CMA Recommendations on Canada’s First National Adaptation Strategy: Addressing the health impacts of climate change
https://policybase.cma.ca/link/policy14484

POLICY TYPE
Parliamentary submission

DATE
2022-06-23

TOPICS
Population health, health equity, public health
Health systems, system funding and performance

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

CMA Recommendations on Vaccine Equity and Intellectual Property
House of Commons Standing Committee on Foreign Affairs and International Development
May 13, 2022
Appearance before the Standing Committee on Indigenous and Northern Affairs (INAN): Administration and accessibility of Indigenous Peoples to the Non-Insured Benefits Program

https://policybase.cma.ca/link/policy14474

POLICY TYPE
Parliamentary submission

DATE
2022-05-03

TOPICS
Population health, health equity, public health
Ethics and medical professionalism

Documents

Appearance before the Standing Committee on Indigenous and Northern Affairs (INAN): Administration and accessibility of Indigenous Peoples to the Non-Insured Benefits Program

Dr. Nita Lobo
President of the Canadian Medical Association
May 4, 2022

(Handwritten notes not visible)
Canadian Medical Association input in advance of the World Health Assembly Special Session
https://policybase.cma.ca/link/policy14461

POLICY TYPE
Parliamentary submission

DATE
2021-11-17

TOPICS
Population health, health equity, public health
Ethics and medical professionalism
New Criminal Code offence to protect health workers from threats and violence, including online
https://policybase.cma.ca/link/policy14463

POLICY TYPE
Parliamentary submission

DATE
2021-11-16

TOPICS
Population health, health equity, public health
Ethics and medical professionalism

Documents
Disclosure of COVID-19 Vaccination Status by Physicians

In the context of the current health emergency, as a general statement, it is the position of the CMA that disclosure of COVID-19 vaccination status by healthcare providers is not a professional duty and should be considered an ethical and legal issue. However, the decision to disclose vaccination status rests with the healthcare provider and should be based on an assessment of the potential risks and benefits to both the patient and the provider. The disclosure should be voluntary and should not be used to discriminate against a patient or to influence the patient's choice of care.

In the event that a provider chooses to disclose their vaccination status, it should be done in a manner that respects patient confidentiality and does not unduly burden the patient. Providers should consider the patient's needs, preferences, and the potential impact of disclosure on the patient's health and well-being. Providers should also consider the potential consequences of disclosure on patient-physician relationships, insurance coverage, and other aspects of patient care.

It is important to note that there may be legal and regulatory requirements that govern the disclosure of vaccination status in certain situations, such as in the context of workplace or institutional policies. Providers should be aware of these requirements and follow them to the extent that they apply.

References:
COVID-19 Vaccine Global Intellectual Property Policy
https://policybase.cma.ca/link/policy14458

Policy document

2021-10-22

Physician practice, compensation, forms

Documents
The Lancet Countdown on Health and Climate Change - Policy brief for Canada, October 2021
https://policybase.cma.ca/link/policy14455

POLICY TYPE  Policy endorsement
DATE  2021-10-20
TOPICS  Population health, health equity, public health

Documents
São Paulo Declaration on Planetary Health
https://policybase.cma.ca/link/policy14456

POLICY TYPE
Policy endorsement

DATE
2021-10-04

TOPICS
Population health, health equity, public health

Documents
Vaccine certificates

https://policybase.cma.ca/link/policy14448

POLICY TYPE  Policy document
DATE  2021-08-21
TOPICS  Population health, health equity, public health
Ethics and medical professionalism

Documents
Mandatory COVID-19 vaccination of health care workers

https://policybase.cma.ca/link/policy14449

POLICY TYPE
Policy document

DATE
2021-08-21

TOPICS
Health human resources
Population health, health equity, public health

Documents
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 position recommendation

1. High COVID-19 vaccination coverage is critical to society and essential for public health. Public health programs need strategies and infrastructure to ensure access and uptake, to meet the needs of all populations.

2. The importance of vaccine hesitancy within diverse populations, centres Director's recommendations should address these, seeking to bolster current or previously undermined public health campaigns.

3. The Director is of the view that incorporating public interaction plays a key role in vaccine acceptance. The public should not be the ultimate evaluator of vaccine programs and health authorities should work to improve vaccine information, including specific resources for vulnerable populations.

4. The Director urges governments to ensure that vaccines are publicly accessible and affordable, while promoting public confidence in vaccination programs through clear, transparent, and evidence-based communication.

5. The Director recommends engaging communities and organizations in the planning and implementation of vaccination programs.

6. The Director supports the development of strategies to address vaccine hesitancy, including education, outreach, and community involvement.

