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
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. Sheila Lutfiyya
President-elect of the Canadian Medical Association
May 4, 2022
(Word file not available)
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

Documents
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 opinion of the Board of Directors, vaccination of healthcare workers can and should be required to ensure the health and safety of patients while expressly respecting their privacy rights.

1. In light of these considerations, the Board encourages physicians to disclose their vaccination status to patients, including other healthcare workers who are members of the same practice or affiliated entities, and to disclose their status to the appropriate health authorities.

2. The Board recognizes that, in certain circumstances, the disclosure of vaccination status may not be appropriate. For example, in situations where there is a need to maintain the confidentiality of the patient's medical information, the physician may determine that it is not necessary to disclose their vaccination status.

3. The disclosure of vaccination status should be made in a manner that is respectful and sensitive to the patient's privacy rights. The physician should obtain the patient's consent before disclosing their vaccination status.

4. The disclosure of vaccination status should be consistent with the principles of transparency and accountability. The physician should ensure that the information disclosed is accurate and up-to-date.

5. The disclosure of vaccination status should be made in a manner that is transparent and accessible to the patient. The physician should provide the patient with a clear and concise explanation of the vaccination status.

6. The disclosure of vaccination status should be made in a manner that is respectful and sensitive to the patient's privacy rights. The physician should obtain the patient's consent before disclosing their vaccination status.

7. The disclosure of vaccination status should be consistent with the principles of transparency and accountability. The physician should ensure that the information disclosed is accurate and up-to-date.

8. The disclosure of vaccination status should be made in a manner that is transparent and accessible to the patient. The physician should provide the patient with a clear and concise explanation of the vaccination status.

9. The disclosure of vaccination status should be made in a manner that is respectful and sensitive to the patient's privacy rights. The physician should obtain the patient's consent before disclosing their vaccination status.

10. The disclosure of vaccination status should be consistent with the principles of transparency and accountability. The physician should ensure that the information disclosed is accurate and up-to-date.

11. The disclosure of vaccination status should be made in a manner that is transparent and accessible to the patient. The physician should provide the patient with a clear and concise explanation of the vaccination status.

12. The disclosure of vaccination status should be made in a manner that is respectful and sensitive to the patient's privacy rights. The physician should obtain the patient's consent before disclosing their vaccination status.

13. The disclosure of vaccination status should be consistent with the principles of transparency and accountability. The physician should ensure that the information disclosed is accurate and up-to-date.

14. The disclosure of vaccination status should be made in a manner that is transparent and accessible to the patient. The physician should provide the patient with a clear and concise explanation of the vaccination status.

15. The disclosure of vaccination status should be made in a manner that is respectful and sensitive to the patient's privacy rights. The physician should obtain the patient's consent before disclosing their vaccination status.

16. The disclosure of vaccination status should be consistent with the principles of transparency and accountability. The physician should ensure that the information disclosed is accurate and up-to-date.

17. The disclosure of vaccination status should be made in a manner that is transparent and accessible to the patient. The physician should provide the patient with a clear and concise explanation of the vaccination status.

18. The disclosure of vaccination status should be made in a manner that is respectful and sensitive to the patient's privacy rights. The physician should obtain the patient's consent before disclosing their vaccination status.

19. The disclosure of vaccination status should be consistent with the principles of transparency and accountability. The physician should ensure that the information disclosed is accurate and up-to-date.

20. The disclosure of vaccination status should be made in a manner that is transparent and accessible to the patient. The physician should provide the patient with a clear and concise explanation of the vaccination status.
COVID-19 Vaccine Global Intellectual Property Policy

**Policy document**

**DATE**

2021-10-22

**TOPICS**

Physician practice, compensation, forms

**Documents**
São Paulo Declaration on Planetary Health

Policy endorsement

2021-10-04

Population health, health equity, public health
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
Global vaccine equity

https://policybase.cma.ca/link/policy14451

POLICY TYPE
Policy document

DATE
2021-08-21

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

Global vaccine equity

Policy recommendations:
1. Optimize current vaccine stockpiles to ensure adequate vaccine supply, particularly in low- and middle-income countries.
2. Facilitate the equitable access to vaccines through international deployment mechanisms, such as COVAX.
3. Support the development of local vaccine production capacities in low- and middle-income countries.
4. Prioritize vaccination efforts for vulnerable populations, including healthcare workers and people with co-morbidities.
5. Encourage transparent and equitable allocation of vaccines globally to ensure fair distribution.
6. Advocate for increased vaccine research, particularly in low-resource settings, to address emerging variants and long-term immunity.
7. Promote public health messaging to encourage vaccination, particularly in communities with low vaccine uptake.

