

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

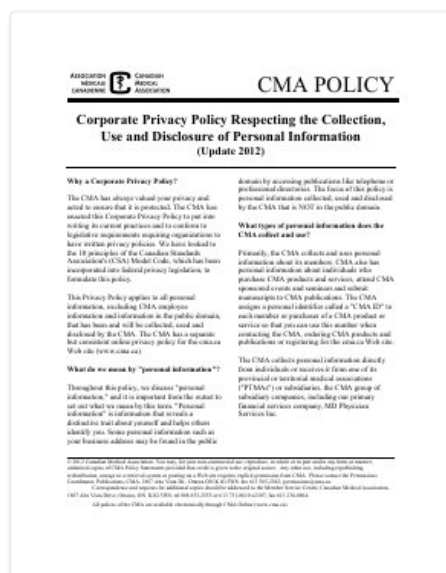


Corporate privacy policy respecting the collection, use and disclosure of personal information (Update 2012)

<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

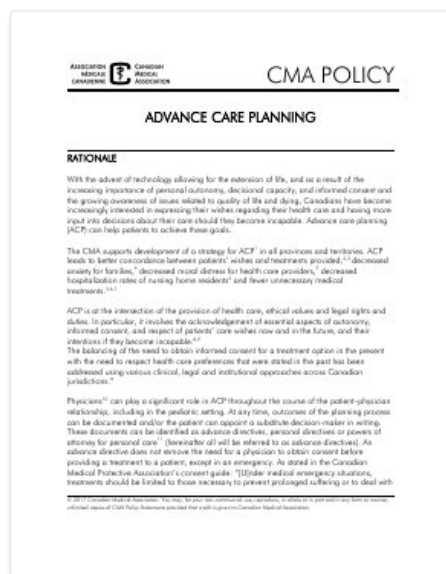


Advance care planning

<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



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

This thumbnail shows the top portion of a CMA Policy document. It features the Association of Canadian Medical Professionals logo and the title "CMA POLICY DIRECT-TO-CONSUMER GENETIC TESTING". Below the title, there is a link to the full document and a section header "RATIONALE". The rationale section begins with a paragraph stating that while genetic testing is typically provided in a clinical setting, a number of private companies now offer genetic testing services directly to consumers over the Internet. It then lists five numbered points regarding the clinical validity and reliability of these tests, the marketing of such tests, and the role of primary care physicians in ordering and interpreting these tests.

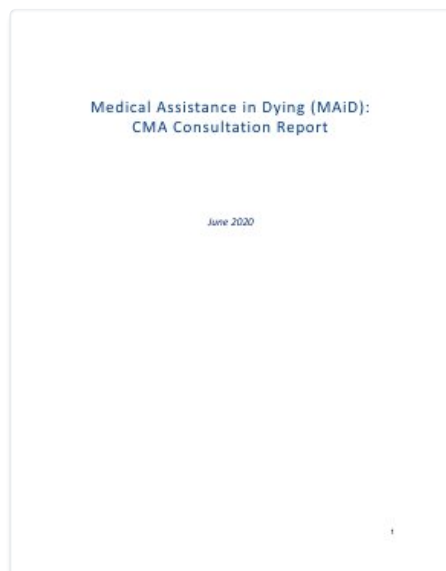
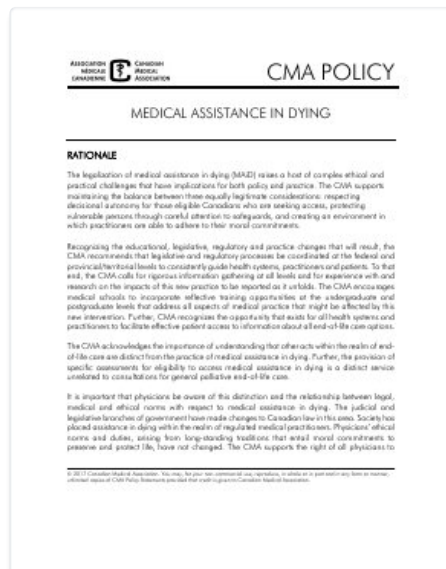
This thumbnail shows the top portion of a CMA Policy document titled "BACKGROUND TO DIRECT-TO-CONSUMER GENETIC TESTING". It includes the Association of Canadian Medical Professionals logo and a link to the full document. The text discusses the increasing availability of DTC genetic tests in Canada, the challenges this presents, and the need for regulatory guidance. It also mentions survey research indicating that the general public is overwhelmingly interested in genetic testing technologies and that researchers predict an increasing number of individuals will use DTC genetic testing as testing technologies continue to become more affordable and efficient.

