


Health Care Coverage for Migrants: An Open Letter to the Canadian Federal Government

<https://policybase.cma.ca/link/policy13940>

POLICY TYPE	Policy endorsement
DATE	2018-12-15
TOPICS	Population health, health equity, public health Health systems, system funding and performance Ethics and medical professionalism

Documents



**Health Care Coverage for Migrants:
An Open Letter to the Canadian Federal Government** December 2018

Sign here: <https://policybase.cma.ca/link/policy13940>

The Right Honourable Justin Trudeau, Prime Minister of Canada
The Honourable Ginette P. Taylor, Minister of Health
The Honourable Ahmed D. Hassan, Minister of Immigration, Refugees and Citizenship

CC: Mr. Dariusz Pionek, United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of health

Dear Prime Minister, Trudeau & Ministers Taylor and Hassan,

We are writing to you today as members of the health community to urge your action on a crucial matter pertaining to health and human rights. You will no doubt be aware that the United Nations Human Rights Committee (UNHRC) recently issued a [landmark opinion](#) condemning Canada for denying access to essential health care on the basis of immigration status based on the case of Nell Toudreau.

Nell is a 49-year-old woman from Grenada who has been living in Canada since 1999, and who suffered significant negative health consequences as a result of being denied access to essential health care services. The UNHRC's decision condemns Canada's existing discriminatory policies, and finds Canada to be in violation of both the right to life, as well as the right to equality and freedom from discrimination.

Based on its review of the [International Covenant on Civil and Political Rights](#), the UNHRC has declared that Canada must provide Nell with adequate compensation for the significant harm she suffered. As Nell, they have called on Canada to report on its review of national legislation within a 180-day period, in order to ensure that regular migrants have access to essential health care to prevent a reasonably foreseeable risk that can result in loss of life. The United Nations Special Rapporteur has urged for the same, [calls on the government](#) to protect health-related rights to life, security of the person, and equality of individuals and groups in situations of vulnerability.

Nell is one of an [estimated half million people in Ontario alone](#) who are denied access to health coverage and care on the basis of their immigration status, putting their health at risk. As members of Canada's health community, we are appalled by the details of the case as well as its broad implications, and call on the government to:

1. Comply with the UNHRC's order to review existing laws and policies regarding health care coverage for regular migrants.
2. Ensure appropriate resource allocation, so that all people in Canada are provided universal and equitable access to health care services, regardless of immigration status.
3. Provide Nell Toudreau with adequate compensation for the significant harm she has suffered as a result of not receiving essential health care services.

For more information on this issue, please see our background here: <https://policybase.cma.ca/link/policy13940>.

Sincerely,
Arvin Aggarwal MD, Internal Medicine Resident, University of Toronto, Toronto ON
Nisha Kaural, BSc, MD Candidate, McMaster University, Hamilton ON
Michaela Breen, MD, Psychiatrist, Toronto ON
Rishi Goel, MD, Family Physician, Toronto ON

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



CMA Code of Ethics and Professionalism

<https://policybase.cma.ca/link/policy13937>

POLICY TYPE	Policy document
DATE	2018-12-08
REPLACES	Code of ethics of the Canadian Medical Association (Update 2004)
TOPICS	Population health, health equity, public health

Documents

CMA CODE OF ETHICS AND PROFESSIONALISM

The CMA Code of Ethics and Professionalism articulates the ethical and professional commitments and responsibilities of the medical profession. The Code provides standards of ethical practice to guide physicians in fulfilling their obligation to provide the highest standard of care and to foster patient and public trust in physicians and the profession. The Code is founded on and affirms the core values and commitments of the profession and outlines responsibilities related to contemporary medical practice.

In this Code, ethical practice is understood as a process of active inquiry, reflection, and decision-making concerning what a physician's actions should be and the reasons for those actions. The Code informs ethical decision-making, especially in situations where existing guidelines are insufficient or where values and principles are in tension. The Code is not exhaustive; it is intended to provide standards of ethical practice that can be interpreted and applied in particular situations. The Code and other CMA public consensus guidelines that provide a common ethical framework for physicians in Canada.

In this Code, medical ethics concerns the virtues, values, and principles that should guide the medical profession, while professionalism is the embodiment or enactment of responsibilities arising from those virtues through standards, competencies, and behaviours. Together, the virtues and commitments outlined in the Code are fundamental to the ethical practice of medicine.

Physicians should aspire to uphold the virtues and commitments in the Code, and they are expected to enact the professional responsibilities outlined in it.

Physicians should be aware of the legal and regulatory requirements that govern medical practice in their jurisdictions.