Supportive measures:
- Expand access to antiretroviral therapy (ART) and other HIV treatment to prevent HIV transmission and reduce new infections.
- Increase funding for global health security measures, especially surveillance and early warning systems for infectious diseases.
- Strengthen international cooperation and coordination through mechanisms like WHO and global health security initiatives.
- Enhance local capacity for vaccine research and development, especially in low-resource settings.
- Promote equitable access to COVID-19 vaccines and therapeutics globally.
Return to school during COVID-19
https://policybase.cma.ca/link/policy14452

The Canadian Medical Association (CMA) has developed a policy document titled "Return to school during COVID-19" which can be found at the provided link. The policy focuses on the health care and patient safety implications of returning to school during the COVID-19 pandemic. It addresses concerns such as vaccine mixing, ensuring the safety of students and staff, and implementing effective health measures in educational settings. The policy was updated on August 21, 2021.
Interchangeability of vaccines (vaccine mixing)

Interchangeability of vaccines (vaccine mixing)

Policy recommendation:

1. The CMA recommends that in settings where it is legal and feasible, health care providers might use different vaccines to enable the interchangeability of vaccines.

2. The CMA recommends that health care providers might use different vaccines to enable the interchangeability of vaccines.

3. The CMA recommends that health care providers might use different vaccines to enable the interchangeability of vaccines.

4. The CMA recommends that health care providers might use different vaccines to enable the interchangeability of vaccines.

5. The CMA recommends that health care providers might use different vaccines to enable the interchangeability of vaccines.

6. The CMA recommends that health care providers might use different vaccines to enable the interchangeability of vaccines.

7. The CMA recommends that health care providers might use different vaccines to enable the interchangeability of vaccines.

8. The CMA recommends that health care providers might use different vaccines to enable the interchangeability of vaccines.

9. The CMA recommends that health care providers might use different vaccines to enable the interchangeability of vaccines.

10. The CMA recommends that health care providers might use different vaccines to enable the interchangeability of vaccines.
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

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


Introduction

Recreational drugs are taken in an attempt to improve or regulate one’s mood. Although these drugs are legal, they are also subject to the same scrutiny and regulation as their recreational counterparts. The medical community is divided on the issue of drug use and possession for personal use. The Canadian Medical Association (CMA) and the Society for Medical Anthropology (SMA) have taken steps to promote the decriminalization of drug use and possession for personal use.

Evidence of the Consequences of Criminalization

Criminalization of drug use and possession has been shown to have negative consequences for public health and society. The CMA and SMA support the decriminalization of drug use and possession for personal use in order to promote public health and reduce the negative consequences associated with criminalization.

Conclusion

The CMA and SMA support the decriminalization of drug use and possession for personal use in order to promote public health and reduce the negative consequences associated with criminalization. This will allow for a more evidence-based approach to drug policy and the development of effective interventions to address drug use and possession for personal use.
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
Appearance before the House of Commons Standing Committee on Finance
Bill C-30: The Budget Implementation Act, 2021
https://policybase.cma.ca/link/policy14437

POLICY TYPE
Parliamentary submission

DATE
2021-05-20

TOPICS
Population health, health equity, public health

Documents

Appearance before the House of Commons Standing Committee on Finance
Bill C-30: The Budget Implementation Act, 2021

Dr. E. Ann Golden
President of the Canadian Medical Association
May 20, 2021

(Clarion speech not delivered)
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**
Recommendations for equitable COVID-19 pandemic recovery in Canada

https://policybase.cma.ca/link/policy14465

POLICY TYPE
Policy endorsement

DATE
2021-04-30

TOPICS
Population health, health equity, public health

Guideline for equitable COVID-19 pandemic recovery in Canada

Recommendations for equitable COVID-19 pandemic recovery in Canada

The guidance is meant to provide direction on the equitable recovery from the COVID-19 pandemic in Canada. It focuses on addressing the health equity concerns during the pandemic and its recovery. The document outlines strategies and policies that aim to ensure a fair and equitable recovery, taking into account the unique challenges faced by vulnerable populations.

Guideline

Recommendations

1. Address the immediate health needs of vulnerable populations
2. Ensure equitable access to vaccines and health services
3. Support mental health and well-being initiatives
4. Promote economic recovery for all segments of society
5. Foster inclusive and equitable community recovery plans

Documents

CMA Policybase - Canadian Medical Association