Amendments to PIPEDA, Bill S-4
https://policybase.cma.ca/link/policy11194

POLICY TYPE    Parliamentary submission
DATE           2014-06-09
TOPICS         Health information and e-health
                Ethics and medical professionalism

Documents

CMHA Submission to the Senate Standing Committee on Transport and Communications

Bill S-4: An Act to amend the Personal Information Protection and Electronic Documents Act and to make consequential amendments to another Act

June 9, 2014

Submitted by: Canadian Medical Association
The future of medicine
https://policybase.cma.ca/link/policy209

POLICY TYPE  Policy document
LAST REVIEWED  2017-03-04
DATE  2000-08-12
TOPICS  Health systems, system funding and performance
         Ethics and medical professionalism

Documents
Corporate privacy policy respecting the collection, use and disclosure of personal information (Update 2012)
https://policybase.cma.ca/link/policy10633

POLICY TYPE
Policy document

LAST REVIEWED
2017-03-04

DATE
2012-10-20

REPLACES
Corporate Privacy Policy Respecting the Collection, Use and Disclosure of Personal Information (Update 2007)

TOPICS
Ethics and medical professionalism

Documents
Federal Monitoring and Reporting Regime for MAID
https://policybase.cma.ca/link/policy13853

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<tr>
<th>POLICY TYPE</th>
<th>Response to consultation</th>
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**Documents**

CMA Submission
Federal Monitoring and Reporting Regime for MAID

Submission to Health Canada

May 15, 2017
Advance care planning
https://policybase.cma.ca/link/policy13694

POLICY TYPE  Policy document
DATE         2017-05-27
REPLACES     Advance care planning (2015)
TOPICS       Ethics and medical professionalism
Population health, health equity, public health

Documents

CMA POLICY

ADVANCE CARE PLANNING

RATIONALE

It is the intent of this policy to enhance the understanding of the ethical and professional issues involved in advance care planning. Advance care planning (ACP) is a process in which an individual (person) and the person’s representatives discuss and make decisions about future health care preferences in a timely manner. These decisions may be made in advance of the need for health care interventions or when a person lacks discernment. The purpose of this policy is to ensure that theAdvance care planning
https://policybase.cma.ca/link/policy13694

POLICY TYPE  Policy document
DATE         2017-05-27
REPLACES     Advance care planning (2015)
TOPICS       Ethics and medical professionalism
Population health, health equity, public health

Documents

CMA POLICY

ADVANCE CARE PLANNING

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documents

CMA Policybase - Canadian Medical Association
Direct-to-consumer genetic testing

https://policybase.cma.ca/link/policy13696

POLICY TYPE  Policy document
DATE  2017-05-27
TOPICS  Ethics and medical professionalism

Documents

CMA POLICY

DIRECT-TO-CONSUMER GENETIC TESTING

See also  Background to the Policy on Direct-to-Consumer Genetic Testing

RATIONALE

Direct-to-consumer genetic testing (DTG) is a growing topic of concern to the medical profession. This is primarily due to the nature of the testing and the potential for misuse and misinterpretation of results. DTG has been identified as a form of medical practice that is not regulated by the Canadian Medical Association (CMA) or any other professional regulatory body. This raises concerns about the quality of testing, the accuracy of results, and the potential for harm to patients. The CMA has expressed concerns that DTG could lead to misdiagnosis, inappropriate treatment, and unintended consequences for patients. The CMA has also expressed concerns that DTG could undermine the trust that patients have in their healthcare providers.

BACKGROUND TO CMA POLICY

DIRECT-TO-CONSUMER GENETIC TESTING

See also  Background to the Policy on Direct-to-Consumer Genetic Testing

Limited in-person genetic counseling is provided, and not all genetic information is available to the public. Additionally, genetic information is typically collected in a laboratory setting, which is not always appropriate for direct-to-consumer genetic testing. Genetic information can be sensitive and personal, and direct-to-consumer genetic testing may lead to inappropriate use of this information. The CMA has expressed concerns that direct-to-consumer genetic testing could lead to the inappropriate use of genetic information, which could result in harm to patients. The CMA has also expressed concerns that direct-to-consumer genetic testing could undermine the trust that patients have in their healthcare providers.

