



# Principles concerning physician information

<https://policybase.cma.ca/link/policy208>

POLICY TYPE	Policy document
LAST REVIEWED	2019-03-03
DATE	2002-06-02
TOPICS	Health information and e-health 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

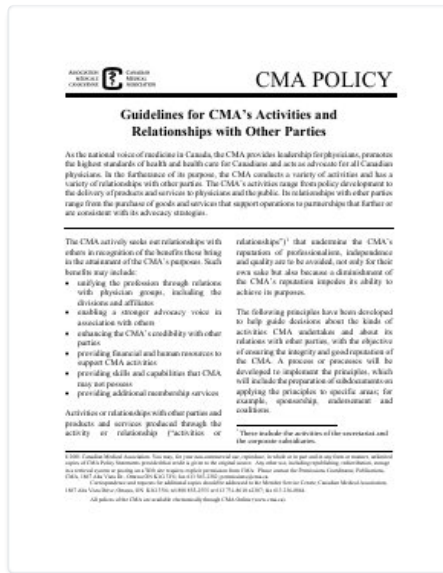


# Guidelines for CMA's activities and relationships with other parties

<https://policybase.cma.ca/link/policy234>

POLICY TYPE	Policy document
LAST REVIEWED	2018-03-03
DATE	2001-05-28
TOPICS	Ethics and medical professionalism

## Documents



# Medical professionalism (Update 2005)

<https://policybase.cma.ca/link/policy1936>

POLICY TYPE	Policy document
LAST REVIEWED	2018-03-03
DATE	2005-12-03
REPLACES	Medical professionalism (2002)
TOPICS	Ethics and medical professionalism

## 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: 1 800 287-8750

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.

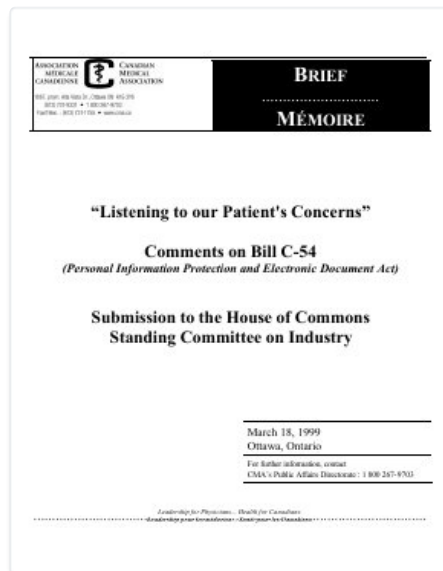
Furthermore, litigation concerning health information technology tends to be dominated by those who seek access to this information for secondary purposes. From this perspective, privacy may appear less as a fundamental right than as a hindrance or even roadblock. As we move further into the information 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

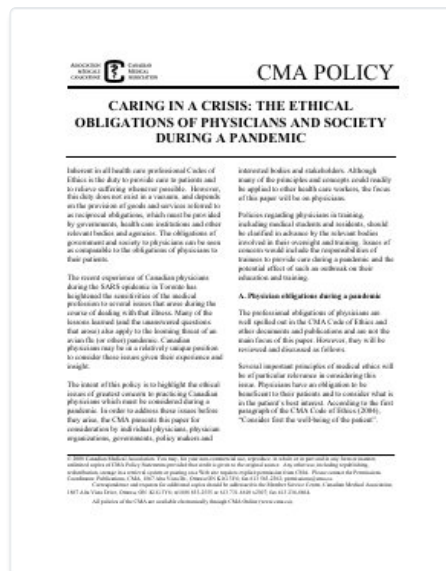


# Caring in a Crisis: The Ethical Obligations of Physicians and Society During a Pandemic

<https://policybase.cma.ca/link/policy9109>

POLICY TYPE	Policy document
LAST REVIEWED	2019-03-03
DATE	2008-02-23
TOPICS	Ethics and medical professionalism Population health, health equity, public health

## Documents





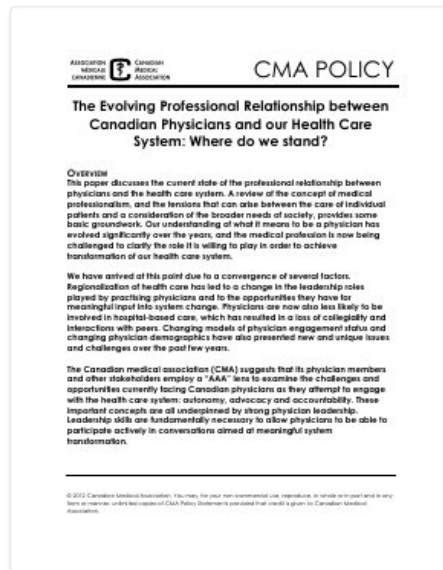
# The evolving professional relationship between Canadian physicians and our health care system: Where do we stand?

