Virtual Care in Canada: progress and potential. Report of the Virtual Care Task Force
https://policybase.cma.ca/link/policy14470

POLICY TYPE  Policy endorsement
DATE  2022-02-26
TOPICS  Health information and e-health

Documents
Study on Bill S-209, An Act respecting Pandemic Observance Day
https://policybase.cma.ca/link/policy14467

POLICY TYPE
Parliamentary submission

DATE
2022-02-09

TOPICS
Health care and patient safety
Ethics and medical professionalism

Documents

Appearance before the Senate Standing Committee on Social Affairs, Science and Technology

Study on Bill S-209, An Act respecting Pandemic Observance Day

Dr. J. William Grant
President of the Canadian Medical Association

February 9, 2022

[Image: Canadian Medical Association logo]
CMA Submission to the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities’ study of Bill C-3, An Act to amend the Criminal Code and the Canada Labour Code

https://policybase.cma.ca/link/policy14464

POLICY TYPE  Parliamentary submission

DATE  2021-12-15

TOPICS  Health care and patient safety

Ethics and medical professionalism

Documents

1. [Image]

[Image description: A text block with paragraphs, possibly containing policy statements or submission details.]

CMA Policybase - Canadian Medical Association

p. 3
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 recommendation:
1. High risk to vaccine acceptance may challenge the success of the pandemic. Public health programs need to develop and implement strategies to improve vaccine uptake and address the use of misinformation.
2. It is important to gather information on vaccine perception, and to develop strategies to counter misinformation. Vaccine confidence can be improved by addressing misinformation and providing clear, evidence-based information.
3. The lack of trust among health care providers and patients may hinder the implementation of vaccination strategies. It is essential to build trust and confidence in the vaccine and vaccination process.
4. Strategies to improve vaccine acceptance rates in vulnerable and marginalized communities should be developed and implemented.

The final version of this policy is available on the Canadian Medical Association policybase website.
Return to school during COVID-19

https://policybase.cma.ca/link/policy14452

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

Documents
Interchangeability of vaccines (vaccine mixing)
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

Documents

Interchangeability of vaccines (vaccine mixing)

Policy position recommendation
1. The CMA supports the recent recommendations made by the Federal Advisory Committee on Immunization (SAGE). Despite the evidence to date, the risk of mixing different vaccines, including interchangeability of SARS-CoV-2 vaccines, should be based on the best available evidence and ongoing review.

2. The CMA endorses the use of non-pharmaceutical interventions (NPIS) to mitigate the risk of nosocomial infections, as well as ongoing risk management of SARS-CoV-2 vaccines, including interchangeability of SARS-CoV-2 vaccines.

3. Interchangeability and switching of vaccines, however, should only be undertaken where evidence supports their interchangeability, and where clear, evidence-based guidance is available.

4. The CMA recommends that, prior to any interchangeability or switching of vaccines, thorough risk assessments be conducted to ensure that the benefits outweigh the risks.

5. The CMA recommends that, prior to any interchangeability or switching of vaccines, clear, evidence-based guidance be developed and implemented to ensure the safety and efficacy of the vaccines.

6. The CMA recommends that, prior to any interchangeability or switching of vaccines, clear, evidence-based guidance be developed and implemented to ensure the safety and efficacy of the vaccines.

7. The CMA recommends that, prior to any interchangeability or switching of vaccines, clear, evidence-based guidance be developed and implemented to ensure the safety and efficacy of the vaccines.

