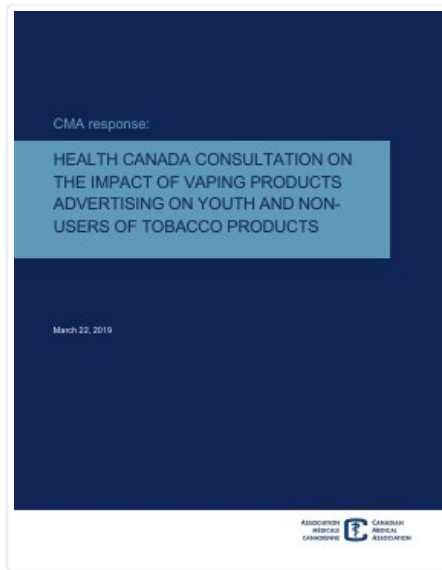


Health Canada consultation on the impact of vaping products advertising on youth and non-users of tobacco products

<https://policybase.cma.ca/link/policy14022>

POLICY TYPE	Response to consultation
DATE	2019-03-22
TOPICS	Health care and patient safety Population health, health equity, public 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

<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. 25 1999
Ottawa, Ontario

For further information, contact
CMA's Public Affairs Directorate: 1 800 287-8700

Leadership for Physicians - Model for Canadians
Leadership pour des médecins - Modèle pour les Canadiens

"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. 25 1999

Executive Summary

CMA commends the federal government for taking this important first step that begins the debate on privacy and the protection of personal information. The issues are complex and the stakes are high. CMA welcomes the opportunity to provide comments on Bill C-6 and hopes that its input will strengthen the Bill by ensuring that patient privacy and the confidentiality of medical records are adequately protected.

CMA's chief concern with Bill C-6 is the inadequacy of its provisions to protect the right of privacy of patients and the confidentiality of their health information. The right of privacy encompasses both the right to keep information about oneself to oneself if so wished and to exercise control over what subsequently happens to information so critical to trust for the purposes of receiving health care. In recent years, this right and the ability of physicians to guarantee meaningful confidentiality, have become increasingly threatened.

Computerization of health information facilitates easy transfer, duplication, linkage and consolidation of health information. Copied in electronic form, patient information is potentially more useful for the purposes of providing care. However, this copium, if also becomes much more valuable and technically accessible to various third parties - private and public, governmental and commercial - wishing to use the information for other purposes unrelated to providing direct care. An additional concern is that the demand for health information, referred to by some commentators as "data lust", is growing, partly as a consequence of "information hungry" policy trends such as population health. There is also a disturbing tendency toward "function creep", whereby information collected for one purpose is used for another, often without consent or even knowledge of the individual concerned and without public knowledge or scrutiny.

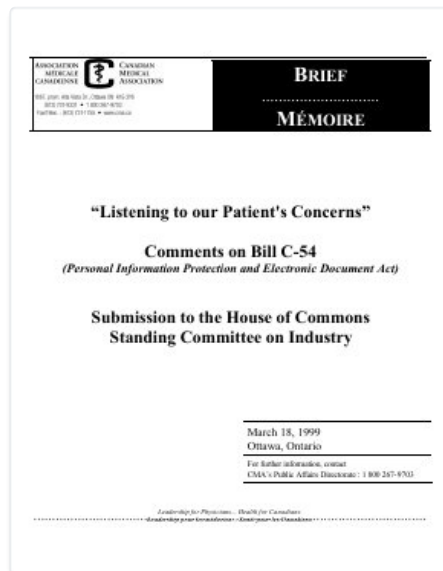
Furthermore, litigation concerning health information technology tends to be dominated by those who seek access to this information for secondary purposes. From this perspective, privacy may appear less as a fundamental right than as a hindrance or even roadblock. As we move further into the information age there is some danger that we will become so spell-bound by the promise of information centralization and database linkages that we lose sight

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

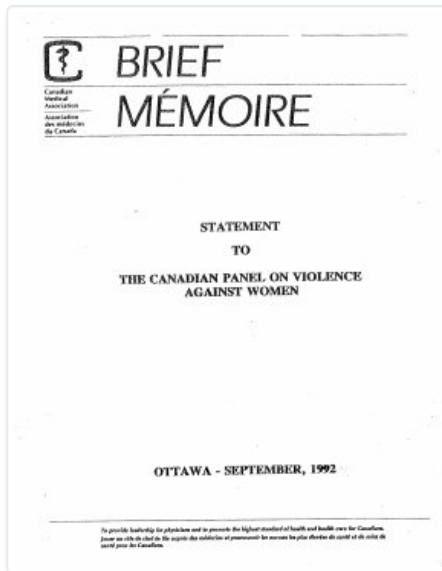


Statement to the Canadian panel on violence against women Ottawa - September, 1992

