

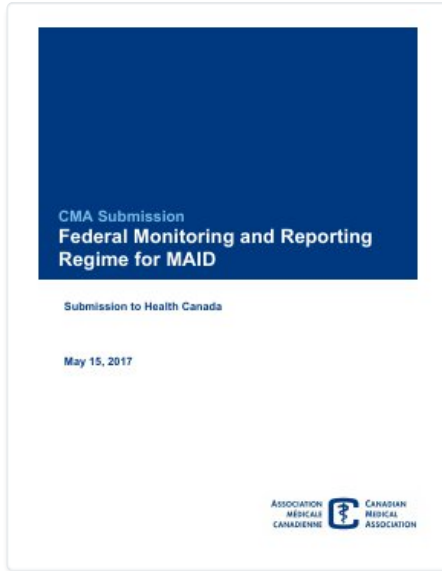
# Federal Monitoring and Reporting Regime for MAID

<https://policybase.cma.ca/link/policy13853>

POLICY TYPE	Response to consultation
DATE	2017-05-15
TOPICS	Ethics and medical professionalism

## Documents

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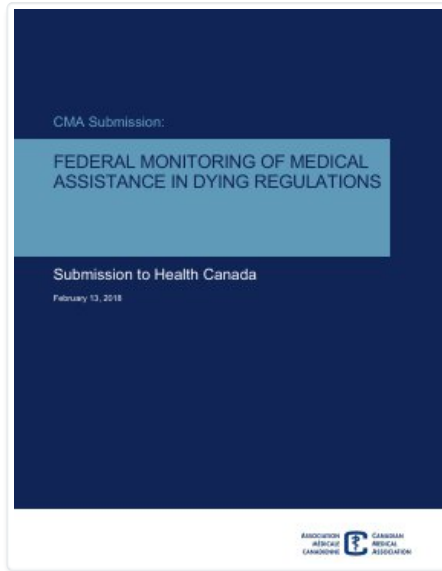
# Federal monitoring of medical assistance in dying regulations

<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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# 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, more than their role. I will engage and agree. I will enter into 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.



# 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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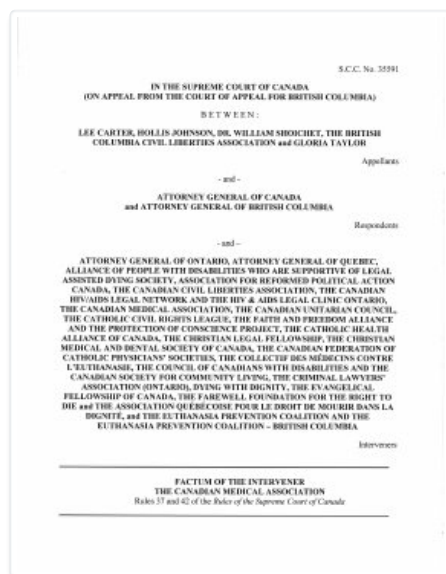
# Carter: CMA submission regarding euthanasia and assisted death

<https://policybase.cma.ca/link/policy13935>

POLICY TYPE	Court submission
LAST REVIEWED	2011-03-05
DATE	2014-08-27
TOPICS	Ethics and medical professionalism Population health, health equity, public health

## Documents

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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 Toudreau.

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 regular 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 regular 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 Toudreau 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, BSc, MD Candidate, McMaster University, Hamilton ON  
Michaela Breen, MD, Psychiatrist, Toronto ON  
Rishi Goel, MD, Family Physician, Toronto ON

# 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  
ACADEMICS

  
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. First, then to their advice 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:  
(i) CMA's endorsement of a specific, non-proprietary public interest, which may include the use of CMA's name and/or logo, of an organization's website policy, or an issue that aligns with CMA policy where there is no conflict of interest or  
(ii) CMA adopting the policy of another organization as our policy or  
(iii) CMA asking another organization to publicly support our policy.

**3. Process**  
(i) Criteria for policy endorsement requests from another organization to endorse their policy<sup>1</sup> the following criteria shall be applied:  
- I am have a policy on the subject matter and  
- I am actively working on a plan to address that policy position and  
- The organization has a follow-up action plan associated with it request.  
(ii) 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 approval from the Board of Directors to request.  
(iii) 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.  
(iv) Requests: Pursuit of potential endorsement requests are not appropriate. If where possible, requests should come from an organization and not an individual.

