EQUITY AND DIVERSITY IN MEDICINE

See also: CMA Advisory Council on Equity

EXCLUSION

1. Any reference in people. For example, in one or more of the following: a) “people of color,” b) “people with disabilities,” c) “people with HIV,” and d) “people of any gender identity or expression.”

The term “people” in this document should be understood to mean all people, including but not limited to the following: a) people of color, b) people with disabilities, c) people with HIV, d) people of any gender identity or expression, and e) people of any religious or spiritual beliefs, political affiliations, or socio-economic status.

EQUITY

Equity means having equal opportunities for people. For example, in one or more of the following: a) “equal opportunities for people of color,” b) “equal opportunities for people with disabilities,” c) “equal opportunities for people with HIV,” and d) “equal opportunities for people of any gender identity or expression.”

The term “equity” in this document should be understood to mean all people, including but not limited to the following: a) people of color, b) people with disabilities, c) people with HIV, d) people of any gender identity or expression, and e) people of any religious or spiritual beliefs, political affiliations, or socio-economic status.

BACKGROUND TO

The following text is a summary of the policy on equity and diversity in medicine.

The Canadian Medical Association (CMA) recognizes the importance of equity and diversity in medicine. The CMA policy on equity and diversity in medicine is based on the principle that all people, including women, racial and ethnic minorities, people with disabilities, and people of any gender identity or expression, should have equal opportunities to access quality health care.

The CMA policy on equity and diversity in medicine is based on the principle that all people, including women, racial and ethnic minorities, people with disabilities, and people of any gender identity or expression, should have equal opportunities to access quality health care. The CMA policy on equity and diversity in medicine is based on the principle that all people, including women, racial and ethnic minorities, people with disabilities, and people of any gender identity or expression, should have equal opportunities to access quality health care. The CMA policy on equity and diversity in medicine is based on the principle that all people, including women, racial and ethnic minorities, people with disabilities, and people of any gender identity or expression, should have equal opportunities to access quality health care. The CMA policy on equity and diversity in medicine is based on the principle that all people, including women, racial and ethnic minorities, people with disabilities, and people of any gender identity or expression, should have equal opportunities to access quality health care.
Standing Committee on Health’s study on violence faced by healthcare workers

https://policybase.cma.ca/link/policy14052

POLICY TYPE
Parliamentary submission

DATE
2019-05-14

TOPICS
Health care and patient safety
Ethics and medical professionalism
Health human resources
Physician practice, compensation, forms

Documents
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

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JOINT STATEMENT ON PREVENTING AND RESOLVING ETHICAL CONFLICTS INVOLVING HEALTHCARE PROVIDERS AND PERSONS RECEIVING CARE

The joint statement is a document developed and adopted by the Councils of the Canadian Medical Association, the Canadian Medical Association, the Canadian Medical Association, and the Canadian Medical Association, Health Canada and other

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. 27, 1999

CMA Policybase — Canadian Medical Association

Executive Summary

Bill C-6, which amends the Personal Information Protection and Electronic Documents Act (PIPEDA), is in principle a good thing. However, there are provisions in the bill that could have adverse impact on the health of patients and the confidentiality of their health information. Specifically, the bill would allow disclosure of personal information for purposes of verifying or confirming the identity of an individual whose information has been used for a commercial purpose.

The Canadian Medical Association is concerned that this provision could lead to the unauthorized release of personal health information. In addition, the bill proposes to increase the amount of compensation that can be awarded to individuals who have had their personal information improperly disclosed.

It is also important to note that the bill does not contain any provisions that would allow for the collection, use, or disclosure of personal information in a way that is not consistent with the purposes for which the information is collected.

Conclusion

The Canadian Medical Association recommends that the Senate Standing Committee on Social Affairs, Science and Technology consider the implications of Bill C-6 on the confidentiality of patient information and make any necessary amendments to ensure that the bill does not have a negative impact on the health of patients.
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**

Caring in a Crisis: The Ethical Obligations of Physicians and Society During a Crisis

CMA Policybase - Canadian Medical Association
Caring in a Crisis: The Ethical Obligations of Physicians and Society During a Pandemic

https://policybase.cma.ca/link/policy9109

POLICY TYPE  Policy document
LAST REVIEWED  2019-03-03
DATE  2008-02-23
TOPICS  Ethics and medical professionalism
Population health, health equity, public health

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

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

**POLICY TYPE**
Policy document

**LAST REVIEWED**
2019-03-03

**DATE**
2012-05-26

**TOPICS**
Ethics and medical professionalism

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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 health care system, including discussions on medical professionalism, and the tensions that exist between the care of individual patients and the role of the physician within the health care system. It highlights the importance of maintaining the highest standards of medical care and professionalism, while also acknowledging the challenges faced by physicians in today's rapidly changing health care environment.

