay them is not adequate, then it would mean that they accept and we would accept the finding of the arbitrators as fair fees. They would agree that this would cover the fees, not only of the insured portion, but any other visit once the insured part of it has been accepted.

**MR. D. ORCHARD:** Then, Mr. Chairman, what the Minister is attempting to say here is that there is no difference between the MMA and the chiropractors.

**HON. L. DESJARDINS:** Not quite, it varies. As far as the agreement, there would be no difference. Like with the MMA, there was an early settlement for this year. That was understood, because of the situation this year. The only difference is - and there is a difference - that presently the MMA visits are all covered, whereas there is a limit of 11 visits for a chiropractor.

**MR. D. ORCHARD:** Mr. Chairman, there is a very substantive difference in that the chiropractors are not included under The Canada Health Act. As such, the penalty clause doesn't have any effect on the transfer payments to the Province of Manitoba. They are different from the standpoint that the Chiropractic Association has only very recently had the opportunity, I believe within the last 10 days, to have discussions with . . .

**HON. L. DESJARDINS:** That is not correct. That is absolutely false.

**MR. D. ORCHARD:** Mr. Chairman, you know, the Minister says that's absolutely false here today. It was put on the record by the president of the association, and the Minister sat silent and didn't challenge him on that.

**HON. L. DESJARDINS:** Oh no, that also is absolutely false.

**MR. D. ORCHARD:** Well, Mr. Chairman, you had the president of the association here on Tuesday approximately two weeks ago, pointing out that the Minister had not allowed discussions with the MHSC. That's in his brief. I can dig it out for the Minister if he wishes.

**HON. L. DESJARDINS:** Oh, I'm not debating that.

**MR. D. ORCHARD:** The Minister did not make any effort to challenge that, to correct it or anything. Now when they're not here, he's saying oh well that's not correct. The time to do it was when he made the statement to committee and correct it then, and he didn't.

Now the difference between the MMA and the Chiropractic Association is that the MMA has been working with this government for approximately a year-and-a-half or two years now on this agreement. It is, as the Minister now says, linked together. The two are part and parcel, binding arbitration in return for a ban on extra billing. The chiropractors have not enjoyed any negotiations with this government over the last little while. As a matter of fact, Mr. Chairman, the chiropractors had so little negotiation and discussion with this Minister and this government that there is a lawsuit.

They are indeed a lot different than the Manitoba Medical Association. They haven't been treated in a professional way by this Minister or this government. They have concerns about that treatment. Once this act is passed with them included, they have absolutely no recourse.

That is why they proposed the amendment. That's why the spokesman for the association last Thursday night still wanted to see the amendment in place, because without it they have no ability to deal in a reasonable fashion with this government. It's not that the past record says that they can deal with this government. If anything, the past record says they can't, because they're currently having a great deal of difficulty with this Minister.

So the Minister's casual explanation this morning that there is no difference between the MMA, that they're being offered the same thing, is not exactly a reasonable statement for him to make, basis the situation he's faced with right now in dealing with that association.

Now, Mr. Chairman, without any penalty clause to the Provincial Government, which is one of the major arguments for the haste in which we're passing this act, because we are losing something like \$1.5 million per year in transfer payments. That doesn't exist, that

doesn't apply to the chiropractors, and I understand from one of the briefs the other night that six out of some 90 or 100 of the chiropractors do extra bill right now, which is the same relatively small portion that is present in the MMA. It isn't going to make the substantive difference to the individuals who are using those chiropractors who are currently extra billing if no extra billing existed, and in the long run, it could be quite beneficial to the chiropractic patients to not have them included now so they can maintain some semblance of reasonable bargaining with this government and reasonable negotiation with this government.

It was only after mobilizing a massive protest of the Minister's unilateral change in the number of office visits and the way those are billed and reimbursed by the MHSC, only by a massive protest by the patients that this government backed down slightly and changed their mind and reinstated \$300,000 of the \$600,000 cutback. That was only done by harnessing the patients, who themselves, some of them, would have been extra billed. They obviously weren't concerned about that. They were more concerned about the way their association and their medical professionals, the chiropractors, were being treated by this government.

They can still be treated as shoddily by this government, particularly if this bill is passed as is without an exemption to them. There's no onus on the government once they have them under them under the umbrella of this to negotiate with them in good faith. The past record isn't good. That's why I believe that they need the protection of an exemption and as they have said, Mr. Chairman, when their negotiations have been completed and they have a binding arbitration agreement with the government, they're quite willing to become part of Bill No. 2.

**HON. L. DESJARDINS:** Mr. Chairman, as usual, the honourable member is making statements that are not correct, that are absolutely wrong. It is implying motives. The situation is that I certainly went through every single step during the Estimates with my honourable friend. It is true that the situation was that the first meeting that we had, when the president spoke, that there were statements made, we were looking at delegations at that time, and my honourable friend didn't follow the rules that were set up by this Committee quite as well as I. The questions were for information. I knew that I had other occasions to correct that. A few days before we'd had another meeting and it's obvious that some of the things that he said were prepared long before. In fact I was told that.

Now the situation last Thursday, there was another spokesman for the association and I corrected him. If you looked on Thursday's, you will see that I corrected him. I told him that on many occasions they had had a chance to discuss.

Now, it was a year ago that the announcement was made that we would bring in legislation to prevent binding arbitration. I don't know of any Minister of Health or of any minister that goes around the street, knocking at every door and asking people if they want to meet with them. The request usually comes from the people that want to meet with you. I repeated that there was never any deal made with them. They talked

about binding arbitration amongst other things. That has been going on, it is true, for awhile.

But we've never, not once, refused to meet with the Chiropractors' Association. As I said before, the relationship was very good. In fact I don't know how many people were successful in bringing the College of Physicians and Surgeons and the chiropractors together at the same table and that was done.

The situation, Mr. Chairman, is that they were invited to meet with the commission. On two occasions they refused. The only time that I ever refused - it wasn't a refusal, it was a postponement as I mentioned, there was a three-day meeting of the Cabinet during the Estimates time. They wanted to meet immediately. I suggested that they meet with the deputy minister and I would meet with them a few days after that; I did meet with them. There was some discussion. They were supposed to send a brief at that time to the commission and that took a couple of weeks or more before that was done.

