CMA Statement on the Governance of Health Information: A patient-partnered health information governance framework

https://policybase.cma.ca/link/policy14485

POLICY TYPE
Policy document

DATE
2022-06-29

TOPICS
Health information and e-health
Disclosure of COVID-19 Vaccination Status by Physicians

In the current recommendations:

1. The fundamental principle of patient autonomy must be respected. This requires that disclosure of vaccination status must be made on a patient-by-patient basis. The physician must determine, in consultation with the patient, whether to disclose vaccination status. This determination should be based on the patient's wishes and the potential impact on the patient's care.

2. The physician should inform the patient about the benefits and risks of being vaccinated. This includes information about the vaccine's efficacy, potential side effects, and the vaccine's role in preventing COVID-19.

3. The physician should inform the patient about their options for vaccination and the consequences of choosing not to be vaccinated. This includes information about the vaccine's availability and the need for a booster dose.

4. The physician should discuss the patient's ongoing need for vaccination with the patient. This includes information about the vaccine's duration of protection and the need for regular updates on the vaccine's development status.

5. The physician should inform the patient about the potential benefits of vaccination, including the reduction in the transmission of COVID-19 and the prevention of severe illness.

6. The physician should inform the patient about the potential risks of vaccination, including the possibility of adverse reactions and the risk of vaccine breakthrough cases.

7. The physician should inform the patient about the potential consequences of non-vaccination, including the increased risk of severe illness and death.

8. The physician should inform the patient about the potential economic consequences of non-vaccination, including the cost of medical care and potential loss of income due to illness.

9. The physician should inform the patient about the potential legal consequences of non-vaccination, including the potential for liability for causing harm to others.

10. The physician should inform the patient about the potential ethical consequences of non-vaccination, including the potential for contributing to the spread of COVID-19.

11. The physician should inform the patient about the potential long-term consequences of non-vaccination, including the potential for long-term health complications.

12. The physician should inform the patient about the potential future consequences of non-vaccination, including the potential for future pandemics that may require vaccination.

13. The physician should inform the patient about the potential benefits of vaccination, including the reduction in the transmission of COVID-19 and the prevention of severe illness.

14. The physician should inform the patient about the potential risks of vaccination, including the possibility of adverse reactions and the risk of vaccine breakthrough cases.

15. The physician should inform the patient about the potential consequences of non-vaccination, including the increased risk of severe illness and death.

16. The physician should inform the patient about the potential economic consequences of non-vaccination, including the cost of medical care and potential loss of income due to illness.

17. The physician should inform the patient about the potential legal consequences of non-vaccination, including the potential for liability for causing harm to others.

18. The physician should inform the patient about the potential ethical consequences of non-vaccination, including the potential for contributing to the spread of COVID-19.

19. The physician should inform the patient about the potential long-term consequences of non-vaccination, including the potential for long-term health complications.

20. The physician should inform the patient about the potential future consequences of non-vaccination, including the potential for future pandemics that may require vaccination.
COVID-19 Vaccine Global Intellectual Property Policy

https://policybase.cma.ca/link/policy14458

POLICY TYPE
Policy document

DATE
2021-10-22

TOPICS
Physician practice, compensation, forms
Digital Health Care and Competition – a perspective from The Canadian Medical Association
https://policybase.cma.ca/link/policy14444

POLICY TYPE: Parliamentary submission
DATE: 2021-06-25
TOPICS: Health information and e-health

Documents
Enhancing equitable access to virtual care in Canada: Principle-based recommendations for equity

https://policybase.cma.ca/link/policy14447

POLICY TYPE
Policy endorsement

DATE
2021-04-30

TOPICS
Population health, health equity, public health
Health information and e-health

Documents
CMA Pre-budget Submission
https://policybase.cma.ca/link/policy14259

POLICY TYPE
Parliamentary submission

DATE
2020-08-07

TOPICS
Physician practice, compensation, forms
Health information and e-health
Health care and patient safety
Health systems, system funding and performance

Documents
Submission in Response to the Consultation on the Canada Emergency Wage Subsidy: Keeping Medical Clinic Employees on the Payroll
https://policybase.cma.ca/link/policy4258

POLICY TYPE
Parliamentary submission

DATE
2020-06-05

TOPICS
Physician practice, compensation, forms
Health systems, system funding and performance

Documents
Federal measures to recognize the significant contributions of Canada’s front-line health care workers during the COVID-19 pandemic
https://policybase.cma.ca/link/policy14247

POLICY TYPE
Parliamentary submission

DATE
2020-06-02

TOPICS
Physician practice, compensation, forms

Documents
Protecting and supporting Canada’s health-care providers during COVID-19
https://policybase.cma.ca/link/policy14260

POLICY TYPE
Parliamentary submission

DATE
2020-03-23

TOPICS
Physician practice, compensation, forms
Health systems, system funding and performance
Health human resources
Rural and remote practice issues
https://policybase.cma.ca/link/policy211

POLICY TYPE
Policy document

LAST REVIEWED
2020-02-29

DATE
2000-05-09

REPLACES
Promoting medicine as a career for rural high school students (Resolution BD88-03-78)

TOPICS
Physician practice, compensation, forms

RURAL AND REMOTE PRACTICE ISSUES

The Canadian Medical Association (CMA) is committed to ensuring the health of all Canadians, particularly those in rural and remote settings. To this end, the CMA has adopted policies and other initiatives to support the delivery of high-quality health care in these regions.

