Organ and tissue donation and transplantation
https://policybase.cma.ca/link/policy14126

POLICY TYPE
Policy document

DATE
2019-12-07

REPLACES
Organ and tissue donation and transplantation (update 2015)

TOPICS
Ethics and medical professionalism
Health care and patient safety

Equity and diversity in medicine
https://policybase.cma.ca/link/policy14127

POLICY TYPE
Policy document
EQUITY AND DIVERSITY IN MEDICINE

See also: Canadian Medical Association, Society and Physician Practice, Practice 

A. BACKGROUND

The purpose of this policy is to provide guidance on physician practice, education, and research to ensure that all physicians are treated with fairness and respect. The policy addresses issues related to diversity and inclusion in the workplace, including equity in healthcare services, patient access, and research funding. The policy aims to create a culture that promotes diversity and inclusion and to ensure that all individuals are treated with respect and dignity regardless of their race, ethnicity, gender, sexual orientation, gender identity, religion, or culture.

The policy applies to all physicians and medical staff, including those in academic and research settings. The policy also applies to medical education and training programs, including residency and fellowship programs. The policy is intended to provide guidance on how to create a diverse and inclusive workplace that values the contributions of all individuals.

The policy recognizes that diversity and inclusion are essential to the provision of high-quality healthcare services. The policy promotes the recruitment and retention of a diverse workforce that reflects the communities served by physicians and medical staff.

B. POLICY

The policy is based on the principle that diversity and inclusion are essential to the provision of high-quality healthcare services. The policy promotes the recruitment and retention of a diverse workforce that reflects the communities served by physicians and medical staff.

The policy includes the following key elements:

1. Recruitment and retention of a diverse workforce
2. Promotion of a culture that values diversity and inclusion
3. Development of policies and procedures to address diversity and inclusion issues
4. Monitoring and evaluation of diversity and inclusion efforts
5. Reporting of diversity and inclusion data

The policy requires physicians and medical staff to be committed to diversity and inclusion and to take active steps to promote these values in their work. The policy also requires physicians and medical staff to be accountable for their actions and to be held responsible for any violations of the policy.

The policy is intended to create a diverse and inclusive workplace that values the contributions of all individuals and promotes high-quality healthcare services for all.

C. IMPLEMENTATION

The implementation of the policy is the responsibility of the medical leadership and management of the organization. The implementation of the policy includes the following steps:

1. Training and education of physicians and medical staff on diversity and inclusion
2. Development of policies and procedures to address diversity and inclusion issues
3. Monitoring and evaluation of diversity and inclusion efforts
4. Reporting of diversity and inclusion data
5. Accountability for diversity and inclusion efforts

The implementation of the policy is intended to create a diverse and inclusive workplace that values the contributions of all individuals and promotes high-quality healthcare services for all.

For more information, please visit the Canadian Medical Association website at http://www.cma.ca.
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
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. 22, 1999
Cherie Tanaka

Executive Summary

The comments of the Canadian Medical Association (CMA) are intended to inform the decision-makers working on Bill C-6, the Personal Information Protection and Electronic Documents Act (PIPEDA). The objective of this legislation is to provide a framework for the protection of personal information in electronic and non-electronic environments. The CMA is concerned that the bill does not sufficiently protect the privacy of medical information.

The bill contains several provisions that could have a significant impact on the practice of medicine. For example, the bill does not provide for the protection of medical information in the context of electronic health records, which are becoming increasingly prevalent in the health care system.

The CMA recommends that the bill be amended to ensure that medical information is adequately protected. This includes provisions that protect the confidentiality and security of medical information, as well as provisions that allow patients to control access to their medical information.

The CMA is also concerned that the bill does not sufficiently address the issue of law enforcement and national security. The CMA recommends that the bill be amended to ensure that the privacy rights of individuals are protected in the context of law enforcement and national security.

The CMA is committed to promoting the rights of patients and the public in the context of personal information protection. The CMA recommends that the bill be amended to ensure that the rights of patients and the public are adequately protected.

Cherie Tanaka

Canadian Medical Association

“Listening to our Patient’s Concerns”

Comments on Bill C-54
(Personal Information Protection and Electronic Document Act)

Submission to the House of Commons Standing Committee on Industry

March 18, 1999

Columbia, B.C.

To the Honourable

The Honourable Minister of Industry, Science and Technology

Dear Minister,

I am writing to express my concerns about the proposed Personal Information Protection and Electronic Document Act (Bill C-54). As a physician, I believe it is important to provide clear and comprehensive protections for patient information to ensure the safety and privacy of our patients.

Bill C-54 includes provisions that allow for the release of personal information without consent, which I believe goes against the principles of patient confidentiality. The proposed legislation should ensure that patient information is protected in ways that balance the needs of privacy with the legitimate interests of society.

I encourage the Committee to consider the following recommendations:

1. Clarify the definitions of “personal information” and “sensitive personal information” to ensure that the legislation is clear and comprehensive.
2. Amend the provisions that allow for the release of information without consent to ensure that patient consent is obtained in all cases where possible.
3. Establish a mechanism for public consultation on the implementation of the legislation to ensure that the interests of patients are considered.

I look forward to hearing the Committee’s thoughts on these recommendations.

Sincerely,

[Name]

Physician, [Specialty]
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
The evolving professional relationship between Canadian physicians and our health care system: Where do we stand?

https://policybase.cma.ca/link/policy10389

POLICY TYPE    Policy document
LAST REVIEWED  2019-03-03
DATE           2012-05-26
TOPICS         Ethics and medical professionalism

Documents
CMA’s formal submission to the Federal External Panel on assisted dying
https://policybase.cma.ca/link/policy11750

POLICY TYPE  Parliamentary submission
LAST REVIEWED  2019-03-03
DATE  2015-10-19
TOPICS  Ethics and medical professionalism

Documents
Supporting the enactment of Bill C-14, Medical Assistance in Dying
https://policybase.cma.ca/link/policy13693

POLICY TYPE                  Parliamentary submission
LAST REVIEWED               2019-03-03
DATE                        2016-05-02
TOPICS                      Ethics and medical professionalism

Documents