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

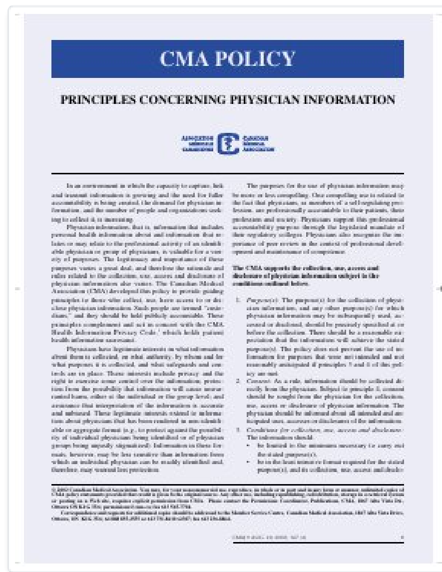
Documents

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


CMA POLICY

PRINCIPLES CONCERNING PHYSICIAN INFORMATION

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

CMA POLICY

THE FUTURE OF MEDICINE

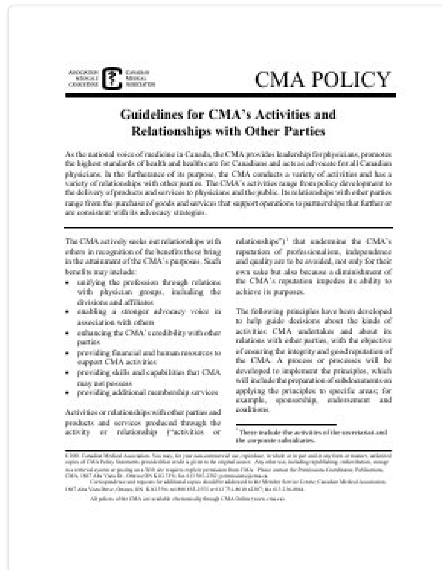
CMA Policy Index

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 secretariat 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

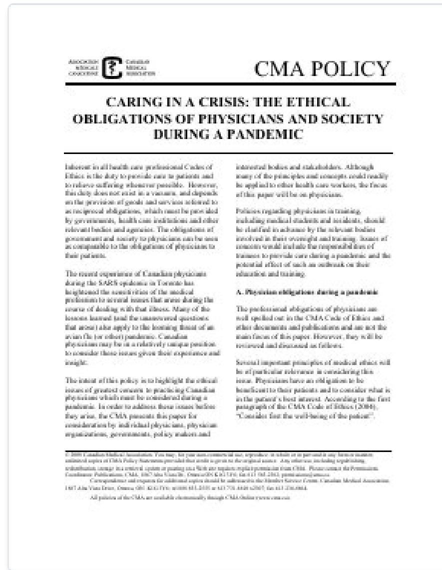
(Update 2005)

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



CMA POLICY

CARING IN A CRISIS: THE ETHICAL OBLIGATIONS OF PHYSICIANS AND SOCIETY DURING A PANDEMIC

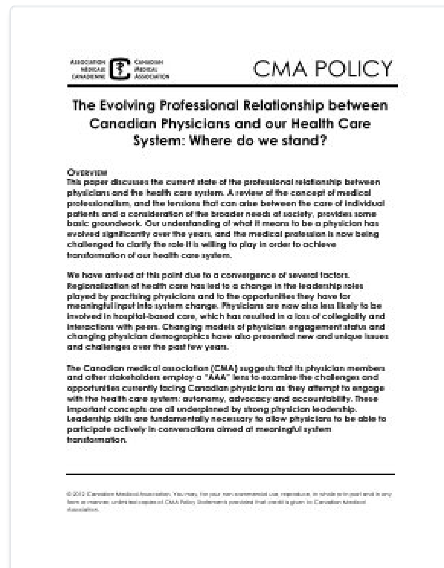
A. Physician obligations during a pandemic

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



Association Médicale Canadienne | Canadian Medical Association

CMA POLICY

The Evolving Professional Relationship between Canadian Physicians and our Health Care System: Where do we stand?

