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.

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

BR1998-04.pdf

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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.

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.

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:	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.