



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.



Health services access and utilization guidelines

<https://policybase.cma.ca/en/permalink/policy497>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1987-Aug-25
Topics:	Health systems, system funding and performance
Resolution:	That, in conjunction with the provincial/territorial medical associations and societies, a set of guidelines be drafted for defining access to, and utilization of, health services, identifying the factors that affect use and the relative contribution of such factors. The guidelines should also address the ways to measure and monitor the identified factors.



Prelicensure clinical training programs

<https://policybase.cma.ca/en/permalink/policy565>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1987-Aug-25
Topics:	Health human resources
Resolution:	That provision should be made for enough flexibility within prelicensure clinical training programs to prepare physicians for a variety of practice situations in Canada (eg. rural, isolated, urban) without undue prolongation of the training period.



Nuclear medicine services in under-serviced areas

<https://policybase.cma.ca/en/permalink/policy567>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1987-Aug-25
Topics:	Health systems, system funding and performance Population health/ health equity/ public health
Resolution:	That the Canadian Medical Association encourage the development of innovative technical and administrative procedures to ensure continued appropriate medically supervised services to those communities that cannot support a full time Certificant in Nuclear Medicine.



Specialty training for family medicine residents

<https://policybase.cma.ca/en/permalink/policy572>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1987-Aug-25
Topics:	Health human resources
Resolution:	That appropriate training in speciality areas of medicine be provided to family medicine residents within the existing two years of the residency training program where possible.



Adverse reactions between alcohol and drug products

<https://policybase.cma.ca/en/permalink/policy805>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1987-Aug-25
Topics:	Pharmaceuticals/ prescribing/ cannabis/ marijuana/ drugs
Resolution:	That the Canadian Medical Association urge appropriate agencies to adopt regulations and/or policies to ensure that warnings about the adverse interaction between alcohol and both prescription and non-prescription products be prominently displayed or distributed wherever alcohol and drugs are sold and/or dispensed.



Drug product substitution

<https://policybase.cma.ca/en/permalink/policy806>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1987-Aug-25
Topics:	Pharmaceuticals/ prescribing/ cannabis/ marijuana/ drugs
Resolution:	The Canadian Medical Association supports the position that: 1) a patient should have the right to choose either a generic or a brand-name prescription drug where both alternatives exist; and 2) a physician should have the right to order "no substitution" of a drug product he or she prescribes.



Car safety standards for mini vans and light trucks

<https://policybase.cma.ca/en/permalink/policy807>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1987-Aug-25
Topics:	Population health/ health equity/ public health
Resolution:	The Canadian Medical Association recommends to Transport Canada that safety standards required in passenger cars also be applied to mini vans and light trucks.



Smokeless tobacco

<https://policybase.cma.ca/en/permalink/policy481>

Policy Type:	Policy resolution
Last Reviewed:	2019-Mar-03
Date:	1987-Dec-12
Topics:	Population health/ health equity/ public health
Resolution:	That the Canadian Medical Association alert the public to the serious health hazards associated with the uses of smokeless tobacco; AND That the Canadian Medical Association approach the federal government to request that mandatory health warnings and the advertising restrictions proposed for other tobacco products apply equally to smokeless tobacco products.



Training physicians to practice in urban and rural settings

<https://policybase.cma.ca/en/permalink/policy506>

Policy Type:	Policy resolution
Last Reviewed:	2019-Mar-03
Date:	1987-Dec-12
Topics:	Population health/ health equity/ public health
Resolution:	That the Canadian Medical Association encourage Canadian undergraduate and postgraduate medical education programs to train physicians who have the appropriate knowledge and skills to meet the health care needs of the Canadian public in both urban and non-urban settings.



The impact of the Goods and Services Tax (GST) and the proposed Harmonized Sales Tax (HST) on Canadian physicians : Brief submitted to the House of Commons Standing Committee on Finance

<https://policybase.cma.ca/en/permalink/policy2023>

Policy Type:	Parliamentary submission
Last Reviewed:	2019-Mar-03
Date:	1997-Jan-21
Topics:	Health human resources Physician practice/ compensation/ forms

Documents

BR1997-04.pdf

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Principles for the development, use and evaluation of health care databases

<https://policybase.cma.ca/en/permalink/policy579>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1997-Aug-20
Topics:	Health information and e-health Ethics and medical professionalism
Resolution:	That physicians, through the Canadian Medical Association, its Divisions and affiliates, should be involved in delineating principles to guide the development, use and evaluation of databases that provide linkages between health care utilization, socioeconomic status and other determinants of health and health status.



Evidence and stakeholder involvement in the development of health policy

<https://policybase.cma.ca/en/permalink/policy580>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1997-Aug-20
Topics:	Ethics and medical professionalism
Resolution:	That evidence-based approaches and wide stakeholder involvement are essential in the development and implementation of public policies designed to improve the health of the population both collectively and individually.



Evolving patient-physician relationship

<https://policybase.cma.ca/en/permalink/policy581>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1997-Aug-20
Topics:	Population health/ health equity/ public health Health systems, system funding and performance Ethics and medical professionalism
Resolution:	That the Canadian Medical Association explore the changing relationships of physicians with their patients and communities related to the expanding role of patients in decision-making and self-care.



Evidence-based health-impact analysis and policy development

<https://policybase.cma.ca/en/permalink/policy582>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1997-Aug-20
Topics:	Health systems, system funding and performance Ethics and medical professionalism
Resolution:	That the Canadian Medical Association and its Divisions urge government to establish a framework to ensure that the development and implementation of public policy is guided by evidence-based health-impact analysis.