Overview

This paper discusses the current state of the professional relationship between physicians and the health care system. A review of the concept of medical professionalism, and the tensions that can arise between the care of individual patients and a consideration of the broader needs of society, provides some basic groundwork. Our understanding of what it means to be a physician has evolved significantly over the years, and the medical profession is now being challenged to clarify the role it is willing to play in order to achieve transformation of our health care system.

We have arrived at this point due to a convergence of several factors. Regionalization of health care has led to a change in the leadership roles played by practising physicians and to the opportunities they have for meaningful input into system change. Physicians are now also less likely to be involved in hospital-based care, which has resulted in a loss of collegiality and interactions with peers. Changing models of physician engagement status and changing physician demographics have also presented new and unique issues and challenges over the past few years.

The Canadian medical association (CMA) suggests that its physician members and other stakeholders employ a "AAA" lens to examine the challenges and opportunities currently facing Canadian physicians as they attempt to engage with the health care system: autonomy, advocacy and accountability. These important concepts are all underpinned by strong physician leadership. Leadership skills are fundamentally necessary to allow physicians to be able to participate actively in conversations aimed at meaningful system transformation.

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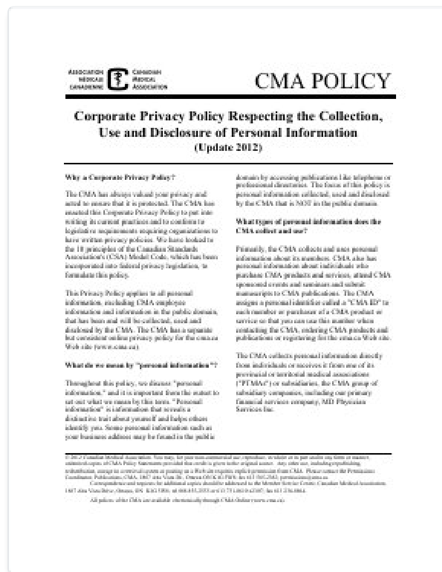
Corporate privacy policy respecting the collection, use and disclosure of personal information (Update 2012)

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



ASSOCIATION MÉDICALE CANADIENNE CANADIAN MEDICAL ASSOCIATION

CMA POLICY

Corporate Privacy Policy Respecting the Collection, Use and Disclosure of Personal Information
(Update 2012)

Why a Corporate Privacy Policy?

The CMA has always valued your privacy and acted to ensure that it is protected. The CMA has created this Corporate Privacy Policy to put into writing its current practices and to conform to legislative requirements requiring organizations to have written privacy policies. We have looked to the 10 principles of the Canadian Standards Association's (CSA) Model Code, which has been incorporated into federal privacy legislation, to formulate this policy.

This Privacy Policy applies to all personal information, excluding CMA employee information and information in the public domain, that has been and will be collected, used and disclosed by the CMA. The CMA has a separate but consistent online privacy policy for the cma.ca Web site (www.cma.ca).

What do we mean by "personal information"?

Throughout this policy, we discuss "personal information," and it is important from the outset to set out what we mean by this term. "Personal information" is information that reveals a distinctive trait about yourself and helps others identify you. Some personal information such as your business address may be found in the public domain by accessing publications like telephone or professional directories. The focus of this policy is personal information collected, used and disclosed by the CMA that is NOT in the public domain.

What types of personal information does the CMA collect and use?

Primarily, the CMA collects and uses personal information about its members. CMA also has personal information about individuals who purchase CMA products and services, attend CMA sponsored events and seminars and submit manuscripts to CMA publications. The CMA assigns a personal identifier called a "CMA ID" to each member or purchaser of a CMA product or service so that you can use this number when contacting the CMA, ordering CMA products and publications or registering for the cma.ca Web site.