They met with the First Minister. I met again with them a few days before the opening Session of this committee; again they received the message. They were going to give me some information which I did receive. They chose not to mention that in their brief, that is their affair. When that was mentioned again last Thursday, I corrected them and Hansard, I am sure, will show that.

Now the situation, Mr. Chairman, we're talking about two or three different things. We're talking about an anomaly that we chose to correct this time. This is the party that is always talking about having things running smoothly, worrying about the deficit one day, and the next day they want something else. That was an anomaly that now is accepted by the chiropractors. That had nothing to do with this bill. We've always made it clear that a principle is a principle and we deal with everyone.

Now the chiropractors, of course - and I don't blame them. The member today is making a point that they're not covered in this act, therefore we don't lose any money, and that means that you don't worry about the principle because you don't lose any money. At no time did we say that the only reason - of course we acknowledged the reason that money was lost that we couldn't afford - but we've always said, the party did, the government did and I did, repeatedly, that we were in favour of the principle of no extra billing; exactly the same as my honourable friend's party in Ottawa did, exactly as all the parties did, that there would be no extra billing.

Now to say, well, you don't get any funds so therefore the principle doesn't count. If we would carry that all the way then they shouldn't be paid through Medicare. We should follow the example of five other provinces where there's no benefit to the patient of a chiropractor at all. We're not doing that. We've expanded, and even my honourable friend said because of pressure we put some money in. That part was open for negotiation and they chose to go ahead - I don't blame them, that's their affair - and organize a strong lobby and they did very well to put pressure on the government before discussing that. The misunderstanding started not with the Minister; the misunderstanding started with the Manitoba Health Services Commission, something that I was unaware of. I think that was explained on a number of occasions.

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The chiropractors feel that the Commission should have a mandate to change political principle and that was not the case - it never will be. That certainly is not the way a government is run. The Commission tried to discuss with them and, as I say, finally there has been some discussion and things seem to be on track, that they know exactly what we're going to do. Of course, they're bringing this resolution the same as the psychiatrists, the same as the ophthalmologists. They're making the same point and so on. They are going to be covered, and that was explained very clearly during the closing debate of this bill. My honourable friends voted in favour of this bill, the principle of this bill. If they want to change that now, that's their business. I'm not going to stand here and have a member talk about things that he doesn't know about and try to imply motives to me and accusations that are not correct.

**MR. D. ORCHARD:** Mr. Chairman, you know the Minister, he is always very sensitive when things don't go exactly the way he wants.

**HON. L. DESJARDINS:** No, when you lie.

**MR. D. ORCHARD:** Particularly, Mr. Chairman, when this Minister had delegations here from the Chiropractic Association that said exactly as I said and he sat dumb and deaf and didn't even ask . . .

**HON. L. DESJARDINS:** I did not. I corrected it last Thursday.

**MR. D. ORCHARD:** You didn't correct it.

**HON. L. DESJARDINS:** I repeat that I corrected it last Thursday.

**MR. D. ORCHARD:** You didn't correct a thing.

**MR. CHAIRMAN:** Order please.

**MR. D. ORCHARD:** Mr. Chairman, well, he didn't correct Tuesday's. — (Interjection) — He didn't correct it. He waits until they leave and then he puts his case out, one-sided, and then accuses me of doing the same.

**HON. L. DESJARDINS:** Mr. Chairman, on a point of order.

**MR. CHAIRMAN:** Order please.  
Mr. Desjardins on a point of order.

**HON. L. DESJARDINS:** This Committee, first of all, looks at delegation. You let the delegation talk. The debate takes place after the delegation leaves. You're supposed to ask questions for clarification. As soon as they left the second time we had a meeting, I corrected that and I'm correcting it now. I had already said the story exactly the way it happened during the Estimates repeatedly.

**MR. D. ORCHARD:** Mr. Chairman, thank you.  
Now, the Minister says we just want to have everybody treated fairly. Well, Mr. Chairman, you know this

government and our government before them has a system for the chiropractors that has extra billing when their number of visits run out. So, he's talking about a principle. He's talking about a principle he's not following through on completely.

So, don't have the Minister confuse this issue by saying we just want equity in the system, because with the chiropractors it's partial equity until you exhaust as an individual patient, the number of insured visits. After that it's completely extra billed and this Minister has no problem with that.

**HON. L. DESJARDINS:** It's not extra billed at all.

**HON. L. DESJARDINS:** Well it's not extra billed because it's not covered.

**SOME HONOURABLE MEMBERS:** Oh, oh!

**MR. CHAIRMAN:** Order please.  
Mr. Orchard.

**MR. D. ORCHARD:** Mr. Chairman, the Minister wants to play with words. Extra billing means that the patient contributes towards the visit. The patient pays 100 percent of the visit when his number of visits are exhausted.

**HON. L. DESJARDINS:** That's not extra billing.

**MR. D. ORCHARD:** Mr. Chairman, in the Minister's definition, that's not extra billing, but ask the patient if it isn't coming out of his pocket. It will still come out of his pocket with or without Bill No. 2. So the principle goes out the window of not having people pay for medical costs.

**HON. L. DESJARDINS:** Well, make your motion.

**MR. D. ORCHARD:** So, Mr. Chairman, the Minister has got a request even after his meeting of late last week with the association to establish theoretically a process by which binding arbitration . . .

**HON. L. DESJARDINS:** Correction. I'm told that I should correct things immediately. I did not meet late last week with the association.

**MR. CHAIRMAN:** Order please, order please.

**HON. L. DESJARDINS:** My honourable friend tells me I should correct things immediately. I am.

**MR. D. ORCHARD:** Mr. Chairman, the Minister met last week. Is that a good enough statement for the Minister? Will that suit his purposes? I believe it was Thursday morning he gave them a phone call.

**HON. L. DESJARDINS:** That's not a meeting. A meeting . . .

**MR. D. ORCHARD:** Is that the last half of last week, on Thursday morning?

**MR. CHAIRMAN:** Order please.

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**HON. L. DESJARDINS:** That is not a meeting. I didn't meet last week at all.

