CMA Statement on the Governance of Health Information: A patient-partnered health information governance framework

https://policybase.cma.ca/link/policy14485

POLICY TYPE
Policy document

DATE
2022-06-29

TOPICS
Health information and e-health

Documents
CMA Recommendations on Vaccine Equity and Intellectual Property

https://policybase.cma.ca/link/policy14476

POLICY TYPE
Parliamentary submission

DATE
2022-05-13

TOPICS
Ethics and medical professionalism
Pharmaceuticals, prescribing, cannabis, drugs
Population health, health equity, public health

Documents
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

https://policybase.cma.ca/link/policy14443

POLICY TYPE
Policy endorsement

DATE
2021-06-24

TOPICS
Pharmaceuticals, prescribing, cannabis, drugs
Population health, health equity, public health

Documents
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
Taking action on drug shortages during Covid-19 – open letter
https://policybase.cma.ca/link/policy14261

POLICY TYPE  Parliamentary submission
DATE  2020-08-13
TOPICS  Pharmaceuticals, prescribing, cannabis, drugs

Documents
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
Authorizing Cannabis for Medical Purposes

https://policybase.cma.ca/link/policy15154

POLICY TYPE
Policy document

LAST REVIEWED
2020-02-29

DATE
2015-02-28

TOPICS
Pharmaceuticals, prescribing, cannabis, drugs
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

Guiding Principles for the Optimal Use of Data Analytics by Physicians at the Point of Care

Executive Summary

Electronic health records (EHRs) are increasingly being used more widely in medical practice. A majority of physicians in Canada have implemented EHRs and are using data analytics (DA) to support decision making and improve patient outcomes. The use of DA by physicians at the point of care offers significant potential for improving the quality and efficiency of care, but the potential benefits and risks associated with their use must be balanced with ethical, legal, and privacy considerations. The proper use of DA at the point of care involves a number of important considerations, including the need to ensure that DA is used ethically and in a manner that respects patient confidentiality.

Optimal use of DA at the point of care involves balancing the right balance between improving the quality and efficiency of care and respecting patient confidentiality. The following principles should be considered when using DA at the point of care:

- The use of DA should be transparent and consensual.
- The use of DA should be ethical and respectful of patient confidentiality.
- The use of DA should be evidence-based and supported by rigorous evaluation.
- The use of DA should be communicated to patients in a clear and understandable manner.
- The use of DA should be consistent with the principles of patient autonomy and informed consent.
- The use of DA should be aligned with the values and principles of the health care system.

In conclusion, DA has the potential to improve the quality and efficiency of care, but its optimal use requires careful consideration of ethical, legal, and privacy issues. The principles outlined above should be considered when using DA at the point of care in order to ensure that its use is ethical, transparent, and respectful of patient confidentiality.

CMA Policy

CMA POLICY

Guiding Principles for the Optimal Use of Data Analytics by Physicians at the Point of Care

Executive Summary

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<td>Health information and e-health</td>
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**Documents**

[Report of the Virtual Care Task Force](https://policybase.cma.ca/link/policy4440)
Health Canada consultation on reducing youth access and appeal of vaping products
https://policybase.cma.ca/link/policy14078

POLICY TYPE  
Response to consultation

DATE  
2019-05-24

TOPICS  
Pharmaceuticals, prescribing, cannabis, drugs
Population health, health equity, public health

Documents
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

Comments on Bill C-6

(Personal Information Protection and Electronic Documents Act)

Stephen pain, Acting Standing Committee on Social Affairs, Science and Technology

Nov. 27, 1999

Executive Summary

The Canadian Medical Association, for acting alone or in concert with the appropriate regulatory authorities and the appropriate medical or health authorities, has recommended a number of changes to Bill C-6 that would strengthen the provisions for protecting personal health information.

The Association has recommended that the definition of “personal information” be amended to include information that is collected “for the purpose of protecting the interests of the individual or the public.” This would ensure that the provisions of the Act apply to personal health information collected for the purpose of protecting the privacy and confidentiality of the individual.

The Association has also recommended that the Act provide for the appointment of an independent and impartial commissioner to oversee the implementation of the Act and to ensure that the provisions are being enforced.

