

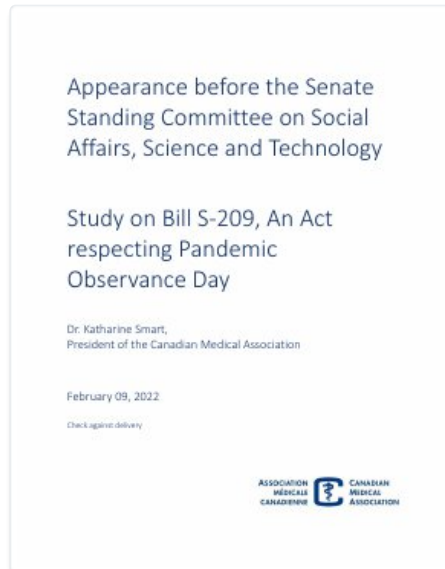
# Study on Bill S-209, An Act respecting Pandemic Observance Day

<https://policybase.cma.ca/link/policy14467>

POLICY TYPE	Parliamentary submission
DATE	2022-02-09
TOPICS	Health care and patient safety Ethics and medical professionalism

## Documents

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# 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

## Documents

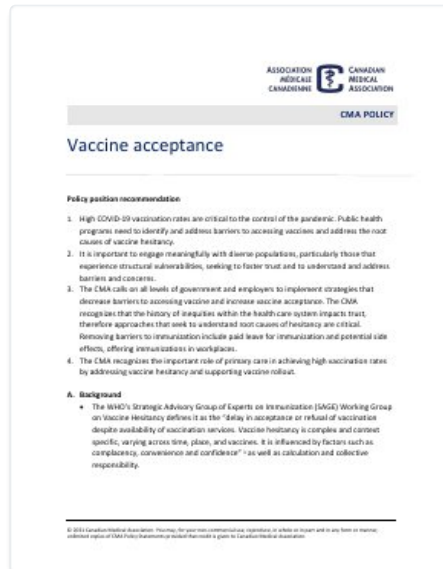


# Vaccine acceptance

<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

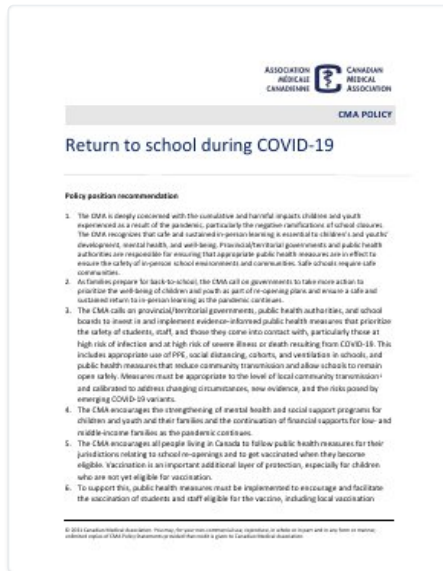


# Return to school during COVID-19

<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

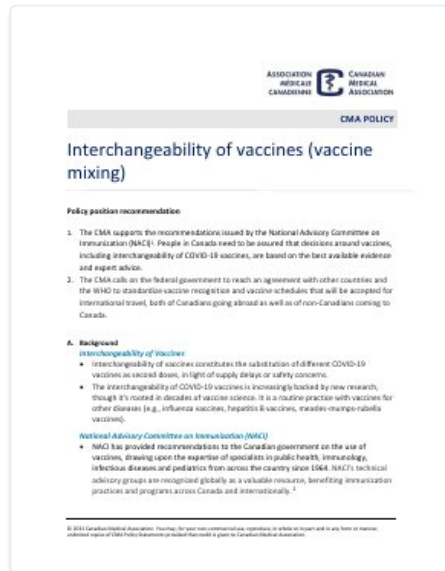


# Interchangeability of vaccines (vaccine mixing)

<https://policybase.cma.ca/link/policy14453>

POLICY TYPE	Policy document
DATE	2021-08-21
TOPICS	Health care and patient safety Population health, health equity, public health

