2015 Pre-budget consultations: Federal leadership to support an aging population
https://policybase.cma.ca/link/policy11753

POLICY TYPE  Parliamentary submission
DATE  2015-07-31
TOPICS  Health systems, system funding and performance
         Population health, health equity, public health

Documents
Acting on today's and tomorrow's health care needs: Prebudget submission to the House of Commons Standing Committee on Finance

https://policybase.cma.ca/link/policy14123

POLICY TYPE
Parliamentary submission

DATE
2019-08-02

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

Documents
ACTIVE TRANSPORTATION

POLICY DOCUMENT

The Canadian Medical Association (CMA) supports active transportation. This means encouraging the use of walking, cycling, and other active modes of transportation to improve public health. Active transportation can be defined as any activity that promotes physical activity, such as walking, cycling, and other forms of active travel.

Policy Context:

Active transportation helps to promote physical activity, reduce pollution, and create safer streets for all users. It also contributes to a healthier population and a more active lifestyle.

Policy Goals:

1. Promote active transportation as a way to improve public health.
2. Encourage the use of active transportation for all ages and abilities.
3. Foster a culture of active transportation in communities and workplaces.

Policy Strategies:

1. Support policies that promote active transportation, such as funding for bike lanes and pedestrian-friendly infrastructure.
2. Encourage employers to provide incentives for active transportation, such as bike storage and showers.
3. Support community initiatives that promote active transportation, such as community gardens and walking groups.

Policy Outcomes:

1. Increased use of active transportation.
2. Improved public health outcomes, such as reduced obesity and cardiovascular disease.
3. Safer streets for all users.

Policy Evaluation:

The effectiveness of active transportation policies can be evaluated through metrics such as increased use of active transportation, improved public health outcomes, and safer streets for all users.

Policy Resources:

1. CMA Policybase - Canadian Medical Association
2. Active Transportation Network
3. World Health Organization

References:

CMA POLICY

ADVANCE CARE PLANNING

RATIONALE

The advancement of patient autonomy and informed consent in the context of end-of-life care is a key aspect of the Canadian Medical Association’s (CMA) commitment to promoting ethical and competent care. The CMA recognizes the importance of advance care planning (ACP) in ensuring that patients’ wishes are respected and that their health care is aligned with their values and preferences. ACP can help patients to express their preferences regarding medical treatments, thereby avoiding decision-making under pressure when they are unable to express their wishes.

The CMA supports the development of a national strategy for end-of-life care, including a national advance care planning framework. This framework should include guidelines on how to effectively engage patients in ACP, how to document their preferences, and how to communicate these preferences to healthcare providers.

A key element of ACP is the appointment of a health care proxy (such as a power of attorney for personal care or a substitute decision maker). This person is appointed by the patient to make health care decisions in the event that the patient is unable to do so due to incapacity.

THEY are also essential in the protection of patient rights and dignified care. In particular, they may play a critical role in the allocation of scarce resources, including organ donation.

The information in this section is intended for use by physicians as a resource in end-of-life care. It is not intended to replace the expertise of an Ethics Consultation Committee, nor should it be used to make decisions in the absence of a competent patient.

PRINCIPLES

1. The patient is the ultimate decision-maker in ACP. Throughout the course of the patient-physician relationship, including in the hospital setting, the patient has the right to be informed and to be involved in decision-making. The physician should respect the patient’s autonomy and confidentiality, and ensure that the patient is fully informed about their medical condition and treatment options.

2. Consent is required for any medical procedure. Patient consent must be obtained before any medical intervention, and the patient should be provided with clear and accurate information about the risks, benefits, and alternatives of the procedure.

3. The patient has the right to withdraw consent or to refuse treatment, even if it is deemed life-saving. Any medical intervention should be stopped if a patient withdraws consent or refuses treatment.

4. The patient has the right to be involved in decision-making and to express their preferences regarding medical treatments. The physician should ensure that the patient is fully informed about their medical condition and treatment options, and that their preferences are respected.
Advancing Inclusion and quality of life for seniors
https://policybase.cma.ca/link/policy13729

POLICY TYPE
Parliamentary submission

DATE
2017-10-26

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

Documents
Answering the Wake-up Call: CMA’s Public Health Action Plan

CMA submission to the National Advisory Committee on SARS and Public Health

June 2003

EXECUTIVE SUMMARY
The public health system in Canada is built on the foundation of our community values. It is the cornerstone of our health care system, providing an unprecedented level of health protection and ensuring that all Canadians, regardless of income, gender, or age, have access to essential health services.

The federal government has a critical role to play in supporting the public health system and ensuring its effective operation. However, significant challenges remain, including the need for greater collaboration and resource allocation.

The CMA, as the voice of the medical profession, advocates for policies that support the public health system and promote the health of all Canadians.

The CMA is committed to working with all levels of government to strengthen the public health system and improve the health outcomes of Canadians.

