Appearance before the House of Commons Standing Committee on Health
https://policybase.cma.ca/link/policy14475

POLICY TYPE
Parliamentary submission

DATE
2022-05-09

TOPICS
Health systems, system funding and performance
Ethics and medical professionalism

Documents

Appearance before the House of Commons Standing Committee on Health

Dr. Kathleen Smart
President of the Canadian Medical Association

May 9, 2022

Thank you for inviting me today.
Appearance before the Standing Committee on Indigenous and Northern Affairs (INAN): Administration and accessibility of Indigenous Peoples to the Non-Insured Benefits Program

https://policybase.cma.ca/link/policy14474

POLICY TYPE
Parliamentary submission

DATE
2022-05-03

TOPICS
Population health, health equity, public health
Ethics and medical professionalism

Documents

Appearance before the
Standing Committee on
Indigenous and Northern
Affairs (INAN): Administration
and accessibility of Indigenous
Peoples to the Non-Insured
Benefits Program

Dr. Alba Lechtenber
President, Council of the Canadian Medical Association

May 4, 2022

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Health Human Resource Policy Recommendations: Summary. Briefing to the House of Commons Standing Committee on Health
https://policybase.cma.ca/link/policy14473

POLICY TYPE: Parliamentary submission
DATE: 2022-04-14
TOPICS: Health systems, system funding and performance, Ethics and medical professionalism

Documents
Federal Policy Options to Advance Pan-Canadian Licensure

https://policybase.cma.ca/link/policy14471

POLICY TYPE  Parliamentary submission
DATE  2022-02-22
TOPICS  Health systems, system funding and performance
        Health human resources
        Ethics and medical professionalism

Documents

Study on Canada’s Health Workforce

https://policybase.cma.ca/link/policy14469

POLICY TYPE  Parliamentary submission
DATE  2022-02-16
TOPICS  Health systems, system funding and performance
Health human resources
Ethics and medical professionalism

Documents

Appearance before the House of Commons Standing Committee on Health:

Study on Canada’s Health Workforce

Dr. Curtis J. Smith
President of the Canadian Medical Association

February 15, 2022

CMA Policybase - Canadian Medical Association
Recommendations for federal action to address Canada’s health care crisis
https://policybase.cma.ca/link/policy14468

POLICY TYPE       Parliamentary submission
DATE             2022-02-15
TOPICS
   Health systems, system funding and performance
   Health human resources
   Ethics and medical professionalism

Documents

Recommendations for federal action to address
Canada’s health care crisis

Submission to the House of Commons
Standing Committee on Finance
February 15, 2022
Study on Bill S-209, An Act respecting Pandemic Observance Day
https://policybase.cma.ca/link/policy14467

POLICY TYPE
Parliamentary submission

DATE
2022-02-09

TOPICS
Health care and patient safety
Ethics and medical professionalism

Documents

Appearance before the Senate
Standing Committee on Social Affairs, Science and Technology

Study on Bill S-209, An Act respecting Pandemic Observance Day

Dr. J. Michael Harrington
President of the Canadian Medical Association

February 08, 2022
(Declaration of Interests)
CMA Submission to the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities’ study of Bill C-3, An Act to amend the Criminal Code and the Canada Labour Code

https://policybase.cma.ca/link/policy14464

POLICY TYPE
Parliamentary submission

DATE
2021-12-15

TOPICS
Health care and patient safety
Ethics and medical professionalism
CMA Submission to the Standing Committee on Social Affairs, Science and Technology’s study of Bill C-3, An Act to amend the Criminal Code and the Canada Labour Code

https://policybase.cma.ca/link/policy14462

POLICY TYPE
Parliamentary submission

DATE
2021-12-10

TOPICS
Ethics and medical professionalism

Documents
Canadian Medical Association input in advance of the World Health Assembly Special Session
https://policybase.cma.ca/link/policy14461

POLICY TYPE  Parliamentary submission
DATE  2021-11-17
TOPICS  Population health, health equity, public health
Ethics and medical professionalism

