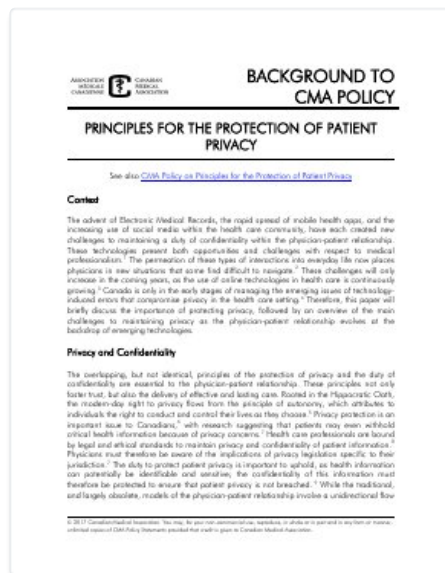
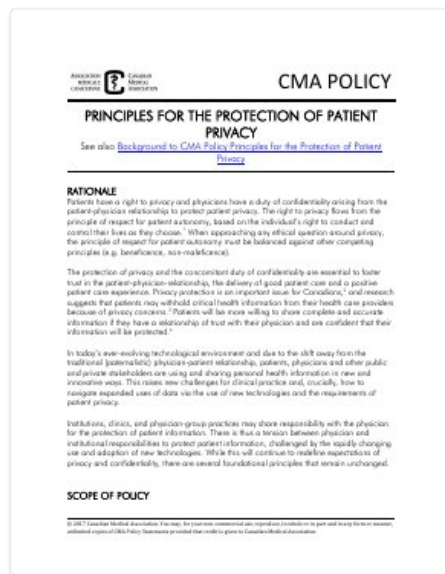


Principles for the protection of patient privacy

<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



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

Documents

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

What is it?
The CMA Charter of Shared Values aims to identify shared values and common needs in each other and to the profession to which physicians and business are united to promote trust and respect within the profession and for each other, and identify opportunities for engagement and leadership to promote civility and conduct accordingly within the profession.

Why does it matter?
The Charter is intended to facilitate strong professional relationships in support of a united and aligned profession. We achieve the highest degree of both individual and collective success when we work together, connect together and believe together; when we share a clearly articulated set of common values, vision and purpose, and when we subscribe to the same register and explicit understanding.

Commitments to Each Other:
Our most important shared values

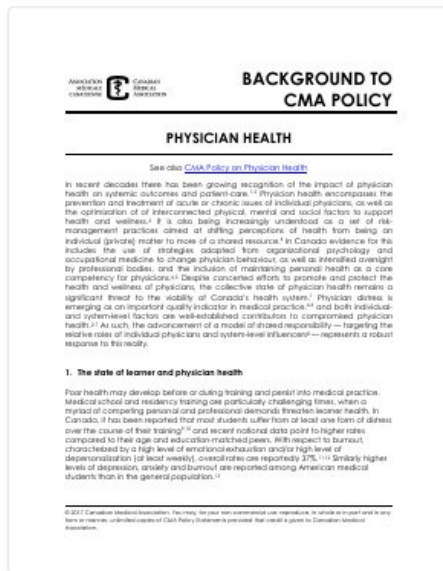
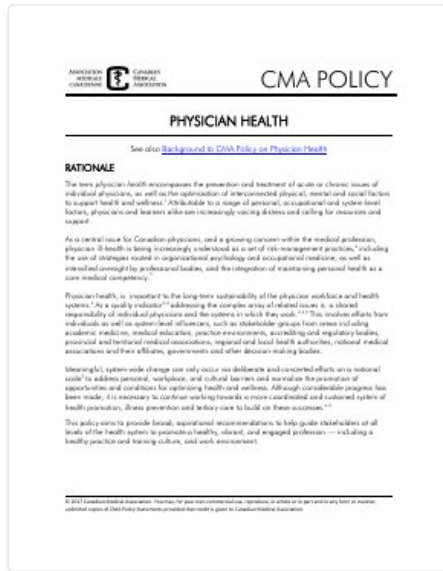
- RESPECT**
As a physician, I will strive to be respectful. I will recognize that everyone has inherent worth, a worthy of dignity, and has the right to be valued and respected and to be treated ethically. I will respect others and their personal and professional dignity, and I will aim to promote and model respect through collaboration, training and practice.
- INTEGRITY**
As a physician, I will strive to act with integrity. I will act in an honest and lawful manner, with consistency of intentions and actions, and will act with moral courage to promote and model effective leadership and to achieve a good outcome for patients.
- RECIPROCITY**
As a physician, I will strive to cultivate reciprocal relationships. I will be kind with my physician colleagues, and expect them to respond similarly. I will share and exchange my knowledge and experience with them, and I will be generous with them in spirit and in time.
- CIVILITY**
As a physician, I will strive to be civil. I will respect myself and others, regardless of their role, even those with whom I may not agree. I will seek constructive communication with my physician colleagues with an attitude of active and open listening, whether it be in person, in writing, or virtually, and I will accept personal accountability.