The CMA recommends further collaboration with all levels of government to enhance the public health system and ensure the health and well-being of all Canadians.
Antimicrobial Resistance (AMR)
https://policybase.cma.ca/link/policy14079

POLICY TYPE
Policy document

DATE
2019-03-02

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

Documents

Antimicrobial Resistance

See also CMA Policy on Antimicrobial Resistance 2019 33

BACKGROUND TO CMA POLICY

Antimicrobial Resistance

See also CMA Policy on Antimicrobial Resistance 2019 33

Caught

Antimicrobial resistance includes resistance to antimicrobial drugs or other therapeutic medicines that have been prescribed, used, or unnecessarily exposed to, causing drug-resistant disease or drug-resistant infections. There is an increasing recognition that antimicrobial resistance is a public health issue, given the increasing global emergence of drug-resistant strains of bacteria, viruses, and parasites. The development of new, effective antimicrobial agents is slow and costly, and resistance can often develop faster than new antibiotics are developed. This rapid development of resistance is a threat to public health, as it can potentially lead to increased healthcare costs and decreased therapeutic options. The Canadian Medical Association (CMA) has been actively involved in advocating for public health policies to address antimicrobial resistance.

The CMA has been a strong supporter of initiatives to address antimicrobial resistance, including the implementation of stewardship programs in healthcare settings. These programs aim to optimize the use of antimicrobial agents, reduce the selection pressure for resistance, and promote the judicious use of these critical medicines. The CMA has also called for increased funding for research and development of new antimicrobial agents to ensure that we have effective options to combat emerging resistance.

The CMA is committed to working with healthcare professionals, policymakers, and other stakeholders to develop and implement strategies that can help mitigate the threat of antimicrobial resistance. This includes promoting evidence-based guidelines for the use of antimicrobials, advocating for appropriate reimbursement for stewardship programs, and supporting research to identify new antimicrobial agents and new approaches to combat resistance.

The CMA recognizes the importance of international collaboration in addressing antimicrobial resistance. The association supports participation in global initiatives and partnerships to share best practices and resources, as well as the development of international guidelines and standards to guide the appropriate use of antimicrobials.

The CMA also advocates for the need to address the underlying factors contributing to antimicrobial resistance, such as the overuse and misuse of antibiotics in agriculture and animal health. It supports measures to improve the surveillance and monitoring of antimicrobial resistance and to promote the use of safer alternatives, such as vaccines and other non-antimicrobial therapies.

The CMA believes that a comprehensive approach is necessary to address antimicrobial resistance effectively. This includes efforts to reduce the selection pressure for resistance by optimizing the use of antimicrobials, promoting the development of new and effective agents, and strengthening global health security measures. The association continues to work with healthcare providers, policymakers, and other stakeholders to develop strategies that can help protect the effectiveness of these critical medicines and safeguard public health.
Appearance before the House of Commons Standing Committee on Finance
Bill C-30: The Budget Implementation Act, 2021
https://policybase.cma.ca/link/policy14437

POLICY TYPE  Parliamentary submission
DATE  2021-05-20
TOPICS  Population health, health equity, public health

Documents

Appearance before the House of Commons Standing Committee on Finance
Bill C-30: The Budget Implementation Act, 2021

Dr. E. Ann Golden
President of the Canadian Medical Association
May 20, 2021

[Image: Canadian Medical Association logo]
Appearance before the House of Commons Standing Committee on Health: Study on the Emergency Situation Facing Canadians in Light of the COVID-19 Pandemic
https://policybase.cma.ca/link/policy14433

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Documents

Appearance before the House of Commons Standing Committee on Health

Study on the Emergency Situation Facing Canadians in Light of the COVID-19 Pandemic

Dr. E. Ann Gallie
President of the Canadian Medical Association

April 22, 2021

[Image of Canadian Medical Association logo]
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
Bill C-422 An Act respecting a National Lyme Disease Strategy
https://policybase.cma.ca/link/policy11140

POLICY TYPE
Parliamentary submission

DATE
2014-06-02

TOPICS
Population health, health equity, public health
Health systems, system funding and performance
Call to Action: An Approach to Patient Transfers for Those Living in Rural and Remote Communities in Canada

https://policybase.cma.ca/link/policy14466

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Documents
Canada's Food Guide
https://policybase.cma.ca/link/policy13920

POLICY TYPE  Response to consultation
DATE        2018-06-06
TOPICS      Population health, health equity, public health

Documents
The Canadian Interdisciplinary Palliative Care Competency Framework

https://policybase.cma.ca/link/policy/4439

POLICY TYPE  Policy endorsement
DATE  2020-12-05
TOPICS  Health care and patient safety
        Population health, health equity, public health

Documents

![Canadian Interdisciplinary Palliative Care Competency Framework Cover](image-url)
Canadian Medical Association input in advance of the World Health Assembly Special Session
https://policybase.cma.ca/link/policy4461

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

Documents
Canadian Medical Association submission on Bill C-462 Disability Tax Credit Promoters Restrictions Act.
https://policybase.cma.ca/link/policy11542

POLICY TYPE: Parliamentary submission
DATE: 2015-05-22
TOPICS: Population health, health equity, public health

Documents
Canadian Medical Association Submission to Health Canada’s Notice of proposed order to amend the schedule to the Tobacco Act
https://policybase.cma.ca/link/policy11434

POLICY TYPE  Parliamentary submission
DATE  2014-11-10
TOPICS  Health care and patient safety
  Population health, health equity, public health

Documents
Canadian Medical Association Submission to the House of Commons Study on E-Cigarettes
https://policybase.cma.ca/link/policy11437

POLICY TYPE
Parliamentary submission

DATE
2014-11-27

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

Documents