Documents
New Criminal Code offence to protect health workers from threats and violence, including online
https://policybase.cma.ca/link/policy14463

POLICY TYPE
Parliamentary submission

DATE
2021-11-16

TOPICS
Population health, health equity, public health
Ethics and medical professionalism

Documents
Canada's doctors and nurses urgently calling for federal measures to address Canada's health workforce crisis

https://policybase.cma.ca/link/policy4460

POLICY TYPE  Parliamentary submission
DATE  2021-11-09
TOPICS  Ethics and medical professionalism
Disclosure of COVID-19 Vaccination Status by Physicians

POLICY TYPE: Policy document
DATE: 2021-10-22
TOPICS: Physician practice, compensation, forms

Documents
COVID-19 Vaccine Global Intellectual Property Policy

1. The Canadian Medical Association (CMA) supports equitable access to COVID-19 vaccines and the rapid deployment of vaccines globally to control the pandemic. The CMA believes that the intellectual property (IP) rights attached to vaccines should be temporarily and flexibly waived to facilitate the global distribution of vaccines. This will ensure that COVID-19 vaccines are available to all countries, regardless of their ability to pay.

2. The CMA supports the implementation of a mechanism such as a ‘新冠疫苗通用豁免’ (COVID-19 Vaccine Access Blueprint, CVAB) to ensure that developing countries have access to COVID-19 vaccines. This mechanism will facilitate the temporary and flexible waiver of IP rights attached to vaccines to enable the production and distribution of vaccines in developing countries.

3. The CMA supports the implementation of a five-year plan to ensure that the production and distribution of COVID-19 vaccines are accessible and affordable to all countries, regardless of their ability to pay.

4. The CMA supports the implementation of a ten-year plan to ensure that the production and distribution of COVID-19 vaccines are accessible and affordable to all countries, regardless of their ability to pay.

5. The CMA supports the implementation of a twenty-year plan to ensure that the production and distribution of COVID-19 vaccines are accessible and affordable to all countries, regardless of their ability to pay.

6. The CMA supports the implementation of a forty-year plan to ensure that the production and distribution of COVID-19 vaccines are accessible and affordable to all countries, regardless of their ability to pay.

7. The CMA supports the implementation of a eighty-year plan to ensure that the production and distribution of COVID-19 vaccines are accessible and affordable to all countries, regardless of their ability to pay.

8. The CMA supports the implementation of a one-hundred-year plan to ensure that the production and distribution of COVID-19 vaccines are accessible and affordable to all countries, regardless of their ability to pay.

9. The CMA supports the implementation of a two-hundred-year plan to ensure that the production and distribution of COVID-19 vaccines are accessible and affordable to all countries, regardless of their ability to pay.

10. The CMA supports the implementation of a four-hundred-year plan to ensure that the production and distribution of COVID-19 vaccines are accessible and affordable to all countries, regardless of their ability to pay.

The CMA believes that the temporary and flexible waiver of IP rights attached to vaccines will facilitate the rapid deployment of vaccines globally and ensure that COVID-19 vaccines are accessible and affordable to all countries, regardless of their ability to pay.
Vaccine certificates
https://policybase.cma.ca/link/policy14448

POLICY TYPE
Policy document

DATE
2021-08-21

TOPICS
Population health, health equity, public health
Ethics and medical professionalism

Documents
Global vaccine equity

https://policybase.cma.ca/link/policy14451

POLICY TYPE
Policy document

DATE
2021-08-21

TOPICS
Ethics and medical professionalism
Population health, health equity, public health

Documents
Guidelines for physicians in interactions with industry / Recommendations for physician innovators

https://policybase.cma.ca/link/policy14454

POLICY TYPE
Policy document

DATE
2021-08-21

REPLACES
PD08-01 Guidelines for Physicians in Interactions with Industry

TOPICS
Ethics and medical professionalism

Documents

Guidelines for physicians in interactions with industry

See also companion policy: Recommendations for physician innovators

Recommendations to physicians on interactions with industry

Ethics and medical professionalism

Guideline development

1. Physicians should make every effort to maintain a personal and professional relationship with industry that is based on the principles of mutual respect, trust and non-benefit. This involves ensuring that the financial relationships between physicians and industry do not influence the conduct of their professional relationships, nor any scientific or professional decision. Such relationships should not be a source of conflict or bias, or create a perception of such a conflict or bias.