<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

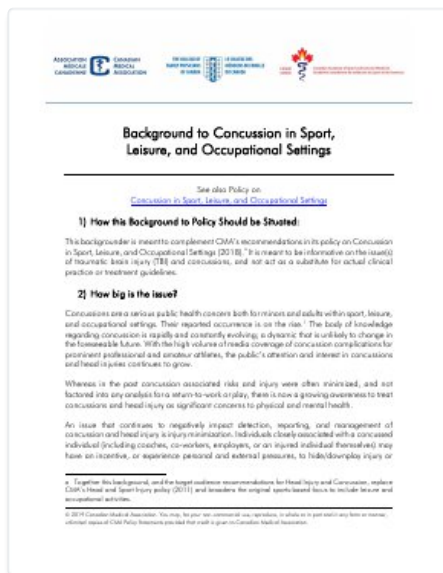


Concussion in Sport, Leisure, and Occupational Settings

<https://policybase.cma.ca/link/policy14023>

POLICY TYPE	Policy document
DATE	2019-03-02
REPLACES	Head injury and sport (2011)
TOPICS	Health care and patient safety Population health, health equity, public health

Documents



Antimicrobial Resistance (AMR)

<https://policybase.cma.ca/link/policy14079>

POLICY TYPE	Policy document
DATE	2019-03-02
TOPICS	Health care and patient safety Population health, health equity, public health

Documents

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Antimicrobial Resistance (AMR)

See also [Background to CMA Policy on Antimicrobial Resistance PD19-08](#)

Context

Antimicrobials (which include antibiotics) are a precious public resource and an essential tool for fighting infections in both humans and animals. Their importance to human medical, nutritional and economic security cannot be understated. Yet globally, antimicrobials are losing their effectiveness more quickly than new such drugs, treatments and therapies are being identified and introduced to market.¹ Consequently, this dynamic has eroded the human antimicrobial arsenal, placing the lives and futures of an unacceptable number of people at risk.

Antimicrobial resistance (AMR) occurs when microorganisms such as bacteria, viruses, fungi and parasites come into contact with antimicrobial drugs, such as antibiotics, antivirals, antifungals, antiparasitics and antipneumonia, and undergo changes. The drugs are rendered ineffective and cannot eradicate infections from the body.

AMR is an international challenge that threatens to reverse over a century of progress in public health, health care and human development attributable to antimicrobial use. Indeed, the effects of AMR are already being felt across Canada's health care system. Currently, Canada's dedicated investment in solutions to mitigate against increasing AMR in the AMR and antimicrobial stewardship (AMS) fields (both federally and provincially/territorially) can only be viewed as wholly inadequate to address the scope of the problem and the risks it poses for the health of Canadians.

Therefore, to: (1) promote awareness of AMR; (2) incentivize investment in AMR mitigation strategies; and (3) support the implementation of an effective suite of more clinically effective management/health care practices and policies, the following target audience recommendations are offered.²

* All the policy recommendations made in this document are not meant to be interpreted as clinical practice guidelines. They represent the expert best view on whether should promptly proceed to practice.
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BACKGROUND TO CMA POLICY

Antimicrobial Resistance

See also [CMA Policy Antimicrobial Resistance PD19-08](#)

OVERVIEW

The world is at the tipping point of a post-antibiotic era. "Worldwide, we are relying more heavily on antibiotics to ensure our medical, nutritional and economic security, while simultaneously causing the decline of their usefulness with overuse and ill advised use."¹ It is estimated that the world's use of antimicrobials increased by 65% between 2000 and 2015 — nearly as fast as in middle-income countries.²

Dr. Margaret Chan, the former head of the World Health Organization (WHO), described antimicrobial resistance (AMR) as a slow-moving tsunami for public health. Other experts have characterized AMR as a looming "antibiotic apocalypse," warning that all countries "will face disaster consequences if the spread of AMR is not contained."³ Others are now calling AMR the "climate change" of health care. According to the IJC review on AMR, an estimated 10 million people globally will die annually by 2050, and AMR will surpass cancer to become the leading cause of death.⁴

AMR occurs when "microorganisms (such as bacteria, fungi, viruses, and parasites) change when they are exposed to antimicrobial drugs (such as antibiotics, antifungals, antivirals, antiparasitics, and antipneumonia) ... As a result, the medicines become ineffective and infections persist in the body, increasing the risk of spread to others."⁵ Microorganisms that develop antimicrobial resistance are sometimes referred to as "superbugs." "Tight-knuck bacteria," as they have been dubbed, are bacterial strains that no conventional antimicrobial can effectively treat; their incidence is on the rise.⁶