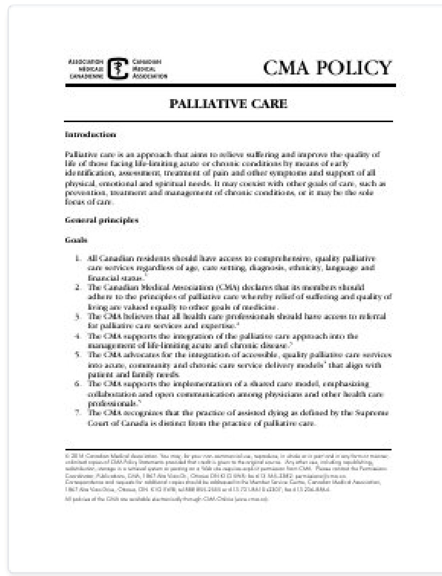
The CMA collects personal information directly from individuals or receives it from one of its provincial or territorial medical associations ("PTMAs") or subsidiaries, the CMA group of subsidiary companies, including our primary financial services company, MD Physician Services Inc.

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



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

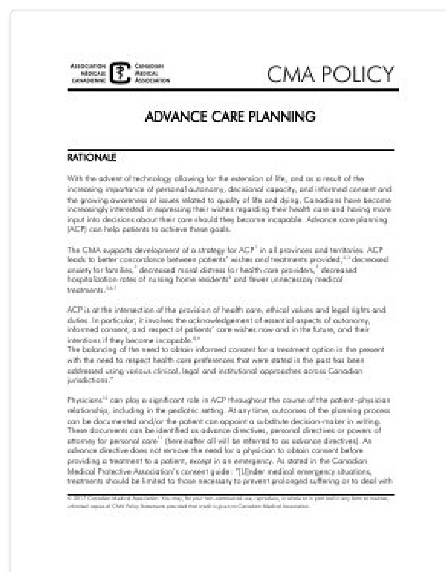
1. All Canadian residents should have access to comprehensive, quality palliative care services regardless of age, care setting, diagnosis, ethnicity, language and financial status.
2. The Canadian Medical Association (CMA) declares that its members should adhere to the principles of palliative care whereby relief of suffering and quality of living are 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.
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.
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.

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



CMA POLICY

ADVANCE CARE PLANNING

RATIONALE

With the advent of technology allowing for the extension of life, and as a result of the increasing importance of personal autonomy, decisional capacity, and informed consent and the growing awareness of issues related to quality of life and dying, Canadians have become increasingly interested in expressing their wishes regarding their health care and having more input into decisions about their care should they become incapable. Advance care planning (ACP) can help patients to achieve these goals.

The CMA supports development of a strategy for ACP[1] in all provinces and territories. ACP leads to better concordance between patients' wishes and treatments provided,[2,3] decreased anxiety for families,[4] decreased moral distress for health care providers,[4] decreased hospitalization rates of nursing home residents[5] and fewer unnecessary medical treatments.[3,6,7]

ACP is at the intersection of the provision of health care, ethical values and legal rights and duties. In particular, it involves the acknowledgement of essential aspects of autonomy, informed consent, and respect of patients' care wishes now and in the future, and their intentions if they become incapable.[8,9]
The balancing of the need to obtain informed consent for a treatment option in the present with the need to respect health care preferences that were stated in the past has been addressed using various clinical, legal and institutional approaches across Canadian jurisdictions.[10]