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Medical assistance in dying
https://policybase.cma.ca/link/policy13698

POLICY TYPE: Policy document
DATE: 2017-05-27
REPLACES: EUTHANASIA AND ASSISTED DEATH (UPDATE 2014)
TOPICS: Ethics and medical professionalism

Documents

Medical Assistance in Dying (MAID):
CMA Consultation Report
June 2020

Physician health
https://policybase.cma.ca/link/policy13739

POLICY TYPE: Policy document
DATE: 2017-10-21
PD98-04 Physician health and well-being

Health human resources

Ethics and medical professionalism

Documents
Principles for the protection of patient privacy

CMA Policybase - Canadian Medical Association
Principles for the protection of patient privacy
https://policybase.cma.ca/link/policy13833

POLICY TYPE
Policy document

DATE
2017-12-09

REPLACES
PD11-03 Principles for the Protection of Patients’ Personal Health Information

TOPICS
Health information and e-health
Ethics and medical professionalism

Documents
Charter of Shared Values: A vision for intra-professionalism for physicians
https://policybase.cma.ca/link/policy13858

POLICY TYPE  Policy document
DATE  2017-12-09
REPLACES  CMA Charter for Physicians (Update 1999)
TOPICS  Ethics and medical professionalism

Documents

Charter of Shared Values: A vision for intra-professionalism for physicians

What is it?
A Charter of Shared Values is an instrument to reflect and elevate the aspirations of physicians about what their practice should look like and their expectations of what the profession should stand for and represent. It is a public declaration of the values upon which a profession is based, the values that are basic to the nature of the relationship between a doctor and his or her patient. These values are what define the character of the profession and who are considered to be practitioners in that profession.

Why does it matter?
By articulating a broad spectrum of values that are important to the health of medicine and the care of the public, the Charter of Shared Values can serve as a public commitment by the profession to the values and aspirations that are important to the character of the medical profession. The Charter is intended to be a living document that evolves over time, drawing on the changing realities and aspirations of the profession.

Commitments to Each Other: A list of important shared values

1. Respect for patients, colleagues, and the community in which we practice.
2. A commitment to continuing learning and the responsibility to maintain our competence in the exercise of our profession.
3. Integrity in the practice of our profession and in our dealings with each other.
4. A commitment to the health and well-being of the public, and the active involvement of the profession in the health of the community.
5. Reciprocity in the relationships of the profession with the government, the public, and each other.

By signing and publicly committing to the values in the Charter of Shared Values, doctors demonstrate a shared commitment to the core values of the profession, which are basic to the nature of the relationship between a doctor and his or her patient.

CMA Policybase - Canadian Medical Association
Federal monitoring of medical assistance in dying regulations
https://policybase.cma.ca/link/policy13856

POLICY TYPE  Response to consultation
DATE  2018-02-13
TOPICS  Ethics and medical professionalism

Documents
Guidelines for CMA’s activities and relationships with other parties
https://policybase.cma.ca/link/policy234

POLICY TYPE
Policy document

LAST REVIEWED
2018-03-03

DATE
2001-05-28

TOPICS
Ethics and medical professionalism

Documents
Best practices for smartphone and smart-device clinical photo taking and sharing

https://policybase.cma.ca/link/policy13860

POLICY TYPE    Policy document
DATE            2018-03-03
TOPICS          Health information and e-health
                Ethics and medical professionalism

Documents
CMA Policy Endorsement Guidelines
https://policybase.cma.ca/link/policy14021

POLICY TYPE
Policy document

DATE
2018-03-03

TOPICS
Ethics and medical professionalism

Documents
Health Care Coverage for Migrants: An Open Letter to the Canadian Federal Government

https://policybase.cma.ca/link/policy13940

POLICY TYPE
Policy endorsement

DATE
2018-12-15

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

Documents
Joint statement on preventing and resolving ethical conflicts involving health care providers and persons receiving care

https://policybase.cma.ca/link/policy202

POLICY TYPE  Policy document
LAST REVIEWED  2019-03-03
DATE  1998-12-05
TOPICS  Ethics and medical professionalism
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

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. 27, 1999
Dr. J.D. Eavens
Deputy Senate Chairman

Executive Summary

The comments of the Canadian Medical Association are aimed to emphasize the importance of patient confidentiality and the role of physicians in maintaining it. Under the Personal Information Protection and Electronic Documents Act (PIPEDA), the confidentiality of medical records and other health information is guaranteed, ensuring that only those with a need to know have access to it. However, the act also provides for exceptions, such as when disclosures are necessary for legal, administrative, or emergency purposes.

The Canadian Medical Association (CMA) is a national, voluntary, non-profit organization that represents physicians and medical students in Canada. It advocates for the interests of patients and physicians, and promotes high-quality health care for all Canadians. The CMA supports the principles of PIPEDA, which aims to protect personal information and ensure the confidentiality of health information.

The CMA encourages the Senate Standing Committee on Social Affairs, Science and Technology to consider the comments made in this brief and to ensure that the protection of patient information is maintained.

For further information, please contact the CMA at 1-800-465-2222 or info@cmab.ca.

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