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
Organ and tissue donation and transplantation

https://policybase.cma.ca/link/policy14126

POLICY TYPE  Policy document
DATE  2019-12-07
REPLACES  Organ and tissue donation and transplantation (update 2015)
TOPICS  Ethics and medical professionalism
Health care and patient safety

Equity and diversity in medicine

https://policybase.cma.ca/link/policy14127

POLICY TYPE  Policy document
EQUITY AND DIVERSITY IN MEDICINE

See also CMA Advocacy Policy, June 2019

A. BACKGROUND

The purpose of this policy is to promote greater equity in medical education and practice, which includes the fair and equal treatment of all people. This policy recognizes the importance of diversity in medicine and the need for greater diversity in the education and training of doctors. This policy also recognizes the importance of medical professionalism and the need for doctors to act in the best interests of their patients, and to respect the rights of all patients. This policy also recognizes the importance of medical ethics and the need for doctors to act in accordance with the ethical principles of the Canadian Medical Association.

The purpose of this policy is to promote greater equity in medical education and practice, which includes the fair and equal treatment of all people. This policy recognizes the importance of diversity in medicine and the need for greater diversity in the education and training of doctors. This policy also recognizes the importance of medical professionalism and the need for doctors to act in the best interests of their patients, and to respect the rights of all patients. This policy also recognizes the importance of medical ethics and the need for doctors to act in accordance with the ethical principles of the Canadian Medical Association.

BACKGROUND TO CMA POLICY

EQUITY AND DIVERSITY IN MEDICINE

1. INCLUSION

Inclusion is the process of making sure that everyone, regardless of their background or characteristics, has the opportunity to participate fully in all aspects of medical education and practice. This includes ensuring that everyone has access to the resources and opportunities they need to succeed, and that everyone is treated with respect and dignity. Inclusion also means making sure that everyone has the opportunity to contribute to the decision-making process, and that everyone has the opportunity to have their voices heard.

2. EXCLUSION

Exclusion is the process of refusing to include someone, or excluding someone, from medical education and practice. This can happen if someone is not given the opportunity to participate fully in all aspects of medical education and practice, or if someone is treated unfairly or unfairly. Exclusion can also happen if someone is not given the opportunity to contribute to the decision-making process, or if someone is not given the opportunity to have their voices heard.

3. DISCRIMINATION

Discrimination is the process of treating someone differently based on their background or characteristics. This can happen if someone is treated unfairly or unfairly, or if someone is not given the opportunity to participate fully in all aspects of medical education and practice, or if someone is not given the opportunity to contribute to the decision-making process, or if someone is not given the opportunity to have their voices heard.

4. HARM

Harm is the process of causing injury or damage to someone. This can happen if someone is physically or emotionally harmed, or if someone is treated unfairly or unfairly. Harm can also happen if someone is not given the opportunity to participate fully in all aspects of medical education and practice, or if someone is not given the opportunity to contribute to the decision-making process, or if someone is not given the opportunity to have their voices heard.

5. EQUALITY

Equality is the process of ensuring that everyone has the same opportunity to participate fully in all aspects of medical education and practice. This includes ensuring that everyone has access to the resources and opportunities they need to succeed, and that everyone is treated with respect and dignity. Equality also means making sure that everyone has the opportunity to contribute to the decision-making process, and that everyone has the opportunity to have their voices heard.

6. PROFESSIONALISM

Professionalism is the process of acting in the best interests of patients, and of respecting the rights of all patients. This includes making sure that everyone is treated with respect and dignity, and that everyone has the opportunity to participate fully in all aspects of medical education and practice.
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

May 19, 2019
Bill C-3, Bill
C-10, Study Committee on Health
House of Commons

Standing Committee on Health’s study on violence faced by healthcare workers

The Standing Committee on Health is conducting an investigation into violence faced by healthcare workers.

Date: May 19, 2019

Bill C-3, Bill C-10, Study Committee on Health
House of Commons

Re: Standing Committee on Health’s study on violence faced by healthcare workers

Dear Mr. Cafferty,

The Standing Committee on Health is conducting an investigation into violence faced by healthcare workers.

The Committee is concerned about the rise in violence against healthcare workers, including incidents of verbal abuse and physical violence.

The Committee’s focus is on ensuring the safety and well-being of healthcare workers. The study is examining various factors contributing to violence in healthcare settings.

The Committee is seeking input from healthcare professionals, patients, and other stakeholders.

