



Violence against women

<https://policybase.cma.ca/en/permalink/policy592>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1992-Oct-17
Topics: Ethics and medical professionalism
Resolution: That the statement to the Advisory Panel on Violence against Women be approved.



Statement to the Canadian panel on violence against women Ottawa - September, 1992

<https://policybase.cma.ca/en/permalink/policy11956>

Policy Type: Parliamentary submission
Last Reviewed: 2019-Mar-03
Date: 1992-Sep-15
Topics: Health care and patient safety
Ethics and medical professionalism

Documents



BR1992-03.pdf

 Read PDF

 Download PDF



License of the Medical Council of Canada (LMCC)

<https://policybase.cma.ca/en/permalink/policy516>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1992-Aug-19
Topics:	Physician practice/ compensation/ forms
Resolution:	That the Canadian Medical Association, while recognizing that the provincial/territorial licensing authorities have the ultimate authority regarding licensure requirements in their respective jurisdictions, wishes to reaffirm the principle that any rights and privileges that will be accorded to holders of the revised License of the Medical Council of Canada (LMCC) should be conferred on all physicians who completed their LMCC prior to the new requirements, including portability of eligibility for licensure.



Goods and Services Tax (GST)

<https://policybase.cma.ca/en/permalink/policy619>

Policy Type:	Policy resolution
Last Reviewed:	2016-May-20
Date:	1992-Aug-19
Topics:	Physician practice/ compensation/ forms
Resolution:	That the Canadian Medical Association, on behalf of its members and divisions and on the basis of its recent review of evidence on the impact of the Goods and Services Tax on Canadian physicians, continue its efforts to negotiate a tax rebate or such other arrangements so as to afford physicians the same fair treatment as is received by municipalities, universities, schools and hospitals.



Canada Health Act

<https://policybase.cma.ca/en/permalink/policy621>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1992-Aug-19
Topics: Health systems, system funding and performance
Resolution: That the Canadian Medical Association continue to lobby the federal government with respect to its obligations under Section 12.2 of the Canada Health Act.



Decentralization of health care planning and management

<https://policybase.cma.ca/en/permalink/policy622>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1992-Aug-19
Topics: Health systems, system funding and performance
Resolution: That the Canadian Medical Association continue to document decentralization of health planning/management initiatives and to provide the information necessary for members and divisions to have effective input into the development of decentralization policies and system management processes



Breastfeeding and HIV

<https://policybase.cma.ca/en/permalink/policy737>

Policy Type: Policy resolution
Last Reviewed: 2017-Mar-04
Date: 1992-Aug-19
Topics: Population health/ health equity/ public health
Health care and patient safety
Resolution: Where safe alternatives exist, breast feeding should be avoided by mothers at high risk for HIV [human immunodeficiency virus] infection and by those known to be infected.



Bicycle helmets

<https://policybase.cma.ca/en/permalink/policy738>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1992-Aug-19
Topics:	Population health/ health equity/ public health
Resolution:	a) That the Canadian Medical Association require the use of bicycle helmets at all activities that it sponsors or supports involving the use of bicycles, b) That the Canadian Medical Association recommend to its divisions that they require the use of bicycle helmets at all activities that they sponsor or support involving the use of bicycles.



Diets of less than 900 Kcal

<https://policybase.cma.ca/en/permalink/policy740>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1992-Aug-19
Topics:	Population health/ health equity/ public health
Resolution:	That the Canadian Medical Association recommend that, since diets of less than 900 Kcal are rarely indicated, a) physicians prescribing such diets ensure that they are aware of their indications, contraindications, appropriate management protocols and risks, and b) physicians advise patients of potential complications and that an informed consent form be signed by prospective patients before prescribing such a diet.



United Nations Convention on the Rights of the Child

<https://policybase.cma.ca/en/permalink/policy591>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1992-May-09
Topics:	Ethics and medical professionalism
Resolution:	That the Canadian Medical Association adopt as Canadian Medical Association policy the United Nations Convention on the Rights of the Child.



Support services for sick and disabled members

<https://policybase.cma.ca/en/permalink/policy635>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1992-May-09
Topics:	Population health/ health equity/ public health
Resolution:	That the Canadian Medical Association work with the divisions in exploring options for financial and other support services for members whose employment status is affected as a result of disease and uninsurable as the result of disease or disability.



Sensitivity to Canada's pluralistic society

<https://policybase.cma.ca/en/permalink/policy523>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1992-Mar-02
Topics:	Population health/ health equity/ public health
Resolution:	That the Canadian Medical Association reflect sensitivity to Canada's pluralistic society in its communication and publication activities.



Comprehensive school health

<https://policybase.cma.ca/en/permalink/policy748>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1992-Mar-02
Topics:	Population health/ health equity/ public health
Resolution:	That the Canadian Association of School Health (CASH) statement on comprehensive school health be endorsed by the Canadian Medical Association.