## Documents



# 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

ASSOCIATION OF MEDICAL CANADIANS CANADIAN MEDICAL ASSOCIATION

**CMA POLICY**

### Firearms Control

(Update 2021)

See also [Background to CMA Policy Firearms Control](#)

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#### Rationale

The objective of this policy is to provide guidance to governments and other stakeholders about education/prevention, regulation and research related to firearms control in Canada. Guidelines are provided to assist physicians in firearm injury prevention strategies and the identification and counselling of patients at risk of firearm-related injuries and deaths related to unsafe behaviours. The policy is informed by a large body of evidence described in the accompanying [Background Firearms Control \(2021\)](#) document.

Physicians have a long history of advocacy regarding public health issues (e.g., vaccines, nicotine, asbestos, social determinants of health) leading to beneficial changes in policy and population health. As a health and safety advocate for patients as well as the public at large, the medical profession has a responsibility to advocate for the prevention of injuries and deaths, including those resulting from intentional and unintentional injuries related to firearms.

Firearm-related injuries and fatalities are a major cause of premature and preventable death in Canada. Canada has among the highest rates of suicides by firearms in the developed world.<sup>1</sup> There is robust scientific evidence that a firearm in the home is associated with a higher risk of suicide and that safe storage of firearms is associated with a lower risk of completed suicides and unintentional injuries.

One-third of all police-reported violent crime in 2017 was attributable to intimate partner violence (65,704 of 346,076 cases).<sup>2</sup> Women are disproportionately the victim of intimate partner violence and intimate partner homicide at the hands of a male partner. The most frequently reported method of killing is by firearm and the most common place a woman is killed is in or near her home.<sup>3</sup>

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ASSOCIATION OF MEDICAL CANADIANS CANADIAN MEDICAL ASSOCIATION

**BACKGROUND TO CMA POLICY**

### Firearms Control (Update 2021)

See also [CMA Policy Firearms Control](#)

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#### Introduction

Firearm injuries and deaths are an important public health issue. From 2013 to 2017, 3,708 Canadians of all ages died from firearm injuries.<sup>4</sup> This number includes both intentional (suicidal) and unintentional (suicides and homicidal) firearm injuries. A total of 504 of these deaths occurred in youth aged 14 years and under, from 2008 to 2016. 75% of firearm deaths in Canada were from self-harm (i.e., suicide) while 26% of deaths were from homicide. An Ontario study of firearm injuries found that the rate of self-harm was the highest among older non-drowning men.<sup>5</sup>

The 2017 homicide rate (3.8 per 100,000 population) was at its highest point since 2008, and this increase, according to Statistics Canada, “was driven by an increase in firearm-related and gang-related homicides.”<sup>6</sup> Handguns, which are either restricted or prohibited firearms in Canada depending on the model, are the most frequently used type of firearm in homicides in Canada, representing 57% of all firearm-related homicides in 2018.<sup>6</sup>

A study of firearm mortality rates in 23 high-income countries showed Canada ranked 9th highest overall in the firearm death rate. Canada’s firearm death rate (2.3/100,000) was more than twice as high as the rates in Germany (1.1), Ireland (1.0), Australia (1.0) and England (0.2).<sup>7</sup> A 2016 international review found similar results.<sup>8</sup>

Health care providers observe the serious lifelong health challenges faced by patients who survive firearm injuries. They include chronic pain, disability and disfigurement (e.g., brain injury, spinal cord injury, loss of limbs), as well as economic hardships resulting from inability to return to work or school. These effects are profound, as many victims of gun violence are young. Furthermore, the mental health consequences are serious, leading to such conditions as post-traumatic stress disorder, depression and substance use disorders. Finally, firearm injuries often result in chronic effects with serious consequences — psychological, emotional, economic and financial — for family members, their loved ones and the affected community.<sup>9</sup>

