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
Digital Health Care and Competition – a perspective from The Canadian Medical Association
https://policybase.cma.ca/link/policy14444

POLICY TYPE  Parliamentary submission
DATE  2021-06-25
TOPICS  Health information and e-health

Documents

CMA submission

DIGITAL HEALTH CARE AND COMPETITION – A PERSPECTIVE FROM THE CANADIAN MEDICAL ASSOCIATION

Submission to the Competition Bureau Market Study on Digital Health Care

[Submitter]  [Date]
Policy Brief: CSAM-SMCA in Support of the Decriminalization of Drug Use and Possession for Personal Use

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/policy11514

POLICY TYPE
Policy document

LAST REVIEWED
2020-02-29

DATE
2015-02-28

TOPICS
Pharmaceuticals, prescribing, cannabis, drugs

Documents
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

Efforts to use data analytics are growing more widely in clinical care and research. A majority of physicians in Canada have been exposed to data analytics, and physicians are using data analytics for various purposes, such as improving patient outcomes, enhancing patient care, and improving efficiency. However, data analytics requires careful consideration and implementation to ensure that it is used effectively and efficiently.

In this context, the Canadian Medical Association (CMA) has developed guiding principles for the optimal use of data analytics by physicians at the point of care. These principles are designed to help physicians make informed decisions about the use of data analytics in their practice, ensuring that it is used in a way that is beneficial to patients and supports evidence-based care.

The guiding principles include:

1. **Ethical Considerations**
   - Ensuring the confidentiality of patient data
   - Obtaining informed consent from patients
   - Protecting patient privacy

2. **Data Quality and Accuracy**
   - Ensuring the quality and accuracy of data used in analytics
   - Ensuring data is up-to-date and relevant

3. **Patient Safety**
   - Ensuring that data analytics does not compromise patient safety
   - Ensuring that data analytics is integrated into patient care

4. **Privacy and Security**
   - Ensuring that data analytics complies with privacy laws
   - Ensuring that data analytics is protected from unauthorized access

5. **Data Governance**
   - Establishing clear data governance policies
   - Ensuring that data analytics is transparent and accountable

6. **Training and Education**
   - Providing training and education for physicians on the use of data analytics
   - Ensuring that physicians are aware of the potential benefits and limitations of data analytics

7. **Continual Improvement**
   - Continuously reviewing and updating data analytics practices
   - Implementing feedback from patients and healthcare providers

These guiding principles serve as a framework for physicians to use data analytics effectively and responsibly in their practice. They are intended to promote the use of data analytics in a manner that supports evidence-based care and enhances patient outcomes.
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 Document Act)

Submission to the Senate Standing Committee on Social Affairs, Science and Technology

Nov. 27, 1999
Olivia Drake
Parliamentary Assistant

Executive Summary

Bill C-6, tabled in the House of Commons, will bring the principles of personal information protection and privacy to the federal government. It is a unique opportunity to modernize the laws that govern our relationship with health information. The unique nature of health information is that it is both a right and a duty. It is a right to have access to one's personal information, to correct errors, and to have that information protected from misuse. It is a duty to use that information in a manner that will not cause harm or embarrassment. Health information is unique in that it is both personal and sensitive. It is also unique in that it is often used in a way that will not cause harm or embarrassment. Health information is unique in that it is both personal and sensitive. It is also unique in that it is often used in a way that will not cause harm or embarrassment. Health information is unique in that it is both personal and sensitive. It is also unique in that it is often used in a way that will not cause harm or embarrassment. Health information is unique in that it is both personal and sensitive. It is also unique in that it is often used in a way that will not cause harm or embarrassment. Health information is unique in that it is both personal and sensitive. It is also unique in that it is often used in a way that will not cause harm or embarrassment. Health information is unique in that it is both personal and sensitive. It is also unique in that it is often used in a way that will not cause harm or embarrassment. Health information is unique in that it is both personal and sensitive. It is also unique in that it is often used in a way that will not cause harm or embarrassment. Health information is unique in that it is both personal and sensitive. It is also unique in that it is often used in a way that will not cause harm or embarrassment. Health information is unique in that it is both personal and sensitive. It is also unique in that it is often used in a way that will not cause harm or embarrassment. Health information is unique in that it is both personal and sensitive. It is also unique in that it is often used in a way that will not cause harm or embarrassment. Health information is unique in that it is both personal and sensitive. It is also unique in that it is often used in a way that will not cause harm or embarrassing.
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

