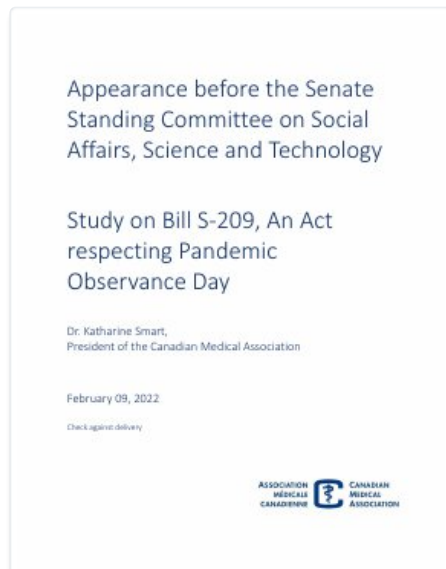


Study on Bill S-209, An Act respecting Pandemic Observance Day

<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



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

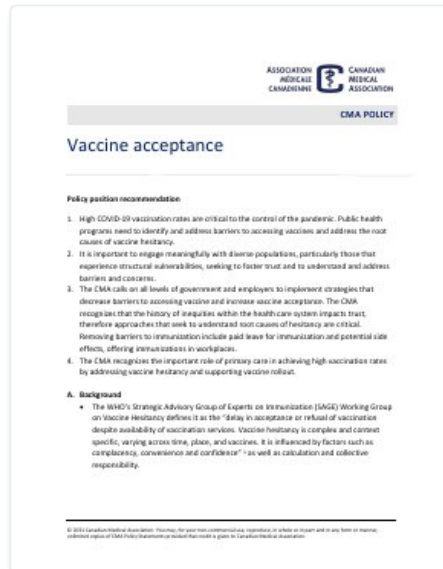


Vaccine acceptance

<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

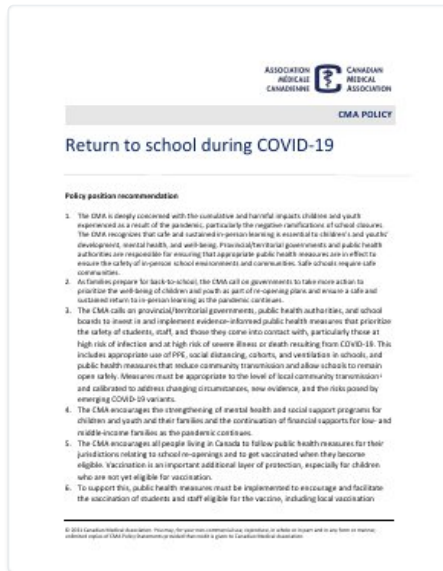


Return to school during COVID-19

<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

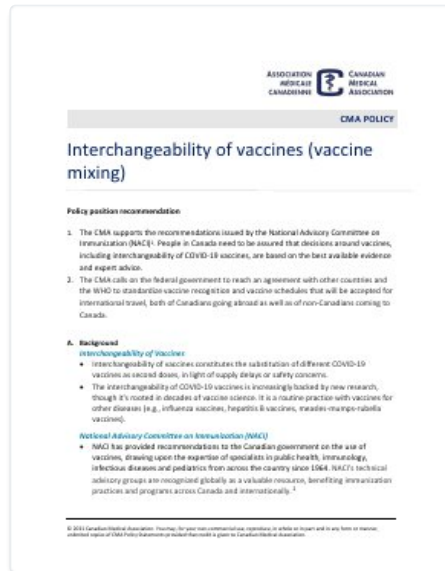


Interchangeability of vaccines (vaccine mixing)

<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 CANADIENS / ASSOCIATION MEDICALE CANADIENNE

CANADIAN MEDICAL ASSOCIATION

CMA POLICY

Firearms Control

(Update 2021)

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

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.¹ 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 346,078 cases).² 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.³

© 2021 Canadian Medical Association. Not for sale, commercial use, reproduction, in whole or in part, without any form or means, written or electronic. All rights reserved. Printed and distributed in Canada. Public document.

ASSOCIATION OF MEDICAL CANADIENS / ASSOCIATION MEDICALE CANADIENNE

CANADIAN MEDICAL ASSOCIATION

BACKGROUND TO CMA POLICY

Firearms Control (Update 2021)

See also [CMA Policy Firearms Control](#)

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.⁴ This number includes both intentional (suicides) and unintentional (suicides and homicide) 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.⁵

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.”⁶ 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 2018.⁷

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).⁸ A 2016 international review found similar results.⁹

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.¹

