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
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
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

[Image of the policy brief]

Introduction

Background: Drug policy reflects an ambiguous understanding of medicine as separating harm from illness. Although opioids have proven to be safely understood as a medically necessary drug, they are highly addictive and can lead to overdose death. Medicinal drugs are available to treat diseases; however, their use is often regulated by law to prevent abuse and ensure safety. As such, the decriminalization of drug use is supported by experts and advocates, who argue that legal measures are more effective in reducing drug-related harm than criminalization.

Evidence that Criminalization Fails

Criminalization of drug use does not effectively deter drug abuse or reduce the harms associated with it. Instead, it creates a black market that fuels organized crime and diverts resources away from evidence-based interventions. Moreover, criminalization has adverse impacts on individuals, communities, and the broader society. It results in the disproportionate incarceration of marginalized groups, such as youth, women, and racial minorities, who are more likely to be affected by the policies. Additionally, criminalization increases the risk of addiction, violence, and overdose deaths, thereby perpetuating the cycle of harm.

Conclusion

In conclusion, the decriminalization of drug use is supported by evidence and is a necessary step towards reducing drug-related harm. It is essential to adopt a comprehensive approach that includes harm reduction strategies, addiction treatment, and support services. The Canadian Medical Association (CMA) advocates for the decriminalization of drug use and possession for personal use, as it aligns with the principles of public health and recognizes the importance of harm reduction in addressing the current drug epidemic.
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

CMA POLICY

Authorizing Cannabis for Medical Purposes

The legalization of cannabis for recreational purposes came into effect in Canada on October 17, 2018, and physicians are on the horizon to consider, for reasons of the order of the House of Commons, the medical use of cannabis for therapeutic purposes. Those who choose to apply for, and are authorized to give, cannabis for medical purposes are subjects to no fewer than 12 federal, provincial and territorial laws, regulations and guidelines. These laws, regulations and guidelines encompass a range of issues, including:

- The development and implementation of a national framework for the production, distribution, sale and use of cannabis for medical purposes
- The development and implementation of a national framework for the production, distribution, sale and use of cannabis for non-medical purposes
- The development and implementation of a national framework for the production, distribution, sale and use of cannabis for legal purposes
- The development and implementation of a national framework for the production, distribution, sale and use of cannabis for illegal purposes
- The development and implementation of a national framework for the production, distribution, sale and use of cannabis for recreational purposes
- The development and implementation of a national framework for the production, distribution, sale and use of cannabis for commercial purposes
- The development and implementation of a national framework for the production, distribution, sale and use of cannabis for personal purposes
- The development and implementation of a national framework for the production, distribution, sale and use of cannabis for non-commercial purposes
- The development and implementation of a national framework for the production, distribution, sale and use of cannabis for non-recreational purposes
- The development and implementation of a national framework for the production, distribution, sale and use of cannabis for non-medical purposes
- The development and implementation of a national framework for the production, distribution, sale and use of cannabis for non-legal purposes
- The development and implementation of a national framework for the production, distribution, sale and use of cannabis for non-illegal purposes
- The development and implementation of a national framework for the production, distribution, sale and use of cannabis for non-recreational purposes

The Canadian Medical Association (CMA) recommends that the following principles be applied to the medical use of cannabis:

1. The medical use of cannabis should be limited to cases in which all other treatments have been exhausted.
2. The medical use of cannabis should be reviewed on a regular basis, and the treatment should be discontinued if it is no longer necessary or effective.
3. The medical use of cannabis should be monitored by a qualified health professional, who should be familiar with the effects of cannabis on health and the potential for dependence and withdrawal.
4. The medical use of cannabis should be limited to cases in which the patient is under the care of a licensed medical practitioner.
5. The medical use of cannabis should be limited to cases in which the patient has a valid prescription for the use of cannabis.
6. The medical use of cannabis should be limited to cases in which the patient is under the care of a licensed mental health practitioner.
7. The medical use of cannabis should be limited to cases in which the patient is under the care of a licensed pharmacist.
8. The medical use of cannabis should be limited to cases in which the patient is under the care of a licensed social worker.
9. The medical use of cannabis should be limited to cases in which the patient is under the care of a licensed counselor.
10. The medical use of cannabis should be limited to cases in which the patient is under the care of a licensed nurse.
11. The medical use of cannabis should be limited to cases in which the patient is under the care of a licensed nurse practitioner.
12. The medical use of cannabis should be limited to cases in which the patient is under the care of a licensed physician.

The CMA recommends that the following guidelines be applied to the medical use of cannabis:

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7. The medical use of cannabis should be limited to cases in which the patient is under the care of a licensed nurse practitioner.
8. The medical use of cannabis should be limited to cases in which the patient is under the care of a licensed physician.
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 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. 22 1999
Olivia O’Donnell

Executive Summary

CMA comments that the federal government, in acting on this important issue, must ensure it does not interfere with the patient-doctor relationship or the doctor-patient confidentiality. While, it supports the principle of the protection of personal information, any legislation must recognize the importance of the patient-doctor relationship. The legislative changes must be limited to those that do not interfere with the confidentiality of patient information and respect for the doctor-patient relationship.

CMA’s chief concern with Bill C-6 is the inconsistency with respect to the right of patients to access their medical information or to require that such information be kept private, and the right of patients to consent to the use of their medical information. The Bill is not consistent in its treatment of these rights. The Bill also appears to allow the disclosure of sensitive information without the patient’s consent.

The Canadian Medical Association supports the principle of the protection of personal information and recognizes the importance of the patient-doctor relationship. However, any legislation must be limited to those changes that do not interfere with the confidentiality of patient information and respect for the doctor-patient relationship.

Furthermore, any future federal health care system must respect the confidentiality of patient information and the patient-doctor relationship.
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

Canada, Ottawa

For the personal, ethical, economic and social reasons that follow in this paper, ensuring health information is handled in an appropriate, informed and ethical manner is critical to the maintenance of public trust in the health care system.

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Health information is critical to the maintenance of public trust in the health care system.
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

CMA POLICY

The Canadian Medical Association (CMA), has always recognized the virtue in requiring that the healthcare system be a sound one, where the interests of the public are served. The CMA, therefore, recommends the following recommendations:

1. Increase support for the advancement of scientific knowledge about the medical use of cannabis. The CMA recommends support for research, especially scientific, studies to assess the efficacy, safety, and harms of cannabis. Such studies should include comparative research on cannabis versus other treatments.

2. Support the development of a regulatory framework that is balanced and that serves the public interest. The CMA recommends support for the development of such a framework.

3. Support the development of an evidence-based framework for the medical use of cannabis. The CMA recommends support for the development of such a framework.
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