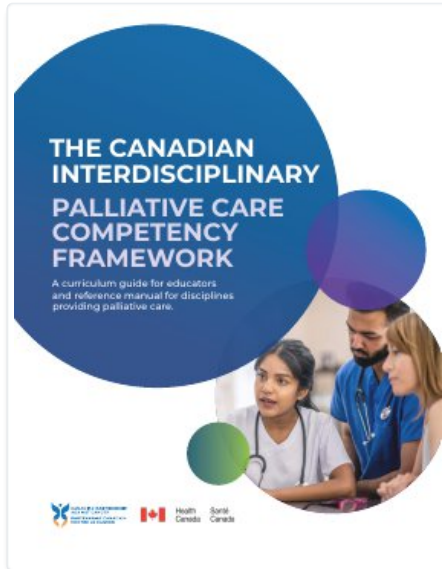
# The Canadian Interdisciplinary Palliative Care Competency Framework

<https://policybase.cma.ca/link/policy14439>

POLICY TYPE	Policy endorsement
DATE	2020-12-05
TOPICS	Health care and patient safety Population health, health equity, public health

## Documents

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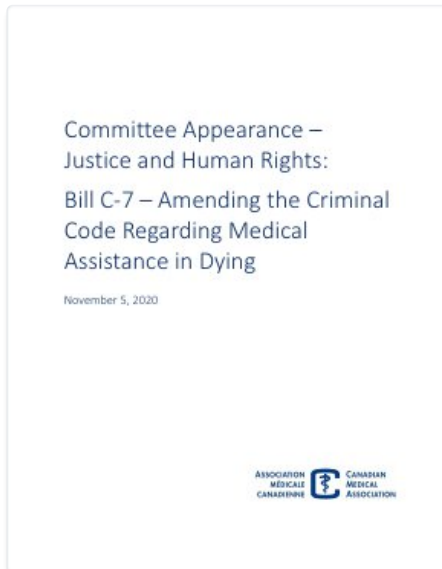
# Committee Appearance – Justice and Human Rights: Bill C-7 – Amending the Criminal Code Regarding Medical Assistance in Dying

<https://policybase.cma.ca/link/policy14374>

POLICY TYPE	Parliamentary submission
DATE	2020-11-05
TOPICS	Health care and patient safety

## Documents

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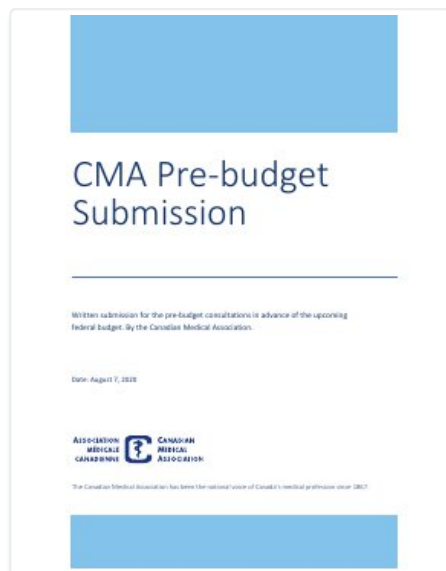


# CMA Pre-budget Submission

<https://policybase.cma.ca/link/policy14259>

POLICY TYPE	Parliamentary submission
DATE	2020-08-07
TOPICS	Physician practice, compensation, forms Health information and e-health Health care and patient safety Health systems, system funding and performance