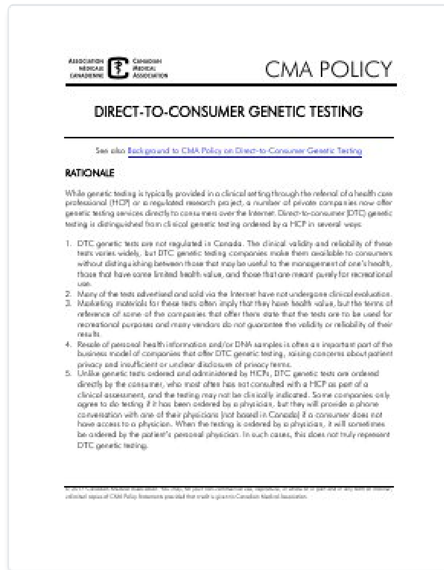
Physicians[12] can play a significant role in ACP throughout the course of the patient–physician relationship, including in the pediatric setting. At any time, outcomes of the planning process can be documented and/or the patient can appoint a substitute decision-maker in writing. These documents can be identified as advance directives, personal directives or powers of attorney for personal care[11] (hereinafter all will be referred to as advance directives). An advance directive does not remove the need for a physician to obtain consent before providing a treatment to a patient, except in an emergency. As stated in the Canadian Medical Protective Association's consent guide: "[U]nder medical emergency situations, treatments should be limited to those necessary to prevent prolonged suffering or to deal with

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



ASSOCIATION MÉDICALE CANADIENNE · CANADIAN MEDICAL ASSOCIATION

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. Resale 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 conversation 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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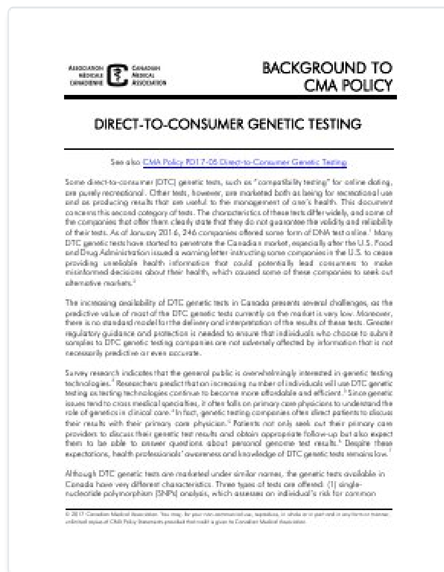

ASSOCIATION MÉDICALE CANADIENNE · CANADIAN MEDICAL ASSOCIATION

BACKGROUND TO CMA POLICY

DIRECT-TO-CONSUMER GENETIC TESTING

See also CMA Policy PD17-05 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 this 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.[1] Many DTC genetic tests have started to penetrate 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 misinformed decisions about their health, which caused some of these companies to seek out alternative markets.[2]

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.[3] Researchers predict that an increasing number of individuals will use DTC genetic testing as testing technologies continue to become more affordable and efficient.[3] Since genetic issues tend to cross medical specialties, it often falls on primary care physicians to understand the role of genetics in clinical care.[4] In fact, genetic testing companies often direct patients to discuss their results with their primary care physician.[5] 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.[6] Despite these expectations, health professionals' awareness and knowledge of DTC genetic tests remains low.[7]

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 (SNPs) analysis, which assesses an individual's risk for common

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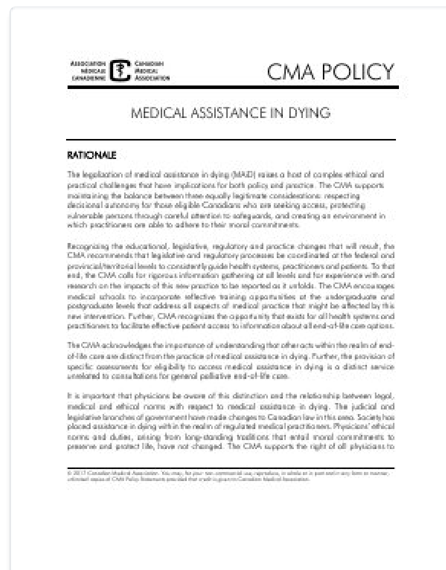
Medical assistance in dying

