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

CMA's Submission to the Senate Standing Committee on Transport and Communications

Bill S-4: An Act to amend the Personal Information Protection and Electronic Documents Act and to make a consequential amendment to another Act

June 9, 2014

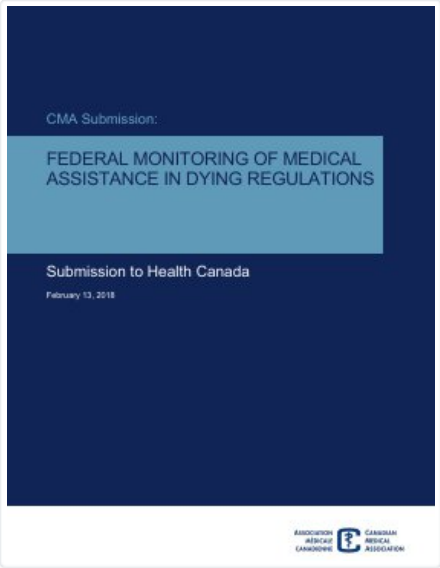
Submitted by: Canadian Medical Association

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

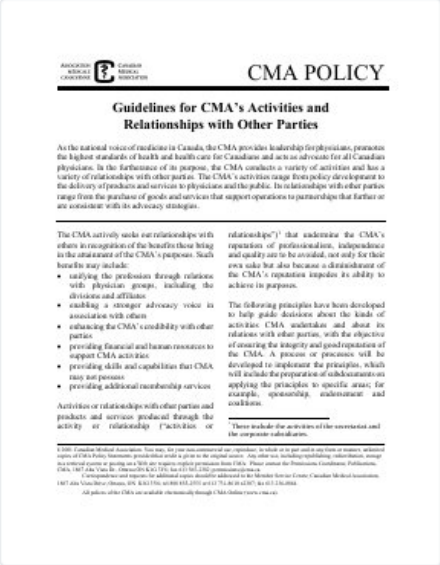


Guidelines for CMA's activities and relationships with other parties

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



CMA POLICY

Guidelines for CMA's Activities and Relationships with Other Parties

As the national voice of medicine in Canada, the CMA provides leadership for physicians, promotes the highest standards of health and health care for Canadians and acts as advocate for all Canadian physicians. In the furtherance of its purpose, the CMA conducts a variety of activities and has a variety of relationships with other parties. The CMA's activities range from policy development to the delivery of products and services to physicians and the public. Its relationships with other parties range from the purchase of goods and services that support operations to partnerships that further or are consistent with its advocacy strategies.

The CMA actively seeks out relationships with others in recognition of the benefits these bring in the attainment of the CMA's purposes. Such benefits may include:

- unifying the profession through relations with physician groups, including the divisions and affiliates
- enabling a stronger advocacy voice in association with others
- enhancing the CMA's credibility with other parties
- providing financial and human resources to support CMA activities
- providing skills and capabilities that CMA may not possess
- providing additional membership services

Activities or relationships with other parties and products and services produced through the activity or relationship ("activities or relationships")[1] that undermine the CMA's reputation of professionalism, independence and quality are to be avoided, not only for their own sake but also because a diminishment of the CMA's reputation impedes its ability to achieve its purposes.

The following principles have been developed to help guide decisions about the kinds of activities CMA undertakes and about its relations with other parties, with the objective of ensuring the integrity and good reputation of the CMA. A process or processes will be developed to implement the principles, which will include the preparation of subdocuments on applying the principles to specific areas; for example, sponsorship, endorsement and coalitions.

[1] These include the activities of the secretariats and the corporate subsidiaries.

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)

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

BEST PRACTICES FOR SMARTPHONE AND SMART-DEVICE CLINICAL PHOTO TAKING AND SHARING

BACKGROUND

Clinical photography is a valuable tool for physicians. Smartphones, as well as other devices supporting network connectivity, offer a convenient, efficient method to take and share images. However, due to the private nature of the information contained in clinical photographs there are concerns as to the appropriate storage, dissemination, and documentation of clinical images. Confidentiality of image data must be considered and the dissemination of these images onto servers must respect the privacy and rights of the patient. Importantly, patient information should be considered as any information deriving from a patient, and the concepts outlined therefore apply to any media that can be collected on, or transmitted with, a smart-device.

Clinical photography can aid in documenting form and function, in tracking conditions and wound healing, in planning surgical operations, and in clinical decision-making. Additionally, clinical photographs can provide physicians with a valuable tool for patient communication and education. Due to the convenience of this type of technology it is not appropriate to expect physicians to forego their use in providing their patients with the best care available.

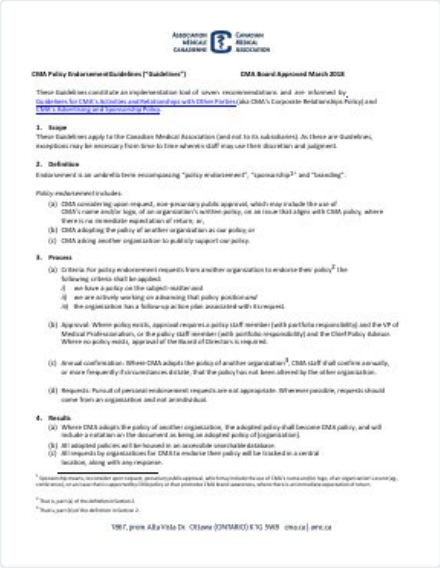
The technology and software required for secure transfer, communication, and storage of clinical media is presently available, but many devices have non-secure storage/dissemination options enabled and lack user-control for permanently deleting digital files. In addition, data uploaded onto server systems commonly cross legal jurisdictions. Many physicians are not comfortable with the practice, citing security, privacy, and confidentiality concerns as well as uncertainty in regards to regional regulations governing this practice. Due to concern for patient privacy and confidentiality it is therefore incredibly important to limit the insecure or undocumented acquisition or dissemination of clinical photographs.

CMA Policy Endorsement Guidelines

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

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

Documents

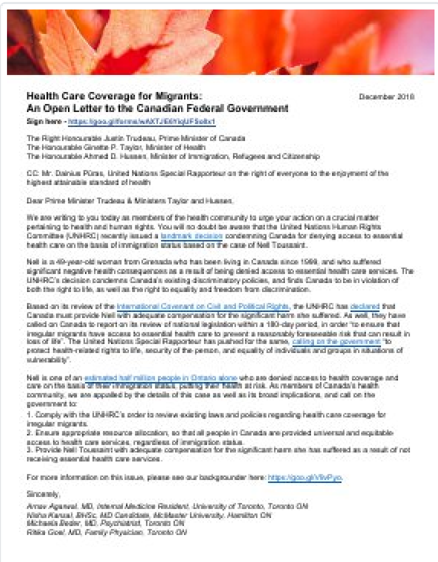


Health Care Coverage for Migrants: An Open Letter to the Canadian Federal Government

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 - [illegible]

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

CC: Mr. Dainius Pūras, 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 Hussen,

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 decision 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 well, 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 pushed for the same, calling 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 this 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 backgrounder here: [illegible]

Sincerely,

Arnav Agarwal, MD, Internal Medicine Resident, University of Toronto, Toronto ON
Nisha Kansal, BHSc, MD Candidate, McMaster University, Hamilton ON
Michaela Beder, MD, Psychiatrist, Toronto ON
Ritika Goel, MD, Family Physician, Toronto ON