7. The Director encourages the ongoing monitoring and evaluation of vaccination programs to ensure their effectiveness and equitable distribution.

8. The Director suggests that public health programs should prioritize the implementation of strategies that address vaccine hesitancy and build public trust.

9. The Director recommends the establishment of community-based vaccination programs to ensure that all populations have access to vaccines.

10. The Director supports the development of partnerships between public health authorities and community-based organizations to increase vaccine acceptance.

In conclusion, vaccine acceptance is a critical public health priority, and programs need to be designed to address the needs of all populations, incorporating strategies that build public confidence and ensure accessibility.
Global vaccine equity

POLICY TYPE
Policy document

DATE
2021-08-21

TOPICS
Ethics and medical professionalism
Population health, health equity, public health

Global vaccine equity

Fully prioritise vaccination:
1. Line out prioritisation on the basis of risk and impact on health outcomes.
2. Divide the country into regions or areas, and allocate vaccines based on population size and need.
3. Ensure equitable access to vaccines and vaccination services to all populations.
4. Develop a comprehensive strategy for vaccine distribution, including accounting for different population groups.
5. Promote vaccine education and awareness through mass media and community outreach programs.
6. Implement strong surveillance systems to track vaccine coverage and adverse events.

Integrated approach:
1. Incorporate community participation in vaccine planning and delivery.
2. Collaborate with international partners to ensure global access to vaccines.
3. Develop partnerships with local governments and non-governmental organisations (NGOs) to enhance vaccine distribution.
4. Foster global solidarity in vaccine distribution through international agreements and assistance.

Resources:
1. Conduct cost-effectiveness analyses to determine the most efficient use of vaccine resources.
2. Allocate funding for vaccine research and development to enhance global access.
3. Provide technical assistance to developing countries to improve vaccine delivery systems.
4. Establish international agreements to facilitate the supply of vaccines to low-income countries.

Conclusion:
1. The global health community must work together to ensure equitable access to vaccines.
2. The Canadian Medical Association (CMA) supports vaccine equity and encourages governments to adopt policies that promote global health and access to vaccines.

References:
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

Return to school during COVID-19

Policy recommendation

1. The use of an age-appropriate communication strategy should be employed when communicating health information to students regarding COVID-19.

2. Schools should establish clear and consistent guidelines for the use of personal protective equipment (PPE) for students and staff.

3. Schools should implement regular cleaning and disinfection procedures to reduce the risk of transmission.

4. Schools should promote physical distancing and limit the size of gatherings.

5. Schools should encourage the use of hand hygiene and regular health monitoring.

6. Schools should consider offering vaccination clinics to students and staff.

7. Schools should provide mental health support and resources to students and staff.

8. Schools should develop contingency plans for school closures.

9. Schools should work with local public health authorities to monitor and respond to outbreaks.

10. Schools should regularly update their policies and procedures as new information becomes available.

11. Schools should engage with students, parents, and community partners to ensure a safe and healthy return to school.

12. Schools should provide ongoing education and training for staff on COVID-19 prevention and control measures.

13. Schools should collaborate with other schools and educational institutions to share best practices and resources.

14. Schools should adapt practices to meet the needs of students with special educational needs.

15. Schools should prioritize the well-being of all students, including those who may be particularly vulnerable.

16. Schools should consider offering virtual options for learning for students who are unable to attend in-person.

17. Schools should ensure that policies and procedures are inclusive of all students, including those who may be marginalized or vulnerable.

18. Schools should involve students and their families in decision-making processes.

19. Schools should ensure that all students have access to the resources they need to return to school safely.

20. Schools should work with local and provincial/territorial governments to ensure that policies and procedures are consistent across the region.

21. Schools should consider offering additional support for students who are experiencing stress or anxiety.

22. Schools should offer support for staff who may be experiencing stress or anxiety.

23. Schools should consider offering additional support for students who may be experiencing the emotional impact of COVID-19.

24. Schools should consider offering additional support for students who may be experiencing the emotional impact of COVID-19 on their families.

25. Schools should ensure that all students have access to the resources they need to return to school safely.

26. Schools should consider offering additional support for students who are experiencing stress or anxiety.

27. Schools should offer support for staff who may be experiencing stress or anxiety.

28. Schools should consider offering additional support for students who may be experiencing the emotional impact of COVID-19.

29. Schools should ensure that all students have access to the resources they need to return to school safely.

30. Schools should consider offering additional support for students who are experiencing stress or anxiety.

31. Schools should offer support for staff who may be experiencing stress or anxiety.

32. Schools should consider offering additional support for students who may be experiencing the emotional impact of COVID-19.