## Documents



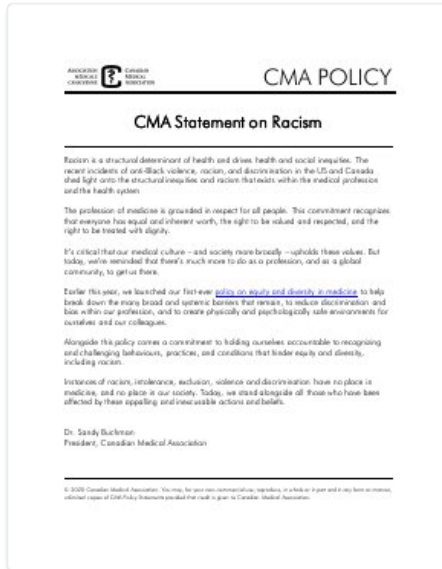
# CMA Statement on Racism

<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

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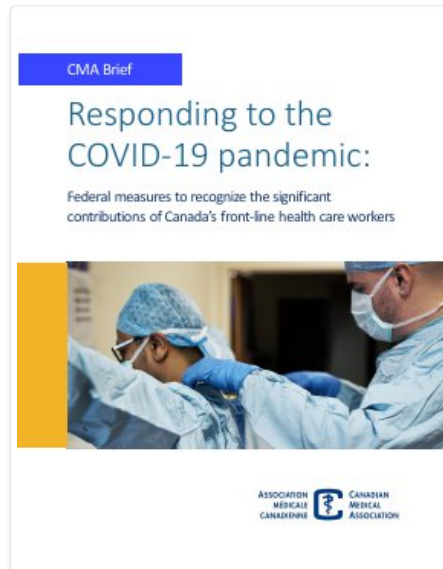
# Responding to the COVID-19 pandemic: Federal measures to recognize the significant contributions of Canada's front-line health care workers

<https://policybase.cma.ca/link/policy14211>

POLICY TYPE	Parliamentary submission
DATE	2020-05-28
TOPICS	Health care and patient safety

## Documents

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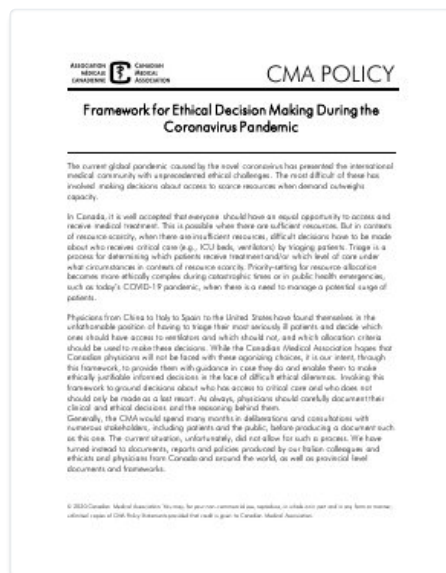


# Framework for Ethical Decision Making During the Coronavirus Pandemic

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

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

## Documents

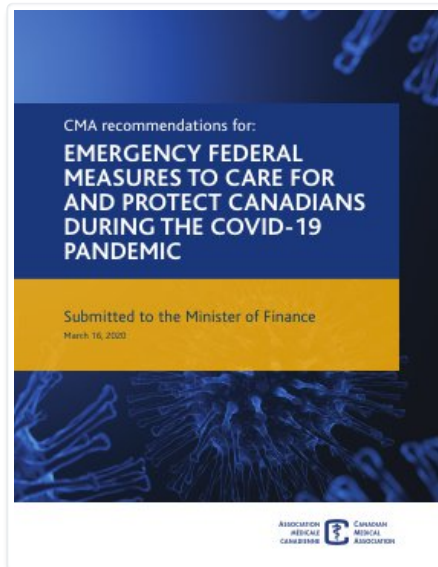


# Emergency federal measures to care for and protect Canadians during the COVID-19 pandemic

<https://policybase.cma.ca/link/policy14132>

POLICY TYPE Parliamentary submission  
DATE 2020-03-16  
TOPICS Health care and patient safety

