

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

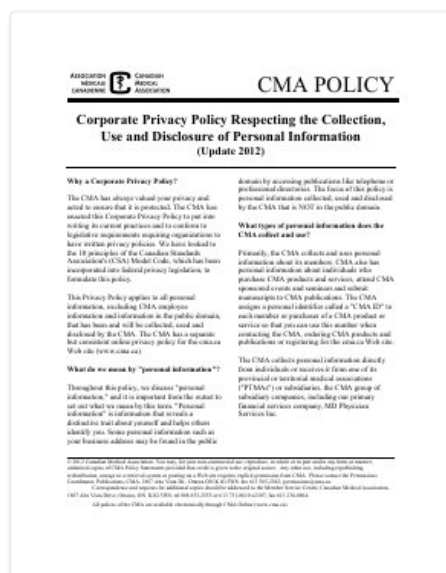


Corporate privacy policy respecting the collection, use and disclosure of personal information (Update 2012)

<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

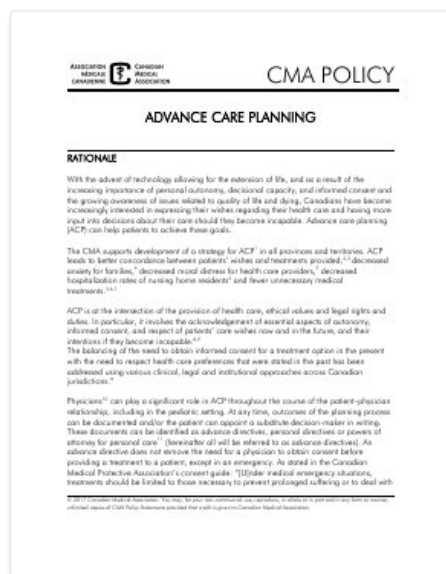


Advance care planning

<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

This thumbnail shows the top portion of a CMA Policy document. It features the Association of Canadian Medical Professionals logo and the title 'CMA POLICY DIRECT-TO-CONSUMER GENETIC TESTING'. Below the title, there is a link to the full document and a section titled 'RATIONALE' which begins with a paragraph about genetic testing and a list of five points.

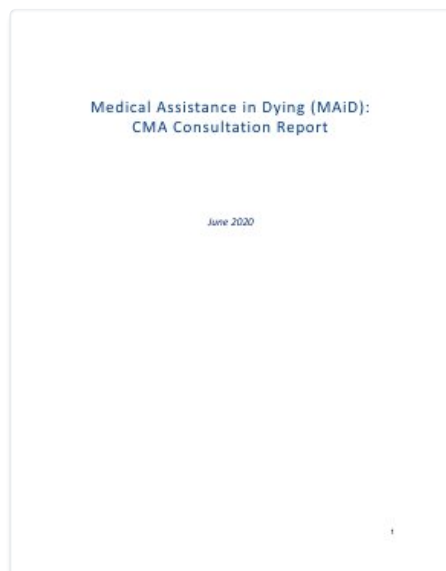
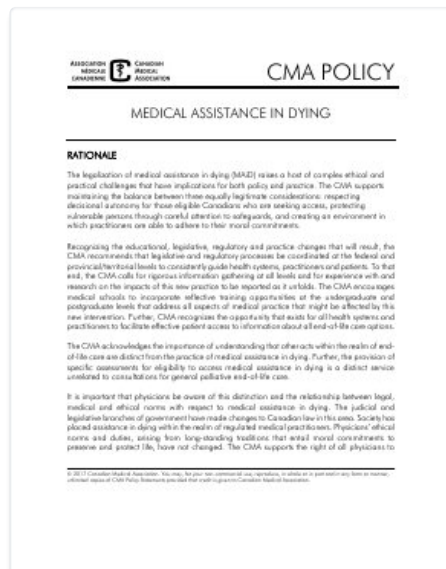
This thumbnail shows the top portion of a CMA Policy document titled 'BACKGROUND TO DIRECT-TO-CONSUMER GENETIC TESTING'. It includes the Association of Canadian Medical Professionals logo and a link to the full document. The text discusses the availability of DTC genetic tests, the challenges they present, and survey research findings.

