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

CMA Recommendations on Vaccine Equity and Intellectual Property

House of Commons Standing Committee on Foreign Affairs and International Development
May 11, 2022
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
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
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

Dear [Name],

We are writing to urge you to bring attention and resources to the drug shortages experienced in Canada during the Covid-19 pandemic. These shortages have been exacerbated by the pandemic, leading to increased demand for essential medications.

As healthcare professionals, we have seen firsthand the impact of drug shortages on patient care. The unpredictable and sometimes unpredictable availability of medications can lead to delays in treatment, increased patient anxiety, and in some cases, adverse health outcomes. The shortage of Pfizer-BioNTech vaccines in June led to a delay in the rollout of the vaccination program.

The shortages of these drugs impact the care of patients seeking care across the country. The pandemic (COVID-19) has increased the demand on health systems, and with the vaccine shortages, we have seen a backlog of patients waiting for their second dose of a vaccine. The potential for further hospitalization of these patients is inevitable unless we maintain rigorous prioritization of vaccine distribution.

At this time, we urge the federal government to prioritize the procurement of vaccines and critical medications. We would propose that there is a comprehensive strategy to ensure the necessary resources are available to meet the demand for these drugs.

We believe it is essential that the government invest in domestic production of critical medications to ensure an uninterrupted supply chain. This approach would not only mitigate the risk of future shortages but also support our domestic healthcare industry.

Thank you for your consideration of this matter. We look forward to hearing from you on how this critical issue can be addressed.

Sincerely,

[Your Name]

CMA Pre-budget Submission
CMA Policybase - Canadian Medical Association
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

Electronic records are being used more widely in creating their own value, a majority of physicians in Canada have integrated electronic medical records (EMR) into their practice. This integration has allowed for more efficient and effective clinical care, as well as improved patient outcomes. However, the use of electronic records also presents new challenges and opportunities for physicians, including the need to ensure patient privacy and confidentiality, as well as the potential for errors in data entry and analysis.

Optimal use of data analytics in providing the right clinical decision-making tools and patient outcomes for the management of care is essential to improving patient care and outcomes. However, the use of data analytics also presents new challenges and opportunities for physicians, including the need to ensure patient privacy and confidentiality, as well as the potential for errors in data entry and analysis.

- **Conclusion:** The use of data analytics in providing the right clinical decision-making tools and patient outcomes for the management of care is essential to improving patient care and outcomes. However, the use of data analytics also presents new challenges and opportunities for physicians, including the need to ensure patient privacy and confidentiality, as well as the potential for errors in data entry and analysis.

The guiding principles for the optimal use of data analytics by physicians at the point of care include:

1. **Confidentiality:** Physicians should ensure that patient information is kept confidential, and that data is used only for the purpose of providing care.
2. **Accuracy:** Physicians should ensure that data is accurate, and that errors are minimized.
3. **Interpretation:** Physicians should be able to interpret data accurately, and that data is used in a meaningful way.
4. **Protection:** Physicians should protect patient information, and that data is not misused.
5. **Ethics:** Physicians should ensure that data is used in an ethical way, and that patients are informed of the use of their data.

The Canadian Medical Association (CMA) recommends the following guidelines for the use of data analytics by physicians at the point of care:

- **Guideline 1:** Physicians should ensure that patient information is kept confidential, and that data is used only for the purpose of providing care.
- **Guideline 2:** Physicians should ensure that data is accurate, and that errors are minimized.
- **Guideline 3:** Physicians should be able to interpret data accurately, and that data is used in a meaningful way.
- **Guideline 4:** Physicians should protect patient information, and that data is not misused.
- **Guideline 5:** Physicians should ensure that data is used in an ethical way, and that patients are informed of the use of their data.

The guidelines for the use of data analytics by physicians at the point of care are consistent with the principles of the CMA's Code of Ethics, and with the policies of other medical organizations.

The CMA recommends that physicians use data analytics in a way that is consistent with these principles, and that they maintain accurate and complete records of all data that is used.

The CMA also recommends that physicians be aware of the potential for errors in data entry and analysis, and that they take steps to minimize the risk of these errors.

The CMA recommends that physicians be aware of the potential for misuse of patient information, and that they take steps to ensure that data is used in an ethical way.

The CMA recommends that physicians be aware of the potential for data to be used in a way that is not consistent with the principles of the CMA's Code of Ethics, and that they take steps to ensure that data is used in a way that is consistent with the principles of the Code.

The CMA recommends that physicians be aware of the potential for data to be used in a way that is not consistent with the policies of other medical organizations, and that they take steps to ensure that data is used in a way that is consistent with these policies.

The CMA recommends that physicians be aware of the potential for data to be used in a way that is not consistent with the principles of the CMA's Code of Ethics, and with the policies of other medical organizations, and that they take steps to ensure that data is used in a way that is consistent with these principles and policies.
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 document
2019-03-03
2002-06-02
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

Parliamentary submission
2019-03-03
1999-11-25
Health information and e-health
Ethics and medical professionalism
Health care and patient safety
“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
Dr. Paul D. Scarrow

Executive Summary

The comments of the federal government for acting this request for changes in personal information protection of the Privacy Act. The text of the following text is provided in the CMA’s guidelines for health care information and personal information protection.

The interim regulations under Bill C-6 are in the interim, which provides a temporary right for patients to have access to their own personal information. For example, this right has been adequately addressed for the purposes of health care, as set out in the CMA’s guidelines for health care information and personal information protection. The text of the following text is provided in the CMA’s guidelines for health care information and personal information protection.

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The interim regulations under Bill C-6 are in the interim, which provides a temporary right for patients to have access to their own personal information. For example, this right has been adequately addressed for the purposes of health care, as set out in the CMA’s guidelines for health care information and personal information protection. The text of the following text is provided in the CMA’s guidelines for health care information and personal information protection.
“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

[Further information on the parliamentary submission can be found at the Canadian Medical Association's website.]

[The document continues with detailed comments on the provisions of Bill C-54, emphasizing the importance of patient privacy and the need for clear and transparent information practices.]
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
Cannabis for Medical Purposes

CMA POLICY

The Canadian Medical Association (CMA), having recognized the unique requirements of those individuals suffering from terminal illness or chronic disease for which commercial marijuana has been effective and/or proven curative, recommends:

1. A mechanism to provide a legal avenue for patients to access cannabis on an individual basis, and
2. An evaluation of the effectiveness of these mechanisms, with a view to enhancement.

Patients’ practitioner (country-specific) should be responsible for the provision of cannabis for medical purposes. Where a patient requires assistance in obtaining cannabis for medical purposes, the practitioner should provide guidance and support as required.

The CMA notes the following recommendations:

1. Increase support for the advancement of scientific knowledge about the medical use of cannabis, for both anecdotally reported therapeutic efficacy and scientific evidence, to inform evidence-based healthcare provision.
2. Apply the same regulatory oversight and control principles to cannabis as to other prescribed drugs.
3. Increase support for public health initiatives that promote safe use of cannabis for medical purposes.

The CMA notes that the federal government should ensure that the provisions of the Access to Cannabis for Medical Purposes Regulations provide for a role for health-care practitioners in the provision of cannabis for medical purposes.

Policy document

2019-03-03

Pharmaceuticals, prescribing, cannabis, drugs
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

CMA response:

HEALTH CANADA CONSULTATION ON EDIBLE CANNABIS, EXTRACTS & TOPICALS

February 20, 2019
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