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

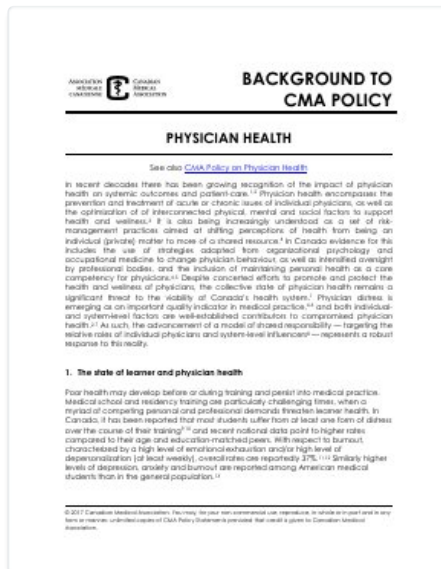
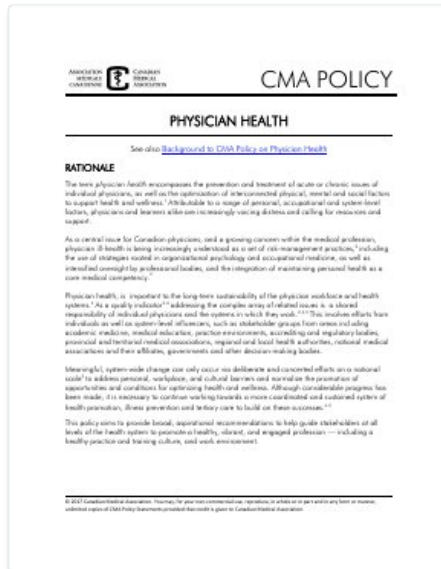


Physician health

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

POLICY TYPE	Policy document
DATE	2017-10-21

Documents



CMA STATEMENT ON PHYSICIAN HEALTH AND WELLNESS

Guiding Principles and Commitments for a Vibrant Profession



What it is

This statement identifies a set of guiding principles and commitments to provide a vibrant and engaged profession by identifying factors that promote healthy training and practice environments with the view to enhancing physicians' sense of fulfillment and engagement. This statement affirms that all physicians should have access to robust health and wellness resources and is open to address any personal and professional difficulties they may experience.

Why it matters

Physician health and wellness is a critical issue for all physicians, their patients, and health systems. Physicians are at a higher risk of experiencing adverse health outcomes, including personal and professional dissatisfaction, burnout, depression, suicidal ideation and suicide. This has been shown to affect patient care and health system performance. Addressing the factors that affect physician health and the challenges that physicians face in navigating their increasingly complex training and practice environments is not just a policy and practice imperative.

If meaningful, sustained improvement is to be achieved, the profession and other stakeholders will need to make deliberate commitments to reduce personal, cultural, and occupational barriers and to promote well-being, practice, and conditions that enhance health and wellness. The CMA is committed to promoting a model of shared responsibility engaging individual and systemic factors that influence and contribute to health and wellness through advocacy and collaboration. This statement is based on the [CMA Policy on Physician Health and Long-term Success](#).