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

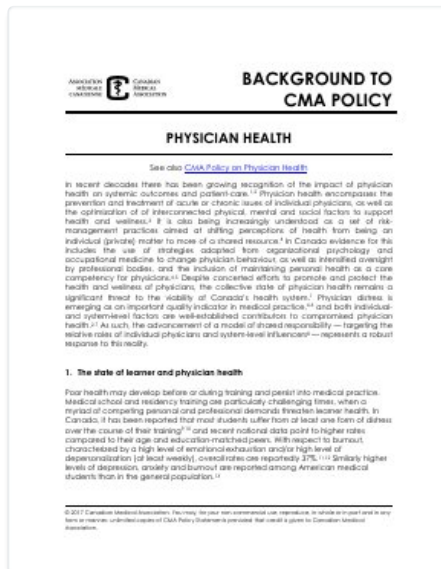
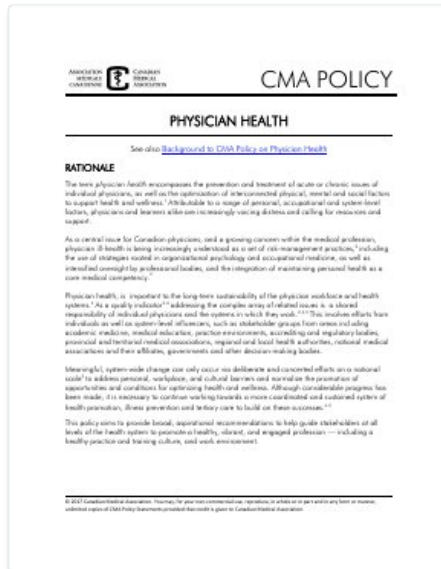


Physician health

<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,"¹ renamed the "Quadruple Aim,"² 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.

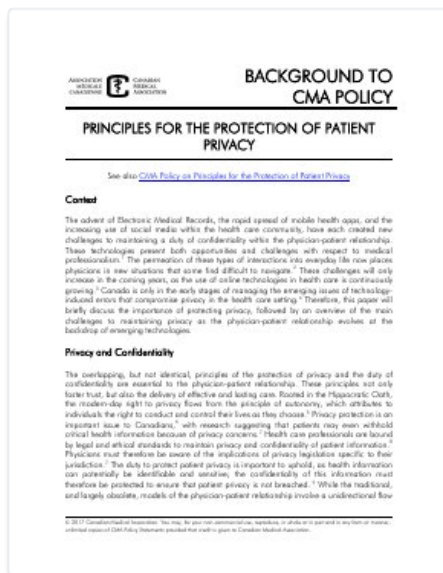
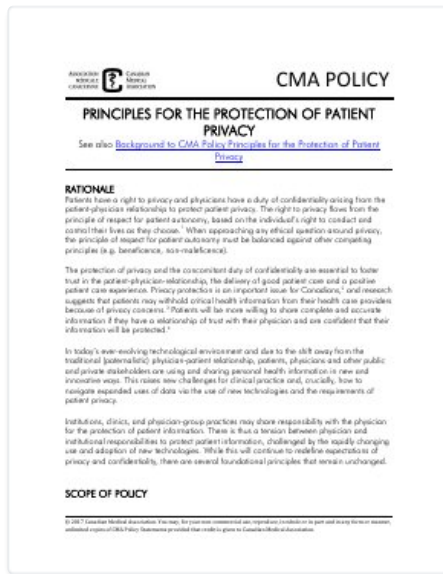
ASSOCIATION OF
MEDICAL
COLLEGIANS
Canadian
Medical
Association

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 further strengthen professional responsibilities 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 extend courteous communication with my physician colleagues with an attitude of respect and open listening, whether it be in person, in writing, or virtually, and I will accept personal accountability.