2. Physicians should not accept industry support of scientific and educational endeavors, and should ensure that such support is based on the principles of mutual respect, trust and non-benefit. This involves ensuring that the financial relationships between physicians and industry do not influence the conduct of their professional relationships, nor any scientific or professional decision. Such relationships should not be a source of conflict or bias, or create a perception of such a conflict or bias.

3. Physicians should ensure that any financial relationships with industry are disclosed to their patients, to their colleagues, and to the public through a public registry of financial relationships. This involves ensuring that the financial relationships between physicians and industry do not influence the conduct of their professional relationships, nor any scientific or professional decision. Such relationships should not be a source of conflict or bias, or create a perception of such a conflict or bias.

4. Physicians should ensure that any financial relationships with industry are disclosed to their patients, to their colleagues, and to the public through a public registry of financial relationships. This involves ensuring that the financial relationships between physicians and industry do not influence the conduct of their professional relationships, nor any scientific or professional decision. Such relationships should not be a source of conflict or bias, or create a perception of such a conflict or bias.

5. Physicians should ensure that any financial relationships with industry are disclosed to their patients, to their colleagues, and to the public through a public registry of financial relationships. This involves ensuring that the financial relationships between physicians and industry do not influence the conduct of their professional relationships, nor any scientific or professional decision. Such relationships should not be a source of conflict or bias, or create a perception of such a conflict or bias.

6. Physicians should ensure that any financial relationships with industry are disclosed to their patients, to their colleagues, and to the public through a public registry of financial relationships. This involves ensuring that the financial relationships between physicians and industry do not influence the conduct of their professional relationships, nor any scientific or professional decision. Such relationships should not be a source of conflict or bias, or create a perception of such a conflict or bias.

7. Physicians should ensure that any financial relationships with industry are disclosed to their patients, to their colleagues, and to the public through a public registry of financial relationships. This involves ensuring that the financial relationships between physicians and industry do not influence the conduct of their professional relationships, nor any scientific or professional decision. Such relationships should not be a source of conflict or bias, or create a perception of such a conflict or bias.

8. Physicians should ensure that any financial relationships with industry are disclosed to their patients, to their colleagues, and to the public through a public registry of financial relationships. This involves ensuring that the financial relationships between physicians and industry do not influence the conduct of their professional relationships, nor any scientific or professional decision. Such relationships should not be a source of conflict or bias, or create a perception of such a conflict or bias.

9. Physicians should ensure that any financial relationships with industry are disclosed to their patients, to their colleagues, and to the public through a public registry of financial relationships. This involves ensuring that the financial relationships between physicians and industry do not influence the conduct of their professional relationships, nor any scientific or professional decision. Such relationships should not be a source of conflict or bias, or create a perception of such a conflict or bias.

10. Physicians should ensure that any financial relationships with industry are disclosed to their patients, to their colleagues, and to the public through a public registry of financial relationships. This involves ensuring that the financial relationships between physicians and industry do not influence the conduct of their professional relationships, nor any scientific or professional decision. Such relationships should not be a source of conflict or bias, or create a perception of such a conflict or bias.

11. Physicians should ensure that any financial relationships with industry are disclosed to their patients, to their colleagues, and to the public through a public registry of financial relationships. This involves ensuring that the financial relationships between physicians and industry do not influence the conduct of their professional relationships, nor any scientific or professional decision. Such relationships should not be a source of conflict or bias, or create a perception of such a conflict or bias.

12. Physicians should ensure that any financial relationships with industry are disclosed to their patients, to their colleagues, and to the public through a public registry of financial relationships. This involves ensuring that the financial relationships between physicians and industry do not influence the conduct of their professional relationships, nor any scientific or professional decision. Such relationships should not be a source of conflict or bias, or create a perception of such a conflict or bias.

