CMA Submission to the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities’ study of Bill C-3, An Act to amend the Criminal Code and the Canada Labour Code

https://policybase.cma.ca/link/policy14464

POLICY TYPE
Parliamentary submission

DATE
2021-12-15

TOPICS
Health care and patient safety
Ethics and medical professionalism
CMA Submission to the Standing Committee on Social Affairs, Science and Technology’s study of Bill C-3, An Act to amend the Criminal Code and the Canada Labour Code

https://policybase.cma.ca/link/policy14462

POLICY TYPE
Parliamentary submission

DATE
2021-12-10

TOPICS
Ethics and medical professionalism

Documents
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
Canada’s doctors and nurses urgently calling for federal measures to address Canada’s health workforce crisis
https://policybase.cma.ca/link/policy14460

POLICY TYPE
Parliamentary submission

DATE
2021-11-09

TOPICS
Ethics and medical professionalism
Guidelines for physicians in interactions with industry / Recommendations for physician innovators

https://policybase.cma.ca/link/policy14454

POLICY TYPE
Policy document

DATE
2021-08-21

REPLACES
PD08-01 Guidelines for Physicians in Interactions with Industry

TOPICS
Ethics and medical professionalism

Documents

Guidelines for physicians in interactions with industry

See also companion policy Recommendations for physician innovators.

Recommendations to physicians on interacting with industry are not new. However, the rapid growth of the pharmaceutical industry, as well as the increased emphasis on reducing the cost of healthcare, raises the importance of these recommendations. The guidelines are intended to help physicians ensure that their interactions with industry are consistent with ethical principles, remain objective and unbiased, and do not compromise patient care.

Physicians should consider the following:

1. Disclosures: Disclosures should be made to patients, colleagues, and the public as appropriate. This includes financial relationships with industry, such as honoraria, consulting, speaking, and research support.

2. Objectivity: Physicians should maintain their objectivity in their interactions with industry. This includes avoiding conflicts of interest, such as receiving gifts or other benefits from industry.

3. Patient care: Patient care should come first. Physicians should ensure that their interactions with industry do not compromise patient care.

4. Transparency: Physicians should be transparent about their interactions with industry. This includes disclosing any financial relationships with industry in the reporting of research and in the provision of medical education.

5. Professional standards: Physicians should adhere to the professional standards of their specialty. This includes adhering to the guidelines of their specialty societies and organizations.

6. Continuous learning: Physicians should continue to learn about the latest research and developments in their field. This includes attending conferences and participating in continuing medical education.

Recommendations for physician innovators

Physicians who are also innovators in the life sciences sector may face additional ethical challenges. In particular, there is a need to balance the potential benefits of new treatments and technologies with the risks and costs associated with their development and implementation.

Recommendations for physician innovators include:

1. Conflicts of interest: Physician innovators should disclose any financial relationships with industry, such as consulting, speaking, and research support.

2. Objectivity: Physician innovators should maintain their objectivity in their interactions with industry. This includes avoiding conflicts of interest, such as receiving gifts or other benefits from industry.

3. Patient care: Patient care should come first. Physician innovators should ensure that their interactions with industry do not compromise patient care.

4. Transparency: Physician innovators should be transparent about their interactions with industry. This includes disclosing any financial relationships with industry in the reporting of research and in the provision of medical education.

5. Professional standards: Physician innovators should adhere to the professional standards of their specialty. This includes adhering to the guidelines of their specialty societies and organizations.

6. Continuous learning: Physician innovators should continue to learn about the latest research and developments in their field. This includes attending conferences and participating in continuing medical education.
Truth and Reconciliation Commission of Canada: Calls to Action
https://policybase.cma.ca/link/policy14459

POLICY TYPE        Policy endorsement
DATE               2021-08-21
TOPICS             Ethics and medical professionalism

Documents
For Allies. Black Physicians of Canada guidance on allyship

https://policybase.cma.ca/link/policy14399

POLICY TYPE
Policy endorsement

DATE
2020-12-05

Documents

FOR ALLIES
Black Physicians of Canada guidance on allyship

WHAT YOU CAN HELP
- Speak to Black patients, colleagues, and learners when you see or hear
  things that may contribute to a Black patient's experience or perception
  that they are not treated equally
- Identify these interactions or acknowledge the presence of your
  Black colleagues and learners
- Share your own experiences of racism and prejudice, contextualize
  that you have interpreted that as a physician, as well as
  other colleagues and learners' experiences of racism and prejudice
- Work with learners to provide feedback and support for
  practitioners who have had experiences of racism and prejudice
- Engage in the education and training of learners and practitioners
  who have had experiences of racism and prejudice
- Work with learners to provide feedback and support for
  practitioners who have had experiences of racism and prejudice
- Work with learners to provide feedback and support for
CMA Statement on Racism

https://policybase.cma.ca/link/policy14245

POLICY TYPE  
Policy document

DATE  
2020-06-02

TOPICS
Ethics and medical professionalism
Health care and patient safety

Documents

CMA Statement on Racism

This issue is a key component of health and well-being. This statement promotes the values of equality, fairness, and justice for all individuals. The commitment to upholding the principles of human dignity and respect for life is fundamental to the practice of medicine.