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



CMA POLICY

MEDICAL ASSISTANCE IN DYING

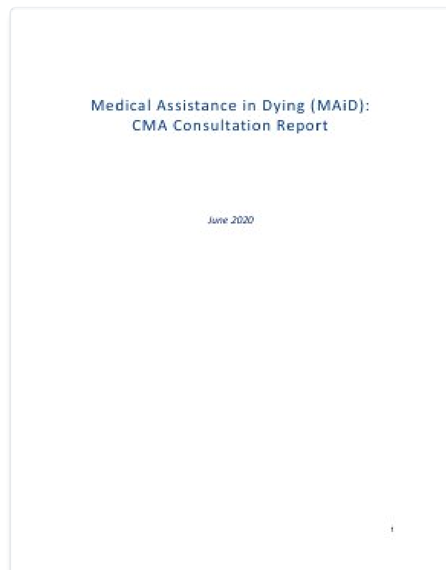
RATIONALE

The legalization of medical assistance in dying (MAiD) raises a host of complex ethical and practical challenges that have implications for both policy and practice. The CMA supports maintaining the balance between three equally legitimate considerations: respecting decisional autonomy for those eligible Canadians who are seeking access, protecting vulnerable persons through careful attention to safeguards, and creating an environment in which practitioners are able to adhere to their moral commitments.

Recognizing the educational, legislative, regulatory and practice changes that will result, the CMA recommends that legislative and regulatory processes be coordinated at the federal and provincial/territorial levels to consistently guide health systems, practitioners and patients. To that end, the CMA calls for rigorous information gathering at all levels and for experience with and research on the impacts of this new practice to be reported as it unfolds. The CMA encourages medical schools to incorporate effective training opportunities at the undergraduate and postgraduate levels that address all aspects of medical practice that might be affected by this new intervention. Further, CMA recognizes the opportunity that exists for all health systems and practitioners to facilitate effective patient access to information about all end-of-life care options.

The CMA acknowledges the importance of understanding that other acts within the realm of end-of-life care are distinct from the practice of medical assistance in dying. Further, the provision of specific assessments for eligibility to access medical assistance in dying is a distinct service unrelated to consultations for general palliative end-of-life care.

It is important that physicians be aware of this distinction and the relationship between legal, medical and ethical norms with respect to medical assistance in dying. The judicial and legislative branches of government have made changes to Canadian law in this area. Society has placed assistance in dying within the realm of regulated medical practitioners. Physicians' ethical norms and duties, arising from long-standing traditions that entail moral commitments to preserve and protect life, have not changed. The CMA supports the right of all physicians to



Medical Assistance in Dying (MAiD): CMA Consultation Report

June 2020

Physician health

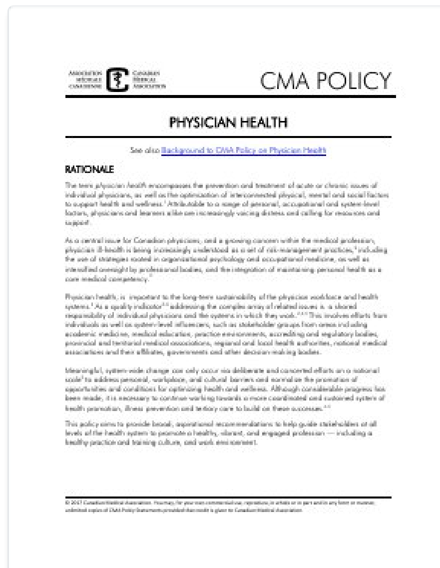
https://policybase.cma.ca/link/policy13739

