



A new mission for health care in Canada: Addressing the needs of an aging population. 2016 pre-budget submission to the Minister of Finance

<https://policybase.cma.ca/en/permalink/policy11803>

Policy Type: Parliamentary submission
Date: 2016-Feb-09
Topics: Population health/ health equity/ public health
Health systems, system funding and performance

Documents



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2015 revision of the World Medical Association statement on nuclear weapons

<https://policybase.cma.ca/en/permalink/policy11871>

Policy Type: Policy resolution

Date: 2016-Feb-27

Topics: Health care and patient safety

Population health/ health equity/ public health

Resolution: BD16-04-105

The Canadian Medical Association endorses the 2015 revision of the World Medical Association Statement on Nuclear Weapons (<https://www.wma.net/policies-post/wma-statement-on-nuclear-weapons/>) [Please copy and paste this link into your web browser.]



Joint Canadian Medical Association & Canadian Psychiatric Association Policy - Access to mental health care

<https://policybase.cma.ca/en/permalink/policy11890>

Policy Type: Policy document

Date: 2016-May-20

Topics: Health care and patient safety

Population health/ health equity/ public health

Documents

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Education on the prescription of physical activity and exercise

<https://policybase.cma.ca/en/permalink/policy11892>

Policy Type: Policy resolution

Date: 2016-Aug-24

Topics: Population health/ health equity/ public health

Resolution: GC16-22

The Canadian Medical Association supports national curriculum development within Canada's medical schools that ensures education on the prescription of physical activity and exercise



Gender-diversity policy

<https://policybase.cma.ca/en/permalink/policy11894>

Policy Type: Policy resolution

Date: 2016-Aug-24

Topics: Ethics and medical professionalism

Population health/ health equity/ public health

Resolution: GC16-24

The Canadian Medical Association will develop a gender-diversity policy to increase representation in all levels of medical leadership.



Palliative and end-of-life care

<https://policybase.cma.ca/en/permalink/policy11895>

Policy Type: Policy resolution

Date: 2016-Aug-24

Topics: Population health/ health equity/ public health

Ethics and medical professionalism

Resolution: GC16-52

The Canadian Medical Association acknowledges that palliative and end-of-life care has public health implications.



Support for family caregivers

<https://policybase.cma.ca/en/permalink/policy11898>

Policy Type: Policy resolution

Date: 2016-Aug-24

Topics: Population health/ health equity/ public health

Resolution: GC16-27

The Canadian Medical Association supports enhanced continuing medical education training to help identify, assess, involve and support family caregivers.



Access to public long-term care homes

<https://policybase.cma.ca/en/permalink/policy11906>

Policy Type: Policy resolution

Date: 2016-Aug-24

Topics: Health systems, system funding and performance

Population health/ health equity/ public health

Resolution: GC16-35

The Canadian Medical Association will raise the federal government's awareness of the inequitable access to public long-term care homes that is experienced by patients with financial, cultural and/or linguistic barriers.



Patient navigator models

<https://policybase.cma.ca/en/permalink/policy11907>

Policy Type: Policy resolution

Date: 2016-Aug-24

Topics: Health care and patient safety

Health systems, system funding and performance

Population health/ health equity/ public health

Resolution: GC16-36

The Canadian Medical Association supports the development of patient navigator models, particularly for vulnerable patient populations.



Integration of care

<https://policybase.cma.ca/en/permalink/policy11908>

Policy Type: Policy resolution

Date: 2016-Aug-24

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

Resolution: GC16-37

The Canadian Medical Association supports the integration of care between specialist/acute care physicians and family physicians as patients move between primary and secondary/acute care.