



Evidence-based health-impact analysis and policy development

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

Policy Type: Policy resolution

Last Reviewed: 2017-03-04

Date: 1997-08-20

Topics: Health systems, system funding and performance
Ethics and medical professionalism

Resolution: GC97-31

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.



Evolving patient-physician relationship

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

Policy Type: Policy resolution

Last Reviewed: 2017-03-04

Date: 1997-08-20

Topics: Population health/ health equity/ public health
Health systems, system funding and performance
Ethics and medical professionalism

Resolution: GC97-28

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.



Health care funding

<https://policybase.cma.ca/en/permalink/policy683>

Policy Type: Policy resolution

Last Reviewed: 2017-03-04

Date: 1997-08-20

Topics: Health systems, system funding and performance

Resolution: GC97-24

That the Canadian Medical Association challenge the federal government to fund the health care system at a level sufficient to meet the health care needs of Canadians.



Health care funding and determinants of health

<https://policybase.cma.ca/en/permalink/policy685>

Policy Type: Policy resolution

Last Reviewed: 2017-03-04

Date: 1997-08-20

Topics: Health systems, system funding and performance

Population health/ health equity/ public health

Resolution: GC97-34

That the Canadian Medical Association affirm with the provincial and territorial governments that funding for programs focusing on the determinants of health not adversely affect the level of funding of health care services.



Health care funding for patient care

<https://policybase.cma.ca/en/permalink/policy684>

Policy Type: Policy resolution

Last Reviewed: 2017-03-04

Date: 1997-08-20

Topics: Health systems, system funding and performance

Resolution: GC97-25

That any future increase in health care funding should be largely devoted to direct patient care.



Health care restructuring and changing demographics

<https://policybase.cma.ca/en/permalink/policy682>

Policy Type: Policy resolution
Last Reviewed: 2017-03-04
Date: 1997-08-20
Topics: Health systems, system funding and performance
Resolution: GC97-22

That new models of health care funding and delivery must take into account the effects of the changing demographics of providers and patients and the effects these changes will have on the evolution of the health care system.



Health care restructuring funding and service delivery models

<https://policybase.cma.ca/en/permalink/policy679>

Policy Type: Policy resolution
Last Reviewed: 2017-03-04
Date: 1997-08-20
Topics: Health systems, system funding and performance
Resolution: GC97-18

That the Canadian Medical Association framework for physician involvement in possible new models of funding, management and delivery of health care include the following principle: All new funding and service delivery models, including rostering, should be voluntary and negotiated exclusively with physicians.



Medical direction and administrative responsibility

<https://policybase.cma.ca/en/permalink/policy703>

Policy Type:	Policy resolution
Last Reviewed:	2017-03-04
Date:	1981-08-28
Topics:	Health systems, system funding and performance Health human resources
Resolution:	GC81-17

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.



Medicare funding

<https://policybase.cma.ca/en/permalink/policy680>

Policy Type: Policy resolution
Last Reviewed: 2017-03-04
Date: 1997-08-20
Topics: Health systems, system funding and performance
Resolution: GC97-19

That the Canadian Medical Association declare that the current level of funding of the Canadian medicare system is inadequate, resulting in a reduction in the quality of care in Canada.



Medicare funding

<https://policybase.cma.ca/en/permalink/policy681>

Policy Type: Policy resolution
Last Reviewed: 2017-03-04
Date: 1997-08-20
Topics: Health systems, system funding and performance
Resolution: GC97-20

That the Canadian Medical Association deplore the needless suffering of Canadians caused by underfunding of the medicare system.