



Access to quality health care

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

Policy Type: Policy resolution

Last Reviewed: 2019-03-03

Date: 1998-09-09

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

Resolution: GC98-23

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.



Accountability and health care funding

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

Policy Type: Policy resolution

Last Reviewed: 2017-03-04

Date: 1995-08-16

Topics: Health systems, system funding and performance

Resolution: GC95-17

That the governments in Canada ensure that all funding for health care be transparent and accountable.



Canadian priorities for medical care funding

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

Policy Type: Policy resolution

Last Reviewed: 2017-03-04

Date: 1995-08-16

Topics: Health systems, system funding and performance

Resolution: GC95-10

That Canadians have a right and responsibility to debate, establish priorities and make choices for medical care funding.



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: 2019-03-03
Date: 1998-08-31
Topics: Health human resources
Health systems, system funding and performance

Documents

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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: 2019-03-03
Date: 1998-09-09
Topics: Health systems, system funding and performance
Resolution: GC98-32

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:	2019-03-03
Date:	1998-09-09
Topics:	Health systems, system funding and performance Health human resources
Resolution:	GC98-44 That the Canadian Medical Association support in principle that fees be paid to physicians for the service of being on call.



Funding health care system research, education and management

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

Policy Type:	Policy resolution
Last Reviewed:	2017-03-04
Date:	1995-08-16
Topics:	Health systems, system funding and performance
Resolution:	GC95-23 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:	2017-03-04
Date:	1995-08-16
Topics:	Health systems, system funding and performance
Resolution:	GC95-14 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: 2017-03-04

Date: 1995-08-16

Topics: Health human resources

Health systems, system funding and performance

Resolution: GC95-22

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.



Limited public funds for medical care

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

Policy Type: Policy resolution

Last Reviewed: 2017-03-04

Date: 1995-08-16

Topics: Health systems, system funding and performance

Resolution: GC95-18

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.