Environmentally Sustainable Health Systems in Canada

**RATIONALS**

The Canadian Medical Association encourages the development of environmentally sustainable health systems to promote health and well-being. This policy is based on the recognition that environmental sustainability is fundamental to the achievement of health and well-being, and that health systems have a significant impact on the environment.

**DOCUMENTS**

- Vaccine certificates

**DATE** 2022-10-22

**TOPICS**

Population health, health equity, public health
Health systems, system funding and performance
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
Mandatory COVID-19 vaccination of health care workers

Policy document

DATE
2021-08-21

TOPICS
Health human resources
Population health, health equity, public health

Documents
Vaccine acceptance

https://policybase.cma.ca/link/policy14450

POLICY TYPE  Policy document
DATE        2021-08-21
TOPICS      Health care and patient safety
            Population health, health equity, public health

Documents

Vaccine acceptance

Policy position recommendation

1. High levels in acquisition costs are unlikely to be affordable, and public health strategies need to be scaled up to ensure equitable access to vaccines. The federal government must work closely with vaccine manufacturers to ensure that partnerships with international entities are structured to facilitate equitable access to vaccines.

2. In intensive response to vaccine shortages, countries have experienced significant delays in obtaining vaccines, leading to longer waiting times for vaccination. It is important to ensure that vaccines are made available to vulnerable populations, including elderly, pregnant women, and children. It is also important to ensure that vaccines are made available to vulnerable populations, including elderly, pregnant women, and children.

3. Countries should consider implementing technology-enabled systems to administer vaccines and ensure equity and access.

4. Countries have implemented technology-enabled systems to administer vaccines and ensure equity and access.

5. The federal government must work closely with vaccine manufacturers to ensure that partnerships with international entities are structured to facilitate equitable access to vaccines.
Global vaccine equity

POLICY TYPE  
Policy document

DATE  
2021-08-21

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

Documents
Return to school during COVID-19
https://policybase.cma.ca/link/policy14452

Policy document

DATE
2021-08-21

TOPICS
Health care and patient safety
Population health, health equity, public health

Documents
Interchangeability of vaccines (vaccine mixing)

Policy position and recommendations

1. The Canadian Medical Association (CMA) recommends that healthcare providers who administer COVID-19 vaccines be aware of the interchangeability of vaccines. Providers should be able to administer either of the two vaccines currently available in Canada (Pfizer BioNTech and Moderna) or, if necessary, to use both vaccines during a mass immunization program. Providers should be prepared to administer either of the two vaccines to anyone who presents for vaccination.

2. The interchangeability of vaccines should be based on the interchangeability of the vaccine dose and should be informed by the manufacturers’ recommendations and evidence from clinical studies. Providers should be aware of any limitations or considerations related to the interchangeability of vaccines, such as the need to use the same vaccine brand for a second dose.

3. Providers should be aware of any potential side effects or interactions that may arise from the interchangeability of vaccines, and should be prepared to address any concerns or questions that patients may have about vaccine interchangeability.

Interchangeability of vaccines (vaccine mixing)

Interchangeability of vaccines is the ability of one vaccine to be replaced with another vaccine without affecting the immune response. Interchangeability is important in the context of a global pandemic, where a limited supply of vaccines may require the use of different vaccine brands for the second dose. Providers should be prepared to administer either of the two vaccines currently available in Canada (Pfizer BioNTech and Moderna) or, if necessary, to use both vaccines during a mass immunization program. Providers should be prepared to administer either of the two vaccines to anyone who presents for vaccination. Providers should be aware of any limitations or considerations related to the interchangeability of vaccines, such as the need to use the same vaccine brand for a second dose. Providers should be aware of any potential side effects or interactions that may arise from the interchangeability of vaccines, and should be prepared to address any concerns or questions that patients may have about vaccine interchangeability.

https://policybase.cma.ca/link/policy14453

POLICY TYPE
Policy document

DATE
2021-08-21

TOPICS
Health care and patient safety
Population health, health equity, public health
Firearms Control

POWICY TYPE  Policy document
DATE  2021-07-15
REPLACES  Firearms control (Update 2001)
TOPICS  Population health, health equity, public health
         Health care and patient safety

Documents
ACTIVE TRANSPORTATION

INTRODUCTION

The Active Transportation strategy is critical for improving public health by promoting physical activity and reducing sedentary behavior. This strategy aims to create a safe, accessible, and enjoyable environment for walking, cycling, and other forms of active transportation. The strategy seeks to integrate active transportation into everyday life, making it a convenient and attractive option for people of all ages and abilities.