**4. Results**  
(i) 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 of jurisdiction.  
(ii) All adopted policies will be housed in an accessible online database.  
(iii) 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 consider and require professional approval, which includes the use of CMA's name and logo, after registration, consent, and must be approved from appropriate authority or that person has been approved, where there is a conflict of interest.  
<sup>2</sup> This is part of the relationship policy.  
<sup>3</sup> This is part of the relationship policy.

1587, press Affairs, Dr. Orlane (DMMBC) 670 989 0000 | [cma.ca](http://cma.ca)

# 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

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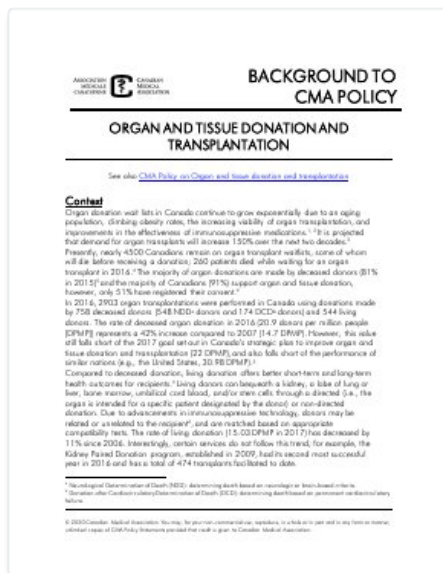
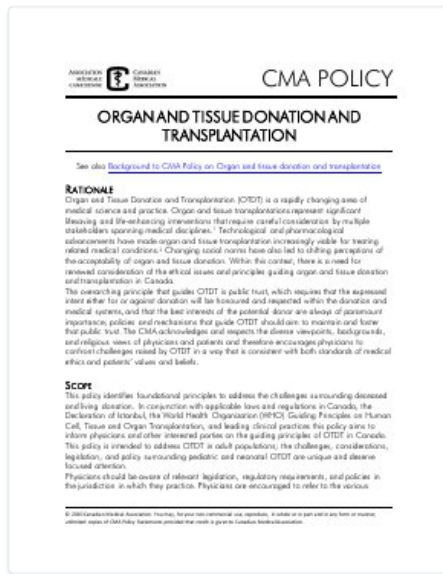


# Organ and tissue donation and transplantation

<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 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 professional and learning culture that cultivates the diverse perspectives within it, reflects the communities physicians serve, and promotes professional excellence and social accountability, as essential to better serve patients. Evidence indicates that when more equity and diversity in medicine is achieved, physicians experience greater career satisfaction, health and wellness, and a sense of solidarity with the profession. Consequently, 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.

The 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 Health and Researchation 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 or group with real voice and role 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 CANADIANS | CANADIAN MEDICAL ASSOCIATION

# 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

ASSOCIATION OF MEDICAL CANADIANS | CANADIAN MEDICAL ASSOCIATION **CMA POLICY**

**Framework for Ethical Decision Making During the Coronavirus Pandemic**

The current global pandemic caused by the novel coronavirus has presented the international medical community with unprecedented ethical challenges. The most difficult of these has involved making decisions about access to scarce resources when demand outweighs capacity.

In Canada, it is well accepted that everyone should have an equal opportunity to access and receive medical treatment. This is possible when there are sufficient resources. But in corners of resource scarcity, when there are insufficient resources, difficult decisions have to be made about who receives critical care (e.g., ICU beds, ventilators) by triaging patients. Triage is a process for determining which patients receive treatment and/or which level of care under what circumstances in corners of resource scarcity. Priority-setting for resource allocation becomes more ethically complex during catastrophic times or in public health emergencies, such as today's COVID-19 pandemic, when there is a need to manage a potential surge of patients.