Protective systems for passengers in motor vehicles

<https://policybase.cma.ca/en/permalink/policy794>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 1980-Sep-15

Topics: Health care and patient safety

Resolution: That the Canadian Medical Association strongly support continued research by industry and government in the design of protective systems for passengers in motor vehicles.



Eye care

<https://policybase.cma.ca/en/permalink/policy783>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 1975-Jun-25

Topics: Health human resources

Resolution:

That this Canadian Medical Association statement on eye care be approved. 1. The medical profession in general and ophthalmologists in particular have a responsibility to provide leadership in developing plans for effective, efficient and realistic eye care in Canadians. 2. The principle that the provision of eye care includes both medical and non-medical personnel is recognized and accepted. Any such personnel should be organized and administered to ensure adherence to all of the following specific principles: a) provision of quality eye care includes both medical (including surgical) and non-medical acts, b) only duly qualified and legally licensed physicians must be allowed to provide the medical aspects of eye care, c) duly qualified and legally licensed physicians must also be free to provide complete eye care, d) the duly qualified and legally licensed physician must be free to delegate appropriate eye care acts at his discretion to persons acting under his control and his responsibility, e) non-medical personnel should be free to perform independently only non-medical eye care acts: and they should perform independently only those acts that they are legally authorized to perform independently, and f) guidelines for referral between non- medical and medical personnel are essential. 3. Within the broad limits set by the above, many patterns are possible. However, in order to be effective, efficient and realistic, any eye care plan or plans that are developed should meet the following criteria: a) every citizen should have reasonable access to the eye care system through duly qualified and legally licensed medical or non-medical personnel of his choice in his own population-area, b) every citizen should have reasonable access to treatment of ocular disease by duly qualified and legally licensed medical personnel either by direct personal appointment, or by referral from other primary eye care personnel, c) treatment for especially complicated cases should be available to every citizen upon referral from medical personnel to specialized medical personnel in one or more adequately equipped centres in each province or region, d) programs designed for the promotion of eye health should be provided in every population-area. These should include prevention and early detection of eye disease and injury, and may be provided through programs and services that serve general needs or special needs such as: i) pre-school needs ii) school needs iii) industrial and occupational and recreational needs iv) specific survey (e.g., glaucoma) needs v) special purpose (e.g., driving and sports) needs vi) geriatric needs vii) ocular rehabilitation needs e) training institutions must be equipped and staffed to prepare graduates appropriately for their assigned roles in eye care term, f) optical appliances should be available in every population area, and other ocular prostheses should be within reasonable access- all at reasonable cost, g) methods of financing should provide for the maximum quality eye care for every one at the lowest possible cost to the government and to the private citizen, h) eye research programs should be appropriately staffed and funded, and i) the organizational structure of eye care services should establish and maintain lines of control and responsibility that are consistent with the principles and criteria enunciated above.



Nutrition counseling

<https://policybase.cma.ca/en/permalink/policy784>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1975-Jun-25
Topics:	Population health/ health equity/ public health
Resolution:	That, recognizing the importance of comprehensive nutrition counselling services, the Canadian Medical Association urge that such services be made widely available within the framework of the health care system.



First aid

<https://policybase.cma.ca/en/permalink/policy785>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1975-Jun-25
Topics:	Health care and patient safety
Resolution:	That the Canadian Medical Association draw the attention of its members to the need for first aid knowledge by the general public and that members be encouraged to become more active in the promotion and teaching of first aid.



Ambulance services

<https://policybase.cma.ca/en/permalink/policy786>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1975-Jun-25
Topics:	Health human resources Health systems, system funding and performance
Resolution:	The Canadian Medical Association, recognizing the vital role of ambulance services in providing mobile life support for the acutely ill and injured, recommends that i) ambulance services be considered, where practicable, a direct extension of a hospital emergency department and integrated with the emergency services, ii) ambulance services incorporate standards of personnel education, vehicular design and life support equipment commensurate with those of the overall emergency care system.



Noise pollution

<https://policybase.cma.ca/en/permalink/policy787>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1975-Jun-25
Topics:	Population health/ health equity/ public health
Resolution:	The Canadian Medical Association, recognizing that noise pollution is a significant and increasing health hazard in the work and home environments of most Canadians, calls on all levels of government to delineate, legislate, monitor and enforce laws on the question of noise.



Noise pollution and health

<https://policybase.cma.ca/en/permalink/policy788>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1975-Jun-25
Topics:	Population health/ health equity/ public health
Resolution:	That physicians make themselves more aware of the health hazards associated with noise and wherever possible take the necessary steps to reduce such hazards, particularly in their own working environments.