1. Rural and remote practice issues are a complex and multifaceted challenge that requires a coordinated approach. The CMA recognizes the unique needs of rural and remote communities and is committed to developing strategies to address these issues.

2. The CMA supports the development of programs and policies that promote the recruitment and retention of physicians in rural and remote areas. These programs should include financial incentives, professional development opportunities, and other support mechanisms.

3. The CMA advocates for the improvement of infrastructure and technology in rural and remote areas to enable effective communication and collaboration between health care providers.

4. The CMA encourages the development of multidisciplinary teams to provide comprehensive care in rural and remote settings. These teams should include physicians, nurses, and other health care professionals.

5. The CMA supports the establishment of telemedicine services to connect rural and remote communities with specialized care.

6. The CMA advocates for the development of policies that facilitate the provision of medical education and training in rural and remote areas.

7. The CMA supports research into the unique challenges faced by physicians working in rural and remote settings.

8. The CMA encourages collaboration between the CMA and other organizations to address rural and remote practice issues.

The CMA believes that effective policies and programs are essential to ensuring the health of all Canadians, particularly those living in rural and remote areas. The CMA will continue to work with stakeholders to develop and implement effective solutions to these challenges.

CMA Policybase - Canadian Medical Association
The treating physician’s role in helping patients return to work after an illness or injury (Update 2013)

https://policybase.cma.ca/link/policy10754

**POLICY TYPE**  
Policy document

**LAST REVIEWED**  
2020-02-29

**DATE**  
2013-05-25

**REPLACES**  
The physician’s role in helping patients return to work after an illness or injury (Update 2010)

**TOPICS**  
Physician practice, compensation, forms
Guiding principles for the optimal use of data analytics by physicians at the point of care

https://policybase.cma.ca/link/policy11812

POLICY TYPE  Policy document
LAST REVIEWED  2020-02-29
DATE  2016-02-27
TOPICS  Health information and e-health
Standing Committee on Health’s study on violence faced by healthcare workers
https://policybase.cma.ca/link/policy14052

POLICY TYPE
Parliamentary submission

DATE
2019-05-14

TOPICS
Health care and patient safety
Ethics and medical professionalism
Health human resources
Physician practice, compensation, forms
Principles concerning physician information
https://policybase.cma.ca/link/policy208

POLICY TYPE
Policy document

LAST REVIEWED
2019-03-03

DATE
2002-06-02

TOPICS
Health information and e-health
Ethics and medical professionalism

Documents
Auditing Physician Billings

https://policybase.cma.ca/link/policy1878

POLICY TYPE: Policy document
LAST REVIEWED: 2019-03-03
DATE: 2004-12-04
TOPICS: Physician practice, compensation, forms

Documents

Putting Patients First: Comments on Bill C 6 (Personal Information Protection and Electronic Documents Act): Submission to the Senate Standing Committee on Social Affairs, Science and Technology

https://policybase.cma.ca/link/policy1979

POLICY TYPE: Parliamentary submission
LAST REVIEWED: 2019-03-03
DATE: 1999-11-25
TOPICS: Ethics and medical professionalism, Health care and patient safety, Health information and e-health

Documents
“Putting Patients First”

Comments on Bill C-6
(Personal Information Protection and Electronic Documents Act)

Submission to the Senate Standing Committee on Social Affairs, Science and Technology

Nov. 22, 1999

Ontario College

CMA Policybase - Canadian Medical Association

Executive Summary

The Canadian Medical Association (CMA) is concerned that the provisions of this bill do not adequately protect the personal information of patients. The bill, which was introduced by the federal government, is intended to establish a framework for the protection of personal information collected, used or disclosed by organizations in the private sector. However, the CMA believes that the bill should include stronger safeguards to ensure the privacy of patients.

The CMA recommends that the bill be amended to include the following changes:

1. The definition of personal information should be expanded to include information that is collected, used or disclosed by health care providers.
2. The bill should include stronger provisions to protect the confidentiality of patient information.
3. The bill should include a provision for patients to access their medical records.

The CMA also recommends that the bill be referred to the Standing Committee on Social Affairs, Science and Technology for further consideration.
Paragraphs from the document:

"Listening to our Patient's Concerns" Comments on Bill C-54 (Personal Information Protection and Electronic Document Act)

Submission to the House of Commons Standing Committee on Industry

March 18, 1999

Guiding Principles for Physician Electronic Medical Records (EMR) Adoption in CMA Policybase - Canadian Medical Association
Guiding Principles for Physician Electronic Medical Records (EMR) Adoption in Ambulatory Clinical Practice

https://policybase.cma.ca/link/policy9117

POLICY TYPE
Policy document

LAST REVIEWED
2019-03-03

DATE
2008-02-23

TOPICS
Health information and e-health