POLICY PRINCIPLES

1. Accessibility: Active transportation should be accessible to all, regardless of age, ability, or socioeconomic status. This includes providing safe and adequate infrastructure for walking, cycling, and other forms of active transportation.

2. Safety: Active transportation should be safe for all users, including pedestrians, cyclists, and motorists. This includes implementing measures to reduce accidents and injuries.

3. Convenience: Active transportation should be a convenient and attractive option for people of all ages and abilities. This includes providing well-designed routes and facilities that are easy to use.

4. Equity: Active transportation should be equitable, ensuring that all members of the community have access to safe and enjoyable transportation options.

5. Health: Active transportation should be a key component of public health strategies, promoting physical activity and reducing sedentary behavior.

IMPLEMENTATION

The implementation of the Active Transportation strategy involves a multi-faceted approach that incorporates various stakeholders and initiatives. This includes:

- Public education and outreach
- Infrastructure improvements
- Policy changes
- Community engagement
- Monitoring and evaluation

The strategy is designed to be adaptable and scalable, allowing for tailored approaches in different settings.

EVALUATION

The evaluation of the Active Transportation strategy is essential to ensure its effectiveness and to identify areas for improvement. This includes:

- Monitoring key indicators of progress
- Gathering feedback from stakeholders
- Conducting regular reviews of the strategy

The evaluation process should be ongoing, allowing for continuous improvement and adaptation to changing circumstances.

CONCLUSION

Active transportation is a critical component of public health, promoting physical activity and reducing sedentary behavior. By focusing on accessibility, safety, convenience, equity, and health, the Active Transportation strategy can help create a healthier and more active population for all Canadians.
Health equity and the social determinants of health: A role for the medical profession

https://policybase.cma.ca/link/policy10672

POLICY TYPE Policy document

LAST REVIEWED 2020-02-29

DATE 2012-12-08

TOPICS Population health, health equity, public health

Documents
Restricting marketing of unhealthy foods and beverages to children and youth in Canada: A Canadian health care and scientific organization policy consensus statement

https://policybase.cma.ca/link/policy10676

POLICY TYPE  Policy document
LAST REVIEWED  2020-02-29
DATE  2012-12-08
TOPICS  Population health, health equity, public health

Documents
EARLY CHILDHOOD DEVELOPMENT

CMA Resolutions

EXECUTIVE SUMMARY

Early childhood is a period of life that is pivotal to development for health, learning, and life outcomes. Important developmental windows extend from pregnancy through the first five years of life. There are many critical periods for intervention and/or prevention, and efforts need to be made to support children and families during this window of opportunity. Development is also shaped by a set of social determinants, which have an impact on the health, learning, and lives of children. "Policy for Action: What can be done now to ensure healthy childhood development" provides an overview of what is known about the need to support all children and families to ensure optimal childhood development.

POLICY RECOMMENDATIONS

1. The federal government, in consultation with the provinces and territories, should implement a national strategy for child care that promotes healthy childhood development through a comprehensive, integrated approach. This should include
   a. Early childhood development initiatives, including universal access to early childhood education and care, and the development and implementation of a standard curriculum for early childhood education. The curriculum should be approved by the Canadian Association of Early Childhood Educators and the Canadian Council on Social Development.
   b. Research and evaluation to assess the impact of early childhood education and care programs on child development and to inform future policy development.
   c. Support for families, including financial assistance for early childhood education and care programs, and parental leave policies that facilitate access to high-quality care.

2. The federal government should ensure that early childhood education and care programs are accessible and affordable to all families, including those with low incomes, and that they meet national standards for quality care. This should include
   a. Implementing a national child care strategy that includes funding for early childhood education and care programs, in consultation with the provinces and territories.
   b. Supporting research and evaluation to assess the impact of early childhood education and care programs on child development and to inform future policy development.
   c. Ensuring that early childhood education and care programs meet national standards for quality care.