The Association has further recommended that the Act provide for the appointment of an independent and impartial ombudsman to receive and investigate complaints from individuals who believe that their personal health information has been violated.

The Association has recommended that the Act provide for the appointment of an independent and impartial mediator to resolve disputes between individuals and organizations that may have information about the individual.

The Association has recommended that the Act provide for the appointment of an independent and impartial arbitrator to resolve disputes between individuals and organizations that may have information about the individual.

The Association has recommended that the Act provide for the appointment of an independent and impartial referee to resolve disputes between individuals and organizations that may have information about the individual.

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The Association has recommended that the Act provide for the appointment of an independent and impartial court to resolve disputes between individuals and organizations that may have information about the individual.
“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

CMA Ottawa

Health care and patient safety

Health information and e-health

Ethics and medical professionalism
Guiding Principles for Physician Electronic Medical Records (EMR) Adoption in Ambulatory Clinical Practice
https://policybase.cma.ca/link/policy9117

POLICY TYPE        Policy document
LAST REVIEWED      2019-03-03
DATE               2008-02-23
TOPICS             Health information and e-health

Documents
Cannabis for Medical Purposes

POLICY TYPE
Policy document

LAST REVIEWED
2019-03-03

DATE
2010-12-04

TOPICS
Pharmaceuticals, prescribing, cannabis, drugs

Cannabis for Medical Purposes

The Canadian Medical Association (CMA), therefore, recognizes the urgency requirements of these individuals suffering from terminal illness or chronic disease for which conventional therapies have not been effective and opposes criminalization of cannabis.

However, there is not enough scientific evidence to support cannabis for medical purposes. Given the urgent request of some medical practitioners for more evidence, the need for research on the medical uses of cannabis, and the need for recommendations to guide the development of regulations, the CMA will support measures to ensure that research is done on the medical uses of cannabis. The CMA will seek recommendations from a panel of experts, including scientists, as to what research is needed to guide the development of regulations.

The CMA supports the following recommendations:

1. Increase support for the advancement of scientific knowledge about the medical use of cannabis by the federal government through provision of adequate scientific research funding to study cannabis or its active ingredient (cannabinoids). These studies should focus on the efficacy for therapeutic benefit, the potential for dependency, and the potential for dependence.

2. Appropriate regulatory oversight to ensure that cannabis is produced in the manner that meets the needs of patients and does not lead to dependence.

3. Increase support for public education programs that focus on the medical use of cannabis, and awareness about the risks of using cannabis in the workplace.

The CMA recognizes the social, legal, and medical implications of cannabis use and the need for regulation to address these issues.

The CMA supports the following recommendations:

1. Increase support for research on the medical use of cannabis by the federal government through provision of adequate scientific research funding to study cannabis or its active ingredient (cannabinoids).

2. Appropriate regulatory oversight to ensure that cannabis is produced in the manner that meets the needs of patients and does not lead to dependence.

3. Increase support for public education programs that focus on the medical use of cannabis, and awareness about the risks of using cannabis in the workplace.
Medication use and seniors (Update 2017)

POLICY TYPE: Policy document
LAST REVIEWED: 2019-03-03
DATE: 2011-05-28
REPLACES: Medication use and seniors
TOPICS: Pharmaceuticals, prescribing, cannabis, drugs

Documents

CMA POLICY

MEDICATION USE AND SENIORS

UPDATE 2017

[Policy text is not legible due to image quality issues]

Vision for e-Prescribing: a joint statement by the Canadian Medical

CMA Policybase - Canadian Medical Association
Vision for e-Prescribing: a joint statement by the Canadian Medical Association and the Canadian Pharmacists Association

https://policybase.cma.ca/link/policy10670

POLICY TYPE
Policy document

LAST REVIEWED
2019-03-03

DATE
2012-12-08

TOPICS
Health information and e-health
Pharmaceuticals, prescribing, cannabis, drugs

Documents
Health Canada consultation on edible cannabis, extracts & topicals
https://policybase.cma.ca/link/policy14020

POLICY TYPE  Response to consultation
DATE  2019-02-20
TOPICS  Pharmaceuticals, prescribing, cannabis, drugs
         Population health, health equity, public health

Documents