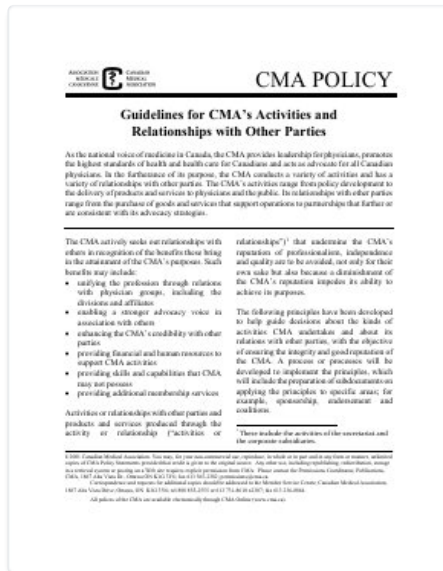


Guidelines for CMA's activities and relationships with other parties

<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

CMA POLICY

Medical professionalism

(Update 2005)

The commitment to which medicine is grounded in Canada is undergoing rapid and profound change. There are new societal expectations for the medical profession to provide leadership for our patients, our communities and our colleagues through our regulated professionals. The Canadian Medical Association (CMA) is strongly committed to medical professionalism and has developed this policy to inform physicians and others about its meaning and value and to promote its preservation and enhancement. This document outlines the major features of medical professionalism, the opportunities which exist in this area and the challenges which lie before us.

Why Medical Professionalism?

The medical profession is distinguished by a strong commitment to the well-being of patients, high standards of ethical conduct, mastery of an ever-expanding body of knowledge and skills, and a high level of clinical independence. As individuals, physicians' personal values may vary, but as members of the medical profession they are expected to share and uphold those values that characterize the practice of medicine and the care of patients.

Medical professionalism includes both the relationship between a physician and a patient and a social contract between physicians and society. Society grants the profession privileges, enabling medicine to practice responsibly for the promotion of human welfare and a high degree of self-regulation. In return, the profession agrees to use those privileges primarily for the benefit of others and only secondarily for its own benefit. These major features of medical professionalism are:

- Commitment to the ethics of care, clinical independence and self-regulation.** In family physicians, these patients and society value of care. This is characterized by the values of some patients, beneficence, non-maleficence, respect for persons and justice (CMA's Code of Ethics). Society benefits from the ethics of care inherent in the provision of medical services, physicians give the interests of others ahead of their own.
- Devotion and commitment to the well-being of others is shared in the interests of patients, who are the primary beneficiaries.**
- Clinical independence.** Medicine is a highly complex art and science. Through thoughtful training and experience, physicians become medical experts and leaders. When patients have the right to decide in a large sense which medical interventions they will undergo, they expect their physicians to be free to make clinically appropriate recommendations. Although physicians recognize that they are accountable to patients, funding agencies and that press for their recommendations, on reasonable grounds an ethical autonomy imposed by governments and administrators, including public opinion, are not to the best interests of patients, nor have because they can change the treatment in a conventional component of the patient-physician relationship. Consciously, physicians are not morally obliged to provide inappropriate medical services when requested by patients despite their respect for patient autonomy.
- Self-regulation.** Physicians have traditionally been granted the privilege by society. It includes the control of entrance into the profession by establishing educational standards and setting requirements, the licensing of physicians, and the

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MEDICAL
ASSOCIATION** P1936/02

Best practices for smartphone and smart-device clinical photo taking and sharing

<https://policybase.cma.ca/link/policy13860>

POLICY TYPE	Policy document
DATE	2018-03-03
TOPICS	Health information and e-health Ethics and medical professionalism

Documents



CMA Policy Endorsement Guidelines

<https://policybase.cma.ca/link/policy14021>

POLICY TYPE	Policy document
DATE	2018-03-03
TOPICS	Ethics and medical professionalism

Documents


Association
of
CANADIAN
ACADEMIES


CANADIAN
MEDICAL
ASSOCIATION

CMA Policy Endorsement Guidelines ("Subsidiaries") **CMA Board Approved March 2018**

These Guidelines constitute an implementation tool of seven recommendations and are informed by [Guidelines to CMA's Structure and Relationship with Other Parties](#) (aka CMA's Corporate Relationship Policy) and [CMA's Authority as a Professional Body](#).