Physician health

POLICY TYPE	Policy document
DATE	2017-10-21
REPLACES	PD98-04 Physician health and well-being
TOPICS	Health human resources Ethics and medical professionalism

Documents



CMA STATEMENT ON PHYSICIAN HEALTH AND WELLNESS
Guiding Principles and Commitments for a Vibrant Profession

What it is
This statement identifies a set of guiding principles and commitments to provide a vibrant and engaged profession by identifying key factors that promote healthy training and practice environments with the view to reducing physician burnout, enhancing patient engagement. This statement affirms that all physicians should have access to robust health and wellness resources and is expected to address any personal and professional difficulties they may experience.

Why it matters
Physician health and wellness is a critical issue for all physicians, their patients, and health systems. Physicians are at a higher risk of experiencing patient health outcomes, including personal and professional dissatisfaction, burnout, depression, suicidal ideation, and suicide. This has been shown to affect patient care and health system performance. Addressing the factors that affect physician health and the challenges that physicians face in navigating their increasingly complex training and practice environments is a policy and practice imperative.

If meaningful sustained improvement can be achieved, the profession and other stakeholders will need to make deliberate commitments to reduce personal, cultural, and occupational factors, and to promote better working conditions that promote health and wellness. The CMA is committed to promoting a model of shared responsibility (supporting individual and systemic factors that influence and contribute to health and wellness through advocacy and collaboration). This statement is based on the CMA Policy on Physician Health and Long-term Care.

GUIDING PRINCIPLES

A broader understanding of physician health
In the past, addressing physician health often focused on individual issues. Today, our understanding encompasses the complex interplay of individual, institutional, occupational, and systemic factors and includes efforts to develop preventive measures and strategies to address these issues. This new understanding enables us to look at physician health more broadly to take into account, and seek to address, the array of factors that influence individual training and practice.

Physician health as a quality indicator
Physician health and wellness outcomes are becoming a significant quality indicator in the practice of medicine and the overall functioning of health systems. Physician health has been identified as an additional component of the "Triple Aim," renamed the "Quadruple Aim," which seeks to optimize health system performance through enhancing the patient experience, improving population health, reducing costs, and supporting physician wellness.

Physician health as a shared responsibility
It is increasingly recognized that the complex range of factors that contribute to health and wellness need to be addressed at both the individual and systemic levels. While initiatives targeted to individual physicians remain relevant, there needs to be a greater focus on occupational and system-level initiatives and collaboration between stakeholders and physicians to produce meaningful and sustainable change, in a model of shared responsibility.

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Advance care planning

<https://policybase.cma.ca/link/policy13694>

POLICY TYPE	Policy document
DATE	2017-05-27
REPLACES	Advance care planning (2015)
TOPICS	Ethics and medical professionalism Population health, health equity, public health

Documents

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CMA POLICY

ADVANCE CARE PLANNING

RATIONALE

With the advent of technology allowing for the extension of life, and as a result of the increasing importance of personal autonomy, decisional capacity, and informed consent and the growing awareness of issues related to quality of life and dying, Canadians have become increasingly interested in expressing their wishes regarding their health care and having more input into decisions about their care should they become incapable. Advance care planning (ACP) can help patients to achieve these goals.

