



Hospital privileges for family physicians

<https://policybase.cma.ca/en/permalink/policy535>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1981-Mar-14
Topics: Population health/ health equity/ public health
Resolution: BD81-03-74

That the Canadian Medical Association recommends that hospital privileges for family physicians should be dependent on licensure by the provincial medical licensing bodies and should not be restricted to those physicians holding certification from the College of Family Physicians of Canada.



Medical direction and administrative responsibility

<https://policybase.cma.ca/en/permalink/policy703>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1981-Aug-28
Topics:	Health systems, system funding and performance Health human resources
Resolution:	GC81-17

That the following be adopted as Canadian Medical Association policy: Medical direction and administrative responsibility: a) service departments which carry out prescribed medical diagnostic tests and/or therapy in hospitals or clinics must have a medical director who is accountable to the hospital board through the hospital administrator and professionally accountable through the normal channels to the organized medical staff. Such medical service departments include medical laboratory services, radiological services, respiratory technology, physiotherapy and nuclear medicine services. The appointment of a medical director for each such service department is essential in order to ensure the best possible service to the patient and to the hospital and to coordinate the related medical programs for the patient, b) the size and complexity of some service departments which carry out medical diagnostic tests and/or therapy may require the appointment of administrative assistants to the medical director, and these may be trained in the disciplines of physiotherapy, radiography, medical laboratory technology, respiratory technology, nuclear medicine technology, etc. They should be responsible to the medical director of the hospital services department and should not be head of the department reporting directly to the hospital administrator. In the small centres where there is not a full-time medical specialist on the medical staff the medical director of the service department should be a qualified physician. Such a non- specialized medical director should establish regular communication with a specialist in the field who may be consulted on general and specific questions, c) it is also recognized that some allied health personnel working in service departments have advanced technical and/or treatment skills. These should be recognized and profitably utilized always under the supervision and accountability of the medical director of the specific service.



Physician availability and practice information

<https://policybase.cma.ca/en/permalink/policy704>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1981-Aug-28
Topics: Health human resources
Resolution: GC81-47

That the Canadian Medical Association recommend to the divisions that they study methods for making available to the public, information concerning physician availability and nature of practice.



Breastfeeding

<https://policybase.cma.ca/en/permalink/policy797>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1981-Aug-28
Topics: Population health/ health equity/ public health
Resolution: GC81-39

That the Canadian Medical Association strongly support the value of breast feeding, and that suggestions be made to the manufacturers of infant formulas that their advertising should reflect the supplemental nature of their product rather than a replacement for mother's milk.



Infant formula

<https://policybase.cma.ca/en/permalink/policy798>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1981-Aug-28
Topics: Population health/ health equity/ public health
Resolution: GC81-40

That the Canadian Medical Association endorse a ban on the free supply of infant formula to hospitals.



Infant formula

<https://policybase.cma.ca/en/permalink/policy1329>

Policy Type: Policy resolution

Last Reviewed: 2019-Mar-03

Date: 1981-Dec-05

Topics: Population health/ health equity/ public health

Resolution: BD82-03-56

That the CMA endorse a ban on the free supply of infant formula to hospitals.



Cardiac pulmonary resuscitation

<https://policybase.cma.ca/en/permalink/policy555>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 1982-Sep-21

Topics: Health care and patient safety

Resolution: GC82-29

That General Council recommend to all physicians that they be competent in basic cardiac pulmonary resuscitation except in instances where age or physical disability prevent this capability.



Physician directors in clinics and hospitals

<https://policybase.cma.ca/en/permalink/policy705>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1982-Sep-21
Topics:	Health human resources
Resolution:	GC82-5

That a department of laboratory medicine, nuclear medicine, physical medicine and rehabilitation or diagnostic radiology in a hospital or clinic must be under the direction of a physician who is responsible for the department professionally to the organized medical staff and administratively to the governing body via the executive officer. The director must be a specialist appropriately certified by the Royal College of Physicians and Surgeons of Canada or equivalent body. If the size of the hospital or clinic does not permit of the appointment of a full time specialist, preferably and whenever possible, the director should be appointed from the medical staff and a specialist be appointed as a consultant.



Health system input/outcome methodologies

<https://policybase.cma.ca/en/permalink/policy707>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1982-Sep-21
Topics:	Health systems, system funding and performance
Resolution:	GC82-49

That the Canadian Medical Association develop methodologies to study the relationship between inputs (dollars spent) and the measured outcome of the system (qualitative and quantitative improvements in a population's health status) and work with other agencies to aid the development of this methodology.



Statement on radiation protection

<https://policybase.cma.ca/en/permalink/policy799>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1982-Sep-21
Topics:	Population health/ health equity/ public health
Resolution:	GC82-34

That the Canadian Medical Association endorse the "Statement on Radiation Protection" as its policy on exposure to low levels of ionizing radiation. Statement on Radiation Protection The Canadian Medical Association is aware of the potential health hazards associated with exposure to ionizing radiation and has examined the possibility that detrimental effects might result from the long term exposure of the general population to low-level radiation as a result of nuclear energy production. The Association is satisfied that, where internationally recommended criteria for radiological protection have been adopted and effectively implemented, there is at present no conclusive evidence of a measurable increase, in the long or short term, of adverse effects due specifically to radiation in populations thus exposed. The Association recognizes the need for ongoing support of research related to the health aspects of nuclear power generation, and to the management of radioactive wastes in general, the management of wastes from uranium mines in particular; and the need for the epidemiological surveillance of exposed populations. The Association also recognizes the need to develop and enforce appropriate standards and regulations where indicated.