1. Scope
These Guidelines apply to the Canadian Medical Association (and not to its subsidiaries). As these are Guidelines, exceptions may be necessary from time to time where a staff may use their discretion and judgment.

2. Definition
Endorsement is an umbrella term encompassing "policy endorsement", "sponsorship" and "lending".
Endorsement includes:
Policy endorsement includes:
(a) CMA endorsing any public report, non-proprietary public opinion poll, which may include the use of CMA's name and/or logo, of an organization's written policy, or an issue that aligns with CMA policy, where there is no explicit repudiation of intent; or
(b) CMA adopting the policy of another organization as our policy; or
(c) CMA asking another organization to publicly support our policy.

3. Process
(a) Criteria for policy endorsement requests from another organization to endorse their policy¹ (the following criteria shall be applied):
i. we have a policy on the subject matter and
ii. we are actively working on a document that policy position and
iii. the organization has a follow-up action plan associated with its request.
(b) Approval: Where policy needs approval requires a policy staff member (with portfolio responsibility) and the VP of Medical Professionalism, or the policy staff member (with portfolio responsibility) and the Chief Policy Advisor. Where no policy needs approval requires the Board of Directors to approve.
(c) Annual confirmation: Where CMA adopts the policy of another organization², CMA staff will confirm annually, or more frequently if circumstances dictate, that the policy has not been altered by the other organization.
(d) Requests: Pursuit of potential endorsement requests are not appropriate. If where possible, requests should come from an organization and not an individual.

4. Results
(a) Where CMA adopts the policy of another organization, the adopted policy shall become CMA policy, and will include a notation in the document as being an adopted policy of judgment.
(b) All adopted policies will be housed in an accessible online database.
(c) All requests for organizations for CMA to endorse their policy will be tracked in a central location, along with any responses.

¹ Requests must, in order to be eligible, provide a clear and concise summary of the issue, the organization's policy, the organization's interest, and how the organization's policy aligns with CMA's policy. Requests should be submitted to the appropriate staff member.

² This is part of the definition of endorsement.

³ This is part of the definition of endorsement.

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Joint statement on preventing and resolving ethical conflicts involving health care providers and persons receiving care

<https://policybase.cma.ca/link/policy202>

POLICY TYPE	Policy document
LAST REVIEWED	2019-03-03
DATE	1998-12-05
TOPICS	Ethics and medical professionalism

Documents

JOINT STATEMENT ON PREVENTING AND RESOLVING ETHICAL CONFLICTS INVOLVING HEALTH CARE PROVIDERS AND PERSONS RECEIVING CARE

This joint statement was developed cooperatively and approved by the Boards of Directors of the Canadian Healthcare Association, the Canadian Medical Association, the Canadian Nurses Association and the Catholic Health Association of Canada.

Preamble

The needs, values and preferences of the person receiving care should be the primary consideration in the provision of quality health care. Ideally, health care decisions will reflect agreement between the person receiving care and all others involved in his or her care. However, uncertainty and diverse viewpoints concerning care give rise to disagreement about the goals of care or the means of achieving these goals. Limited health care resources and the constraints of existing organizational policies may also make it difficult to satisfy the person's needs, values and preferences.

The issues addressed in this statement are both complex and controversial. They are ethical issues in that they touch on what professions and those whose purports of good will are concerned of or disagree about the right thing to do when someone's life, health or well-being is threatened by disease or illness. Because everyone's needs, values and preferences are different, and because disagreements can arise from many sources, policies for preventing and resolving conflicts should be flexible enough to accommodate a wide range of situations.

Disagreements about health care decisions can arise because of one or more of the following: the person receiving care, provider, family members, care providers and administrators of health care facilities, facilities or agencies. This joint statement deals primarily with conflicts between the person receiving care, or his or her proxy, and care providers. It offers guidance for the development of policies for preventing and resolving ethical conflicts about the appropriate nature of including, excluding, withdrawing or withdrawing care or treatment. It outlines the basic principles to be taken into account in the development of such policies as well as the steps that should be followed in resolving conflicts. The sponsors of this statement encourage health care institutions, facilities and agencies to develop policies to deal with these and other types of conflict, for example, those that sometimes arise among care providers.