https://policybase.cma.ca/link/policy1980

POLICY TYPE: Parliamentary submission
LAST REVIEWED: 2019-03-03
DATE: 1999-03-18
TOPICS: Health care and patient safety
Health information and e-health
Ethics and medical professionalism

Documents

"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

[Text content redacted for brevity]
Cannabis for Medical Purposes

https://policybase.cma.ca/link/policy10045

POLICY TYPE  
Policy document

LAST REVIEWED  
2019-03-03

DATE  
2010-12-04

TOPICS  
Pharmaceuticals, prescribing, cannabis, drugs

Cannabis for Medical Purposes

CMA POLICY

Lack of evidence: The Canadian Medical Association (CMA) has recognized the unique requirements of frail elderly patients with co-morbid physical or mental disease for which conventional therapies have not been effective and is now recommending cannabis use. The absence of cannabis for medical purposes was noted in the Canadian Medical Association (CMA) policy, "Cannabis for Medical Purposes," which was adopted in 2004 and reviewed in 2009.

Overview: The CMA policy states that the use of cannabis for medical purposes should be considered in situations where conventional therapies are not effective or are not tolerated by the patient. The policy also notes that the use of cannabis for medical purposes should be under the supervision of a licensed healthcare provider and that the use of cannabis for medical purposes should be monitored and evaluated on an ongoing basis.

Recommendations:

1. Increase support for the development and evaluation of alternative therapies for medical conditions. The CMA recommends that research be conducted to evaluate the efficacy and safety of alternative therapies. This research should include studies of the efficacy and safety of alternative therapies for medical conditions, as well as studies of the effectiveness of alternative therapies in improving the quality of life for patients with chronic conditions.

2. Support the development of regulatory frameworks that enable the safe use of cannabis for medical purposes. The CMA recommends that regulatory frameworks be developed to ensure the safe and effective use of cannabis for medical purposes. This should include regulations that require healthcare providers to monitor the use of cannabis and to report any adverse effects.

3. Increase support for the development and evaluation of alternative therapies for medical conditions. The CMA recommends that research be conducted to evaluate the efficacy and safety of alternative therapies. This research should include studies of the efficacy and safety of alternative therapies for medical conditions, as well as studies of the effectiveness of alternative therapies in improving the quality of life for patients with chronic conditions.

4. Support the development of regulatory frameworks that enable the safe use of cannabis for medical purposes. The CMA recommends that regulatory frameworks be developed to ensure the safe and effective use of cannabis for medical purposes. This should include regulations that require healthcare providers to monitor the use of cannabis and to report any adverse effects.

5. Increase support for the development and evaluation of alternative therapies for medical conditions. The CMA recommends that research be conducted to evaluate the efficacy and safety of alternative therapies. This research should include studies of the efficacy and safety of alternative therapies for medical conditions, as well as studies of the effectiveness of alternative therapies in improving the quality of life for patients with chronic conditions.
Medication use and seniors (Update 2017)
https://policybase.cma.ca/link/policy10151

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

Documents
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
Health Canada consultation on Canadian drugs and substances strategy
https://policybase.cma.ca/link/policy14017

POLICY TYPE  Response to consultation
DATE  2018-12-04
TOPICS  Pharmaceuticals, prescribing, cannabis, drugs
         Population health, health equity, public health

Documents

CMA response:
HEALTH CANADA CONSULTATION
ON CANADIAN DRUGS AND
SUBSTANCES STRATEGY

December 1, 2018