POLICY TYPE	Policy document
DATE	2017-10-21

REPLACES PD98-04 Physician health and well-being

TOPICS Health human resources
Ethics and medical professionalism

Documents

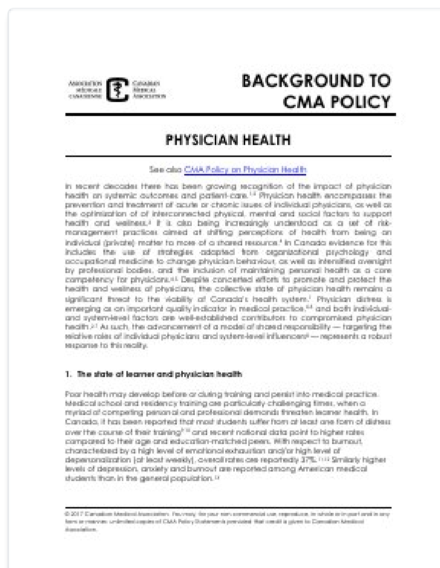


CMA POLICY

PHYSICIAN HEALTH

See also Background to CMA Policy on Physician Health

RATIONALE



BACKGROUND TO CMA POLICY

PHYSICIAN HEALTH

See also CMA Policy on Physician Health

1. The state of learner and physician health

CMA STATEMENT ON PHYSICIAN HEALTH AND WELLNESS

Guiding Principles and Commitments for a Vibrant Profession

What it is

Why it matters

GUIDING PRINCIPLES

A broader understanding of physician health

Physician health as a quality indicator

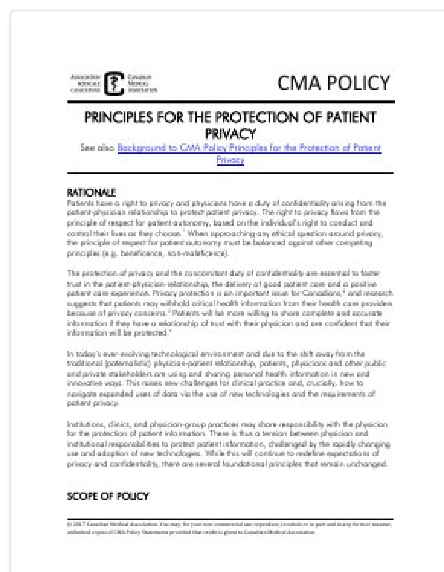
Physician health as a shared responsibility

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



CMA POLICY

PRINCIPLES FOR THE PROTECTION OF PATIENT PRIVACY

See also Background to CMA Policy Principles for the Protection of Patient Privacy

RATIONALE

Patients have a right to privacy and physicians have a duty of confidentiality arising from the patient-physician relationship to protect patient privacy. The right to privacy flows from the principle of respect for patient autonomy, based on the individual's right to conduct and control their lives as they choose.[1] When approaching any ethical question around privacy, the principle of respect for patient autonomy must be balanced against other competing principles (e.g. beneficence, non-maleficence).

The protection of privacy and the concomitant duty of confidentiality are essential to foster trust in the patient-physician-relationship, the delivery of good patient care and a positive patient care experience. Privacy protection is an important issue for Canadians,[2] and research suggests that patients may withhold critical health information from their health care providers because of privacy concerns.[3] Patients will be more willing to share complete and accurate information if they have a relationship of trust with their physician and are confident that their information will be protected.[4]

In today's ever-evolving technological environment and due to the shift away from the traditional (paternalistic) physician-patient relationship, patients, physicians and other public and private stakeholders are using and sharing personal health information in new and innovative ways. This raises new challenges for clinical practice and, crucially, how to navigate expanded uses of data via the use of new technologies and the requirements of patient privacy.

Institutions, clinics, and physician-group practices may share responsibility with the physician for the protection of patient information. There is thus a tension between physician and institutional responsibilities to protect patient information, challenged by the rapidly changing use and adoption of new technologies. While this will continue to redefine expectations of privacy and confidentiality, there are several foundational principles that remain unchanged.

