



# The Future of Medicare

By Tommy Douglas

**The following text from a 1982 speech of my father is in response to Premier Klein and others who would have us believe that Tommy Douglas had a limited vision for the future of Medicare. He saw much further than most governments in Canada today.**

*– Shirley Douglas, Spokesperson of the Canadian Health Coalition*

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**There's not any doubt** at all that the present Medicare program in Canada is in serious danger of being sabotaged. One danger is extra-billing, which is growing and which has meant only one thing: that we are rapidly developing two types of people in the health care field--those who come under the general program and whose care is paid for out of government funds, and those who pay "a little extra" to doctors who want a little extra.

If that goes on, the percentage they will pay in extra billing will increase from year to year, so people will get to the place where they are saying, "I'm paying almost as much in extra billing as I pay through taxes."

Let's scrap this plan. Otherwise, you're going to have a situation in which some doctors will only want patients who accept extra billing, and they will be the most competent doctors and the most proficient surgeons. Thus, after a while, the people who will not accept [or cannot afford] extra billing will have to go to the less competent doctors and less competent surgeons, and you're right back where we started when we fought for Medicare. The well-to-do who can afford it will have one standard of health care, and those less fortunate will have to accept a lower standard of health care.

Surely we're not going back to a system in which the quality of care patients receive depends upon their financial capacity to pay. Any free country that talks about the democratic process and allows extra billing to become the general rule is denying the basic principles of the democratic process.

The other danger to our present system is the premiums which are being levied in some provinces. In Ontario, for instance, a widow with three children has to pay \$500 or \$600 in per capita taxes. What a ridiculous situation! You don't pay for education on a per capita basis.

Surely, if we provide education as a right, we ought to provide health care as a right, irrespective of income.

I'm telling you that, unless those of us who believe in Medicare raise our voices in no uncertain terms, unless we arouse our neighbours and our friends and our communities, we are sounding the death knell of Medicare in this country, and I for one will not sit idly by and see that happen. I helped to establish the first Medicare program in Canada, and even at my age I'll trek this country from the Atlantic to the Pacific to stop Medicare from being destroyed.

Even if we get rid of extra-billing, however, and even if we get all Medicare costs paid out of government revenue, we will not yet have tackled a more important problem. And that is how to reorganize a health care system that is lamentably out of date?

We have to move increasingly toward care through clinics. We've got to provide financial inducement for doctors to form clinics and go into clinics, whether they are paid on a salary or a fee-for-service basis. We have to locate these clinics in or close to hospitals, so that people will have ready access to diagnostic and treatment facilities.

Let's not forget that the ultimate goal of Medicare must be to keep people well rather than just patching them up when they get sick. That means clinics. That means making the hospitals available for active treatment cases only, getting chronic patients out into nursing homes, carrying on home nursing programs that are much more effective, making annual checkups and immunization available to everyone. It means expanding and improving Medicare by providing pharmacare and denticare programs. It means promoting physical fitness through sports and other activities.

All these programs should be designed to keep people well--because in the long run it's cheaper than the current practice of only treating them after they've become sick.

It seems to me that this is the task that lies before us, and I suggest to you that programs of this kind can be organized under Medicare and that we have an obligation to see that such a program of prevention is instituted.

**We can't stand still. We can either go back or we can go forward. The choice we make today will decide the future of Medicare in Canada !**

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