## Documents

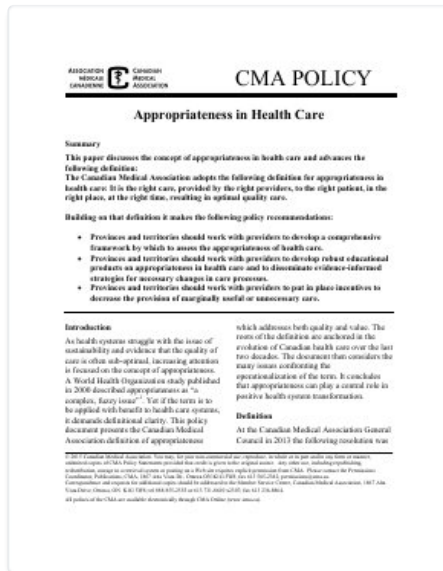


# Appropriateness in health care

<https://policybase.cma.ca/link/policy11516>

POLICY TYPE	Policy document
LAST REVIEWED	2020-02-29
DATE	2014-12-06
TOPICS	Health care and patient safety

## Documents



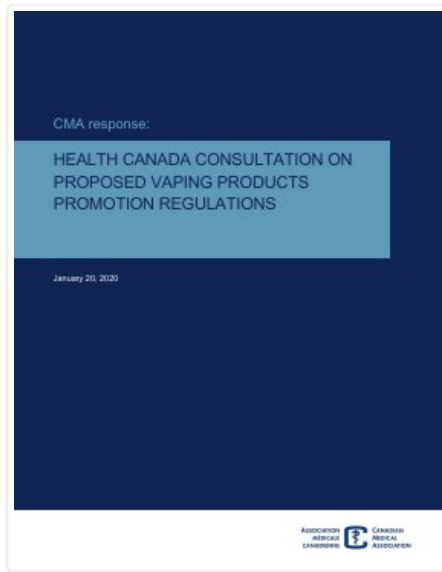
# Health Canada consultation on proposed vaping products promotion regulations

<https://policybase.cma.ca/link/policy14128>

POLICY TYPE	Response to consultation
DATE	2020-01-20
TOPICS	Health care and patient safety Population health, health equity, public health

## Documents

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# 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

## Documents

 **CMA POLICY**

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**ORGAN AND TISSUE DONATION AND TRANSPLANTATION**

[See also Background to CMA Policy on Organ and Tissue Donation and Transplantation](#)


**RATIONALE**  
Organ and Tissue Donation and Transplantation (OTDT) is a rapidly changing area of medical science and practice. Organ and tissue transplantation represent significant benefits and life-saving interventions that require careful consideration by multiple stakeholders spanning medical disciplines. Technological and other biomedical advancements have made organ and tissue transplantation increasingly viable for treating related medical conditions. Changing social norms have also led to shifting perceptions of the acceptability of organ and tissue donation. Within this context, there is a need for renewed consideration of the ethical issues and principles guiding organ and tissue donation and transplantation in Canada.

The overarching principle that guides OTDT is public trust, which requires that the expressed intent either for organ donation will be honored and respected within the donation and medical systems, and that the best interests of the potential donor are always of paramount importance; policies and mechanisms that guide OTDT should aim to maintain and foster that public trust. The CMA acknowledges and respects the diverse viewpoints, backgrounds, and religious views of physicians and patients and therefore encourages physicians to confront challenges raised by OTDT in a way that is consistent with both standards of medical ethics and patients' values and beliefs.

**Scope**  
This policy identifies foundational principles to address the challenges surrounding deceased and living donation. In conjunction with applicable laws and regulations in Canada, the Declaration of Intent, the World Health Organization (WHO) Guiding Principles on Human Cells, Tissue and Organ Transplantation, and leading clinical practices, this policy aims to inform physicians and other interested parties on the guiding principles of OTDT in Canada. This policy is intended to address OTDT in adult populations; the challenges, considerations, legislation, and policy surrounding pediatric and neonatal OTDT are unique and deserve focused attention.