Physicians from China to Italy to Spain to the United States have found themselves in the unfortunate position of having to triage their most anxious ill patients and decide which ones should have access to ventilation and which should not, and which allocation criteria should be used to make these decisions. While the Canadian Medical Association hopes that Canadian physicians will not be faced with these agonizing choices, it is our intent, through this framework, to provide them with guidance in case they do and enable them to make ethically justifiable informed decisions in the face of difficult ethical dilemmas. Invoking this framework to guide decisions about who has access to critical care and who does not should only be made as a last resort. As always, physicians should carefully document their clinical and ethical decisions and the reasoning behind them.

Generally, the CMA would spend many months in deliberations and consultations with numerous stakeholders, including patients and the public, before producing a document such as this one. The current situation, unfortunately, did not allow for such a process. We have turned instead to documents, reports and policies produced by our fellow colleagues and ethicists and physicians from Canada and around the world, as well as provincial level documents and frameworks.

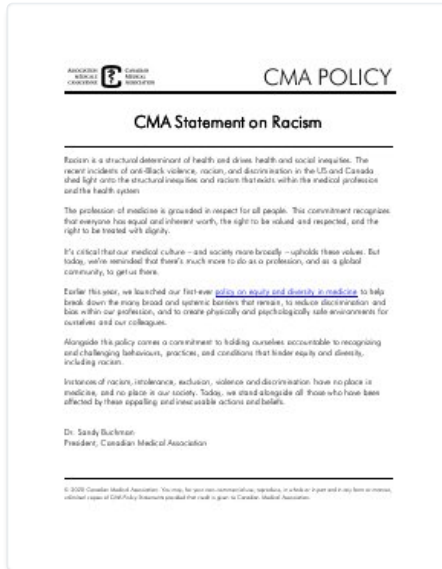
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# CMA Statement on Racism

<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

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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 logos of the Association Médicale Canadienne and the Canadian Medical Association, along with the 'CMA POLICY' label. The title 'Guidelines for physicians in interactions with industry' is prominently displayed. Below the title, there is a link to a 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, where industry's role in research and education is growing. It notes that while interactions can benefit patients and advance medical science, they also pose risks to patient care and public health if not managed properly. The text emphasizes the need for physicians to be transparent about conflicts of interest and to prioritize their primary obligations to patients and the public.

This thumbnail shows the top portion of the 'Recommendations for Physician Innovators' document. It features the logos of the Association Médicale Canadienne and the Canadian Medical Association, along with the 'CMA POLICY' label. The title 'Recommendations for Physician Innovators' is prominently displayed. Below the title, there is a link to the companion policy, 'Guidelines for physicians in interactions with industry'. The main text discusses the increasing role of physicians as medical innovators and entrepreneurs, highlighting the risks and rewards of this path. It provides recommendations to help physicians navigate these roles while maintaining their professional integrity. The text encourages physicians to be transparent about their relationships with industry, to seek advice from colleagues, and to ensure that their primary obligations to patients and the public remain paramount. It also notes that these recommendations are intended to complement the 'Guidelines for Physicians in Interactions with Industry' (GPII).



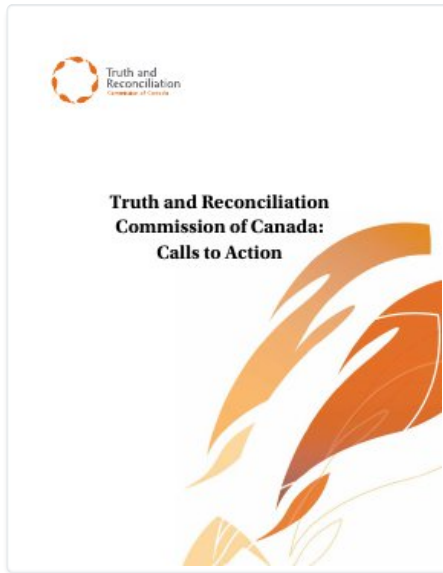
# Truth and Reconciliation Commission of Canada: Calls to Action

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

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

## Documents

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# 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



# 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



# CMA Submission to the Standing Committee on Social Affairs, Science and Technology's study of Bill C-3, An Act to amend the Criminal Code and the Canada Labour Code

<https://policybase.cma.ca/link/policy14462>

POLICY TYPE Parliamentary submission  
DATE 2021-12-10  
TOPICS Ethics and medical professionalism

## Documents

