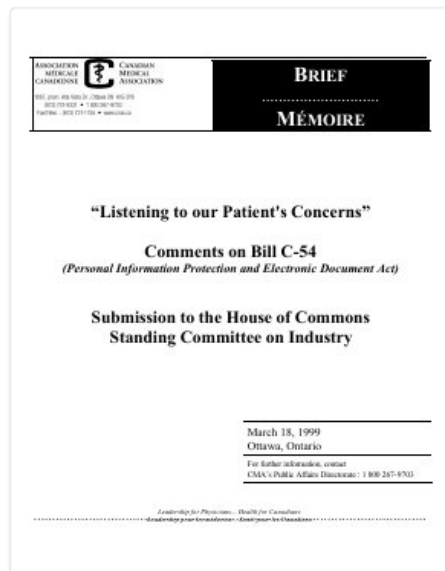


Listening to our Patient's Concerns : Comments on Bill C 54 (Personal Information Protection and Electronic Document Act) : Submission to the House of Commons Standing Committee on Industry

<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

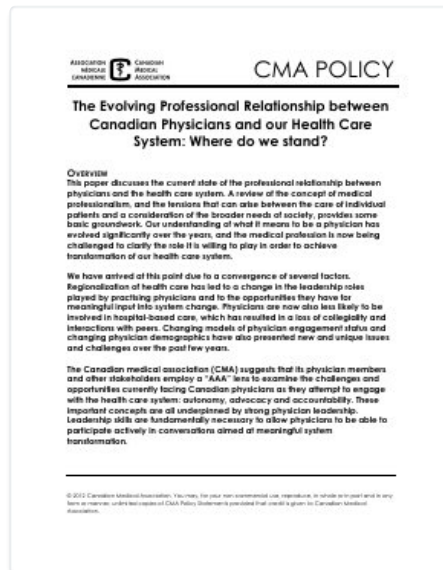


The evolving professional relationship between Canadian physicians and our health care system: Where do we stand?

<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



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

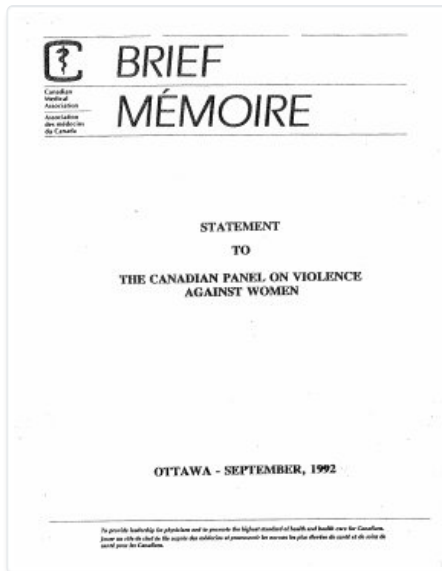


Statement to the Canadian panel on violence against women Ottawa - September, 1992

<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

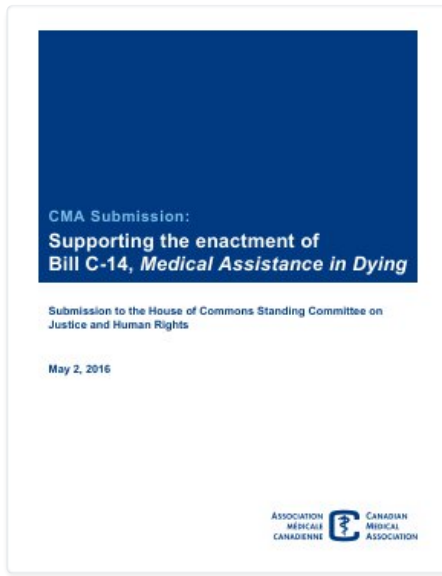


Supporting the enactment of Bill C-14, Medical Assistance in Dying

<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



Standing Committee on Health's study on violence faced by healthcare workers

<https://policybase.cma.ca/link/policy14052>

POLICY TYPE	Parliamentary submission
DATE	2019-05-14
TOPICS	Health care and patient safety Ethics and medical professionalism Health human resources Physician practice, compensation, forms

