



Joint statement on preventing and resolving ethical conflicts involving health care providers and persons receiving care

<https://policybase.cma.ca/en/permalink/policy202>

Policy Type: Policy document
 Last Reviewed: 2019-Mar-03
 Date: 1998-Dec-05
 Topics: Ethics and medical professionalism

Documents



PD99-03.pdf

 Read PDF

 Download PDF



Non-Insured Health Benefits Plan and fees

<https://policybase.cma.ca/en/permalink/policy1543>

Policy Type: Policy resolution
 Last Reviewed: 2013-Mar-02
 Date: 1998-Dec-05
 Topics: Population health/ health equity/ public health
 Resolution: That the Canadian Medical Association examine the Health Canada's Non-Insured Health Benefits Plan's refusal to remunerate physicians for completing pre-authorization request forms.



Prescription of heroin for the treatment of drug abuse

<https://policybase.cma.ca/en/permalink/policy1544>

Policy Type:	Policy resolution
Last Reviewed:	2013-Mar-02
Date:	1998-Dec-05
Topics:	Population health/ health equity/ public health
Resolution:	That the Canadian Medical Association recommend that methadone maintenance and counselling programs be more widely available across the country with appropriate education and remuneration of professionals delivering such programs. This recommendation applies also to correctional institutions.



Access to quality health care

<https://policybase.cma.ca/en/permalink/policy323>

Policy Type:	Policy resolution
Last Reviewed:	2019-Mar-03
Date:	1998-Sep-09
Topics:	Population health/ health equity/ public health Health systems, system funding and performance
Resolution:	That access to quality health care must be available to all Canadians, in a manner consistent with provincial/territorial human rights legislation and the Canadian Charter of Rights and Freedoms.



Expansion of the health care system through new funding

<https://policybase.cma.ca/en/permalink/policy332>

Policy Type:	Policy resolution
Last Reviewed:	2019-Mar-03
Date:	1998-Sep-09
Topics:	Health systems, system funding and performance
Resolution:	That expansions or broadening of the health care system should be done with new funding and not through reallocations from medical care budgets.



Consequences of decreasing physical activity among Canadians

<https://policybase.cma.ca/en/permalink/policy342>

Policy Type: Policy resolution
Last Reviewed: 2019-Mar-03
Date: 1998-Sep-09
Topics: Population health/ health equity/ public health
Resolution: That the Canadian Medical Association warns that Canadians will face medical and psychological consequences as a result of decreasing physical activity.



Health effects of air pollution

<https://policybase.cma.ca/en/permalink/policy345>

Policy Type: Policy resolution
Last Reviewed: 2019-Mar-03
Date: 1998-Sep-09
Topics: Population health/ health equity/ public health
Resolution: That the Canadian Medical Association work with provincial and territorial Divisions in carrying out the federal coordination of activities to identify and disseminate information on health effects of air pollution.



Fees for on call service

<https://policybase.cma.ca/en/permalink/policy442>

Policy Type: Policy resolution
Last Reviewed: 2019-Mar-03
Date: 1998-Sep-09
Topics: Health systems, system funding and performance
Health human resources
Resolution: That the Canadian Medical Association support in principle that fees be paid to physicians for the service of being on call.



Frequency of on-call services

<https://policybase.cma.ca/en/permalink/policy445>

Policy Type:	Policy resolution
Last Reviewed:	2019-Mar-03
Date:	1998-Sep-09
Topics:	Health human resources
Resolution:	That the Canadian Medical Association recommend that in principle Canadian physicians not be required to provide on-call services more frequently than 1 night in 5.



Health information privacy and medical school curricula and training programs

<https://policybase.cma.ca/en/permalink/policy446>

Policy Type:	Policy resolution
Last Reviewed:	2019-Mar-03
Date:	1998-Sep-09
Topics:	Health human resources
Resolution:	That the Canadian Medical Association encourage Canadian medical schools to incorporate the principles and details of the CMA Principles for the Protection of Patients' Personal Health Information into their undergraduate curricula and postgraduate training programs.

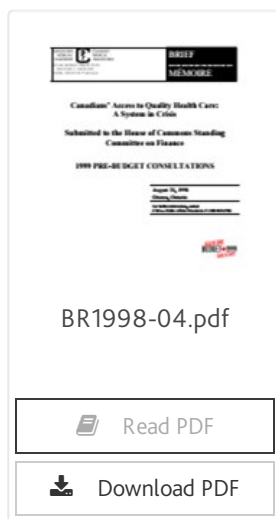


Canadians' Access to Quality Health Care: A System in Crisis : Submitted to the House of Commons Standing Committee on Finance 1999 Pre-budget consultations

<https://policybase.cma.ca/en/permalink/policy1987>

Policy Type: Parliamentary submission
Last Reviewed: 2019-Mar-03
Date: 1998-Aug-31
Topics: Health human resources
Health systems, system funding and performance

Documents



Equal treatment for physicians

<https://policybase.cma.ca/en/permalink/policy1671>

Policy Type: Policy resolution
Last Reviewed: 2019-Mar-03
Date: 1998-Mar-02
Topics: Population health/ health equity/ public health
Resolution: That the Canadian Medical Association support the principle of equal treatment for all qualified licensed physicians in Canada, based on training and competence.



Canadian Immunization Awareness Program Coalition

<https://policybase.cma.ca/en/permalink/policy1672>

Policy Type: Policy resolution
Last Reviewed: 2019-Mar-03
Date: 1998-Mar-02
Topics: Population health/ health equity/ public health
Resolution: That the Canadian Medical Association participate in the Canadian Coalition for Immunization Awareness and Promotion as a full member.



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



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:	<p>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.</p>



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



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:	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.