The paper also examines the evolving relationship between physicians and their patients, emphasizing the need for effective communication and collaboration to ensure the best possible outcomes for patients. It also addresses the impact of changes in health care funding and systems on the ability of physicians to provide high-quality care.

The paper concludes with recommendations for improving the relationship between physicians and the health care system, including the need for greater transparency, accountability, and collaboration among all stakeholders. It calls for renewed efforts to support and enhance the professionalism of Canadian physicians in the face of ongoing challenges and opportunities.

**CMA POLICY**

The evolving professional relationship between Canadian Physicians and our Health Care System: Where do we stand?

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Statement to the Canadian panel on violence against women Ottawa - September, 1992
https://policybase.cma.ca/link/policy11956

POLICY TYPE Parliamentary submission
LAST REVIEWED 2019-03-03
DATE 1992-09-15
TOPICS Health care and patient safety
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 TYPE
Policy endorsement

DATE
2018-12-15

TOPICS
Population health, health equity, public health
Health systems, system funding and performance
Ethics and medical professionalism
Guidelines for CMA’s activities and relationships with other parties

https://policybase.cma.ca/link/policy234

POLICY TYPE
Policy document

LAST REVIEWED
2018-03-03

DATE
2001-05-28

TOPICS
Ethics and medical professionalism

Documents
Medical professionalism (Update 2005)
https://policybase.cma.ca/link/policy1936

POLICY TYPE
Policy document
LAST REVIEWED
2018-03-03
DATE
2005-12-03
REPLACES
Medical professionalism (2002)
TOPICS
Ethics and medical professionalism

Documents
Best practices for smartphone and smart-device clinical photo taking and sharing

https://policybase.cma.ca/link/policy13860

POLICY TYPE  Policy document
DATE          2018-03-03
TOPICS        Health information and e-health
              Ethics and medical professionalism

Documents
Federal monitoring of medical assistance in dying regulations
https://policybase.cma.ca/link/policy13856

POLICY TYPE  Response to consultation
DATE  2018-02-13
TOPICS  Ethics and medical professionalism

Documents
Principles for the protection of patient privacy

https://policybase.cma.ca/link/policy13833

CMA POLICY

PRINCIPLES FOR THE PROTECTION OF PATIENT PRIVACY

See also Background to CMA Policy for the Protection of Patient Privacy

POLICY

The principles for the protection of patient privacy are fundamental to the physician patient relationship and the delivery of health care services. The right to privacy flows from the principles of autonomy, confidentiality, and the physician's duty of care. The physician's professional, ethical and legal responsibilities extend beyond his or her relationship with the patient. Physicians are responsible for maintaining confidentiality with respect to the health care information they gain access to in the course of their practice. The physician's responsibilities are not limited to the patient and must be balanced with the interests of the patient and the public. The physician must be guided by a commitment to ensure that his or her actions are in the best interest of the patient.

Confidentiality

The delivery of health care involves the collection and use of personal health information. Challenges in maintaining the confidentiality of this information, both within and between the health care community and between the patient and the health care community, are increasingly common. The physician's professional, ethical and legal responsibilities extend beyond his or her relationship with the patient. Physicians are responsible for maintaining confidentiality with respect to the health care information they gain access to in the course of their practice. The physician's responsibilities are not limited to the patient and must be balanced with the interests of the patient and the public. The physician must be guided by a commitment to ensure that his or her actions are in the best interest of the patient.

Privacy and Confidentiality

The health care system relies on the principle of confidentiality of patient information. Physicians must maintain the confidentiality of patient information in the course of their practice. The physician must ensure that patient information is kept confidential and that it is only disclosed to those who need to know it in order to provide appropriate care. The physician must be guided by a commitment to ensure that his or her actions are in the best interest of the patient.

Scope of Policy

This policy applies to physicians in their capacity as providers of health care services and in their capacity as members of the health care community.

Documents

Charter of Shared Values: A vision for intra-professionalism for physicians

CMA Policybase - Canadian Medical Association
Charter of Shared Values: A vision for intra-professionalism for physicians
https://policybase.cma.ca/link/policy13858

POLICY TYPE  Policy document
DATE  2017-12-09
REPLACES  CMA Charter for Physicians (Update 1999)
TOPICS  Ethics and medical professionalism