SCOPE OF POLICY

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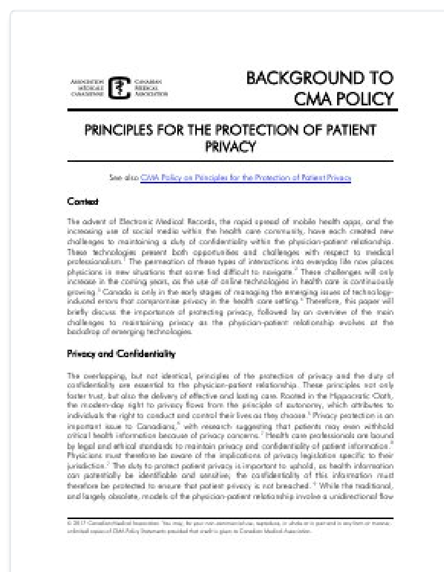

BACKGROUND TO CMA POLICY

PRINCIPLES FOR THE PROTECTION OF PATIENT PRIVACY

See also CMA Policy on Principles for the Protection of Patient Privacy

Context

The advent of Electronic Medical Records, the rapid spread of mobile health apps, and the increasing use of social media within the health care community, have each created new challenges to maintaining a duty of confidentiality within the physician-patient relationship. These technologies present both opportunities and challenges with respect to medical professionalism.[1] The permeation of these types of interactions into everyday life now places physicians in new situations that some find difficult to navigate.[2] These challenges will only increase in the coming years, as the use of online technologies in health care is continuously growing.[3] Canada is only in the early stages of managing the emerging issues of technology-induced errors that compromise privacy in the health care setting.[4] Therefore, this paper will briefly discuss the importance of protecting privacy, followed by an overview of the main challenges to maintaining privacy as the physician-patient relationship evolves at the backdrop of emerging technologies.

Privacy and Confidentiality

The overlapping, but not identical, principles of the protection of privacy and the duty of confidentiality are essential to the physician-patient relationship. These principles not only foster trust, but also the delivery of effective and lasting care. Rooted in the Hippocratic Oath, the modern-day right to privacy flows from the principle of autonomy, which attributes to individuals the right to conduct and control their lives as they choose.[5] Privacy protection is an important issue to Canadians,[6] with research suggesting that patients may even withhold critical health information because of privacy concerns.[7] Health care professionals are bound by legal and ethical standards to maintain privacy and confidentiality of patient information.[8] Physicians must therefore be aware of the implications of privacy legislation specific to their jurisdiction.[9] The duty to protect patient privacy is important to uphold, as health information can potentially be identifiable and sensitive; the confidentiality of this information must therefore be protected to ensure that patient privacy is not breached.[10] While the traditional, and largely obsolete, models of the physician-patient relationship involve a unidirectional flow

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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

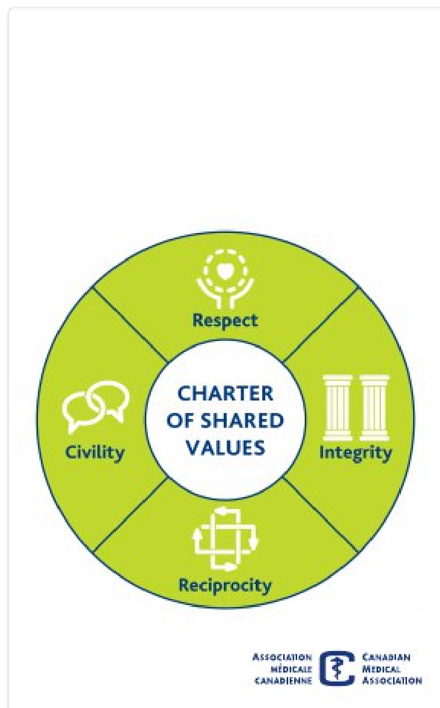
Association médicale canadienne / Canadian Medical Association

Charter of Shared Values:
A vision for intra-professionalism for physicians

What is it?

Why does it matter?