Principles of the therapeutic relationship¹

Good therapeutic relationships are centered on the needs and informed choices of the person receiving care. Such relationships are based on respect and mutual giving and receiving. Observation of the following principles will promote good therapeutic relationships and help to prevent conflicts about the goals and means of care.

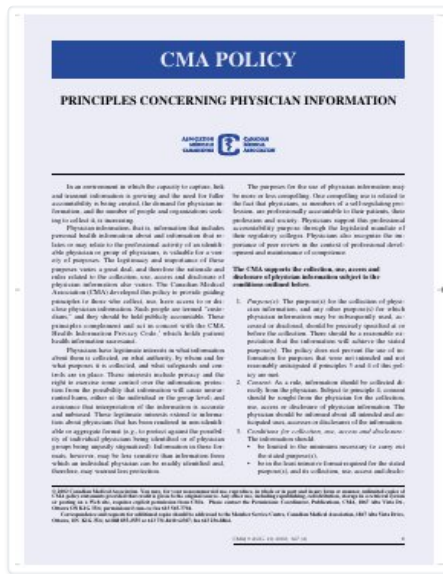
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Principles concerning physician information

<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



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

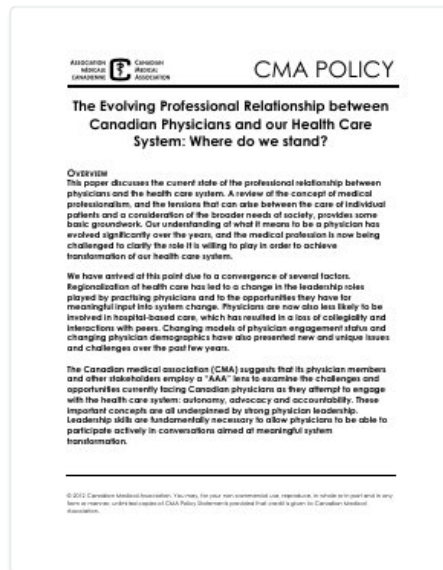


The evolving professional relationship between Canadian physicians and our health care system: Where do we stand?

<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

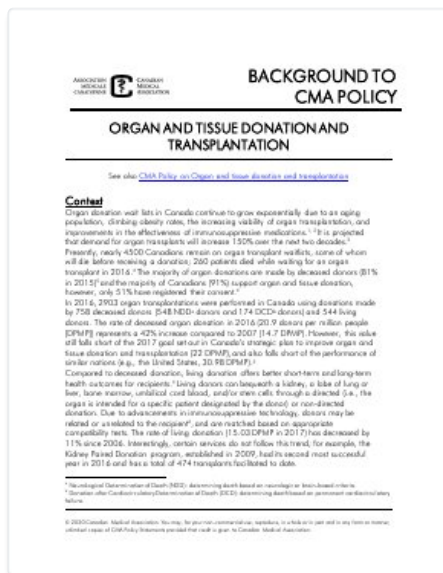
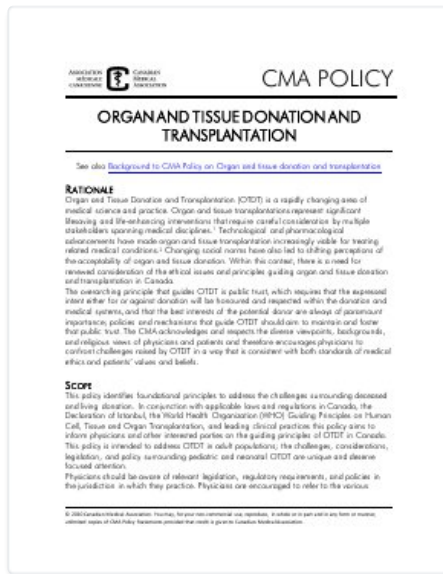