**MR. D. ORCHARD:** Fine. So you didn't even have the courtesy to meet with them. You phoned them. Is that what you're saying?

**SOME HONOURABLE MEMBERS:** Oh, oh!

**MR. CHAIRMAN:** Order please, order please. I would like to ask the members, Mr. Cowan, Mr. Parasiuk, Mr. Desjardins, I would like to ask the members to conduct this committee hearing in a reasoned and an orderly manner, and not interrupt each other when they're speaking. Please wait to be recognized by the Chair.

Mr. Orchard.

**MR. D. ORCHARD:** Thank you, Mr. Chairman.

After the Minister's contact with the Chiropractic Association last week, they were here Thursday evening expressing, I believe, some appreciation with a movement by the government. "While we appreciate the recognition by the government of our position and their willingness to now negotiate a compulsory binding arbitration, we maintain that at this time the chiropractic profession be excluded from the scope of Bill 2." There was still their request Thursday night after the contact they had with this Minister and this government.

Mr. Chairman, I will propose an amendment later on to achieve that.

**MR. CHAIRMAN:** 119(1)—pass; 119(2)—pass; 119(3)—pass.

Clause 2 - Mr. Orchard.

**MR. D. ORCHARD:** Mr. Chairman, I would like to propose an amendment which would add Section 119(4). I make the motion:

THAT Bill No. 2 be amended by adding thereto, immediately after proposed new Subsection 119(3) to The Health Services Insurance Act as set out in Section 1 thereof, the following subsection:

Non-application to chiropractors.

119(4) This section does not apply to a duly qualified chiropractor, practising under and in accordance with The Chiropractic Act.

**MR. CHAIRMAN:** Do you have that motion in writing?

**MR. D. ORCHARD:** Yes. I've just got one copy, Mr. Chairman.

Mr. Chairman, the reason we've discussed for the amendment, I think it's fairly obvious that the chiropractors are not part of The Canada Health Act. This act, by and large, is to make the province in compliance with The Canada Health Act. The Chiropractic Association has indicated that, when they complete their negotiations with the government and the Health Services Commission, that this clause 119(4) could be deleted, and they would become part of Bill No. 2 and The Health Services Insurance Act after their agreement with binding arbitration has been reached with the government. At that time, the government would have as they wished that they would be part of the ban on extra billing. In the meantime, they believe

that their negotiations are essential with the government, and would not want to be part of Bill No. 2 whilst their negotiations are ongoing.

**MR. CHAIRMAN:** Is there any discussion of the motion?  
Mr. Scott.

**MR. D. SCOTT:** Thank you.

Mr. Chairman, I would speak very strongly against this motion put forward by the Member for Pembina, the Opposition Health Critic. I think it's a fundamental violation of the principle that Bill 2 provides, and that is against the idea of extra billing.

I do not support it personally. It's not the party position or government position. Of course, I can't speak for the government, but I personally do not support the coverage and expanded coverage towards 100 percent coverage or complete coverage of chiropractic care in the Province of Manitoba. That's not what his amendment is calling for, but that's what the chiropractors feel that the amendment will do through binding arbitration. They want the same sort of coverage that other medical practitioners have in this province. I do not believe that they should have it.

There is presently in the Province of Manitoba, we have another group of health professionals whose training is every bit as wide. As a matter of fact, it's quite a bit broader as far as treatment of extremities, because chiropractors and their treatment and their training is primarily oriented towards spinal injuries. Unfortunately, in my opinion, they attempt to carry that forward far broader than spinal injuries themselves, and offer treatment for things that are not necessarily spinal-related.

When I questioned last week - what's his name? - Mr. Marcoux, who was here representing his own opinion again as a chiropractor, I questioned then as to what kind of professional limits they had on people practising. How many people have been reprimanded whatsoever for what could be termed going beyond the scope of their ability to practise chiropractic. He said there have been none in the last five years to his recollections.

We have the physiotherapist, and the physiotherapy training I believe to be broader and more comprehensive, as well as done locally. We have full control over the level and the quality of the training that physio is offered through the University of Manitoba and in conjunction with the hospitals and the medical professionals in the Province of Manitoba. It's my understanding as well that currently there are significant waiting periods in most of our hospitals for physiotherapy treatment. Private physiotherapists also have left hospitals and gone off to practise on their own.

They get very little coverage other than that which is directly referred, I believe, from a physician to the physiotherapist for coverage. For people who want to go back at other times, depending on the various clinics that are available, the people pay the full fee. I visited one this morning where the fee is \$19 for each visit. There is no coverage, not even up to a limit of \$140 a year for an individual towards getting physiotherapy treatment.

I think that their treatment is every bit as high, if not higher, and I think that the physiotherapists themselves

recognize more clearly the bounds of their competence. To me, that is a mark of professionalism when a health professional knows what limits they are trained for, trains to those limits, and then refers elsewhere for treatment beyond that. There is very little evidence from what I can gather, and I would like to present to the committee a copy of a letter first written by a public relations officer for the British Columbia Chiropractic Association and the Canadian Chiropractic Association, and the response to that written by a woman, Pauline Summers, who is a physiotherapist in British Columbia. I'd like to table this for the information of the committee if a Clerk wishes to come and collect it.

In this short response, they relate to some of the studies that are referred, in particular, one done by Kane in 1974, that shows that chiropractors had no better record of patient satisfaction than did medical doctors. In relation to physiotherapists, it points out that "All physiotherapists are trained in passive movements of joints in their undergraduate studies and there's an excellent program at the post-graduate level in manipulative techniques or manual therapy. Physiotherapists work in close relationship with the medical profession and my experience so far there has been tremendous co-operation between the medical community, the physicians, the osteopaths and the physiotherapists."

It goes on in this article to specify that "Chiropractors have limited training in diagnosis of known muscular skeletal problems, and delay of establishing a correct diagnosis or instituting appropriate care can be serious, especially in treatment of children where disease may be acute, severe or even life-threatening. Chiropractors have made claims in their pamphlets to be able to treat epilepsy, croup, cross-eye, rheumatic fever, bronchitis, pneumonia, appendicitis, leukemia and other diseases affecting children. Spinal manipulation has no effect in healing any of these problems."

