

# 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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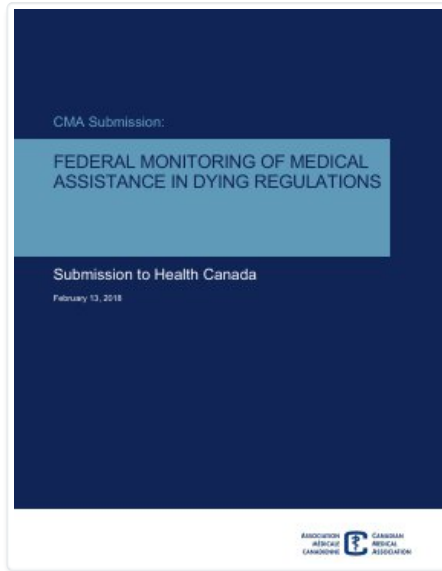
# Federal monitoring of medical assistance in dying regulations

<https://policybase.cma.ca/link/policy13856>

POLICY TYPE	Response to consultation
DATE	2018-02-13
TOPICS	Ethics and medical professionalism

## Documents

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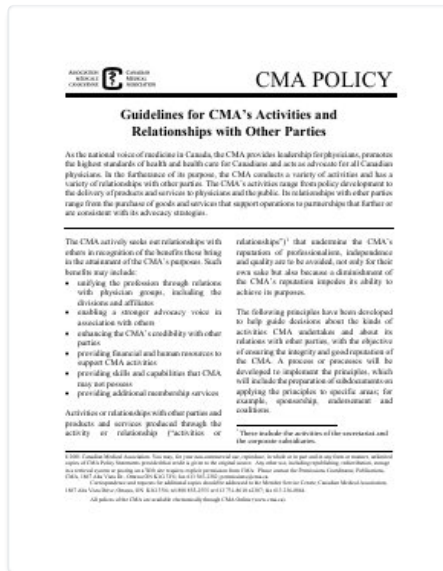


# Guidelines for CMA's activities and relationships with other parties

<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 environment in which medicine is practiced 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 physicians 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 clearly 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, family doctors and that peers for their recommendations, ultimately patients are clinical autonomy supported by government and administrative, industry, public, or private, are not in the best interests of patients, perhaps because they can change the treatment in an unusual circumstance of the patient-physician relationship. Community 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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ASSOCIATION** **FE06/02**

# 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

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# 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 Medical Association**

**CMA Policy Endorsement Guidelines ("Substitutes")** **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. Refer to the relevant staff or use their discretion and judgment.

**2. Definition**  
Endorsement is an umbrella term encompassing "policy endorsement", "sponsorship" and "lending".  
Policy endorsement includes:  
(a) CMA endorsing any public report, non-proprietary public opinion or, 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 policy<sup>1</sup> (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 it 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 organization<sup>2</sup>, 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 reference to the document as being an adopted policy (as indicated).  
(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.

<sup>1</sup> Requests must, in order to be eligible for consideration, include the use of CMA's name and logo, after registration, consent, and must be made from an appropriate authority or their person. This does not apply, where there is no explicit repudiation of intent.  
<sup>2</sup> This is part of the definition of endorsement.  
<sup>3</sup> This is part of the definition of endorsement.


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# 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 Toussaint.

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 irregular 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 irregular 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 Toussaint 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, PhD, MD, Canadian, McMaster University, Hamilton ON  
Michaela Breen, MD, Psychiatrist, Toronto ON  
Rishi Goel, MD, Family Physician, Toronto ON