Organ and tissue donation and transplantation

<https://policybase.cma.ca/link/policy14126>

POLICY TYPE	Policy document
DATE	2019-12-07
REPLACES	Organ and tissue donation and transplantation (update 2015)
TOPICS	Ethics and medical professionalism Health care and patient safety

Documents



Equity and diversity in medicine

<https://policybase.cma.ca/link/policy14127>

POLICY TYPE	Policy document
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Documents


CMA POLICY

EQUITY AND DIVERSITY IN MEDICINE

See also [Background to CMA Policy on Equity and Diversity in Medicine](#)

A. RATIONALE


The objective of this policy is to provide guidance to physicians and institutions by identifying a set of guiding principles and commitments to promote equity and diversity in medicine (as defined in the Guiding Principles section). We address equity and diversity in medicine to improve circumstances and opportunities for all physicians and learners as part of our efforts to create a safe, inclusive, and health-promoting culture and practice of medicine, and in recognition that individual protection from bias and discrimination is a fundamental right of all Canadians.

To achieve this, we must rectify inequities, bias, and discrimination in learning and practice environments. By embracing the principles of equity and diversity, we can systematically address root causes and reduce structural barriers faced by those who have been excluded from participation in the medical profession or deprived of the opportunity once practicing medicine because of their ethnicity, gender, ability, or other group-identifying characteristics. This requires that we all work towards fundamental shifts in power structures and power dynamics that perpetuate systemic and structural inequities, systemic discrimination, and systemic racism.

The principles of equity and diversity, and the corresponding duty to commit to anti-racism efforts, are grounded in the fundamental commitment of the medical profession to respect for persons. This commitment recognizes that everyone has equal and inherent worth, has the right to be valued and respected, and to be treated with dignity. When we address equity and diversity, we are opening the conversation to include the voices and knowledge of those who have historically been under-represented and/or marginalized. It is a practice of empowerment—where a person can engage with and take action on issues they define as important. Empowerment involves meaningful and meaningful participation that fosters belonging in the profession and drives an community support.

As part of equity and diversity frameworks, inclusion is often articulated to refer to strategies used to increase an individual's ability to contribute fully and effectively to organizational structures and processes. Inclusion strategies are specific organizational practices or programs focused on encouraging the involvement and participation of individuals from diverse backgrounds to integrate and value their perspectives in

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BACKGROUND TO CMA POLICY

EQUITY AND DIVERSITY IN MEDICINE

See also [CMA Policy on Equity and Diversity in Medicine](#)

RATIONALE

DEFINING EQUITY AND DIVERSITY

Equity means the treatment of people that recognizes and accommodates their differences by ensuring that every individual is provided with what they need to thrive, which may differ from the needs of others. It is a state in which all members of society have similar chances to become socially active, politically influential, and economically productive through the absence of avoidable or remediable differences among groups of people (defined socially, economically, demographically, or geographically). Equity in medicine is achieved when every person has the opportunity, with their own identity, culture, and characteristics, to create and sustain a career or, or receive care from, a medical professional without discrimination or any other cultural or characteristic-related negative bias or barrier.

Diversity describes those differences between people as articulated in their interactions with others in practice, learning, and social contexts. Diversity includes those (observable and non-observable) characteristics which are constructed—and sometimes chosen—by individuals, groups, and societies to identify themselves (e.g., age, culture, religion, language, gender, sexuality, health, socio-economic, and family status, geography) in different contexts. These characteristics may describe individuals in relation to others in those contexts. While identity informs perspectives and approaches, it does not mean that there will be the same for all people who share specific characteristics.

As part of equity and diversity frameworks, inclusion is often articulated to refer to strategies used to increase an individual's ability to contribute fully and effectively to organizational structures and processes. Inclusion strategies are specific organizational practices or programs focused on encouraging the involvement and participation of individuals from diverse backgrounds to integrate and value their perspectives in decision-making processes. Robust processes for inclusion are a vehicle to achieving equity and diversity. Thus, the process of inclusion can be understood to be positioned at the heart of the overarching principles of equity and diversity.