The profession of medicine is bound by a commitment to human rights, the principle of non-maleficence, and the principle of beneficence. It is our obligation to promote health and prevent harm to individuals and populations.

CMA POLICY

CMA Statement on Racism

We are committed to providing equitable access to health care for all Canadians. We recognize the impact of systemic racism and discrimination on health outcomes, and we commit to working towards eliminating these disparities.

We call on all levels of government to implement policies and programs that address the root causes of health inequities, including systemic racism and discrimination.

Signed:

[Signatures]

President, Canadian Medical Association

This statement was adopted by the CMA House of Delegates in 2020.
Framework for Ethical Decision Making During the Coronavirus Pandemic

https://policybase.cma.ca/link/policy14133

POLICY TYPE  Policy document
DATE  2020-04-01
TOPICS  Ethics and medical professionalism
Health care and patient safety

CMA POLICY
Framework for Ethical Decision Making During the Coronavirus Pandemic

The unprecedented conditions underlying current circumstances require ethical decision making for complex and dynamic real-time situations. The framework that follows provides suggestions for decision makers in a variety of health care contexts.

In 2020, the World Health Organization (WHO) declared a pandemic in response to the rapidly spreading novel coronavirus disease (COVID-19). The pandemic has had a profound impact on health systems worldwide, leading to significant changes in the delivery of health care services. Health care providers have faced unprecedented challenges in managing the pandemic, including resource constraints, personal protective equipment (PPE) shortages, and ethical dilemmas related to end-of-life care, patient prioritization, and allocation of scarce resources.

With the spread of COVID-19, health care systems have had to adapt quickly to manage the surge in demand for medical care. This has led to questions about the allocation of scarce resources, such as ventilators and personal protective equipment, as well as ethical considerations regarding end-of-life care and the rationing of life-sustaining treatments. Health care providers have had to make difficult decisions about which patients should receive care and which should be limited or denied care, based on factors such as age, health status, and the likelihood of recovery.

In response to these challenges, the Canadian Medical Association (CMA) has developed a framework for ethical decision making during the COVID-19 pandemic. The framework is designed to help health care providers and organizations make informed decisions in the context of scarce resources and rapidly evolving circumstances.

The framework consists of several key principles:

1. **Patient-Centered Care:** Prioritizing the well-being and preferences of patients
2. **Equity and Fairness:** Ensuring that all patients have access to care and resources
3. **Transparency:** Being open and accountable about decision-making processes
4. **Respect for Autonomy:** Respecting patients' rights to make informed decisions
5. **Justice:** Distributing resources and care equitably
6. **Responsibility:** Owning the decisions made and their consequences

The framework also includes guidance on how to implement these principles in various health care contexts, such as hospitals, long-term care facilities, and community health services.

Health care providers are encouraged to use this framework as a tool to guide ethical decision making during the COVID-19 pandemic and to adapt it to their specific circumstances.
Palliative care

https://policybase.cma.ca/link/policy11809

POLICY TYPE Policy document
LAST REVIEWED 2020-02-29
DATE 2015-10-03
TOPICS Ethics and medical professionalism

Documents

CMA POLICY

PALLIATIVE CARE

Introduction:
Palliative care is an approach that improves the quality of life of patients and their families facing the problems of life-threatening illness through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

General principles:
1. Palliative care should be provided in collaboration with other health care services, for as long as is practicable.
2. Palliative care should be delivered with respect and dignity for all patients, regardless of age, sex, race, culture, religion, social status, or sexual orientation.
3. Palliative care should also be provided within the context of a patient’s overall care plan.
4. Palliative care should be provided in a manner that respect the patient’s autonomy.
5. Palliative care should be provided in a manner that respect the patient’s dignity and privacy.

CMA Policybase - Canadian Medical Association
CMA POLICY

EQUITY AND DIVERSITY IN MEDICINE

See also: Administrative Board, Ethics, and Professionalism

A. BACKGROUND

The purpose of this policy is to promote physicians' public and professional duty to provide exemplary medical care. This includes establishing standards for medical and public values that reflect the principles of equity and diversity. The policy is intended to guide medical professionals in understanding and addressing the cultural, social, economic, and linguistic diversity of society. It aims to provide guidance for medical professionals in clinical practice, research, education, and administration.

