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Cash Indemnity for Illness Plan Studied by Ontario, Vivian States

A Provincial survey to obtain information regarding the possibilities for the payment of cash indemnity for illness to certain groups of employed persons is being undertaken by the Workmen's Compensation Board, Health Minister Dr. R. P. Vivian told the Legislature yesterday.

Speaking in the Throne Speech debate, Dr. Vivian said that when such findings have been produced there will then be an opportunity to discuss the matter with representatives of labor and industry. He stressed that all the Workmen's Compensation Board is being asked to do is to make the survey.

"The third part of a complete health program is a cash indemnity to an employed individual, not protected by any other means, to compensate for lost wages at the time of illness," Dr. Vivian said, in making his announcement of the survey. "This proposal has made its appearance in almost all of the many submissions on health plans. So far, no one in Canada has been prepared

to investigate fully the possibilities of providing such a service. This Government has undertaken to find in this connection."

The Health Minister took issue with the recent statement of E. B. Jolliffe, C.C.F. Opposition Leader, that the health plans of the Drew Government "have been a mere nibble at the fringe of one of our greatest problems." Dr. Vivian declared that a substantial majority of the people of Ontario would consider the program to date "quite a bite."

Lists Accomplishments

The Minister listed the following as having been accomplished by his department: Creation of two new health units, with three more applications on file, and acceptance of the principle in a number of others; a program for the treatment of early mental disturbances in general hospitals, advancements in mental hygiene, a building program for a new type of mental institution, extension of diagnostic facilities of tuberculosis control, promotion of additional tuberculosis sanatoria accommodation, control of venereal disease, provision for the treatment of cancer, the industrial health program, and a planned survey for the protection of food.

"This administration has undertaken to determine the best way of providing hospitalization and diagnostic service, and to determine the best method of payment for services, by setting up suitable demonstration units," he said. "The implementation of the health unit plan will go forward as quickly as personnel can be found and trained. The training facilities have already been arranged."

In dealing with the public health program, Dr. Vivian said the successful conclusion of the war and the return to civilian life of many medically trained men and women, together with new graduates, will make it possible to complete the major portion of this program in five years after the conclusion of the war.

"There is a defined time at which this program can come into being," said the Minister. "It is not 20 years; it is more likely to be 10

years. It could be five years if those factors over which we have no control should bring this war to a successful conclusion in the immediate future."

Dr. Vivian reviewed the problems of medical care, which he said is "the second main division of any comprehensive program of health." The Joint Study Committee on Hospitalization and the Advisory Committee on Hospitalization were preparing reports, which would be ready in the next two months, Dr. Vivian told the House.

"It is contemplated that these reports will contain recommendations for hospitalization on a regional basis to provide for active, chronic and convalescent cases," the Minister added. "To find a way to improve diagnostic facilities a medical committee has been appointed. It is fully expected that their preliminary report will be submitted at the same time as the reports on hospitalization. A more favorable distribution of medical personnel throughout Ontario is dependent upon establishment of adequate facilities for hospitalization and diagnosis."

Turning to the problem of the type of arrangement that must be made between the medical practitioner and the people who are to receive his services, Dr. Vivian said: "Medical practice must not be jeopardized by any regimented procedure which would destroy the peculiarly individual qualities of the medical man himself. The method must also allow the patient the widest possible choice in the selection of the family medical adviser. I am quite certain that the solution of this problem can come from the medical profession itself. If the cost of services for a medical care program is to be subsidized by taxation, then a method must be provided for the levying and collection of such tax. While the matter is open to debate, it is generally accepted by health authorities and others that individual contributions to plans of this sort are of prime necessity. If individual contributions are to be collected, the only level of Government capable of so doing is the municipal one."