Commitments to Each Other:
Our most important shared values



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

ASSOCIATION MÉDICALE CANADIENNE · CANADIAN MEDICAL ASSOCIATION · UNIVERSITY OF CALGARY

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.[1] Due to concern for patient privacy and confidentiality it is therefore incredibly important to limit the unsecure 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

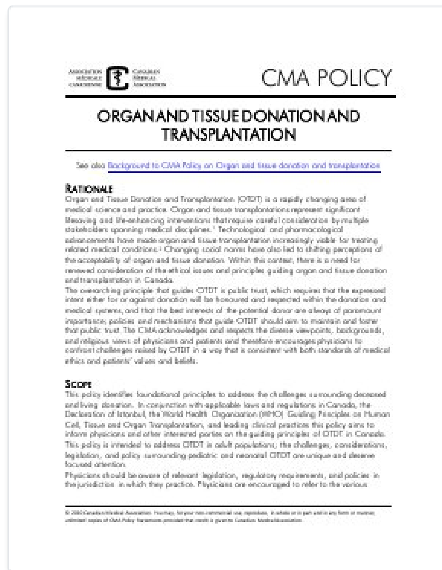
Documents

Organ and tissue donation and transplantation

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

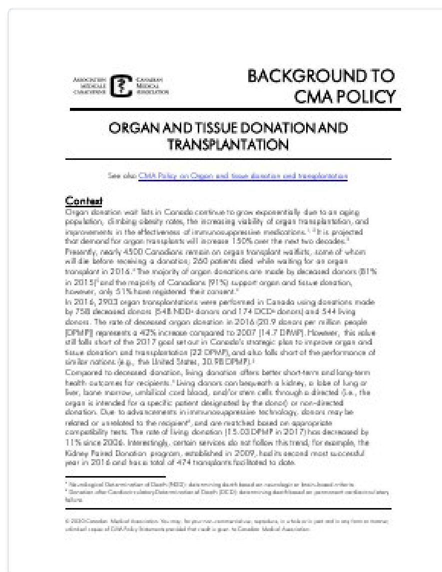
POLICY TYPE	Policy document
DATE	2019-12-07
REPLACES	Organ and tissue donation and transplantation (update 2015)
TOPICS	Ethics and medical professionalism Health care and patient safety

Documents



CMA POLICY

ORGAN AND TISSUE DONATION AND TRANSPLANTATION



BACKGROUND TO CMA POLICY

ORGAN AND TISSUE DONATION AND TRANSPLANTATION

Equity and diversity in medicine

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

POLICY TYPE	Policy document

DATE 2019-12-07

TOPICS Ethics and medical professionalism

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 redress 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 fair opportunity once practicing medicine because of their ethnicity, gender, ability, or other group-identifying characteristic. 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-racist 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 process of empowerment—where a person can engage with and take action on issues they define as important. Empowerment involves a meaningful shift in experience that fosters belonging in the profession and draws on community supports.

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 organisational structures and processes. Inclusion strategies are specific organisational 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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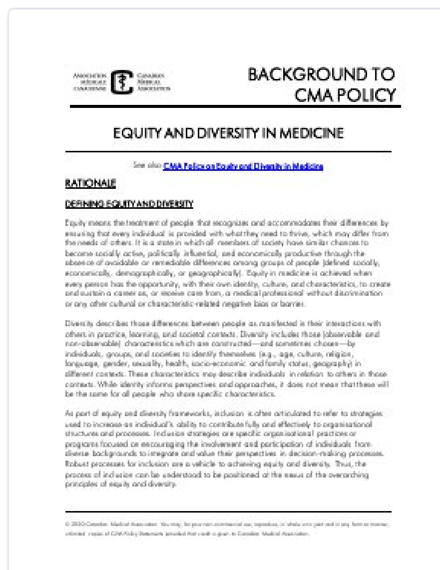

BACKGROUND TO CMA POLICY

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 manifested in their interactions with others in practice, learning, and societal 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 these 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 organisational structures and processes. Inclusion strategies are specific organisational 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 nexus of the overarching principles of equity and diversity.

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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