AMR represents a unique challenge for the medical profession as it is estimated that as many as 50% of current antibiotic prescriptions are either inappropriate or unnecessary.⁷ In addition, taking an antimicrobial involves potentially considerable exposure to side effects or risk. As stable are more severely immune and weakening forms of medical treatment. Critically, these include many medications for currently treatable bacterial infections, and many forms of surgery (including organ delivery), radiation therapy, chemotherapy and neonatal care.⁸

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Joint Submission to the Subcommittee on Sport-Related Concussions in Canada House of Commons Standing Committee on Health

<https://policybase.cma.ca/link/policy14080>

POLICY TYPE Parliamentary submission
DATE 2019-01-29
TOPICS Health care and patient safety

Documents



Health Canada's consultation on new health-related labelling for tobacco products

<https://policybase.cma.ca/link/policy13939>

POLICY TYPE	Response to consultation
DATE	2018-12-14
TOPICS	Health care and patient safety Population health, health equity, public health

Documents

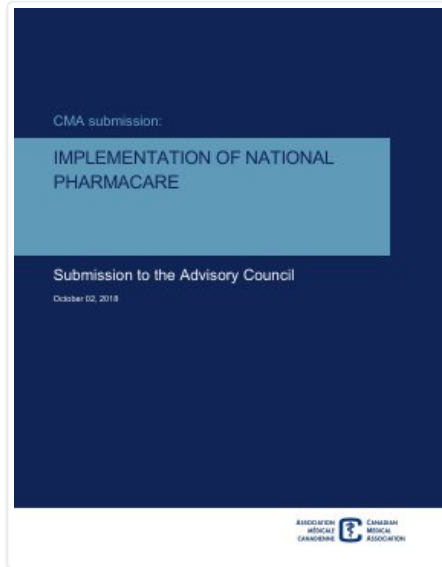


Implementation of National Pharmacare

<https://policybase.cma.ca/link/policy13933>

POLICY TYPE	Response to consultation
DATE	2018-10-02
TOPICS	Health care and patient safety Pharmaceuticals, prescribing, cannabis, drugs

Documents

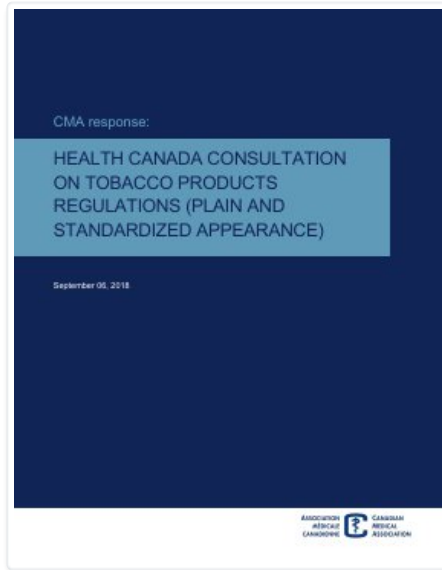


Health Canada consultation on tobacco products regulations (plain and standardized appearance)

<https://policybase.cma.ca/link/policy13930>

POLICY TYPE	Response to consultation
DATE	2018-09-06
TOPICS	Health care and patient safety Pharmaceuticals, prescribing, cannabis, drugs

Documents



Consultation on proposed front-of-package labelling

<https://policybase.cma.ca/link/policy13882>

POLICY TYPE	Response to consultation
DATE	2018-04-23
TOPICS	Health care and patient safety Pharmaceuticals, prescribing, cannabis, drugs

Documents

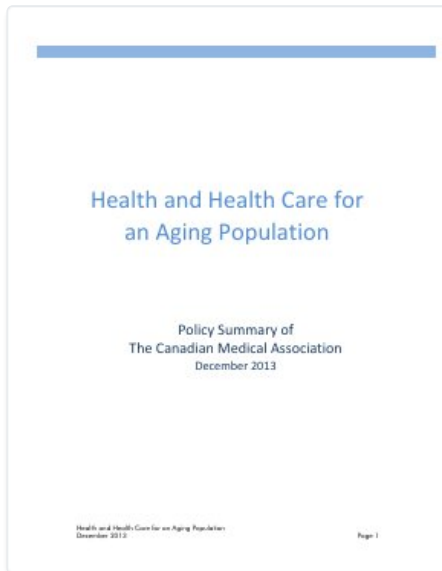


Health and health care for an aging population

<https://policybase.cma.ca/link/policy11061>

POLICY TYPE	Policy document
LAST REVIEWED	2018-03-03
DATE	2013-12-07
REPLACES	PD00-03 - Principles for medical care of older persons
TOPICS	Health care and patient safety Health systems, system funding and performance