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CMA STATEMENT ON EQUITY AND DIVERSITY IN MEDICINE

What it is
 The objective of this policy is to provide guidance to physicians and institutions by identifying a set of guiding principles and commitments to promote equity and diversity in medicine. We address equity and diversity in medicine to improve circumstances and opportunities for all physicians and learners as part of our efforts to create a more collaborative and respectful culture and practice of medicine.

Why it matters
 All Canadians have a fundamental right to individual protection from discrimination and bias. By enhancing equity and diversity, we can optimally address the root causes that lead to structural inequities and reduce discrimination and bias faced by both those who want to enter the medical profession and those practicing medicine. Promoting equity and diversity fosters a just profession and learning culture that cultivates the diverse perspectives within it, reflects the communities physicians serve, and promotes professional excellence and social accountability, as enshrined in our core values. Evidence indicates that where more equity and diversity in medicine is achieved, physicians experience greater career satisfaction, health and wellness, and a sense of solidarity with the profession. Concurrently, patients experience improved care and a more responsive and adaptable health care system. A clear set of principles and commitments demonstrates that we hold ourselves accountable to recognizing and challenging behaviours, practices, and conditions that hinder equity and diversity and to promoting those that will achieve these goals.

This Statement is based on the [CMA Policy on Equity and Diversity in Medicine and Background Document](#). It is consistent with the [CMA Code of Ethics and Professionalism](#) and the [CMA Charter of Shared Values](#) and draws to be in the spirit of the recommendations relevant to health made in the report of [The Truth and Reconciliation Commission of Canada](#).

GUIDING PRINCIPLES

Respect for persons
 The principles of equity and diversity are grounded in the fundamental commitment of the medical profession to respect for persons. Respect for persons means that everyone has equal and inherent worth, has the right to be valued and respected, and to be treated with dignity.

Empowerment
 When we address equity and diversity we are opening the conversation to include the voices and knowledge of those who have historically been under-represented and/or marginalized. It is a process of empowerment—where a person can engage with and take action on issues they believe are important. Empowerment involves a meaningful shift in experience that factors belonging in the profession.

Solidarity
 Solidarity means standing alongside others by recognizing our commonality, shared vulnerabilities and goals, and interdependence. It is enacted through collective action and aims to show solidarity within the profession means making a personal commitment to recognizing others as equals, cultivating respectful, open, and transparent dialogue and relationships and role modelling this behaviour.

ASSOCIATION OF MEDICAL DIVERSITY CANADIAN MEDICAL ASSOCIATION

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

ASSOCIATION OF MEDICAL DIVERSITY CANADIAN MEDICAL ASSOCIATION

CMA POLICY

PALLIATIVE CARE

Introduction

Palliative care is an approach that aims to relieve suffering and improve the quality of life of those facing life-limiting acute or chronic conditions by means of early identification, assessment, treatment of pain and other symptoms and support of all physical, emotional and spiritual needs. It may coexist with other goals of care, such as prevention, treatment and management of chronic conditions, or it may be the sole focus of care.

General principles

Goals

1. All Canadian residents should have access to comprehensive, quality palliative care services regardless of age, care setting, diagnosis, ethnicity, language and financial status.
2. The Canadian Medical Association (CMA) declares that its members should adhere to the principles of palliative care whereby relief of suffering and quality of living care valued equally to other goals of medicine.
3. The CMA believes that all health care professionals should have access to referral for palliative care services and expertise.
4. The CMA supports the integration of the palliative care approach into the management of life-limiting acute and chronic disease.¹
5. The CMA advocates for the integration of accessible, quality palliative care services into acute, community and chronic care service delivery models that align with patient and family needs.
6. The CMA supports the implementation of a shared care model, emphasizing collaboration and open communication among physicians and other health care professionals.²
7. The CMA recognizes that the practice of assisted dying as defined by the Supreme Court of Canada is distinct from the practice of palliative care.

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Framework for Ethical Decision Making During the Coronavirus Pandemic

<https://policybase.cma.ca/link/policy14133>

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