Disclosure of COVID-19 Vaccination Status by Physicians

1. The Canadian Medical Association (CMA) acknowledges physicians’ right to decide whom they will take as patients. In doing so, physicians may disclose that they have been vaccinated against COVID-19.

2. Physicians may choose to disclose their vaccination status to their patients in a variety of ways, such as in their patient medical records, on their website, through social media, or in their office. The decision to disclose vaccination status should be made on a case-by-case basis, taking into consideration the patient's privacy and consent.

3. The disclosure of vaccination status should be voluntary and should not be used as a basis for discrimination against patients. Physicians should respect their patients' autonomy and confidentiality when discussing vaccination status.

4. If a patient requests information about a physician's vaccination status, the physician should provide the requested information in a manner that respects the patient's privacy and confidentiality. Physicians should not disclose information about their vaccination status to third parties without the patient's consent.

5. The CMA encourages physicians to follow the principles of transparency and accountability in their practice, including the disclosure of vaccination status to the extent that it is relevant to their patients' care.
COVID-19 Vaccine Global Intellectual Property Policy

Policy document

DATE 2021-10-22

TOPICS Physician practice, compensation, forms

Introduction

The Canadian Medical Association (CMA) is concerned about the impact of intellectual property (IP) protection on the rollout of COVID-19 vaccines. It is important that the Canadian government and other stakeholders work together to ensure that vaccines are accessible and affordable to all.

1. The CMA recommends that the Government of Canada participate in the global initiative to help the World Health Organization, the World Trade Organization, the World Intellectual Property Organization, and the United Nations Intellectual Property Organization to address the intellectual property barriers to vaccine distribution.

2. The CMA recommends that Canada support a temporary, multinational intellectual property waiver for vaccines.

3. The CMA recommends that Canada support the development of open-source or open-licensing models for vaccines.

4. The CMA recommends that Canada support the development of a global framework for the equitable distribution of vaccines.

5. The CMA recommends that Canada support the development of a global monitoring system for the effectiveness and safety of vaccines.

6. The CMA recommends that Canada support the development of a global fund to support the research and development of new vaccines.

Conclusion

The CMA believe that the COVID-19 pandemic has highlighted the importance of equitable access to health care and the need for a global approach to vaccine distribution. The government and stakeholders must work together to ensure that vaccines are accessible and affordable to all.

CMA Pre-budget Submission

CMA Policybase - Canadian Medical Association
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/policy14258

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

Documents
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
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

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
Maintaining Ontario’s leadership on prohibiting the use of sick notes for short medical leaves
https://policybase.cma.ca/link/policy13934

POLICY TYPE  Parliamentary submission
DATE  2018-11-15
TOPICS  Physician practice, compensation, forms
        Health systems, system funding and performance

Documents

CMA submission:
MAINTAINING ONTARIO’S LEADERSHIP ON PROHIBITING THE USE OF SICK NOTES FOR SHORT MEDICAL LEAVES

Submission to the Standing Committee on Finance and Economic Affairs
November 15, 2018
Physician compensation (Update 2013)

https://policybase.cma.ca/link/policy11060

POLICY TYPE  Policy document
LAST REVIEWED  2018-03-03
DATE  2013-12-07
REPLACES  Physician Compensation (Update 2001)
TOPICS  Physician practice, compensation, forms

Documents
A medical industry perspective – supporting small business, the economic engine of Canada
https://policybase.cma.ca/link/policy13731

POLICY TYPE  Parliamentary submission
DATE  2017-10-02
TOPICS  Physician practice, compensation, forms

Documents
Third-party forms (Update 2017)
https://policybase.cma.ca/link/policy13643

POLICY TYPE
Policy document

DATE
2017-05-27

REPLACES
Third-party Forms: The Physician’s Role (Update 2010)
Short-Term Illness Certificate

TOPICS
Physician practice, compensation, forms

Documents
The physician appointment and reappointment process 2016
https://policybase.cma.ca/link/policy13564

POLICY TYPE
Policy document

DATE
2016-12-03

TOPICS
Health human resources
Physician practice, compensation, forms

Documents
Federal tax proposal risks negative consequences for health care delivery
https://policybase.cma.ca/link/policy11960

POLICY TYPE  Parliamentary submission
DATE  2016-11-18

TOPICS  Physician practice, compensation, forms

Documents
Avoiding negative consequences to health care delivery from federal taxation policy
https://policybase.cma.ca/link/policy11957

POLICY TYPE       Response to consultation
DATE             2016-08-31
TOPICS           Health human resources
                 Physician practice, compensation, forms

Documents
Small business perspectives of physician medical practices in Canada
https://policybase.cma.ca/link/policy11846

POLICY TYPE  Parliamentary submission
DATE  2016-03-21
TOPICS  Physician practice, compensation, forms
Health human resources

Documents
Guiding principles for physicians recommending mobile health applications to patients

https://policybase.cma.ca/link/policy11521

POLICY TYPE
Policy document

DATE
2015-05-30

TOPICS
Health information and e-health
Physician practice, compensation, forms

Documents

CMA POLICY

GUIDING PRINCIPLES FOR PHYSICIANS RECOMMENDING MOBILE HEALTH APPLICATIONS TO PATIENTS

The document is designed to provide guidance for physicians about how to use or promote mobile health applications for their patients. It covers issues related to the ethical and regulatory aspects of using such applications.

Background
- The potential benefits of mobile health applications in enhancing patient care and improving health outcomes are recognized.
- However, there are also concerns about the ethics, regulatory, and reimbursement issues associated with their use.

Goal
- To provide physicians with guidance on how to use or promote mobile health applications in a way that is consistent with ethical and regulatory standards.

Guiding principles
1. Ensure informed consent
- Patients should be informed about the nature of the mobile health application, its potential benefits, and any potential risks.
2. Respect patient autonomy
- Patients should have the right to refuse or withdraw from the use of any mobile health application.
3. Maintain confidentiality
- The confidentiality of patient health information should be maintained throughout the use of any mobile health application.
4. Ensure data security
- The security of patient data should be maintained to prevent unauthorized access.
5. Avoid conflicts of interest
- Physicians should avoid conflicts of interest when using or promoting mobile health applications.
6. Enhance patient care
- Mobile health applications should be used to enhance patient care and improve health outcomes.

Conclusions
- Mobile health applications have the potential to improve patient care and outcomes, but their use must be guided by ethical and regulatory principles.
- Physicians should use or promote mobile health applications in a way that is consistent with ethical and regulatory standards.

References