



## Delivery of publicly insured medical services by the private sector

<https://policybase.cma.ca/en/permalink/policy1521>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	2004-Aug-18
Topics:	Population health/ health equity/ public health Health systems, system funding and performance
Resolution:	The Canadian Medical Association encourages the continued delivery of publicly insured medical services by the private sector provided that these services are funded entirely by the public sector.



## Compensation ceilings for GP's and access to front-line services

<https://policybase.cma.ca/en/permalink/policy1524>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	2004-Aug-18
Topics:	Ethics and medical professionalism Health human resources Health systems, system funding and performance Physician practice/ compensation/ forms
Resolution:	The Canadian Medical Association recommends that compensation ceilings for general practitioners where they exist be removed in order to improve access to front-line services.



## Promotion of physical activity among physicians

<https://policybase.cma.ca/en/permalink/policy1525>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 2004-Aug-18

Topics: Ethics and medical professionalism

Health human resources

Population health/ health equity/ public health

Resolution: The Canadian Medical Association, in keeping with its vision of a healthy population and national advocacy mission, shall vigorously promote physical activity among physicians for the sake of their own wellness, which in turn enhances their ability to care for others and sets an important example in encouraging patients to be physically active.



## Annual National Physicians' Week

<https://policybase.cma.ca/en/permalink/policy1528>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 2004-Aug-18

Topics: Ethics and medical professionalism

Resolution: The Canadian Medical Association will explore the feasibility of sponsoring, supporting and promoting an annual National Physicians' Week or other similar national event to celebrate the many contributions and achievements of Canadian physicians providing quality health care to their patients.



## Initiatives to reduce wait times

<https://policybase.cma.ca/en/permalink/policy1530>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 2004-Aug-18

Topics: Ethics and medical professionalism

Health human resources

Physician practice/ compensation/ forms

Resolution: The Canadian Medical Association, consistent with A Prescription for Sustainability, advocates to reduce wait times through the following initiatives: a) development of pan-Canadian wait time benchmarks based on available evidence; b) a network of regional registries and referral programs for specialized care; c) streamlined referral for investigation and specialty consultations; and d) Canadian Health Access Fund designed to support inter-jurisdictional portability of care.



## Renewing medical equipment in the healthcare system

<https://policybase.cma.ca/en/permalink/policy1531>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 2004-Aug-18

Topics: Ethics and medical professionalism

Health human resources

Physician practice/ compensation/ forms

Resolution: The Canadian Medical Association urges federal and provincial/territorial governments to invest heavily in renewing the medical equipment in the healthcare system.



## National wait-time monitoring system

<https://policybase.cma.ca/en/permalink/policy1532>

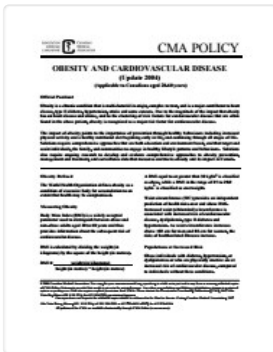
Policy Type: Policy resolution  
Last Reviewed: 2017-Mar-04  
Date: 2004-Aug-18  
Topics: Ethics and medical professionalism  
Health systems, system funding and performance  
Resolution: The Canadian Medical Association advocates for the implementation of a national wait-time monitoring system for a broad range of medical conditions and diagnostic services.



## Professional advisory committee to the Conference of Health Ministers

<https://policybase.cma.ca/en/permalink/policy1533>

Policy Type: Policy resolution  
Last Reviewed: 2017-Mar-04  
Date: 2004-Aug-18  
Topics: Health human resources  
Health systems, system funding and performance  
Resolution: The Canadian Medical Association calls on governments to implement a professional advisory committee to the Conference of Health Ministers comprised of physicians and other front line providers representing national health organizations.



## Obesity and cardiovascular disease (Update 2004): (Applicable to Canadians aged 20-60 years)

<https://policybase.cma.ca/en/permalink/policy1246>

Policy Type: Policy document  
Last Reviewed: 2018-Mar-03  
Date: 2004-May-31  
Replaces: Obesity and cardiovascular disease (2003): (Applicable to Canadians aged 20-60 years)  
Topics: Health care and patient safety

### Documents

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## Notes for an address by Sunil V. Patel, MB, ChB, President, Canadian Medical Association : Presentation to the Standing Committee on Citizenship and Immigration of the House of Commons


<https://policybase.cma.ca/en/permalink/policy2009>


Policy Type: Parliamentary submission  
Last Reviewed: 2011-Mar-05  
Date: 2004-Apr-19  
Topics: Health human resources

### Documents

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# Health Protection and a Canadian Public Health Strategy: A Comprehensive Approach To Public Health: Submission to Health Canada


<https://policybase.cma.ca/en/permalink/policy1958>


Policy Type: Parliamentary submission  
Last Reviewed: 2011-Mar-05  
Date: 2004-Apr-12  
Topics: Population health/ health equity/ public health

## Documents

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## Toward a National Strategy on Mental Illness and Mental Health : CMA Presentation to the Senate Standing Committee on Social Affairs, Science and Technology

<https://policybase.cma.ca/en/permalink/policy2008>

Policy Type: Parliamentary submission  
Last Reviewed: 2011-Mar-05  
Date: 2004-Mar-31  
Topics: Population health/ health equity/ public health

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# Letter to the Honourable Pierre Pettigrew on mandatory retirement

<https://policybase.cma.ca/en/permalink/policy11701>


Policy Type: Parliamentary submission  
Last Reviewed: 2017-Mar-04  
Date: 2004-Mar-24  
Topics: Health human resources


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## Letter on Strengthening the Pan-Canadian Public Health System discussion paper

<https://policybase.cma.ca/en/permalink/policy1957>

Policy Type: Response to consultation  
Last Reviewed: 2011-Mar-05  
Date: 2004-Mar-22  
Topics: Population health/ health equity/ public health

### Documents

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## Chaoulli: CMA/COA submission regarding timeliness of access to health care

<https://policybase.cma.ca/en/permalink/policy1956>

Policy Type: Court Submission  
 Last Reviewed: 2011-Mar-05  
 Date: 2004-Mar-19  
 Topics: Health systems, system funding and performance

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## Bill C-6: An Act Respecting Assisted Human Reproduction and Related Research

<https://policybase.cma.ca/en/permalink/policy1620>

Policy Type: Policy resolution  
 Last Reviewed: 2017-Mar-04  
 Date: 2004-Feb-28  
 Topics: Ethics and medical professionalism  
 Resolution: The Canadian Medical Association reaffirms its position on Bill C-6. [An Act Respecting Assisted Human Reproduction and Related Research]



## Notes for an address by Dr. Eugene Bereza, Chair, Committee on Ethics, Canadian Medical Association : Bill C-6 (An act respecting assisted human reproduction) : Presentation to the Senate Standing Committee on Social Affairs, Science and Technology

<https://policybase.cma.ca/en/permalink/policy2007>


Policy Type: Parliamentary submission  
Last Reviewed: 2011-Mar-05  
Date: 2004-Feb-18  
Topics: Ethics and medical professionalism

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## 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.