Committee Appearance – Senate Legal and Constitutional Affairs Committee: 
Bill C-7 – An Act to Amend the Criminal Code (medical assistance in dying) 
https://policybase.cma.ca/link/policy14380

POLICY TYPE: Parliamentary submission
DATE: 2020-11-23
TOPICS: Ethics and medical professionalism

Documents

Committee Appearance – Senate Legal and Constitutional Affairs Committee: 
Bill C-7 – An Act to Amend the Criminal Code (medical assistance in dying) 
November 24, 2020
CMA Statement on Racism

https://policybase.cma.ca/link/policy14245

POLICY TYPE  Policy document
DATE       2020-06-02
TOPICS     Ethics and medical professionalism
            Health care and patient safety

Documents
Framework for Ethical Decision Making During the Coronavirus Pandemic

https://policybase.cma.ca/link/policy14133

POLICY TYPE  Policy document
DATE        2020-04-01
TOPICS      Ethics and medical professionalism
             Health care and patient safety

Documents
Palliative care

https://policybase.cma.ca/link/policy11809

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CMA POLICY

PALLIATIVE CARE

Introduction
Palliative care is an approach to care that aims to improve the quality of life for people and their families facing the problem of life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other symptoms, physical, psychological, social and spiritual support, and care of the family beyond the patient's death. Palliative care is provided in cooperation with other disciplines on the patient's medical team and includes those skills and interventions necessary to enhance the quality of life for those who are undergoing the stress and challenges of a life-threatening illness.

General principles

1. Palliative care should be provided to all patients who have a life-threatening illness, regardless of age, sex, setting, diagnosis, clinical stage, or willingness of the patient or family to accept the patient's illness.
2. Palliative care is not a substitute for curative care, but rather is complementary to any and all therapies aimed at reducing suffering from the disease.
3. Palliative care should be provided in consultation with family members and, where appropriate, other caregivers.
4. Palliative care should be provided in consultation with the patient and family, when available, and family members.
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