It is further related here - and this is one of the things that I must congratulate the chiropractors for the excellent job that they do in public relations and legislative lobbying and they've been doing it for a tremendous length of time. As a matter of fact, their founder and their founder's son are in a paper presented by a person by the name of Haldeman as referred to in this paper just tabled for the committee, states that in relation to B.J. Palmer, who was one of the founders of the chiropractic movement in the 19th Century that "His charismatic leadership, his ability to attract and retain a loyal group of followers, his organizational talents and especially his skill in developing public and legislative support were decisive in perpetuating chiropractic."

The report goes on following a quote by Haldeman goes on to say, and this is Ms. Summers comment here: "In this day, patients are used for political leverage. Promotional pamphlets are widely distributed including in preschools, a fact which alarms the pediatric hospital staff. Chiropractors have enjoyed an amazing freedom in their licensing and practice taking their training into consideration. In spite of this not being in the public's interest, they seek to make even more inroads."

We have seen an example of this and I've made reference to it earlier both I believe in this Committee and in my comments in the House of the idea of medical

ethics and the question of medical ethics as practised by chiropractors. I do not think it is ethical for a medical professional or a person that claims to be a medical professional to have in their offices pamphlets or, in particular, petitions to send to governments for the purpose of lobbying for the sake of enhancing the status of that professional group of people.

To me, if I'm a patient, if I go to any kind of a professional - be it medical, legal or whatever - and I see in that office a petition and the individual, the professional person I'm seeking advice from requests me to sign this petition so that I would be able to have more coverage and thus be able to visit this person more frequently at the expense of the taxpayer. If I did not sign that, I would feel under some duress toward signing that document, towards signing that petition and participating in their public pressure tactics. If I did not, I would wonder whether or not that professional person would give me the same level of care as someone else who enthusiastically signed it. I do not think that is all professional.

I think they are more or less a self-regulating body under legislation - they have their own act I believe - I can't imagine that happening in most other professions. I can grant you that it does but I believe as well that where that does happen, you will find that being addressed at the annual meetings of those associations questioning the practitioners who have used those tactics.

Especially when you're dealing with medical where people are at your mercy - you are the person that they are seeking advice from and trying to use that patient for political gain, I think is most unprofessional. We see that presently with the chiropractors and what they have attempted to do to be excluded from this legislation, as well as to move towards full coverage.

I think, Mr. Chairman, instead of expanding the level of services or the level of expenditures on behalf of the public purse toward chiropractic care, we should be doing a thorough review of osteopathic practices in the Province of Manitoba, including the osteopaths, including physicians - general practitioners, including physiotherapists and including chiropractors as well to see what levels of services are being provided, to see what confidence there is behind those services, to see who is providing the services that are beyond the scope of their professional competence, in proven medical methodology as well.

I would very much like to see a review of that before we move to any kind of extension services which may well show us that perhaps in the case of the physiotherapists, the services that they are providing are more appropriate medically than the services provided by chiropractors. I say "may" - I'm not sure that it would. But they are trained extensively not just in spinal injuries and spinal conditions, but also the extremities; whereas the chiropractor is not towards the extremities but everything is more or less centred, from my understanding, on the spine and the manipulation of the spine towards the curing of not only physical disorders but also disorders that are non-spinal related at least in other medical professionals' points of view.

So, in stating that, Mr. Chairman, I am very firm in my belief that we should be taking a much sounder look at the way medical practices are performed,

especially when the public is paying for those services, because the public deserves to receive the best possible services and the most honest possible services that can be provided to them.

Thank you, Mr. Chairman.

**MR. B. CORRIN:** Mr. Chairman, I wanted to just briefly comment on a personal basis, with respect to the observations and concerns raised by my colleague from Inkster.

First of all, with the highest degree of respect, I wish to disassociate myself personally from his comments as they pertain to the chiropractic profession. I have the opportunity to work with members of that profession on a week-to-week basis and I do not share a lot of his particular concerns about the calibre of the people and the training of the people involved in that particular profession.

As a matter of fact, I daresay that I feel that many of them have been - for too long scapegoated by other medical professionals for alleged lack of qualifications and that that is, in fact, a myth which is perpetrated in an economically and financially competitive professional environment. I know they are concerned about their role in that respect and I share that concern.

I am not suggesting that the member's concerns aren't heartfelt and possibly deeply believed, but I do think that there is a lot of de-mystification that's required with respect to the role of medical professionals. I share that concern and I want to share that with members, a concern, by way of extension in the context of the bill that's before us, because I do feel that, once again, chiropractic, as a professional science and activity, has been to some extent denigrated unnecessarily, without an absolute and comprehensive study of the role of chiropractic medicine in any sort of perspective or professional policy context.

I was concerned about the observations and statements made by the two chiropractic doctors who attended before the committee. I think that it would serve the province well to have a study of the role of chiropractic medicine, and for that matter, perhaps physiotherapy and other related medical sciences, so that there was an objective overview and analysis and point of view attained and achieved for the betterment of health care in this province.

Having said that, those are my comments. As I said, they're personal, just as the Member for Inkster's comments, I am sure, were personal observations, mine are equally subjective.

**MR. D. ORCHARD:** I certainly hope that the Member for Inkster, although I didn't catch whether he said he was speaking personally or on behalf of the government, but I hope those are personal remarks and not the opinion of the Treasury Bench in the Government, because, Mr. Chairman, the chiropractic profession serves a lot of Manitobans and those Manitobans are, I believe, by and large, quite happy with the service they're getting.

Mr. Chairman, that's all I have to contribute to the debate on the amendment.

**HON. L. DESJARDINS:** Mr. Chairman, I would like to make a personal observation also and then discuss

and again take part in this debate. I might say that personally I am a client of a chiropractor. I challenge anybody here - I'm sure that I go to chiropractors more often than any member in this committee.

Having said that I also recognize there's other - I go for a purpose. I go for a purpose to be relieved, not to be cured. To be relieved because it is difficult to get an orthopedic surgeon. When you get up in the morning and you can't even straighten out and there's nobody that will help me except a chiropractor, and I'm very pleased with their services.