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   c. Ensuring that early childhood education and care programs meet national standards for quality care.

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   b. Supporting research and evaluation to assess the impact of early childhood education and care programs on child development and to inform future policy development.
   c. Ensuring that early childhood education and care programs meet national standards for quality care.

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   c. Ensuring that early childhood education and care programs meet national standards for quality care.

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   c. Ensuring that early childhood education and care programs meet national standards for quality care.

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   a. Implementing a national child care strategy that includes funding for early childhood education and care programs, in consultation with the provinces and territories.
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10. The federal government should ensure that early childhood education and care programs are accessible and affordable to all families, including those with low incomes, and that they meet national standards for quality care. This should include
    a. Implementing a national child care strategy that includes funding for early childhood education and care programs, in consultation with the provinces and territories.
    b. Supporting research and evaluation to assess the impact of early childhood education and care programs on child development and to inform future policy development.
    c. Ensuring that early childhood education and care programs meet national standards for quality care.
Caring in a Crisis: The Ethical Obligations of Physicians and Society During a Pandemic

https://policybase.cma.ca/link/policy9109

POLICY TYPE
Policy document

LAST REVIEWED
2019-03-03

DATE
2008-02-23

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

Documents
Determining the impact of chemical contamination on human health

https://policybase.cma.ca/link/policy10149

POLICY TYPE
Policy document

LAST REVIEWED
2019-03-03

DATE
2011-05-28

TOPICS
Population health, health equity, public health

Documents
Concussion in Sport, Leisure, and Occupational Settings

https://policybase.cma.ca/link/policy14023

POLICY TYPE
Policy document

DATE
2019-03-02

REPLACES
Head injury and sport (2011)

TOPICS
Health care and patient safety
Population health, health equity, public health

Documents
CMA CODE OF ETHICS AND PROFESSIONALISM

The CMA Code of Ethics and Professionalism articulates the ethical and professional standards of conduct and responsibilities of the medical profession. The Code provides guidance to those who practice medicine in Canada and sets forth principles that are applicable to the practice of medicine in all settings.

The Code is based on the principles of professional ethics, which include respect for the patient, responsibility to patients, responsibility to the profession, and responsibility to the public. The Code is intended to provide a framework for ethical decision-making in clinical practice and to guide physicians in fulfilling their responsibilities to patients, the profession, and society.

The Code is periodically reviewed and updated to reflect changes in medical practice, technology, and society. The 2004 update of the Code reflects changes in the practice of medicine, including advances in technology, increased emphasis on patient safety, and greater awareness of the importance of patient autonomy and shared decision-making.

The Code is intended to be a guide for physicians, but it is not intended to be a substitute for professional judgment. It is the responsibility of each physician to apply the Code to the specific circumstances of their practice.

The Code is not a legal document, but it is a major influence on the legal status of medical practice in Canada. It is recognized by courts as a standard of professional conduct and is therefore relevant in legal proceedings involving medical practice.

The Code is not intended to be a comprehensive guide to ethical behavior, but it is intended to provide guidance on ethical issues that are likely to arise in the practice of medicine.

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Climate Change and Human Health

https://policybase.cma.ca/link/policy9809

POLICY TYPE  Policy document
LAST REVIEWED  2018-03-03
DATE  2010-06-09
TOPICS  Population health, health equity, public health

Documents
Lessons from the frontlines: A collaborative report on Pandemic H1N1
https://policybase.cma.ca/link/policy9840

POLICY TYPE  Policy document
LAST REVIEWED  2018-03-03
DATE  2010-08-26
TOPICS  Population health, health equity, public health

Documents
Ensuring equitable access to health care: Strategies for governments, health system planners, and the medical profession

https://policybase.cma.ca/link/policy11062

POLICY TYPE
Policy document

LAST REVIEWED
2018-03-03

DATE
2013-12-07

TOPICS
Health systems, system funding and performance
Population health, health equity, public health

Documents