Physicians should be aware of relevant legislation, regulatory requirements, and policies in the jurisdiction in which they practice. Physicians are encouraged to refer to the various

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 **BACKGROUND TO CMA POLICY**

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**ORGAN AND TISSUE DONATION AND TRANSPLANTATION**

[See also CMA Policy on Organ and Tissue Donation and Transplantation](#)

**Context**  
Organ donation wait lists in Canada continue to grow exponentially due to an aging population, climbing obesity rates, the increasing viability of organ transplantation, and improvements in the effectiveness of immunosuppressive medications.<sup>1</sup> It is projected that demand for organ transplants will increase 150% over the next two decades.<sup>2</sup> Presently, nearly 4500 Canadians remain on organ transplant waiting lists, some of whom will die before receiving a donation; 260 patients died while waiting for an organ transplant in 2016.<sup>3</sup> The majority of organ donations are made by deceased donors (81% in 2017)<sup>4</sup> and the majority of Canadians (91%) support organ and tissue donation, however, only 9% have registered their consent.<sup>5</sup>

In 2016, 2023 organ transplantations were performed in Canada using donations made by 758 deceased donors (548 NDD-donors and 174 DCD-donors) and 544 living donors. The rate of deceased organ donation in 2016 (20.9 donors per million people [DMP]) represents a 42% increase compared to 2007 (14.7 DMP).<sup>6</sup> However, this value still falls short of the 2017 goal set out in Canada's strategic plan to improve organ and tissue donation and transplantation (22 DMP), and also falls short of the performance of similar nations (e.g., the United States, 20.9 DMP).<sup>7</sup>

Compared to deceased donation, living donation offers better short-term and long-term health outcomes for recipients.<sup>8</sup> Living donors contribute a kidney, a lobe of lung or liver, bone marrow, umbilical cord blood, and/or men cells through a directed (i.e., the organ is intended for a specific patient designated by the donor) or non-directed donation. Due to advancements in immunosuppressive technology, donors may be related or unrelated to the recipient,<sup>9</sup> and are matched based on appropriate compatibility tests. The rate of living donation (15.03 DMP in 2017) has decreased by 1% since 2006. Interestingly, certain avenues do not follow this trend; for example, the Kidney Paired Donation program, established in 2009, had its second most successful year in 2016 and has a total of 474 transplants facilitated to date.

<sup>1</sup> The original data were reported as Death-Noted, also involving death based on neurological or brain-based criteria.  
<sup>2</sup> Statistics Canada's latest projection of Death-Noted, also involving death based on neurological or brain-based criteria, before.

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# Clinical guideline for homeless and vulnerably housed people, and people with lived homelessness experience

<https://policybase.cma.ca/link/policy14165>

POLICY TYPE

Policy endorsement

DATE

2019-10-17

TOPICS

Health care and patient safety

Population health, health equity, public health

## Documents

**GUIDELINE** **VULNERABLE POPULATIONS**

### Clinical guideline for homeless and vulnerably housed people, and people with lived homelessness experience

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CMAA Policybase authors are grateful to the following individuals for their contributions to the guideline: [List of names]

**H**omeless and vulnerably housed populations are heterogeneous and continue to grow in numbers in urban and rural settings on a basis of a combination of risk factors, including and among the poor. Collectively, they face challenges being recognized and engaged in health care systems. However, providers can improve the health of people who are homeless or vulnerably housed, most powerfully by following evidence-based clinical steps, and are being well-served and supported by appropriate practices.<sup>1-4</sup>

Effectively providing "homelessness" interventions will reduce such health risks, promote and maximize recovery, including the opportunity to progress, impact and ability of engaging in "other such activities, individuals and families for increasing mental, emotional and physical health risks that significantly increase mortality and morbidity." For example, people who are homeless and vulnerably housed experience a significantly higher prevalence of chronic, mental health conditions and substance use disorders than the general population.<sup>5,6</sup> Canadian research reports that people who experience homelessness face life expectancy rates that are 10 years for men and 12 years for women.<sup>7</sup>