But there's also a responsibility here. I object to the fact that we are told they are not treated properly. Ask the dietician, the psychologist, the pediatrician, the chiropodist, the physiotherapist, the nurses; ask them if they feel that the chiropractors are not treated properly. These are all people that have a role to play and we could all say the same thing about these people, the value of these people.

Now with the way this cost in care is going, I think we have to be very careful not to duplicate the service that we give, and then also for the remuneration to be fair. As I said, I tried to bring the medical profession, the chiropractors closer together. I think it was working well, until the chiropractors started talking about all the things that they could cure, including mental illness.

I take objection to some of the things that Dr. Marcoux said and I think that this is the situation. Where he's talked about writing a book, that certainly is right and I wish him luck, but the situation is when you're talking about food and proper nourishment, I don't think a chiropractor is qualified to do that. He certainly has the right, like anybody else. If you feel that this is something - and he's talking about prevention - I think he mentioned - I'm sure that when Medicare came in there was no intention of having a person - he's saying that 80 percent of his people need more visits than are allowed. They need more than 16 visits. My chiropractor tell me he sees his people on an average of three-and-one-half times.

Now this situation that this Dr. Marcoux - it's wonderful. He's talking about prevention, but I don't think it was ever intended that you were covering the chiropractors to prevent at this time, especially in a way that Dr. Marcoux was. That is something that should be looked at before you just deal with one, because it might be political expediency. I think that you have to look at the dieticians very seriously and I think that my honourable friends received a visit from them in their caucus. I think that now, more than ever, when you're talking about fitness, you're talking about lifestyle changes and you're talking about proper nourishment and these people are excluded all together.

The physiotherapists are also doing a wonderful job and there's a waiting list in the hospitals. The people are criticizing us for that. They are covered only in the hospitals; and the nurses are not on fee for service and they'd love to be. So I ought to appeal to the members of this committee to be very careful before they start just worrying about the one profession. I have no complaint about the chiropractors. I am, as I say, a steady, a good patient of the chiropractors. I usually go over my limit, and I don't apologize for that at all.

I think that we have a responsibility, and I think it is absolutely wrong to say that they have not been treated

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fairly. They admitted here just on Thursday that they had the best act in the country. This is an act that was passed not too long ago at their request, because they felt that they were abused. I'm not going to exaggerate, because there is abuse probably in all professions, including politicians. But they wanted to be able to deal with it.

Now Mr. Corrin talks about studies. We've had more study, and I could go out and dust the shelves and give you another study that was done by the Conservative Party that recommends that you exclude the chiropractors altogether. That was never made known public. There are other times in other areas where the Commission at one time has said the same thing.

I happen to think that they play an important role. I happen to think that they were extended the same privilege. Our office is open to discuss with them, and I think it is improper not to look at the field of health in general, the whole field of health before we start talking about that.

So of course, I'm not going to support this motion. It would be a pretty sad day when you can't bring a bill on principle, and it's the same principle dealing with these people, that you must say well we'll pass the bill only when you're satisfied that you have something else. So of course, you try to satisfy them as much as possible, but you can't always do it. You have other responsibilities. It would be completely irresponsible on our part to say we've got a bill that we believe in, but we're going to wait to pass it. If it's ready to pass for the medical profession, for the psychiatrists, for the other specialists, I think it's ready to pass now.

We have no agreement with the medical profession. There is no agreement signed. There has been some discussion, and we're ready to discuss with the chiropractors. So I think that this is fair. This is something that we all voted for, the principle. It was explained in second reading.

Mr. Chairman, before I close, I would like to refer the members of this committee to the Standing Committee on Law Amendments, Hansard of Thursday, June 6, 1985, on Page 45 where I'm quoted as saying: "I just want to make one correction to the statement made by Dr. Bohemier. I'm sure that this was done purposely by the Chiropractic Association or the officials of the association, who were informed that we would discuss the binding arbitration - that was done at their request, and that was only mentioned on that day - as early as February 2nd and also at a meeting before the initial meeting of this committee."

So, Mr. Chairman, I certainly would not recommend to members of the committee that we vote for this. We'll keep on working with the chiropractors and the dieticians and all the others to bring the best health possible to the people of Manitoba. We'll also do this in a responsible way to look at the costs also, and protect the patients also.

**MR. CHAIRMAN:** Are you ready for the question? All those in favour of the motion, please say, aye. All those opposed, please say, nay.

In my opinion, the nays have it.

**MR. D. ORCHARD:** Counted vote, Mr. Chairman.

**MR. CHAIRMAN:** Counted vote? All those in favour please raise their hands. All those opposed, please raise their hands.

**A COUNTED VOTE was taken, the result being as follows:**

**Yeas, 10; Nays, 11.**

**MR. CHAIRMAN:** I declare the motion defeated.  
Clause 2, Commencement of the Act - Mr. Orchard

**MR. D. ORCHARD:** Mr. Chairman, I have a few general questions on the intent of the bill that I want to clarify. Can we do that before it's reported or right now, or what's the Minister's pleasure?

**HON. L. DESJARDINS:** It doesn't matter to me, anytime you want.

**MR. D. ORCHARD:** Mr. Chairman, I am still somewhat confused as to what the physicians' position is going to be when this bill is passed. Opting out is permitted with this bill, providing the physician follows the fee schedule that's prescribed by MHSC.

Now what is the circumstance of a physician who wishes to establish a practice, and he's going to perform services that are currently insured. He and his patient or she and her patient don't want any reimbursement whatsoever from MHSC. In other words, the patient is going to pay 100 percent of the cost.

Two questions: first of all, is that allowable under the act? Secondly, if it is allowable under the act, does the ban on extra billing still apply?

**HON. L. DESJARDINS:** Mr. Chairman, this is what I've tried to explain. This is commonly known in the trade, if you want to call it that, or the profession as the Quebec model. In the Quebec model, the people can opt out completely. If he has opted out and does not extra bill, it's the same thing as here, the patient gets the cheque. If he opts out and extra bills, then the patient is not covered, nor is the doctor or the provider of services. That is, as I say, known as the Quebec model.

