CMA Recommendations on Vaccine Equity and Intellectual Property
https://policybase.cma.ca/link/policy14476

POLICY TYPE
Parliamentary submission

DATE
2022-05-13

TOPICS
Ethics and medical professionalism
Pharmaceuticals, prescribing, cannabis, drugs
Population health, health equity, public health

Documents

CMA Recommendations on Vaccine Equity and Intellectual Property
House of Commons Standing Committee on Foreign Affairs and International Development
May 11, 2022
Disclosure of COVID-19 Vaccination Status by Physicians

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

Documents

Disclosure of COVID-19 Vaccination Status by Physicians

In the context of recommendations:
1. The disclosure of vaccination status is a matter of personal privacy and patient choice. It should be made at the patient’s request or in the context of a broader discussion of health and preventive measures.

2. Consent: Consent for disclosure of vaccination status should be explicit and informed. Consent should be obtained in writing, where possible, and documented in the patient’s medical record.

3. Confidentiality: Disclosures should be kept confidential and only shared with necessary parties, such as healthcare providers or public health authorities.

4. Avoid mandatory requirements: Mandatory disclosure of vaccination status should be avoided, as it may infringe on patient privacy and autonomy.

5. Informed consent: Informed consent for disclosure should be obtained from patients before any disclosures are made.

6. Transparency: Disclosures should be transparent and consistent with the principles of transparency in healthcare.

7. Confidentiality: Personal health information, including vaccination status, should be protected and handled with the highest level of confidentiality.

8. Communicate clearly: When discussing vaccination, communicate clearly and accurately to ensure patient understanding and compliance.

9. Mandatory requirements: Mandatory disclosure of vaccination status should be avoided, as it may infringe on patient privacy and autonomy.

10. Consent: Consent for disclosure of vaccination status should be explicit and informed. Consent should be obtained in writing, where possible, and documented in the patient’s medical record.

In summary, the Canadian Medical Association (CMA) recommends that physicians approach the disclosure of vaccination status with sensitivity and respect for patient privacy, while ensuring that patients are well-informed and make decisions based on their best interests.
COVID-19 Vaccine Global Intellectual Property Policy

1. The CMA encourages the Government of Canada to participate in the global dialogue, including the World Trade Organization, the World Health Organization, the World Intellectual Property Organization, and the World Health Assembly, on how intellectual property rights should be balanced with the need to ensure the allocation of adequate resources for the development, production, and equitable access to COVID-19 vaccines.

2. The CMA encourages the Government of Canada to support the temporary multinational mechanism under the TRIPS Agreement, to ensure that intellectual property rights do not hinder access to COVID-19 vaccines.

3. The CMA supports the Agreement on Temporary Measures to Combat COVID-19 (Vaccine) from 2021.

4. To this end, the CMA has been successful in its efforts to ensure that the measures taken are consistent with the obligations of Canada under the Agreement.

5. The CMA encourages the Government of Canada to participate in the global dialogue on how intellectual property rights should be balanced with the need to ensure the allocation of adequate resources for the development, production, and equitable access to COVID-19 vaccines.

6. The CMA supports the Agreement on Temporary Measures to Combat COVID-19 (Vaccine) from 2021.

https://policybase.cma.ca/link/policy14443

Policy endorsement

2021-06-24

Pharmaceuticals, prescribing, cannabis, drugs

Population health, health equity, public health

Documents
Taking action on drug shortages during Covid-19 – open letter
https://policybase.cma.ca/link/policy14261

POLICY TYPE
Parliamentary submission

DATE
2020-08-13

TOPICS
Pharmaceuticals, prescribing, cannabis, drugs

We are writing to urge you today to recognize the urgency and severity of the ongoing drug shortages in Canada that are threatening patient care.

As you know, pharmaceuticals are essential to the health and safety of all Canadians. They are used to treat a wide range of conditions, from minor illnesses to life-threatening diseases. The shortages we are seeing today are due to a number of factors, including supply chain disruptions, increased demand and production challenges.

The shortages of these drugs represent a significant challenge for patients throughout the country. Patients are having difficulty finding the medications they need to manage their health conditions.

This is not only a concern for patients, but also for health care providers. Medical professionals are facing a difficult task in ensuring that their patients have access to the medications they need.

The Canadian Medical Association (CMA) CALLS ON the federal government to:

- Take immediate action to ensure an adequate supply of essential drugs.
- Work with provinces and territories to develop and implement strategies to mitigate shortages.
- Ensure that the pharmaceutical industry is held accountable for ensuring the availability of essential drugs.
- Increase public awareness about the shortage and its impact on patients.

We urge you to consider these requests and take action to address the drug shortages in Canada.