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CMA Policybase - Canadian Medical Association
Enhancing equitable access to virtual care in Canada: Principle-based recommendations for equity
https://policybase.cma.ca/link/policy14447

POLICY TYPE  Policy endorsement
DATE  2021-04-30
TOPICS  Population health, health equity, public health
        Health information and e-health

Documents
Committee Appearance – Justice and Human Rights: Bill C-7 – Amending the Criminal Code Regarding Medical Assistance in Dying
https://policybase.cma.ca/link/policy4374

POLICY TYPE  Parliamentary submission
DATE  2020-11-05
TOPICS  Health care and patient safety

Documents

Committee Appearance – Justice and Human Rights:
Bill C-7 – Amending the Criminal Code Regarding Medical Assistance in Dying
November 5, 2020
CMA Pre-budget Submission
https://policybase.cma.ca/link/policy14259

POLICY TYPE
Parliamentary submission

DATE
2020-08-07

TOPICS
Physician practice, compensation, forms
Health information and e-health
Health care and patient safety
Health systems, system funding and performance

Documents
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

CMA Statement on Racism

We believe in a healthcare system of health and care, health and no harm. The most important is that Black, racial, ethnic, and Indigenous people in the United States have access to the care and services that are needed to help them achieve health.

The principles of professionalism are grounded in respect for people. This respect must be demonstrated in all interactions, including the treatment of patients, colleagues, and the public.

The principles of professionalism are grounded in respect for people. This respect must be demonstrated in all interactions, including the treatment of patients, colleagues, and the public.

In the United States, patients and communities have a right to access care that is safe, effective, and appropriate. This includes care that is respectful, sensitive, and culturally competent.

To, Team Members

President, Canadian Medical Association

If you have any questions or concerns about how the statement on racism applies to your practice, please contact me.
Responding to the COVID-19 pandemic: Federal measures to recognize the significant contributions of Canada’s front-line health care workers
https://policybase.cma.ca/link/policy14211

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<th>POLICY TYPE</th>
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<tr>
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<td>2020-05-28</td>
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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

**CMA POLICY**

Framework for Ethical Decision Making During the Coronavirus Pandemic

The current global pandemic is rapidly evolving, and we need to adapt to the international threat that it presents. The measures taken in response to the pandemic must be guided by principles of ethics and professional conduct. The aim is to ensure the health and safety of all Canadians and to protect the healthcare system and its providers from harm. This guidance is intended for healthcare providers and can be adapted to other sectors as needed.

In Canada, healthcare professionals are committed to providing high-quality care while respecting the rights and dignity of all patients. The principles of ethical decision making during a pandemic include:

1. **Respect for Autonomy**: Patients have the right to make informed decisions about their health care, and healthcare providers should support this autonomy while ensuring that the decisions are made in the patient's best interest.
2. **Beneficence**: Healthcare providers have a duty to act in the best interests of the patient and should strive to do no harm.
3. **Non-maleficence**: Providers should take all necessary precautions to prevent harm to patients, staff, and the community.
4. **Justice**: Healthcare resources should be distributed fairly and equitably to ensure access to care for all, considering factors such as age, health status, and the potential impact on the community.

In times of crisis, healthcare providers may need to make difficult decisions. These decisions should be informed by the principles outlined above and should be made transparently and ethically. Healthcare providers are encouraged to consult with their peers, healthcare institutions, and government agencies to ensure that ethical decision-making frameworks are developed and implemented effectively.

This policy is developed by the healthcare profession to provide guidance during the pandemic. Healthcare providers are encouraged to consult with their peers, healthcare institutions, and government agencies to ensure that ethical decision-making frameworks are developed and implemented effectively.
Emergency federal measures to care for and protect Canadians during the COVID-19 pandemic
https://policybase.cma.ca/link/policy14132

POLICY TYPE  Parliamentary submission
DATE  2020-03-16
TOPICS  Health care and patient safety

Documents
CMA Policybase - Canadian Medical Association
Guiding principles for the optimal use of data analytics by physicians at the point of care
https://policybase.cma.ca/link/policy11812

POLICY TYPE Policy document
LAST REVIEWED 2020-02-29
DATE 2016-02-27
TOPICS Health information and e-health

Documents
Health Canada consultation on proposed vaping products promotion regulations
https://policybase.cma.ca/link/policy14128

POLICY TYPE: Response to consultation
DATE: 2020-01-20
TOPICS: Health care and patient safety, Population health, health equity, public health

Documents