If you have any information or would like to provide testimony, please contact the Committee at:

Standing Committee on Health
House of Commons
Ottawa, ON
Canada

Thank you for your cooperation.

Yours sincerely,

[Signature]
Chair, Standing Committee on Health

Notes:

1. The data on violence against healthcare workers is based on reports from healthcare facilities across Canada. The data indicates a significant increase in incidents of violence in recent years.
2. The Committee has received support from the Canadian Medical Association (CMA) in conducting the study. The CMA has provided input on best practices and strategies for addressing violence in healthcare settings.

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
### Principles concerning physician information

**https://policybase.cma.ca/link/policy208**

<table>
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<th>POLICY TYPE</th>
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<td>2002-06-02</td>
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<td>TOPICS</td>
<td>Health information and e-health&lt;br&gt; Ethics and medical professionalism</td>
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### Documents

#### CMA POLICY

**PRINCIPLES CONCERNING PHYSICIAN INFORMATION**

The Canadian Medical Association recommends the following principles to guide medical professionals in the handling of information about patients:

1. The patient has a basic right to control access to information about himself/herself. Physicians have a basic responsibility to respect the confidentiality of information about patients.
2. A patient may authorize disclosure of personal health information for any purpose to any person at any time.
3. A patient may revoke his/her consent at any time.
4. A patient has a right to receive a statement of their rights in respect of disclosure of personal health information.
5. The patient has a right to receive information about his/her medical condition and treatment.
6. A patient has a right to receive information about the qualifications and experience of the persons involved in his/her care.
7. A patient has a right to receive information about the likely outcomes of the treatment and the costs involved.
8. A patient has a right to receive information about the right to receive information about the qualifications and experience of the persons involved in his/her care.
9. A patient has a right to receive information about the likely outcomes of the treatment and the costs involved.
10. A patient has a right to receive information about the right to receive more information about the qualifications and experience of the persons involved in his/her care.
11. A patient has a right to receive information about the likely outcomes of the treatment and the costs involved.

### 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**

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<td>LAST REVIEWED</td>
<td>2019-03-03</td>
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<td>DATE</td>
<td>1999-11-25</td>
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<td>TOPICS</td>
<td>Ethics and medical professionalism&lt;br&gt; Health care and patient safety&lt;br&gt; Health information and e-health</td>
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### 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

Oswin Okechukwu

Executive Summary

The comments made by the Medical Association for Canada and the Canadian Medical Association regarding the Personal Information Protection and Electronic Documents Act (Bill C-6) are based on the principle that the rights of patients to privacy and confidentiality are fundamental to the practice of medicine. The Act sets out a comprehensive framework to protect the privacy of personal information and to ensure that this information is used only for the purposes for which it is collected and that it is protected from misuse and unauthorized disclosure.

The Act also provides for the establishment of a Privacy Commissioner to oversee the implementation of the Act and to ensure that organizations comply with its provisions.

The Canadian Medical Association supports the principles of the Act and believes that it is a necessary step in protecting the privacy of personal information.

The Act also provides for the protection of personal information in the context of electronic transactions and the use of electronic means for the collection, use or disclosure of information.

The Canadian Medical Association believes that the Act strikes a balance between the need to protect the privacy of personal information and the need to ensure that organizations can use this information for the purposes for which it is collected.

The Act also provides for the protection of personal information in the context of employment and the use of electronic means for the collection, use or disclosure of information.

The Canadian Medical Association believes that the Act is a necessary step in protecting the privacy of personal information in the context of employment.

The Act also provides for the protection of personal information in the context of the collection, use or disclosure of information for the purpose of direct marketing.

The Canadian Medical Association believes that the Act is a necessary step in protecting the privacy of personal information for the purpose of direct marketing.

The Act also provides for the protection of personal information in the context of the collection, use or disclosure of information for the purpose of a market research.

The Canadian Medical Association believes that the Act is a necessary step in protecting the privacy of personal information for the purpose of a market research.

The Act also provides for the protection of personal information in the context of the collection, use or disclosure of information for the purpose of a political campaign.

The Canadian Medical Association believes that the Act is a necessary step in protecting the privacy of personal information for the purpose of a political campaign.

The Act also provides for the protection of personal information in the context of the collection, use or disclosure of information for the purpose of a research project.

The Canadian Medical Association believes that the Act is a necessary step in protecting the privacy of personal information for the purpose of a research project.

The Act also provides for the protection of personal information in the context of the collection, use or disclosure of information for the purpose of a legal proceeding.