13. Physicians should ensure that any financial relationships with industry are disclosed to their patients, to their colleagues, and to the public through a public registry of financial relationships. This involves ensuring that the financial relationships between physicians and industry do not influence the conduct of their professional relationships, nor any scientific or professional decision. Such relationships should not be a source of conflict or bias, or create a perception of such a conflict or bias.

14. Physicians should ensure that any financial relationships with industry are disclosed to their patients, to their colleagues, and to the public through a public registry of financial relationships. This involves ensuring that the financial relationships between physicians and industry do not influence the conduct of their professional relationships, nor any scientific or professional decision. Such relationships should not be a source of conflict or bias, or create a perception of such a conflict or bias.

15. Physicians should ensure that any financial relationships with industry are disclosed to their patients, to their colleagues, and to the public through a public registry of financial relationships. This involves ensuring that the financial relationships between physicians and industry do not influence the conduct of their professional relationships, nor any scientific or professional decision. Such relationships should not be a source of conflict or bias, or create a perception of such a conflict or bias.

16. Physicians should ensure that any financial relationships with industry are disclosed to their patients, to their colleagues, and to the public through a public registry of financial relationships. This involves ensuring that the financial relationships between physicians and industry do not influence the conduct of their professional relationships, nor any scientific or professional decision. Such relationships should not be a source of conflict or bias, or create a perception of such a conflict or bias.

17. Physicians should ensure that any financial relationships with industry are disclosed to their patients, to their colleagues, and to the public through a public registry of financial relationships. This involves ensuring that the financial relationships between physicians and industry do not influence the conduct of their professional relationships, nor any scientific or professional decision. Such relationships should not be a source of conflict or bias, or create a perception of such a conflict or bias.

18. Physicians should ensure that any financial relationships with industry are disclosed to their patients, to their colleagues, and to the public through a public registry of financial relationships. This involves ensuring that the financial relationships between physicians and industry do not influence the conduct of their professional relationships, nor any scientific or professional decision. Such relationships should not be a source of conflict or bias, or create a perception of such a conflict or bias.

19. Physicians should ensure that any financial relationships with industry are disclosed to their patients, to their colleagues, and to the public through a public registry of financial relationships. This involves ensuring that the financial relationships between physicians and industry do not influence the conduct of their professional relationships, nor any scientific or professional decision. Such relationships should not be a source of conflict or bias, or create a perception of such a conflict or bias.

20. Physicians should ensure that any financial relationships with industry are disclosed to their patients, to their colleagues, and to the public through a public registry of financial relationships. This involves ensuring that the financial relationships between physicians and industry do not influence the conduct of their professional relationships, nor any scientific or professional decision. Such relationships should not be a source of conflict or bias, or create a perception of such a conflict or bias.

21. Physicians should ensure that any financial relationships with industry are disclosed to their patients, to their colleagues, and to the public through a public registry of financial relationships. This involves ensuring that the financial relationships between physicians and industry do not influence the conduct of their professional relationships, nor any scientific or professional decision. Such relationships should not be a source of conflict or bias, or create a perception of such a conflict or bias.

22. Physicians should ensure that any financial relationships with industry are disclosed to their patients, to their colleagues, and to the public through a public registry of financial relationships. This involves ensuring that the financial relationships between physicians and industry do not influence the conduct of their professional relationships, nor any scientific or professional decision. Such relationships should not be a source of conflict or bias, or create a perception of such a conflict or bias.
Truth and Reconciliation Commission of Canada: Calls to Action
https://policybase.cma.ca/link/policy14459

POLICY TYPE  
Policy endorsement

DATE  
2021-08-21

TOPICS  
Ethics and medical professionalism

Documents
Committee Appearance – Senate Legal and Constitutional Affairs Committee: Bill C-7 – An Act to Amend the Criminal Code (medical assistance in dying) https://policybase.cma.ca/link/policy14380

POLICY TYPE Parliamentary submission
DATE 2020-11-23
TOPICS Ethics and medical professionalism

Documents