Documents

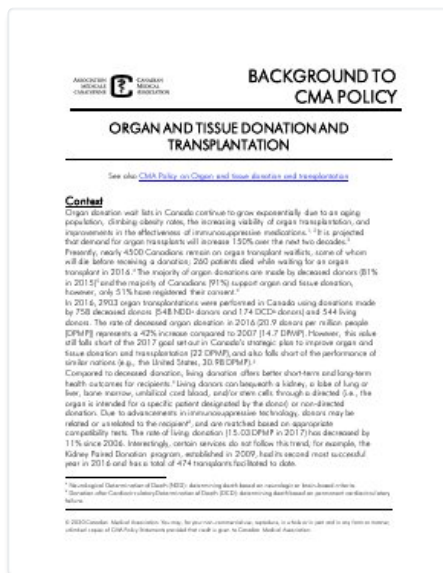
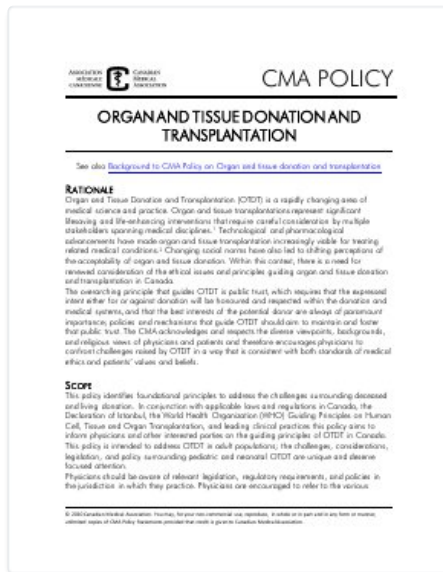


Organ and tissue donation and transplantation

<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 reject 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 inclusive participation that takes 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 as, 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 reflected 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 evidence to better serve patients. 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 serves 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.



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
CANADIAN
MEDICAL
STUDENTS

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.

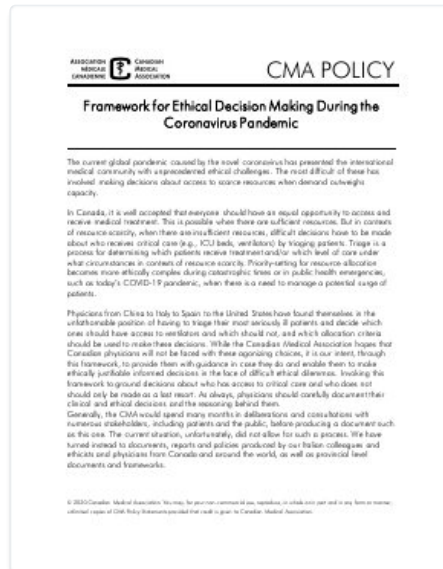
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Framework for Ethical Decision Making During the Coronavirus Pandemic

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

POLICY TYPE	Policy document
DATE	2020-04-01
TOPICS	Ethics and medical professionalism Health care and patient safety

Documents

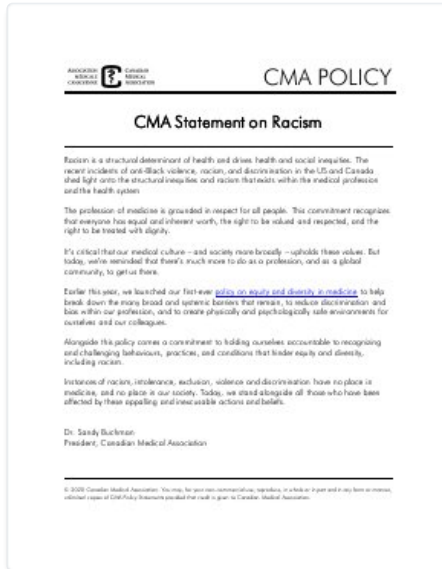


CMA Statement on Racism

<https://policybase.cma.ca/link/policy14245>

POLICY TYPE	Policy document
DATE	2020-06-02
TOPICS	Ethics and medical professionalism Health care and patient safety

Documents



Committee Appearance – Senate Legal and Constitutional Affairs Committee: Bill C-7 – An Act to Amend the Criminal Code (medical assistance in dying)

<https://policybase.cma.ca/link/policy14380>

POLICY TYPE	Parliamentary submission
DATE	2020-11-23
TOPICS	Ethics and medical professionalism

Documents

Committee Appearance –
Senate Legal and Constitutional
Affairs Committee:

Bill C-7 – An Act to Amend the
Criminal Code (medical
assistance in dying)