The Canadian Medical Association believes that the Act is a necessary step in protecting the privacy of personal information for the purpose of a legal proceeding.

The Act also provides for the protection of personal information in the context of the collection, use or disclosure of information for the purpose of a governmental or regulatory investigation.

The Canadian Medical Association believes that the Act is a necessary step in protecting the privacy of personal information for the purpose of a governmental or regulatory investigation.

The Act also provides for the protection of personal information in the context of the collection, use or disclosure of information for the purpose of a health care service.

The Canadian Medical Association believes that the Act is a necessary step in protecting the privacy of personal information for the purpose of a health care service.

The Act also provides for the protection of personal information in the context of the collection, use or disclosure of information for the purpose of a public authority.

The Canadian Medical Association believes that the Act is a necessary step in protecting the privacy of personal information for the purpose of a public authority.

The Act also provides for the protection of personal information in the context of the collection, use or disclosure of information for the purpose of a public interest.

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The Canadian Medical Association believes that the Act is a necessary step in protecting the privacy of personal information for the purpose of a public interest.
“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

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
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

Documents
October 19, 2015

Dear Mr. Bélanger, M.P., M.D., FRCP
Chairman of the Panel

I am writing on behalf of the Canadian Medical Association (CMA) in response to your letter inviting member physicians to provide written comments to the Committee of the House of Commons on the federal government's consultation on the Criminal Code Reform project. The CMA provides written comments as part of its contribution to a broader health policy debate that will provide a foundation to inform the government's decision on this important issue.

The CMA policy on euthanasia and assisted suicide is clear: euthanasia and non-voluntary active assistance in dying are not part of our members' professional duties. Increasingly, the practice of medicine is focused on helping people to lead symptom-free lives and to be able to die as comfortably as possible. The CMA supports the protection of physicians who refuse to participate in euthanasia or non-voluntary active assistance in dying.

The CMA encourages physicians to maintain a personal stance that supports the non-involvement in euthanasia. It is important to ensure that the principles of best practice in palliative care are followed as we navigate these complex issues.

The CMA believes that the federal government should focus on improving end-of-life care, not on legalizing euthanasia.

Sincerely,

[Signatures]

Canadian Medical Association
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
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
Documents

CMA Policy Endorsement Guidelines
https://policybase.cma.ca/link/policy14021

POLICY TYPE
Policy document

DATE
2018-03-03

TOPICS
Ethics and medical professionalism
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

POLICY TYPE
Policy document

DATE
2017-12-09

REPLACES
PD11-03 Principles for the Protection of Patients’ Personal Health Information

TOPICS
Health information and e-health
Ethics and medical professionalism

DOCUMENTS

CMA POLICY

PRINCIPLES FOR THE PROTECTION OF PATIENT PRIVACY

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

RATIONALE

Modern medicine, and in particular telemedicine, has a profound effect on the protection of patient privacy and confidentiality. The right to privacy flows from the concepts of respect for persons, freedom from undue interference, and control over personal health information. Privacy matters not only to the patient, but also to the physician. In recent years, advances in technology have facilitated a revolution in the delivery of health care. However, the potential for invasion of patient privacy and confidentiality has also increased.

In Canada, the question of patient privacy and confidentiality is addressed both at the national and at the provincial and territorial levels. In the federal sector, the Canada Health Act (1984) establishes the standards for the delivery of health care, and requires that these standards include protection of patient privacy and confidentiality. In the provincial and territorial sectors, legislation has been introduced or amended to reflect the increasing importance of privacy matters.

In physician-patient interaction, the physician should respect the patient's right to privacy and confidentiality. The physician should also respect the patient's right to control access to personal health information about the patient.

SCORE OF POLICY

A score of 6 indicates that the principle is a core principle of medical professionalism.

BACKGROUND TO CMA POLICY

PRINCIPLES FOR THE PROTECTION OF PATIENT PRIVACY

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

Context

The delivery of health care has changed significantly over the past few decades. The increasing use of electronic health records (EHRs) has made it easier to access and share patient information. Challenges in balancing the need for confidentiality with the advantages of electronic health records have been well-studied.

The role of the physician-patient relationship is to provide a safe and confidential environment for the exchange of information. The physician should respect the patient's right to privacy and confidentiality.

Privacy and Confidentiality

The physician should not disclose, access, or store sensitive information about the patient without the patient's consent, except as required by law or for the benefit of the patient. Confidentiality is a fundamental aspect of medical ethics.

CMA Policybase - Canadian Medical Association