The CMA supports development of a strategy for ACP in all provinces and territories. ACP leads to better coordination between patients' wishes and treatments provided,^{1,2} decreased anxiety for families,³ decreased moral distress for health-care providers,⁴ decreased hospitalization rates of nursing home residents⁵ and fewer unnecessary medical treatments.^{6,7}

ACP is at the intersection of the position of health care, ethical values and legal rights and duties. In particular, it involves the acknowledgment of essential aspects of autonomy, informed consent, and respect of patients' care wishes now and in the future, and their transition if they become incapable.^{8,9}

The balancing of the need to obtain informed consent for a treatment option in the patient with the need to respect health-care preferences that were stated in the past has been addressed using various clinical, legal and institutional approaches across Canadian jurisdictions.¹⁰

Physicians can play a significant role in ACP throughout the course of the patient-physician relationship, including in the palliative setting. At any time, outcomes of the planning process can be documented and/or the patient can appoint or substitute decision-maker in writing. These documents can be identified as advance directives, personal directives, or powers of attorney for personal care.¹¹ (Hereinafter all will be referred to as advance directives). An advance directive does not remove the need for a physician to obtain consent before providing a treatment to a patient, except in an emergency. As stated in the Canadian Medical Protective Association's consent guide: "[I]n the medical emergency situation, treatment should be limited to those necessary to prevent prolonged suffering or to deal with..."


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Direct-to-consumer genetic testing

<https://policybase.cma.ca/link/policy13696>

POLICY TYPE Policy document
DATE 2017-05-27
TOPICS Ethics and medical professionalism

Documents

 **CMA POLICY**

DIRECT-TO-CONSUMER GENETIC TESTING


See also [Background to CMA Policy on Direct-to-Consumer Genetic Testing](#)

RATIONALE

While genetic testing is typically provided in a clinical setting through the referral of a health care professional (HCP) or a regulated research project, a number of private companies now offer genetic testing services directly to consumers over the Internet. Direct-to-consumer (DTC) genetic testing is distinguished from clinical genetic testing ordered by a HCP in several ways:

1. DTC genetic tests are not regulated in Canada. The clinical validity and reliability of these tests varies widely, but DTC genetic testing companies make them available to consumers without distinguishing between those that may be useful to the management of one's health, those that have some limited health value, and those that are meant purely for recreational use.
2. Many of the tests advertised and sold via the Internet have not undergone clinical evaluation.
3. Marketing materials for these tests often imply that they have health value, but the terms of reference of some of the companies that offer them state that the tests are to be used for recreational purposes and many vendors do not guarantee the validity or reliability of their results.
4. Release of personal health information and/or DNA samples is often an important part of the business model of companies that offer DTC genetic testing, raising concerns about patient privacy and insufficient or unclear disclosure of privacy terms.
5. Unlike genetic tests ordered and administered by HCPs, DTC genetic tests are ordered directly by the consumer, who most often has not consulted with a HCP as part of a clinical assessment, and the testing may not be clinically indicated. Some companies only agree to do testing if it has been ordered by a physician, but they will provide a phone consultation with one of their physicians (not based in Canada) if a consumer does not have access to a physician. When the testing is ordered by a physician, it will sometimes be ordered by the patient's personal physician. In such cases, this does not truly represent DTC genetic testing.

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 **BACKGROUND TO CMA POLICY**

DIRECT-TO-CONSUMER GENETIC TESTING

See also [CMA Policy 2017-05 Direct-to-Consumer Genetic Testing](#)

Some direct-to-consumer (DTC) genetic tests, such as "compatibility testing" for online dating, are purely recreational. Other tests, however, are marketed both as being for recreational use and as producing results that are useful to the management of one's health. This document concerns the second category of tests. The characteristics of these tests differ widely, and some of the companies that offer them clearly state that they do not guarantee the validity and reliability of their tests. As of January 2016, 246 companies offered some form of DNA test online. Many DTC genetic tests have entered the Canadian market, especially after the U.S. Food and Drug Administration issued a warning letter instructing some companies in the U.S. to cease providing unreliable health information that could potentially lead consumers to make uninformed decisions about their health, which caused some of these companies to seek out alternative markets.¹

The increasing availability of DTC genetic tests in Canada presents several challenges, as the predictive value of most of the DTC genetic tests currently on the market is very low. Moreover, there is no standard model for the delivery and interpretation of the results of these tests. Greater regulatory guidance and protection is needed to ensure that individuals who choose to submit samples to DTC genetic testing companies are not adversely affected by information that is not necessarily predictive or even accurate.