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A. VIRTUES EXEMPLIFIED BY THE ETHICAL PHYSICIAN

Trust is the cornerstone of the patient-physician relationship and of medical professionalism. Trust is therefore central to providing the highest standard of care and to the ethical practice of medicine. Physicians enhance trustworthiness in the profession by striving to uphold the following interdependent virtues.



Compassion

A compassionate physician recognizes suffering and vulnerability, seeks to understand the unique circumstances of each patient and to alleviate the patient's suffering, and accompanies the suffering and vulnerable patient.



Honesty

An honest physician is forthright, respects the truth, and does their best to seek, preserve, and communicate that truth sensitively and respectfully.



Humility

A humble physician acknowledges and is cautious not to overstep the limits of their knowledge and skills or the limits of medicine, seeks advice and support from colleagues in challenging circumstances, and recognizes the patient's knowledge of their own circumstances.



Integrity

A physician who acts with integrity demonstrates consistency in their intentions and actions and acts in a truthful manner in accordance with professional expectations, even in the face of adversity.



Prudence

A prudent physician uses clinical and moral reasoning and judgment, considers all relevant knowledge and circumstances, and makes decisions carefully, in good conscience, and with due regard for principles of exemplary medical care.

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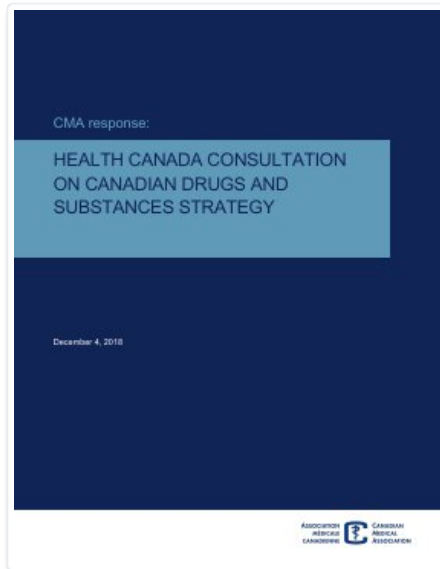
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Health Canada consultation on Canadian drugs and substances strategy

<https://policybase.cma.ca/link/policy14017>

POLICY TYPE	Response to consultation
DATE	2018-12-04
TOPICS	Pharmaceuticals, prescribing, cannabis, drugs Population health, health equity, public health

Documents

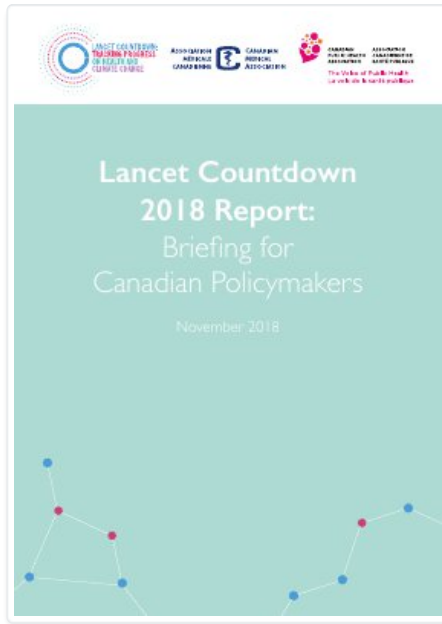


Lancet Countdown 2018 Report: Briefing for Canadian Policymakers

<https://policybase.cma.ca/link/policy14435>

POLICY TYPE	Policy endorsement
DATE	2018-11-01
TOPICS	Population health, health equity, public health

Documents



Open letter to Ontario Minister of Health about the newly proposed “Consumption and Treatment Services” model

<https://policybase.cma.ca/link/policy13932>

POLICY TYPE Policy endorsement
DATE 2018-10-31
TOPICS Population health, health equity, public health

Documents

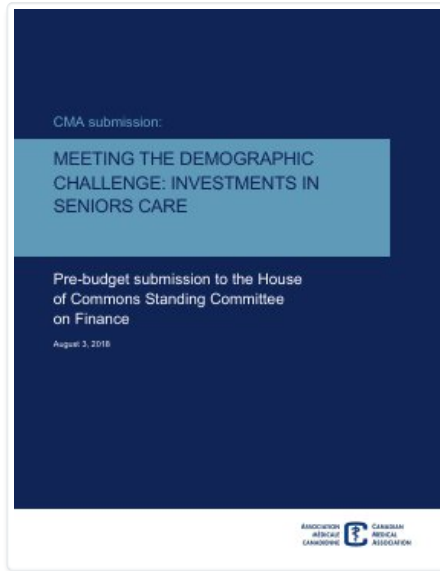


Meeting the demographic challenge: Investments in seniors care

<https://policybase.cma.ca/link/policy13924>

POLICY TYPE	Parliamentary submission
DATE	2018-08-03
TOPICS	Population health, health equity, public health