This is something that we looked at. This is something that we felt that maybe we should go with. But in discussion with the Federal Ministers and discussion amongst ourselves, we felt that the most important thing of all - in fact, the plan would not exist with that and there was fear from the present Federal Minister of Health and ourselves that we would lose the universality of the plan, and then that could not work.

In other words, you can have the doctors around Brandon, for instance - I'm giving that as an example - even the G.P.'s in Brandon might say well let's stick together and let's get out. The people will have to go without the plan, we're out of the plan. Then you could not offer the service to the people of Brandon, so the plan would not be universal. That would not be possible. It would not be accepted by the Federal Government for one thing. This is something that they're very protective of.

Then you might have a specialty that might decide that we'll all opt out and we will extra bill. There again, you could not offer the service of that needed specialty

to the public in general, therefore you would not have a universal plan. There was a lot of effort to find out if there was a way that that could be modified, but it couldn't. Call it the lesser of two evils, if anything, because I think we all would like to see them be able to work outside the plan if at all possible, but if they do not deliver, one of the conditions to practice medicine or whatever the service in the health field in Manitoba here would be that they work within the plan.

Nobody will prevent them from saying, I don't want to be paid by the government. In fact, that's what opting out was; some people from Day 1 - not too many, mind you - who opted out as a question of principle. They didn't want to soil their hands, or call it what you want, and I believe in their sincerity. They didn't want to have anything to do with the government. Alright then, that could still be done, the opting out, although now, they're saying there's no point. I think that has changed, but I think there's probably the odd one that's still opting out. But extra billing, it's very clear this act would not permit that.

**MR. D. ORCHARD:** Then, just so we're talking about the same scenario. Let's use the specific example of a psychiatrist. If a psychiatrist were to opt out under the provisions of Bill 2, the only fee schedule he/she could charge would be the prescribed fee by MHSC. They could charge the patient that fee and the patient could then go to the MHSC for reimbursement, theoretically.

But if the psychiatrist, for whatever reason, in the relationship with the patient wanted to be entirely outside the plan and provide that service - because here's an example that was given to me and I'll share it with the Minister and the committee.

A prominent public figure is availing himself of psychiatric care periodically. That might have some influence on his employer's decision to keep that person in that public position, so everything is done outside the plan. There's no record of it over at MHSC that that person has ever received psychiatric treatment and that's this person's guarantee of confidentiality.

Now, I take it that that sort of circumstance would not be allowed under this bill. Does the Minister understand the scenario that I'm putting forward?

**HON. L. DESJARDINS:** Let me see if I understand. We're talking about something completely different now. We're talking about somebody that wants to see a psychiatrist, but his main fear is that no one should know about that. Therefore he is ready to pay the full cost himself.

We'll check into that. I certainly think that he should be accommodated. I think the psychiatrist would certainly have to report that he's seen a certain patient for income tax purposes, but the Income Tax is not interested in any record on anyone else. This is something that we would have to discuss with the College of Physicians and Surgeons. But I certainly can't see - I'll check - but I'm of the opinion that we would try and accommodate somebody like that. Now there might be something I don't know, and I say this without prejudice and I'll try to find that out.

You see, if there's not a bill submitted to the Commission, we would never know about it. The only

thing is if there is a discussion later on or a misunderstanding between the patient and the doctor, and the doctor would want to come and be reimbursed, he would have to understand that he is waiving this; he's not going to be reimbursed, and he shouldn't come later on if there's a misunderstanding and he wants to get paid or anything like that, there would be none of that.

We could look at that. I would personally think that we should try to bend over backwards to accommodate them, but I want to talk to the College of Physicians and Surgeons on that too. I think if the people are ready to bill, providing of course that it's not extra billed. I think you said he would be charging just the same as anybody else as is agreed.

I want to say another thing on the first question. We are looking at the possibility. There won't be any extra billing, but maybe of deinsuring psychoanalysis. We have had psychiatrists - and I think that's the big concern - that have seen seven, eight, ten patients and they've been billing hundreds of thousands of dollars. That is a request. We're discussing that with the university and the psychiatrists. So that might be if it's deinsured, well then it would be something different. That would no longer be covered. That's a possibility to see if we could arrange that.

We also want to look at the possibility of getting the psychiatrists in sharing some of the responsibility of looking at the patients that are already needed. It's very hard as you know to recruit psychiatrists in certain hospitals and that. It's more glamorous to work with the private sector. It could be that they might be in agreement that part of their time they would with a sessional fee give us some of their time. So that's another possibility. That would be on sessional fee, not on fee for service.

So these are things that we want to discuss when this is over. There's a lot of discussion that'll take place, not only with the chiropractors, but with the medical profession in certain specialities.

**MR. D. ORCHARD:** Okay then. Let me just make sure that I understand.

**HON. L. DESJARDINS:** Excuse me, before you do I will check to make sure. I'll check with the College of Physicians and Surgeons and I will check with the Commission. We'll try to get before the end of the session anyway to get a direct answer on that particular point, the last point that you made.

**MR. D. ORCHARD:** Mr. Chairman, the Minister made an interesting point there that he's going to check on it, but basically the principle of the circumstance I laid out of patient and physician, the patient pays the fee, no record of it, MHSC, the Medicare plan, is not at all involved. That is something that may well be accommodated providing, and I want the Minister to confirm my understanding, that the fee charged is only the fee as set by MHSC.

**HON. L. DESJARDINS:** Well, of course. If you don't do that then you're breaking the thing. All you have to say is I don't want any record and therefore you're allowing somebody to charge more.

The main reason why there is no extra billing, and nobody seems to be talking about that, is that you do not want two-tiered service. You want everybody to be treated the same, because if not, especially when there's a shortage such as a speciality and so on, it's going to be tempting to go to the people that can pay you a little more. You might want to take 10 patients instead of 15 or 20, and there are certain people that won't be able to afford that. Of course, I don't have to remind the members of that. That's what Medicare is all about.

**MR. D. ORCHARD:** That brings us to the interesting circumstance that it may be possible, depending on what the Minister finds out from the College of Physicians and Surgeons and discussions with MHSC for a physician and a patient to enjoy a one-on-one relationship where government dollars are not involved providing the fee schedule is followed, and the patient pays the entire fee for whatever reason; whether it's the circumstance I laid out of a psychiatric visit, or whether it's someone who wants to protect his/her confidentiality as it applies to STDs, for instance, you never know.