Survey research indicates that the general public is overwhelmingly interested in genetic testing technologies. Researchers predict that increasing number of individuals will use DTC genetic testing as testing technologies continue to become more affordable and efficient.² Some genetic tests tend to cross medical specialties, it often falls on primary care physicians to understand the role of genetics in clinical care.³ In fact, genetic testing companies often direct patients to discuss their results with their primary care physician.⁴ Patients not only seek out their primary care providers to discuss their genetic test results and obtain appropriate follow-up, but also expect them to be able to answer questions about personal genome test results.⁵ Despite these expectations, health professionals' awareness and knowledge of DTC genetic tests remains low.⁶

Although DTC genetic tests are marketed under similar names, the genetic tests available in Canada have very different characteristics. Three types of tests are offered: (1) single-nucleotide polymorphism (SNP) analysis, which assesses an individual's risk for common

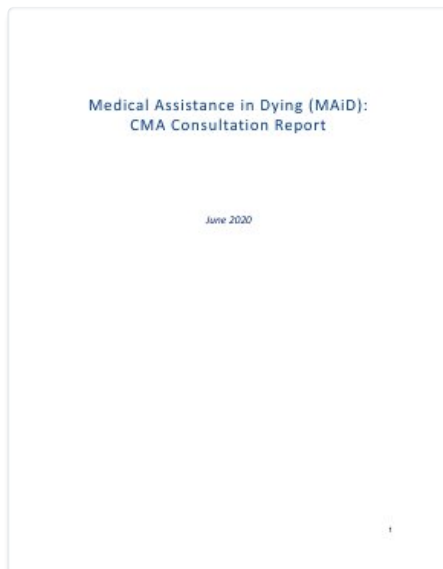
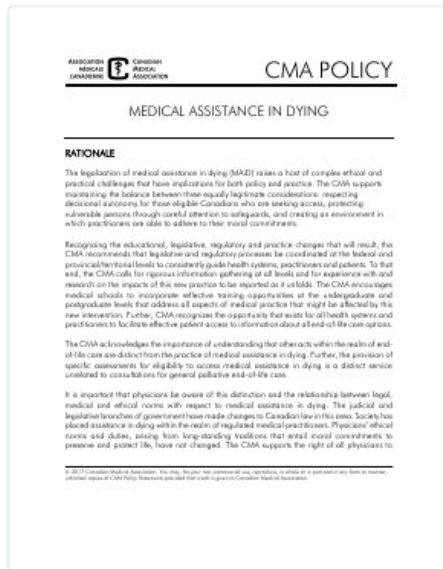
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Medical assistance in dying

<https://policybase.cma.ca/link/policy13698>

POLICY TYPE	Policy document
DATE	2017-05-27
REPLACES	EUTHANASIA AND ASSISTED DEATH (UPDATE 2014)
TOPICS	Ethics and medical professionalism

Documents

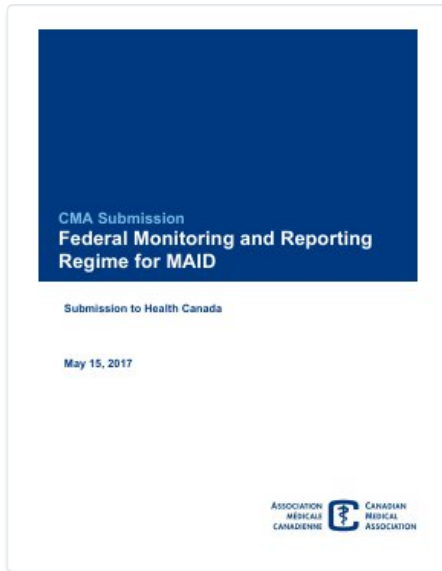


Federal Monitoring and Reporting Regime for MAID

<https://policybase.cma.ca/link/policy13853>

POLICY TYPE	Response to consultation
DATE	2017-05-15
TOPICS	Ethics and medical professionalism

Documents



The future of medicine

<https://policybase.cma.ca/link/policy209>

POLICY TYPE	Policy document
LAST REVIEWED	2017-03-04
DATE	2000-08-12
TOPICS	Health systems, system funding and performance Ethics and medical professionalism

Documents



Corporate privacy policy respecting the collection, use and disclosure of personal information (Update 2012)

<https://policybase.cma.ca/link/policy10633>

POLICY TYPE	Policy document
LAST REVIEWED	2017-03-04
DATE	2012-10-20
REPLACES	Corporate Privacy Policy Respecting the Collection, Use and Disclosure of Personal Information (Update 2007)
TOPICS	Ethics and medical professionalism

Documents