Documents

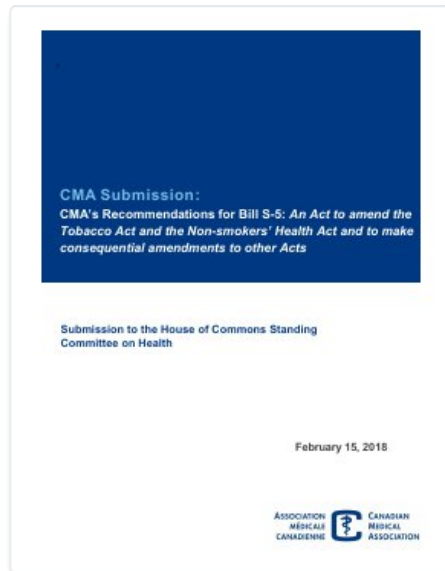


CMA's Recommendations for Bill S-5 An Act to amend the Tobacco Act and the Non-smokers' Health Act and to make consequential amendments to other Acts

<https://policybase.cma.ca/link/policy13918>

POLICY TYPE	Parliamentary submission
DATE	2018-02-15
TOPICS	Pharmaceuticals, prescribing, cannabis, drugs Health care and patient safety

Documents



CMA's Recommendations for Bill S-5: An Act to amend the Tobacco Act and the Non-smokers' Health Act and to make consequential amendments to other Acts

<https://policybase.cma.ca/link/policy13641>

POLICY TYPE	Parliamentary submission
DATE	2017-04-07
TOPICS	Health care and patient safety Pharmaceuticals, prescribing, cannabis, drugs

Documents



Consultation on the renewal of Federal Tobacco Control Strategy

<https://policybase.cma.ca/link/policy13804>

POLICY TYPE Response to consultation
DATE 2017-04-05
TOPICS Health care and patient safety
Pharmaceuticals, prescribing, cannabis, drugs

Documents



Front-of-package labelling consultation

<https://policybase.cma.ca/link/policy13800>

POLICY TYPE

Response to consultation

DATE

2016-10-31

TOPICS

Health care and patient safety

Documents

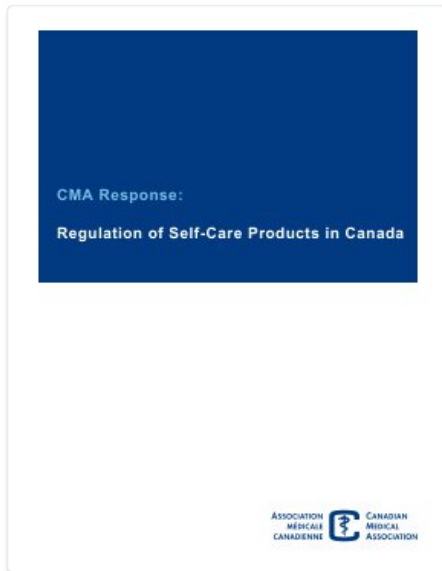


Regulation of Self-Care Products in Canada

<https://policybase.cma.ca/link/policy13802>

POLICY TYPE	Response to consultation
DATE	2016-10-31
TOPICS	Pharmaceuticals, prescribing, cannabis, drugs Health care and patient safety

Documents

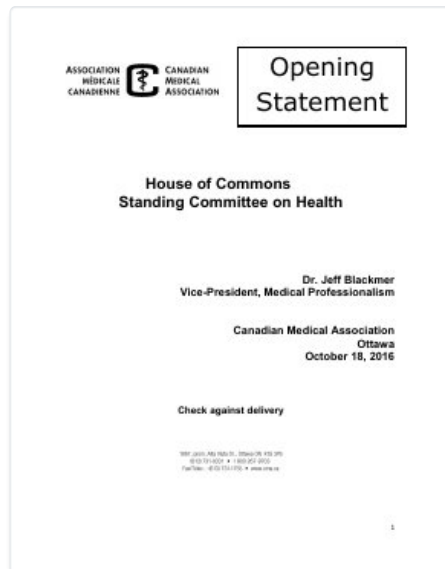


Statement to the House of Commons Committee on Health addressing the opioid crisis in Canada

<https://policybase.cma.ca/link/policy13936>

POLICY TYPE	Parliamentary submission
DATE	2016-10-18
TOPICS	Pharmaceuticals, prescribing, cannabis, drugs Population health, health equity, public health Health care and patient safety

Documents



Health Canada's Consultation on "Plain and Standardized Packaging"

<https://policybase.cma.ca/link/policy13817>

POLICY TYPE Response to consultation
DATE 2016-08-12
TOPICS Health care and patient safety
Pharmaceuticals, prescribing, cannabis, drugs

Documents



Joint Canadian Medical Association & Canadian Psychiatric Association Policy – Access to mental health care

<https://policybase.cma.ca/link/policy11890>

POLICY TYPE	Policy document
DATE	2016-05-20
TOPICS	Health care and patient safety Population health, health equity, public health

Documents