The one principle that for certain cannot be sacrificed is, if it's an insured service that's provided by MHSC, that that private relationship between the physician and the patient can only exist if there is no extra billing. That's the overriding principle that's given.

**HON. L. DESJARDINS:** Yes, I would say that you would defeat the plan altogether. There would be some understandings. Of course, we might never know, but this is something that would have to be accepted.

Why not look at the possibility also, and I say this completely without prejudice, it might be impossible - but why don't we look also at the situation that somebody for some good reason does not want anybody to know of this, why it might be possible to still do it under the plan, still covered. It might be some kind of added protection or something. It would maybe some declaration. I don't know if it's possible, but I think we should look at that also. I certainly would not encourage anything that will be a roundabout way to defeat the purpose of this principle that we're announcing today by passing this bill.

**MR. D. ORCHARD:** Mr. Chairman, I'm not trying to . . .

**HON. L. DESJARDINS:** I'm not saying you are.

**MR. D. ORCHARD:** . . . controvert the principle of the bill, but what I'm trying to establish because the particular circumstance I laid out first was brought to my attention and that becomes very important to that patient and his physician to know what their position under the act is.

The other area that becomes rather important is . . .

**HON. L. DESJARDINS:** Not only the act, it's the ethics of the profession also.

**MR. D. ORCHARD:** The other thing that becomes kind of a very interesting offshoot of this Bill No. 2 is Morgentaler's situation in Manitoba where he is

providing an insured service, but is charging substantially more than MHSC allows. Now with the passage of Bill 2, are we to assume that Morgentaler will become subject to the penalty clauses in here and conviction by The Summary Conviction Act, which is much, much simpler than the process the government is currently wrestling with?

**HON. L. DESJARDINS:** Morgentaler is not providing a service that's insured.

**MR. D. ORCHARD:** Yes he is.

**HON. L. DESJARDINS:** No, he isn't because that service is not insured any other place than in a hospital. That is why at the present, and if that was ever legalized, then he would be subject to any clauses or anything thing. Now he hasn't got the right legally. He hasn't the right to provide the service, because it's not permissible outside of a hospital at this time. If the clinic was declared a hospital that might be something else, but he is not providing a service that's insured.

**MR. D. ORCHARD:** You know, Mr. Chairman, now that's very interesting because that allows anyone who leaves Montreal and says, I'm coming to Manitoba and I know I'm going to be breaking the law and I'm going to do it anyway, and this could be another specialty practice physician. Is the Minister saying that he's going to be powerless to prevent that from happening?

**HON. L. DESJARDINS:** I'm not a lawyer and I think we all know that this is in front of the courts now. A lot depends on what the courts do. It might be that the federal might have to rectify that or the provinces with some new legislation. Right now when Morgentaler performs the service, it is something that normally is covered, but it has to be done in a certain place like a hospital and, in fact, his licence was taken away from him by the College of Physicians and Surgeons, not us. Now, he's doing something and it's quite clear he's doing something that is illegal. He's challenging the system and the courts will have to rule. As I say, lawyers would be in a better position to . . .

But, the principle will be the same. We will always fight to just have one tier, not two tiers of patient or services. Right now, that is not an insured service at all.

**MR. D. ORCHARD:** Mr. Chairman, I think we're into subtleties here and I won't pursue it. In California, for instance, one of the advents in their competitive medical delivery system down there is basically medical vans that are moved from place to place with a semi-trailer and these medical vans have a complete diagnostic clinic including a CAT Scan in it. Now, is the Minister saying that although CAT Scanning is done at Health Sciences Centre and at St. Boniface, that if one of those groups decided that Manitoba was an underserved market and moved into Manitoba and set up on the Polo Park Shopping Mall parking lot, which they apparently do in the United States, to provide service on a walk-through basis to patients, that if those patients wished to pay the MHSC fee for CAT Scanning that they would not be subject to any penalty under this act either, or prohibitions?

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**ON. L. DESJARDINS:** My honourable friend is talking now about concern that we have, and there'll always be these concerns and some of these will be looked at. For instance, right now these corner clinics could be a detriment to the plan as such. It'll be very hard to explain that when people feel that they can go and get a quart of milk and go and get an examination at the same time, but it's duplicating and it's bringing more doctors where there's no need. That is something else.

Now the situation is, I can only repeat what I said before, that certain services are insured only in certain locations. That's what I said about Morgentaler and now saying the same thing about the CAT Scan. Right now they're insured only in two hospitals. There might be some legislation. There's always somebody that's trying to beat the system that will have to be looked at, but right now this is the situation. We're talking about the insured service now.

**MR. D. ORCHARD:** Agreed we're talking about the insured services, and that's why since this act has no application to someone like Morgentaler, it likewise could probably have no effect on someone like the example I mentioned about a mobile diagnostic clinic coming into the province.

**ON. L. DESJARDINS:** I would imagine that in the case when somebody challenges the law - and you can't prevent them from challenging the law - the courts will have to decide. Now if the courts decide against the intent of a government, the government then will have to bring in proper legislation. That was one in B.C. not too long ago. But the court ruled certain things that the Department of Health was doing is illegal. They brought in legislation, and now they're doing the same thing I'm told.

So these are things that my honourable friend is just pointing out that we'll have to be careful at all times. It's not only true of the medical care but, right now, this act deals with insured services. Those services are not insured except in certain places.

You can go and see a physiotherapist privately; he's not covered, not insured. He charges what he wants, but we're trying to cover it through the hospitals. That's covered, and there are physiotherapists on salary there.

**MR. D. ORCHARD:** Mr. Chairman, I thought the provisions of this bill were giving the Minister of Health, unbeknownst to the Attorney-General, a method of solving the Morgentaler problem. Now he's telling me that's not the case.