Documents

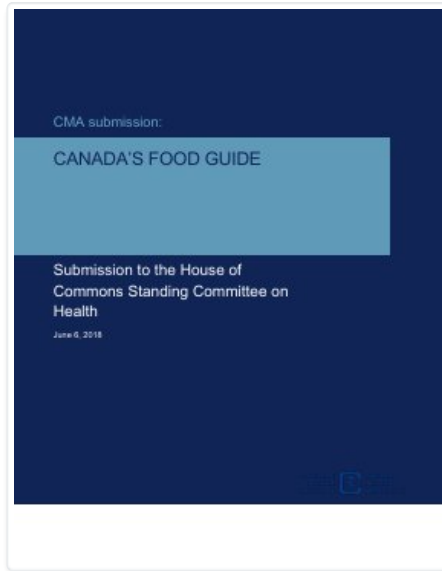


Canada's Food Guide

<https://policybase.cma.ca/link/policy13920>

POLICY TYPE	Response to consultation
DATE	2018-06-06
TOPICS	Population health, health equity, public health

Documents

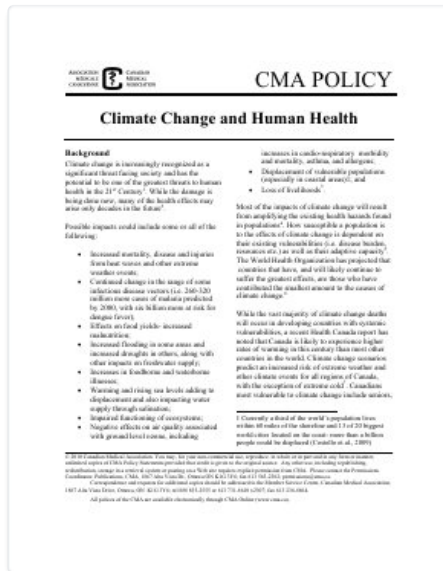


Climate Change and Human Health

<https://policybase.cma.ca/link/policy9809>

POLICY TYPE	Policy document
LAST REVIEWED	2018-03-03
DATE	2010-06-09
TOPICS	Population health, health equity, public health

Documents

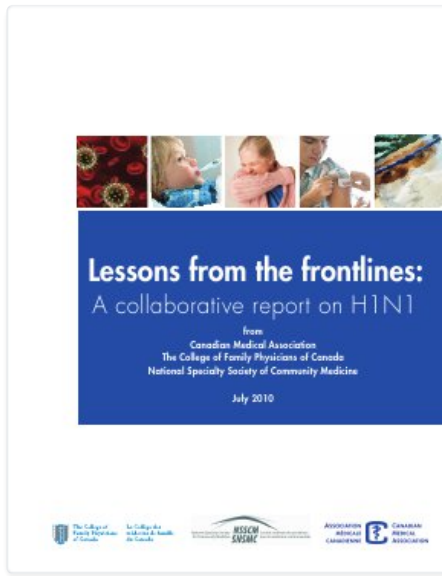


Lessons from the frontlines: A collaborative report on Pandemic H1N1

<https://policybase.cma.ca/link/policy9840>

POLICY TYPE	Policy document
LAST REVIEWED	2018-03-03
DATE	2010-08-26
TOPICS	Population health, health equity, public health

Documents

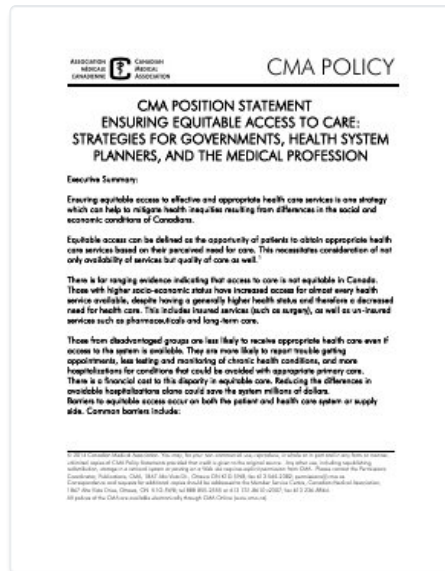


Ensuring equitable access to health care: Strategies for governments, health system planners, and the medical profession

<https://policybase.cma.ca/link/policy11062>

POLICY TYPE	Policy document
LAST REVIEWED	2018-03-03
DATE	2013-12-07
TOPICS	Health systems, system funding and performance Population health, health equity, public health

Documents



The built environment and health

<https://policybase.cma.ca/link/policy11063>

POLICY TYPE	Policy document
LAST REVIEWED	2018-03-03
DATE	2013-12-07
TOPICS	Population health, health equity, public health

Documents