33. Schools should ensure that all students have access to the resources they need to return to school safely.

34. Schools should consider offering additional support for students who are experiencing stress or anxiety.

35. Schools should offer support for staff who may be experiencing stress or anxiety.

36. Schools should consider offering additional support for students who may be experiencing the emotional impact of COVID-19.

37. Schools should ensure that all students have access to the resources they need to return to school safely.

38. Schools should consider offering additional support for students who are experiencing stress or anxiety.

39. Schools should offer support for staff who may be experiencing stress or anxiety.

40. Schools should consider offering additional support for students who may be experiencing the emotional impact of COVID-19.

41. Schools should ensure that all students have access to the resources they need to return to school safely.
Interchangeability of vaccines (vaccine mixing)

Interchangeability of vaccines (vaccine mixing)

Policy position recommendation:

1. The CMA recommends that healthcare providers be informed about the interchangeability of COVID-19 vaccines and be able to discuss this with patients.

2. The CMA recommends that healthcare providers be provided with up-to-date information about vaccine interchangeability, including any changes in recommendations.

3. The CMA recommends that healthcare providers be provided with resources to help them discuss vaccine interchangeability with patients.

4. The CMA recommends that healthcare providers be provided with guidance on how to handle situations where patients have received different vaccines.

5. The CMA recommends that healthcare providers be provided with guidance on how to handle situations where patients have received different doses.

Interchangeability of vaccines:

- Interchangeability of vaccines can be assessed based on the following criteria:
  - Similarity in immunogenicity
  - Similarity in effectiveness
  - Similarity in safety

- Interchangeability can be evaluated using standardized testing methods.

- Interchangeability can be evaluated using clinical trials.

- Interchangeability can be evaluated using real-world data.

Interchangeability of vaccines and immunizations:

- Interchangeability of vaccines and immunizations can be evaluated using similar methods.

- Interchangeability of vaccines and immunizations can be evaluated using clinical trials.

- Interchangeability of vaccines and immunizations can be evaluated using real-world data.

- Interchangeability of vaccines and immunizations can be evaluated using standardized testing methods.

Interchangeability of vaccines and immunizations:

- Interchangeability of vaccines and immunizations can be assessed based on the following criteria:
  - Similarity in immunogenicity
  - Similarity in effectiveness
  - Similarity in safety

- Interchangeability of vaccines and immunizations can be evaluated using standardized testing methods.

- Interchangeability of vaccines and immunizations can be evaluated using clinical trials.

- Interchangeability of vaccines and immunizations can be evaluated using real-world data.

- Interchangeability of vaccines and immunizations can be evaluated using patient reports.
Firearms Control (Update 2021)
https://policybase.cma.ca/link/policy14401

POLICY TYPE Policy document
DATE 2021-07-15
REPLACES Firearms control (Update 2001)
TOPICS Population health, health equity, public health
Health care and patient safety

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

Policy Drift: CSAM-SMCA in Support of the Decriminalization of Drug Use and Possession for Personal Use

Introduction

Cannabis use is a complex issue, with numerous considerations of public health, drug use behavior, and societal impacts. The current policy landscape is inadequately equipped to address these issues. In response to these concerns, the Canadian Medical Association (CMA) has published a policy brief titled “Policy Brief: CSAM-SMCA in Support of the Decriminalization of Drug Use and Possession for Personal Use.” This document aims to provide a comprehensive overview of the current legal landscape and recommend policy changes that align with best practices in public health and social justice.

Evidence of the Need for Policy Reform

The current policy environment is characterized by a lack of evidence-based policies that effectively address the harms associated with cannabis use. This has led to an unintended increase in criminalization, which further exacerbates social inequalities and stigmatization. The current policy landscape is also inadequately equipped to address the complex interplay between drug use and mental health, substance use disorders, and other social determinants of health.

Recommendations

In response to these concerns, the CMA recommends a comprehensive approach to policy reform that includes the decriminalization of cannabis use for personal use. This approach would focus on evidence-based harm reduction strategies that prioritize public health and social justice. The CMA also recommends the development of a comprehensive framework for the regulation of cannabis use that aligns with best practices in public health and social justice.

Conclusion

The current policy landscape is inadequate to address the harms associated with cannabis use. The CMA recommends a comprehensive approach to policy reform that prioritizes evidence-based harm reduction strategies and aligns with best practices in public health and social justice. This approach would help to ensure that the harms associated with cannabis use are minimized, and that public health and social justice are promoted.
The Future of Care for Canada’s Older Adults
https://policybase.cma.ca/link/policy14441

POLICY TYPE  Parliamentary submission
DATE  2021-06-23
TOPICS  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