

I don't go around saying how bad they are or interfere with how they do business, I just try and do better than them and that is what I think you should do." He got us our privileges. However, we were not quite out of the woods. Just before Christmas of 1966, Dr. Samuel Wolfe, our clinic's medical director, received a summons from the College of Physicians and Surgeons to appear before the Disciplinary Committee charged with unprofessional conduct for unethical advertising. The cause was a pamphlet that the Community Health Association had published entitled, "How to Use the Clinic," that described the services, hours of operation, and other details. Every member patient would receive a copy of this. One had been lying on the bed of a clinic patient in hospital when it was seen by one of our opponents who took it to the College. Our lawyer applied for an injunction against the College for their attempt to act against the physicians for something done by another party, i.e., the Saskatoon Community Clinic. That injunction has never been answered.

Soon afterwards, cooler heads prevailed and we gradually became partly integrated into the system. I, along with my other colleagues, became members of committees in the hospitals and even in the Saskatchewan Medical Association.

However, some 15 years later in 1977, when the recent honours graduate from the University of Toronto I had recruited for the Saskatoon Community Clinic went to register, the Registrar of the College said to her, "That she was joining that commie clinic and that she should watch her step." Paranoia has a long prognosis.

My Experience in the Medicare Battle and the Woods Commission

ROY ROMANOW

In the 1960-62 period of the Medicare debate, I was still a student at the College of Law at the University of Saskatchewan. Like the province as

Roy Romanow, former Premier of Saskatchewan.

a whole, the campus community was sharply divided over Medicare. Some of the divisions sprang from pure political forces of difference; others feared change from the known to the unknown; and still others, favoured choice and competition over public payment and delivery of healthcare (a political, but also a philosophical divide). When Premier Tommy Douglas came to campus during this period to explain and defend his policy, the meeting room—at the upper level of the student union building—was overflowing down the stairwell and to the lower floors. By that time, I had already decided I would support the CCF, and Medicare reflected an important aspect of the party's political philosophy. As I chaired that raucous meeting, my convictions were not so strong as to be apprehensive about the student reactions—pushed by all the reasons I've stated and inflamed by fear engendered by the statements of the doctors, the Liberal party and the KOD.

Sometime in the summer of 1962, Don Woloshyn, a student friend, and I travelled to Regina to see what we might do to assist the government and its supporters during the doctors' strike, already in full bloom. My sojourn was brief—several days as I recollect it—but memorable. I had never been in an environment where anxieties, worries, anticipations were so elevated. The activities reflected the gravity of the situation and I was struck—I might even confess to fear—by the cleavages in the wider community. Maybe for this reason, I returned to Saskatoon—and anxiously watched the developments unfold.

Later, I returned to Regina in summer of 1963 to work as a junior assistant in the Department of Health. By this time, the Saskatoon Agreement had ostensibly resolved the crisis—but, I was soon to learn that this "resolution" was only on the surface. The undercurrents were strong and swift moving, as those who opposed Medicare so vehemently persisted to undermine it and the government. One major undercurrent was the issue of hospital privileges and the College of Physicians and Surgeons' recurring rulings that Medicare doctors—primarily recruited from the UK—were somehow not qualified to be granted hospital privileges. Of course, with no hospital privileges being granted (or, at least, very few), the community clinics, the people who formed them, and the doctors who joined them—the network of support for Medicare—would fade.

I'm not certain why I was asked to serve as Assistant Secretary to Ed Wahn, secretary, of the Woods Royal Commission on Hospital Privileges. Premier Lloyd established this inquiry to determine precisely the reasons for so many rejections. But I was thrilled to join Ed as his assistant and share living accommodations in Regina. I was also honoured to be a member—however junior—of the team that made up the Woods Commission.

Mervyn Woods, the Commission Chair, had been a professor at the University of Saskatchewan's College of Law but was appointed to the Court of Appeal by the Diefenbaker government. I knew him as a law teacher. He was a gentleman in his demeanour; humorous in a dry and, sometimes, cutting way; he could recite poetry endlessly; and he was scrupulously honest.

Ed Wahn had been an early proponent of Medicare and had been involved in the Saskatchewan government in the early planning. His was a sparkling mind, but unassuming. Although he suffered from a severe case of arthritis, the disease did not impair his tennis or his thought processes.

The Commission's legal counsel was Derril McLeod of Regina. Tenacious, tough, and articulate, Derril led the witnesses in examination. As a young law student, I was highly influenced by both McLeod and Woods.

As assistant secretary, I did what Ed requested which was to assist in the file-keeping, recording-keeping, and note-taking. Occasionally, I read early drafts for the Commissioner's final report. That was the unimportant work. The important work was shouting, when Woods walked into the hearing room—"Order, order, the Commissioner." He wanted this degree of formality, although he once said to me—"Roy, next time you yell 'order, order' I'm going to respond—"Bacon and eggs."

Our hearings were in Saskatoon, Estevan, and Regina—all involving pro-Medicare doctors whose credentials to practice in hospitals were challenged by the College. In almost every case, counsel for these pro-Medicare doctors was George Taylor of Saskatoon. Taylor was a long-time socialist. He advised Premier Lloyd on legal issues and was active in giving political advice to government. A veteran of the Spanish Civil War—on the side of the Mac Paps (as they were called), there was little that could intimidate him. His cross-examinations were relentless and withering.

This, then, was my introduction to Medicare. I was supposed to be neutral but, in truth, deep down, I was not. I saw the College of Physicians and Surgeons of Saskatchewan as mixing its professional obligations with its political agenda, an agenda that unfortunately did not die with the signing of the Saskatoon Agreement.

It is true that Woods essentially found the same thing. His key recommendation was to establish an appeals committee for the College's decisions. Lloyd did so. The functions of the College were divided, essentially—one was professional assessment; the other was the establishment of the political arm, the Saskatchewan Medical Association (SMA). This remains the case, but after Lloyd's defeat in 1964, the Appeal Tribunal was dismantled by the Liberal government under Premier Ross Thatcher. But what was *not* dismantled—although there were some

questionable actions like user fees (by this time I was in Legislature in Opposition)—was Medicare. The medical establishment and their civil society supporters knew that the game was over—at least for a time.

Many years later, in the years preceding and following my time as Chair of the Commission on the Future of Health Care in Canada Commissioner, I saw the opposition to Medicare arise again. The attacks on my Commission's report by the anti-Medicare establishment; the election of Canadian Medical Association President, Dr. Brian Day—a long-time proponent of private, for-profit health and an owner/operator of the private Cambie Surgical Clinic in Vancouver; the Chaoulli Supreme Court decision—these are all signs that this great, redistributive program we call Medicare may not yet be safe.

One lesson is clear to me: as difficult as it is to gain, progressive change, like Medicare, maintaining it may be even more difficult and challenging. The old arguments have a strange way of arising to, again, present themselves as the new.

A Brief Retrospective on the Royal Commission on Health Services

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In many parts of Canada, but categorically not in Saskatchewan, Justice Emmett Hall is thought to be the father of Medicare. This is because the enlightened solution to the provision of medical services that we enjoy came as the result of the recommendation of the Royal Commission on Health Services of which Hall was the Chairman. There is another reason to introduce Hall in this setting: he and Tommy Douglas were good

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