B. OBJECTIVES

The objectives of this policy are to:

1. Promote the adoption of practices that value and respect the diversity of society.
2. Foster an environment that recognizes and respects the cultural, linguistic, and social diversity of patients.
3. Ensure that medical professionals are aware of and competent in addressing the cultural, linguistic, and social diversity of their patients.
4. Promote the development of policies and practices that ensure equal access to health care.

C. POLICY STATEMENT

1. Medical professionals shall be guided by the principles of equity and diversity in their practice, research, education, and administration.
2. Medical professionals shall recognize and respect the cultural, linguistic, and social diversity of their patients.
3. Medical professionals shall be aware of and competent in addressing the cultural, linguistic, and social diversity of their patients.
4. Medical professionals shall develop policies and practices that ensure equal access to health care.

D. IMPLEMENTATION

1. Medical professionals shall be provided with training and resources to address cultural, linguistic, and social diversity in their practice.
2. Medical schools and institutions shall incorporate diversity training and resources in their curricula.
3. Research institutions shall ensure that their research is conducted in a culturally sensitive manner.
4. Medical associations shall develop guidelines for addressing cultural, linguistic, and social diversity in their practice.

E. MONITORING AND EVALUATION

1. Medical associations shall monitor and evaluate the implementation of this policy.
2. Medical associations shall report on the effectiveness of this policy.

F. APPENDIX

See also: Canadian Medical Association Policybase - p. 14

CMA Policybase - Canadian Medical Association
Joint statement on preventing and resolving ethical conflicts involving health care providers and persons receiving care

https://policybase.cma.ca/link/policy202

POLICY TYPE
Policy document

LAST REVIEWED
2019-03-03

DATE
1998-12-05

TOPICS
Ethics and medical professionalism

Documents
The evolving professional relationship between Canadian physicians and our health care system: Where do we stand?

https://policybase.cma.ca/link/policy10389

Policies

POLICY TYPE
Policy document

LAST REVIEWED
2019-03-03

DATE
2012-05-26

TOPICS
Ethics and medical professionalism

Documents

CMA POLICY

The Evolving Professional Relationship between Canadian Physicians and our Health Care System: Where do we stand?

Outline

The paper discusses the current state of the professional relationship between Canadian physicians and the Canadian health care system, including issues of medical professionalism, and the tension that exists between the care of individual patients and the system's needs. As the paper reflects, the expectations of patients, the demands of public accountability, and the evolution of medical knowledge, technology, and health care delivery continue to transform the medical practice paradigm in Canadian health care.

The paper identifies two core issues: the power dynamic between patients and physicians, and the complexity of medical decision-making. Physicians must consider the needs of the patient and the broader social and economic context in which healthcare is delivered. The paper highlights the importance of medical professionalism in maintaining trust and ensuring ethical practice.

The paper also examines the role of technology in healthcare, including the use of electronic health records, telemedicine, and other digital health tools. It notes the potential for technology to improve patient outcomes and increase access to care, as well as the challenge of ensuring that technological advances are used to support, rather than undermine, medical professionalism.

The paper concludes with recommendations for improving the professional relationship between physicians and the health care system, including the need for greater transparency, accountability, and collaboration between all stakeholders.
CMA’s formal submission to the Federal External Panel on assisted dying
https://policybase.cma.ca/link/policy11750

POLICY TYPE
Parliamentary submission

LAST REVIEWED
2019-03-03

DATE
2015-10-19

TOPICS
Ethics and medical professionalism

Documents
Supporting the enactment of Bill C-14, Medical Assistance in Dying
https://policybase.cma.ca/link/policy13693

POLICY TYPE
Parliamentary submission

LAST REVIEWED
2019-03-03

DATE
2016-05-02

TOPICS
Ethics and medical professionalism

Documents
Health Care Coverage for Migrants: An Open Letter to the Canadian Federal Government

https://policybase.cma.ca/link/policy13940

**Policy endorsement**

**DATE**

2018-12-15

**TOPICS**

Population health, health equity, public health
Health systems, system funding and performance
Ethics and medical professionalism

Documents

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**CMA Code of Ethics and Professionalism**

https://policybase.cma.ca/link/policy13937

** Policy document**

**DATE**

2018-12-08

**REPLACES**

Code of ethics of the Canadian Medical Association (Update 2004)

**TOPICS**

Population health, health equity, public health

Documents