



Accountability and health care funding

<https://policybase.cma.ca/en/permalink/policy654>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1995-Aug-16
Topics:	Health systems, system funding and performance
Resolution:	That the governments in Canada ensure that all funding for health care be transparent and accountable.



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.



Breast-feeding mothers

<https://policybase.cma.ca/en/permalink/policy1748>

Policy Type:	Policy resolution
Last Reviewed:	2013-Mar-02
Date:	1983-Oct-01
Topics:	Health care and patient safety
Resolution:	Be it resolved that the Canadian Medical Association recommend that breast-feeding mothers consult their physician two weeks post partum especially if they are breast-feeding for the first time; and be it further resolved that the CMA support: a) the provision of a physical environment in maternity units favourable to the initiation and continuation of successful breast-feeding; and b) the adoption of measures to facilitate the continuation of breast-feeding for women working outside the home.



Canadian priorities for medical care funding

<https://policybase.cma.ca/en/permalink/policy648>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1995-Aug-16
Topics:	Health systems, system funding and performance
Resolution:	That Canadians have a right and responsibility to debate, establish priorities and make choices for medical care funding.



Comprehensive school health care (CSH)

<https://policybase.cma.ca/en/permalink/policy758>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1995-Aug-16
Topics:	Health human resources
Resolution:	The Canadian Medical Association supports and promotes the concept of Comprehensive School Health as defined by the Canadian Association for School Health.(see http://www.cash-aces.ca/index.asp?Page=Consensus)



Definition of reproductive health

<https://policybase.cma.ca/en/permalink/policy588>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1995-Dec-03
Topics:	Ethics and medical professionalism
Resolution:	That the Canadian Medical Association endorse the definition of reproductive health as specified in Section 96, page 36 of the United Nations' Fourth World Conference on Women, Beijing 1995, Platform for Action document. [The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences.]



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.



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.



Funding health care system research, education and management

<https://policybase.cma.ca/en/permalink/policy527>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1995-Aug-16
Topics:	Health systems, system funding and performance
Resolution:	That funding for medical and health care research, education, administration and management of the health care system be adequate and separate from those monies intended for clinical services.



Health care funding and quality health care services

<https://policybase.cma.ca/en/permalink/policy652>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1995-Aug-16
Topics:	Health systems, system funding and performance
Resolution:	That public funding must be sufficient to provide high-quality core, hospital and medical services for all Canadians.



Health care system management education and research

<https://policybase.cma.ca/en/permalink/policy526>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1995-Aug-16
Topics:	Health human resources Health systems, system funding and performance
Resolution:	That the education of physicians in health care system management must be fostered and research in the management of health care systems must be increased.



Health promotion media activities

<https://policybase.cma.ca/en/permalink/policy759>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1995-Aug-16
Topics:	Population health/ health equity/ public health
Resolution:	That the Canadian Medical Association continue to participate actively in media activities related to health promotion aimed at the general public.



Impact of regionalization on the medical profession

<https://policybase.cma.ca/en/permalink/policy686>

Policy Type:	Policy resolution
Last Reviewed:	2011-Mar-05
Date:	1995-Mar-06
Topics:	Population health/ health equity/ public health
Resolution:	That the Canadian Medical Association continue to monitor developments in regionalization/decentralization in Canada and abroad, particularly as they relate to the implications for the medical profession.



Limited public funds for medical care

<https://policybase.cma.ca/en/permalink/policy655>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1995-Aug-16
Topics:	Health systems, system funding and performance
Resolution:	That the Canadian public, physicians and governments must face the reality that there are and will be limitations on the availability of publicly funded medical care based on the availability of the public purse to finance medical care.



Medical school admission policies for out-of-province students

<https://policybase.cma.ca/en/permalink/policy534>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1995-May-06
Topics:	Population health/ health equity/ public health
Resolution:	That the admission policies of Canadian medical schools allow for application from out-of-province students who are Canadian citizens or permanent residents.



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.



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.



Physicians and the management of medical services

<https://policybase.cma.ca/en/permalink/policy657>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1995-Aug-16
Topics:	Ethics and medical professionalism Health systems, system funding and performance
Resolution:	That physicians must continue to play a leadership role in managing quality and utilization of medical services.



Practice management strategy

<https://policybase.cma.ca/en/permalink/policy569>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1995-Oct-14
Topics:	Population health/ health equity/ public health
Resolution:	<p>That the Canadian Medical Association develop a complete practice management strategy that will address the physician's needs in areas of: 1. Professional Development (including PMI, Leadership Conference); 2. Office Automation (training physicians to deal with the rapidly changing technologies, including hardware requirements/options, new software developments, the paperless office, online applications, etc.). 3. Health Reform (assisting physicians in dealing with practice issues that arise out of the changes being implemented by provincial/territorial governments); 4. Personal Financial Services; 5. Practice Counselling for New Physicians (establishing a new practice, including type of practice (solo, group), the pros and cons of legal and tax implications, office design, etc.); 6. Audit process for Established Physicians (to allow established physicians to effectively evaluate their current practice and identify opportunities for greater efficiencies).</p>