<https://policybase.cma.ca/link/policy10389>

POLICY TYPE	Policy document
LAST REVIEWED	2019-03-03
DATE	2012-05-26
TOPICS	Ethics and medical professionalism

## Documents

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# 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



# Amendments to PIPEDA, Bill S-4

<https://policybase.cma.ca/link/policy11194>

POLICY TYPE	Parliamentary submission
DATE	2014-06-09
TOPICS	Health information and e-health Ethics and medical professionalism

## Documents

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# CMA's formal submission to the Federal External Panel on assisted dying

<https://policybase.cma.ca/link/policy11750>

POLICY TYPE	Parliamentary submission
LAST REVIEWED	2019-03-03
DATE	2015-10-19
TOPICS	Ethics and medical professionalism

## Documents

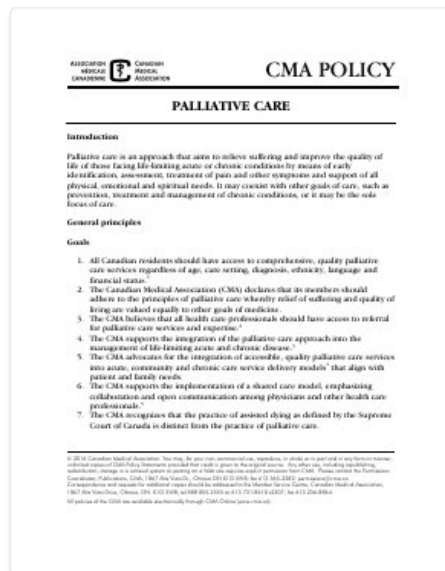


# Palliative care

<https://policybase.cma.ca/link/policy11809>

POLICY TYPE	Policy document
LAST REVIEWED	2020-02-29
DATE	2015-10-03
TOPICS	Ethics and medical professionalism

## Documents



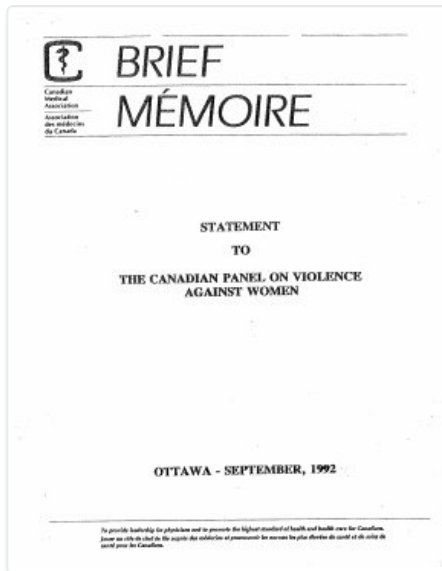
# Statement to the Canadian panel on violence against women Ottawa - September, 1992

<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

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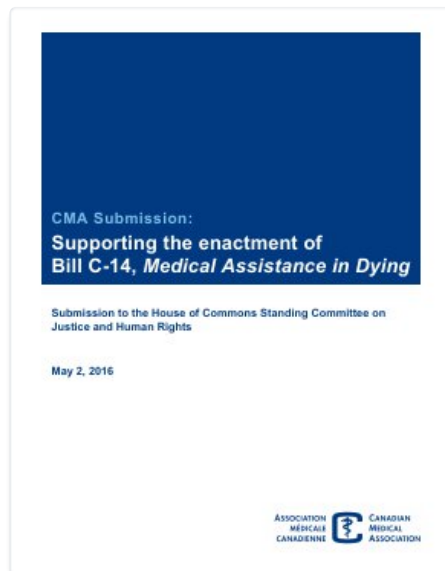
# Supporting the enactment of Bill C-14, Medical Assistance in Dying

<https://policybase.cma.ca/link/policy13693>

POLICY TYPE	Parliamentary submission
LAST REVIEWED	2019-03-03
DATE	2016-05-02
TOPICS	Ethics and medical professionalism

## Documents

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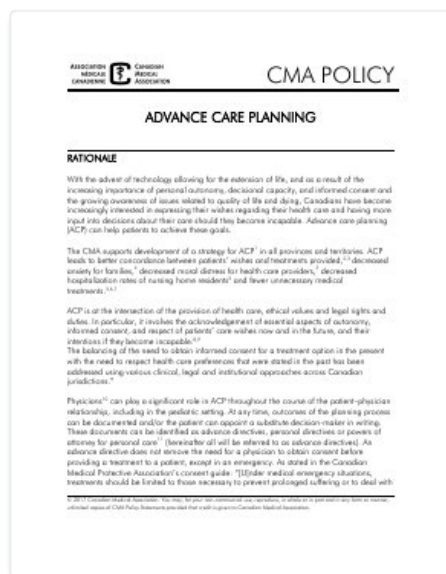