November 23, 2020



Vaccine certificates

<https://policybase.cma.ca/link/policy14448>

POLICY TYPE	Policy document
DATE	2021-08-21
TOPICS	Population health, health equity, public health Ethics and medical professionalism

Documents



Global vaccine equity

<https://policybase.cma.ca/link/policy14451>

POLICY TYPE

Policy document

DATE

2021-08-21

TOPICS

Ethics and medical professionalism

Population health, health equity, public health

Documents



Guidelines for physicians in interactions with industry / Recommendations for physician innovators

<https://policybase.cma.ca/link/policy14454>

POLICY TYPE	Policy document
DATE	2021-08-21
REPLACES	PD08-01 Guidelines for Physicians in Interactions with Industry
TOPICS	Ethics and medical professionalism

Documents

This thumbnail shows the top portion of the 'Guidelines for physicians in interactions with industry' document. It features the CMA logo at the top, followed by the title 'Guidelines for physicians in interactions with industry' and a sub-header 'CMA POLICY'. Below the title, there is a link to a companion policy: 'See also companion policy [Recommendations for physician innovators](#)'. The main text begins with a paragraph discussing the evolving physician-industry relationships in a complex health care landscape, mentioning the roles of industry in medical practice, research, and education, and the importance of appropriate interactions for patient, society, and physician benefit.

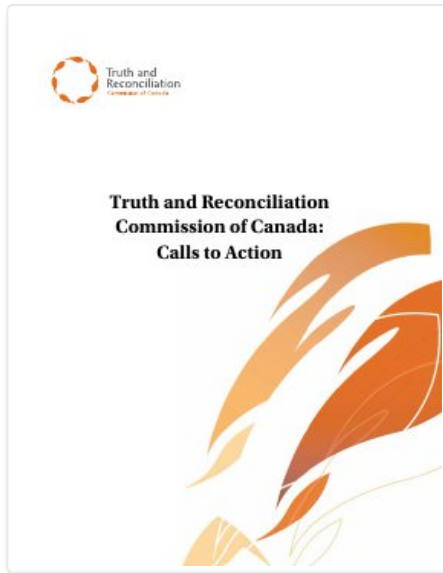
This thumbnail shows the top portion of the 'Recommendations for Physician Innovators' document. It features the CMA logo at the top, followed by the title 'Recommendations for Physician Innovators' and a sub-header 'CMA POLICY'. Below the title, there is a link to the companion policy: 'See also CMA Policy [Guidelines for physicians in interactions with industry](#)'. The main text begins with a paragraph discussing the increasing role of physicians in medical innovation and entrepreneurship, and the risks that arise from this intersection. It then states the purpose of the document: 'This document provides recommendations to help guide physician innovators across the career lifecycle in navigating their roles as medical professionals who are also directly engaged in medical and health care innovation.' The document is identified as a companion to the 'Guidelines for Physicians in Interactions with Industry (GPI)'. A footnote at the bottom defines 'In this recommendation, industry refers to health-related industries, which include, but are not limited to, manufacturers, distributors, or suppliers of pharmaceuticals, therapeutic, medical devices and supplies, health care products and services, software and medical devices and services, telemedicine, information technologies including software tools for the management of patient data, records, and treatment, and products that may be understood as being a critical to health benefit.'

Truth and Reconciliation Commission of Canada: Calls to Action

<https://policybase.cma.ca/link/policy14459>

POLICY TYPE	Policy endorsement
DATE	2021-08-21
TOPICS	Ethics and medical professionalism

Documents



Canada's doctors and nurses urgently calling for federal measures to address Canada's health workforce crisis

<https://policybase.cma.ca/link/policy14460>

POLICY TYPE Parliamentary submission
DATE 2021-11-09
TOPICS Ethics and medical professionalism

Documents



New Criminal Code offence to protect health workers from threats and violence, including online

<https://policybase.cma.ca/link/policy14463>

POLICY TYPE Parliamentary submission
DATE 2021-11-16
TOPICS Population health, health equity, public health
Ethics and medical professionalism

Documents



Canadian Medical Association input in advance of the World Health Assembly Special Session

<https://policybase.cma.ca/link/policy14461>

POLICY TYPE Parliamentary submission
DATE 2021-11-17
TOPICS Population health, health equity, public health
Ethics and medical professionalism

Documents