Of particular note, homeless Canadians were largely unable to get a single year of long-term care.<sup>8</sup> Today, the approach might be shifted to include higher proportions of women, people with mental illness, and people with substance use disorders.<sup>9</sup> For example, family homelessness (and homelessness experience among other forms of abuse and conflict) is a widespread, yet little-studied, phenomenon. The 2016-17 survey of 2,000 homeless people in Canada, 27.3% were women, 18.7% were youth, 6% were racialized (immigrants or refugees), and a growing number were veterans and seniors.<sup>10</sup>

**KEY POINTS**

- Clinical assessment and care of homeless and vulnerably housed populations should include taking account of a person's gender, age, independence, history, ethnicity, and history of trauma, and of access to comprehensive primary health care.
- An initial step is to take care of homeless and vulnerably housed populations, promote their engagement in health care, and ensure that they are not excluded from health care.
- Case management services, with access to psychiatric services, are recommended to support or manage individuals who are struggling with health, substance use and other conditions.
- Home-visitation interventions, such as approved case management, are recommended for people who are experiencing homelessness, such as in special circumstances, are recommended for people who are vulnerable.

Practice managers, given support, will lead and primary care providers can work jointly to identify social causes of poor health and provide a solution for a patient's needs.<sup>11</sup> A patient's medical history is a family practice defined by its patients as the place they first meet, coordinate, monitor, and discuss their personal and family health and medical services.<sup>12</sup> Medical care is "family practice, centered on the patient, needs are valued throughout every stage of life, and seamlessly integrated with other services in the health care system. The community" (Baker) will not be excluded from it. Primary care is a process, not a place, and is not limited to medical health promotion, disease prevention, diagnosis and treatment, and rehabilitation services.<sup>13</sup>

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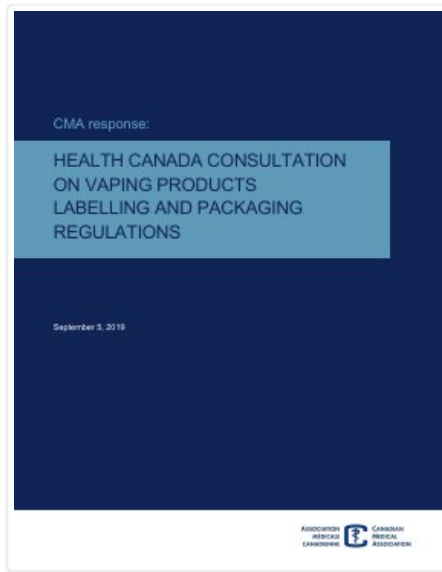
# Health Canada consultation on vaping products labelling and packaging regulations

<https://policybase.cma.ca/link/policy14124>

POLICY TYPE	Response to consultation
DATE	2019-09-05
TOPICS	Health care and patient safety Population health, health equity, public health

## Documents

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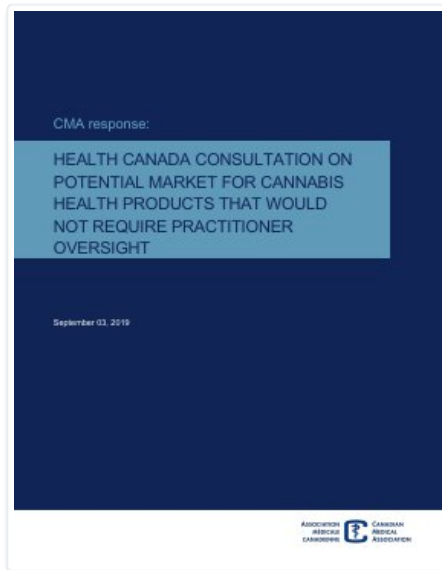
# Health Canada consultation on potential market for cannabis health products that would not require practitioner oversight

<https://policybase.cma.ca/link/policy14125>

POLICY TYPE	Response to consultation
DATE	2019-09-03
TOPICS	Health care and patient safety Population health, health equity, public health

## Documents

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# 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

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