# Advance care planning

<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






# 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.<sup>1</sup>

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.<sup>2</sup> Some genetic tests tend to cross medical specialties, it often falls on primary care physicians to understand the role of genetics in clinical care.<sup>3</sup> In fact, genetic testing companies often direct patients to discuss their results with their primary care physician.<sup>4</sup> 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.<sup>5</sup> Despite these expectations, health professionals' awareness and knowledge of DTC genetic tests remains low.<sup>6</sup>

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

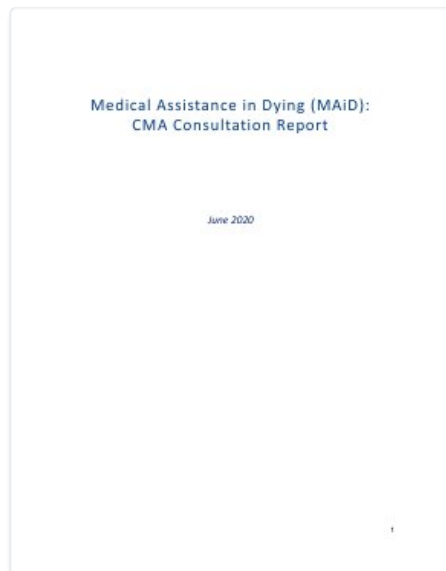
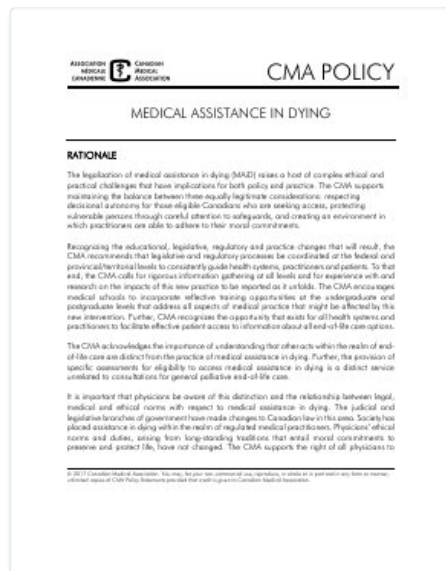
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# Medical assistance in dying

<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

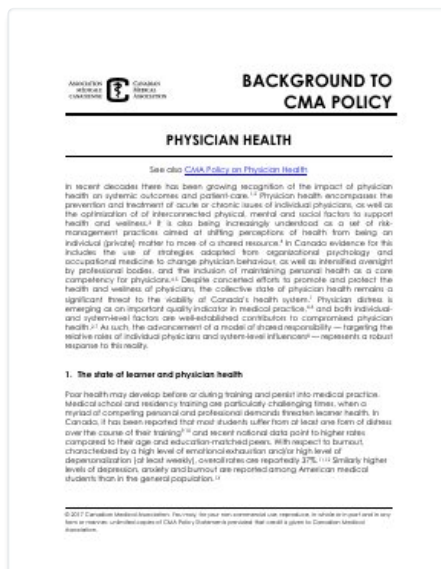
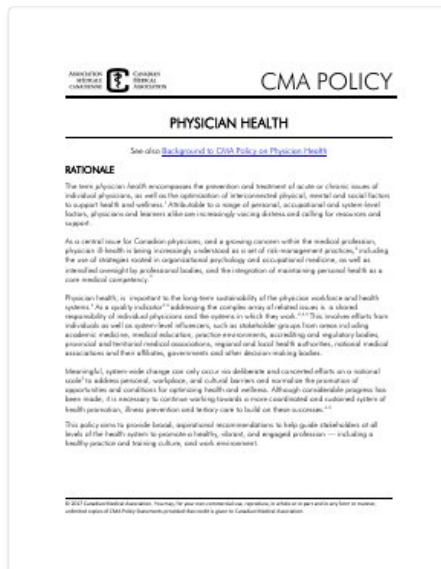


# Physician health

<https://policybase.cma.ca/link/policy13739>

POLICY TYPE	Policy document
DATE	2017-10-21

## 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 factors that promote healthy training and practice environments with the view to enhancing physicians' sense of fulfillment and engagement. This statement affirms that all physicians should have access to robust health and wellness resources and is open 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 adverse 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 not just a policy and practice imperative.

If meaningful, sustained improvement is to be achieved, the profession and other stakeholders will need to make deliberate commitments to reduce personal, cultural, and occupational barriers and to promote well-being, practice, and conditions that enhance health and wellness. The CMA is committed to promoting a model of shared responsibility engaging 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 Success](#).

## 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, socio-cultural, 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 medical 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,"<sup>1</sup> renamed the "Quadruple Aim,"<sup>2</sup> which seeks to improve 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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# 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