GUIDING PRINCIPLES



A broader understanding of physician health

In the past, addressing physician health often focused on individual issues. Today, our understanding encompasses the complex interplay of individual, socio-cultural, occupational, and systemic factors and includes efforts to develop preventive measures and strategies to address these issues. This new understanding enables us to look at physician health more broadly to take into account, and seek to address, the array of factors that influence medical training and practice.



Physician health as a quality indicator

Physician health and wellness outcomes are becoming a significant quality indicator in the practice of medicine and the overall functioning of health systems. Physician health has been identified as an additional component of the "Triple Aim," renamed the "Quadruple Aim," which seeks to improve health system performance through enhancing the patient experience, improving population health, reducing costs, and supporting physician wellness.



Physician health as a shared responsibility

It is increasingly recognized that the complex range of factors that contribute to health and wellness need to be addressed at both the individual and systemic levels. While initiatives targeted to individual physicians remain relevant, there needs to be a greater focus on occupational and system-level initiatives and collaboration between stakeholders and physicians to produce meaningful and sustainable change, in a model of shared responsibility.

ASSOCIATION OF
MEDICAL
COLLEGIANS

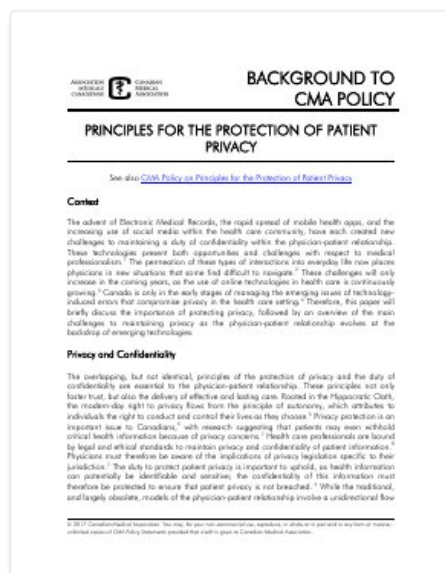
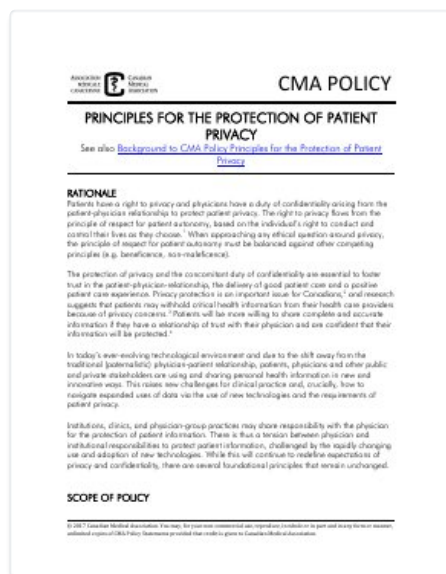


Principles for the protection of patient privacy

<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

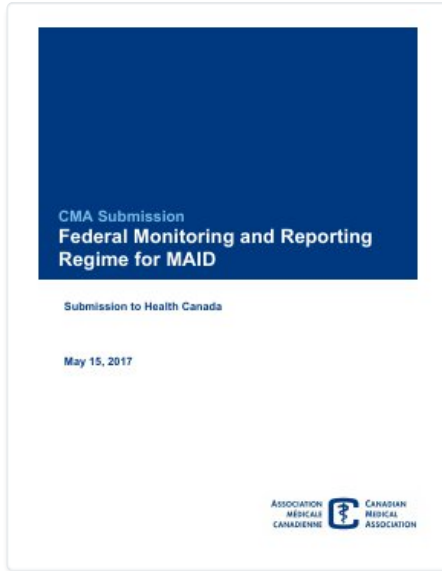


Federal Monitoring and Reporting Regime for MAID

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

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

Documents



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, even those with whom I may not agree. I will extend courteous 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.