**ON. L. DESJARDINS:** I wish it was. No, the intent was exactly as I said. There are no hidden motives here at all.

**MR. CHAIRMAN:** Clause 2—pass; Title—pass.  
Mr. Mercier.

**MR. G. MERCIER:** Mr. Chairman, it's certainly a matter of record that the opposition Conservative Party have supported the bill and will support the bill. However, I would like to put on the record my personal views

with respect to the bill. In my opinion, it strikes a blow against individual freedom, the freedom of individual doctors to practise outside of a government system and the freedom of individual citizens to obtain medical services outside of a government system.

Mr. Chairman, the practical fact of the matter is that the Medicare system is a very attractive system to medical doctors, because they can avoid the problems of outstanding accounts. There is no problem in collecting 100 percent of your accounts, because it all goes through the government. In effect, if there were a change in what has been proposed, I would anticipate there would be very few doctors in Manitoba or Canada who would practise outside of the system. But in principle, Mr. Chairman, it is a blow to individual freedoms.

I'm disappointed, Mr. Chairman, and it's not just in respect to this Minister, but with respect to the federal parties, that they have not considered other alternatives such as an independent committee that could review concerns by doctors that fees approved by government bodies did not meet the costs of providing those services where allegations of excessive overbilling - and the Minister in the past, I believe, has indicated there is really no problem in Manitoba - but if there were allegations that those could be considered by an independent committee and ruled on.

Mr. Chairman, we've heard the suggestions of doctors before this committee and the concern expressed with respect to the improvement of the quality of the health care system. While the Minister has said in previous discussions that these concerns have been expressed in the past and haven't proven to be true, they certainly offered to the committees the basis of having some real concerns in this particular area.

Mr. Chairman, we have a bill that leaves the medical profession at the mercy of any government in power and the Manitoba Health Services Commission to provide an appropriate fee for the service they render. Once again, Mr. Chairman, as I did in speaking on the second reading of this bill, I simply want to express those concerns.

**HON. W. PARASIUK:** Mr. Chairman, I'm going to partake in this debate on the basis of the comments just made by the Member for St. Norbert. I think he wants to come down on both sides of the fence.

John Stuart Mill once said that "Freedom without limits is like a room without walls." I believe that what we have here is a very sensible system. It's a system that provides for no extra billing and provides for arbitration. It is what doctors themselves have talked about. The vast majority of doctors have said it's a fair system.

One other system conceivably could be that you could have extra billing, but have those who extra bill not receive one cent from Medicare. The doctors have said that they do not like that type of freedom. They want to be part of the Medicare system.

I think that this is a fundamental question. If, in fact, you have a fair system that provides universal accessibility to all, why would you have some doctors charging more to provide a different type of care to a certain portion of your society? If then, in my estimation, provides a very different perception of society than I have and that I think my colleagues have.

There has to be freedom based on some ability to pay. I look at our system in Canada which has tried to provide universal accessibility and has done so in a fair way, and I compare it to the United States system where I think the United States spend something in the order of about 9.9 percent of gross national product - of their economic output, 9.9 percent is spent on health care. In Canada, I believe that it's something in the order of about 7.8 percent, 7.6 percent. Just think of the value we get for our 7.6 percent or 7.8 percent expenditure. Just think of the type of medical system that we have.

Do those people who were laid off in the United States and, after six months of being laid off, lost all their Medicare benefits that they might have negotiated as part of their collective agreement, did they have any type of freedom? Did they have any type of security when that happened to them because, during the course of their recession in 1981, 1982 and part of 1983, they indicated that there were literally millions of people who were put in that position.

I know of a specific case of a person in San Francisco who is 63 years old and has to pay a private insurance premium of \$2,400 - \$2,400 at the age of 63 - and she has some medical problems so she is terrified. Obviously she is between a rock and a hard place. What type of freedom do those people have?

So I believe that the whole notion of Medicare was to provide a system where people weren't insecure; where they weren't terrified and you try and do that in a fair and equitable way to all parties. I think it's important that we try and improve Medicare as we proceed. The danger to Medicare can indeed come from governments that aren't fair.

That's why the doctors were looking for arbitration, but if I was someone who was part of a health care system, either as a deliverer of health care, as a doctor or a nurse or a nurse's aide; or as a recipient of health care, namely, a patient, I would be terrified of a government such as exists in B.C., where you would have the prospect of massive cut-back.

I find it surprising - and I don't say that the Member for St. Norbert is of that ilk - but there are other people who have criticized the notion of extra billing or limiting extra billing, who come from that fairly extreme position; who argue that somehow this restricts liberty, while at the same time their very actions, while in government or in support of government is to, in fact, take away the freedom too from a lot of people in B.C. or in other parts of this country.

So I don't believe that the people of Manitoba have anything to fear; in fact, they will be benefiting a lot from this. I think we will in fact be setting a very good model for the rest of the country. Certainly I think there can be differences, as the Member for St. Norbert has put forward, and I respond to his comments in a general way. I do not attack him personally.

I just say that that position has been put forward in this country by a lot of other people who have not tried to protect the health care system; who have not tried to provide an underpinning to it; who have not provided fairness and equity to it. I think that when one has to balance out freedom - freedom from as well as freedom to - then I think that one has to come down 100 percent in favour of this legislation, which I think we are very proud to do on this side.

**MR. C. SANTOS:** Thank you, Mr. Chairman.

I'd like to support what my colleagues have said. I think that in our society there can be no freedom to the fullest absolute limit without responsibility. To say that there can be freedom without responsibility is to advance anarchy in our society. There can be no responsibility without legitimate institutional limits. Individual freedom without limits amounts to a system whereby the strong take advantage of the weak and the weak are helpless. If society and civilization are to survive, there must be a system whereby the powers of the economically strong can be limited in order to protect the weak.

Another point I'd like to make, Mr. Chairman, is that those who have the benefit under any system must also share in the burden. The members of the medical profession and the members of the chiropractic profession who want to take advantage of the benefits offered by Medicare, must also share in the burden, in order to keep the system efficient, affordable and workable, for the benefit and welfare of all the people of Manitoba.

Thank you.

**MR. CHAIRMAN:** Title—pass; Preamble—pass; Bill be reported.

That completes Bill No. 2. That was the only bill on the notice for the Law Amendments meeting. There are still three other bills pending. What is the will of the committee?

Committee rise.

**COMMITTEE ROSE AT:** 11:29 a.m.