Sincerely,

Canadian Medical Association

[Letterhead]
Submission in Response to the Consultation on the Canada Emergency Wage Subsidy: Keeping Medical Clinic Employees on the Payroll
https://policybase.cma.ca/link/policy14258

POLICY TYPE  Parliamentary submission
DATE  2020-06-05
TOPICS  Physician practice, compensation, forms
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
June 5, 2020
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
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

Documents
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

CMA POLICY

RURAL AND REMOTE PRACTICE ISSUES

The Canadian Medical Association (CMA) believes that all Canadian citizens have access to quality health care, and that this is a fundamental right. However, the availability of health care services in rural and remote areas can be limited, particularly for certain specialties such as psychiatry, emergency medicine, and general practice. The CMA has been a strong advocate for improving access to health care in these areas, and has recommended various strategies to address these issues.

In recent years, the CMA has focused on the importance of physician recruitment and retention in rural and remote areas. This includes efforts to attract and retain physicians in these areas, as well as strategies to support their work. The CMA has also advocated for policies that address the unique challenges faced by physicians working in these areas, including access to continuing medical education, support for the provision of mental health services, and recognition of the value of their work.

The CMA has worked with provincial and territorial governments, as well as other stakeholders, to develop and implement policies that support rural and remote practice. These include initiatives to improve the financial compensation of physicians in these areas, as well as efforts to reduce the burden of administrative tasks. The CMA has also supported research into the unique challenges faced by physicians working in rural and remote areas, and has advocated for policies that address these issues.

The CMA continues to be a strong advocate for improving access to quality health care in rural and remote areas, and will continue to work with all stakeholders to address the challenges faced by physicians in these areas.

References


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

Documents
Health Canada consultation on reducing youth access and appeal of vaping products
https://policybase.cma.ca/link/policy14078

POLICY TYPE          Response to consultation
DATE               2019-05-24
TOPICS           Pharmaceuticals, prescribing, cannabis, drugs
                   Population health, health equity, public health

Documents
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

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

CMA POLICY

Auditing Physician Billings:

Purpose:
The CMA has developed an approach to auditing physician billings that
enables member physicians to use the services of billing companies to
process their charges. This policy provides information on the
requirements for billing companies and the need for transparency in
billing practices.

Recommendation:
Physicians can auditors through the Canadian Medical Billing Network
(abnet) to assess billing practices. A report is then provided to the
physician who self-assesses their practices. This allows for
transparency in billing practices and ensures physicians are
complying with legislative requirements.

Practice:

Auditing Physician Billings

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Practice:
Cannabis for Medical Purposes

CMA POLICY

LIMITATIONS

The Canadian Medical Association (CMA) has always recognized the unique requirements of individuals suffering from terminal illnesses or chronic diseases for which conventional therapies have not been effective or in cases considered to be intractable.

However, there is a large number of concerns, generally related to the lack of evidence to support controlled access to cannabis. (Note: this paper was prepared for clinical purposes and does not address the legal implications of cannabis use.)

The CMA endorses the following recommendations:

1. Increase support for the advancement of scientific knowledge about the medical use of cannabis for the treatment of cancer, pain and other chronic diseases, in particular through research efforts to improve access to studies.

2. Increase support for the development of information programs for medical purposes in their current setting (e.g., College of Physicians and Surgeons of Ontario, College of Physicians and Surgeons of British Columbia, the National Health & Welfare Canada, the College of Physicians and Surgeons of Nova Scotia, the College of Physicians and Surgeons of British Columbia, and the College of Physicians and Surgeons of Manitoba).

3. Increase support for the development of programs for medical purposes in their current setting (e.g., College of Physicians and Surgeons of Ontario, College of Physicians and Surgeons of British Columbia, the National Health & Welfare Canada, the College of Physicians and Surgeons of Nova Scotia, the College of Physicians and Surgeons of British Columbia, and the College of Physicians and Surgeons of Manitoba).

The CMA recognizes the need for further research and development in this area and will continue to monitor developments in this field.

The CMA is committed to the needs of its members and the public health system.

The CMA is committed to the needs of its members and the public health system.
Vision for e-Prescribing: a joint statement by the Canadian Medical Association and the Canadian Pharmacists Association

https://policybase.cma.ca/link/policyi0670

POLICY TYPE: Policy document
LAST REVIEWED: 2019-03-03
DATE: 2012-12-08
TOPICS: Health information and e-health, Pharmaceuticals, prescribing, cannabis, drugs

Documents
A new vision for Canada: family practice— the patient’s medical home 2019
https://policybase.cma.ca/link/policy14024

POLICY TYPE Policy endorsement
DATE 2019-03-02
TOPICS Physician practice, compensation, forms
Health systems, system funding and performance

Documents
Health Canada consultation on edible cannabis, extracts & topicals
https://policybase.cma.ca/link/policy14020

POLICY TYPE  Response to consultation
DATE          2019-02-20
TOPICS        Pharmaceuticals, prescribing, cannabis, drugs
               Population health, health equity, public health

Documents