

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



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

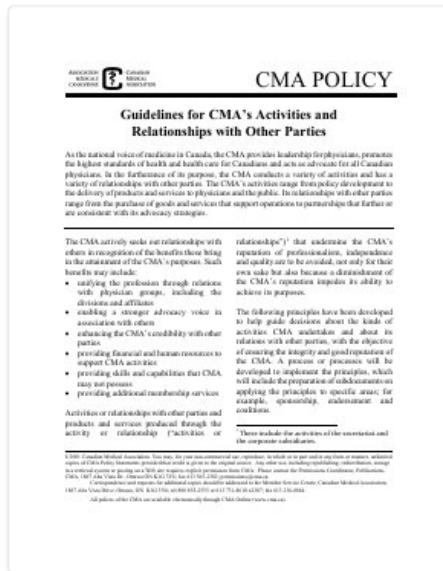


Guidelines for CMA's activities and relationships with other parties

<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 commitment to which medicine is grounded 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 professions. 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 medicine 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 care, patient, 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, funding agencies and that peers for their recommendations, on reasonable grounds an ethical autonomy imposed by government and administrators, including public opinion, are not to the best interests of patients, nor have they ever done so in the past. It is an essential component of the patient-physician relationship. Concomitantly, physicians are not morally obliged to provide inappropriate medical services when requested by patients despite their respect for patient autonomy.
- Self-regulation.** There have been multiple times when government has intervened to regulate the profession by establishing educational standards and setting requirements, the licensing of physicians, and the

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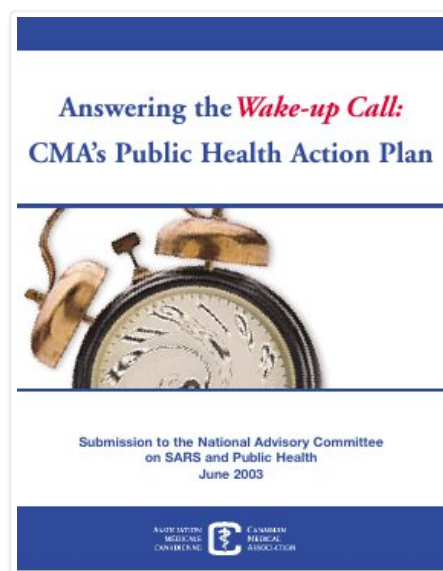
ASSOCIATION
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ASSOCIATION PM06/02

Answering the Wake-up Call: CMA's Public Health Action Plan : CMA submission to the National Advisory Committee on SARS and Public Health

<https://policybase.cma.ca/link/policy1960>

POLICY TYPE	Parliamentary submission
LAST REVIEWED	2010-02-27
DATE	2003-06-25
TOPICS	Health systems, system funding and performance Health care and patient safety Population health, health equity, public health

Documents

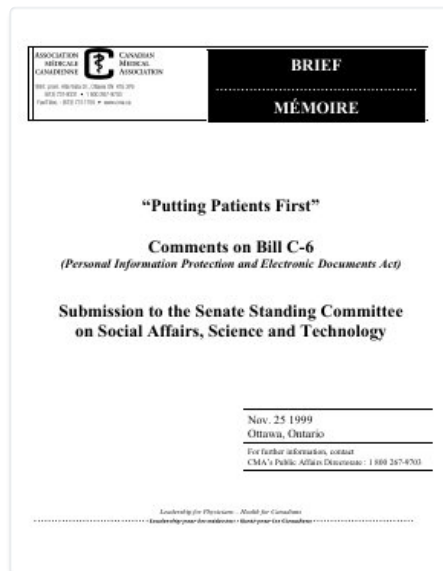


Putting Patients First : Comments on Bill C 6 (Personal Information Protection and Electronic Documents Act) : Submission to the Senate Standing Committee on Social Affairs, Science and Technology

<https://policybase.cma.ca/link/policy1979>

POLICY TYPE	Parliamentary submission
LAST REVIEWED	2019-03-03
DATE	1999-11-25
TOPICS	Ethics and medical professionalism Health care and patient safety Health information and e-health

Documents

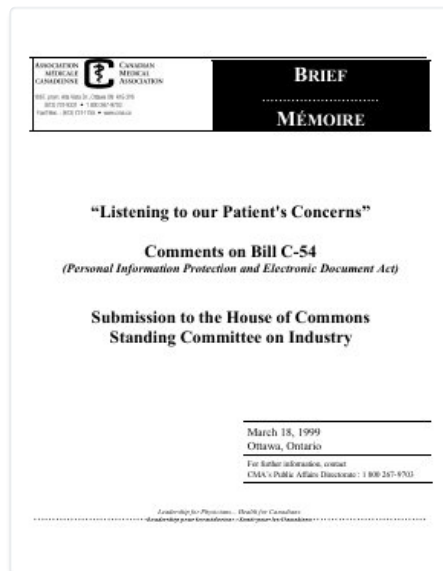


Listening to our Patient's Concerns : Comments on Bill C 54 (Personal Information Protection and Electronic Document Act) : Submission to the House of Commons Standing Committee on Industry

<https://policybase.cma.ca/link/policy1980>

POLICY TYPE	Parliamentary submission
LAST REVIEWED	2019-03-03
DATE	1999-03-18
TOPICS	Health care and patient safety Health information and e-health Ethics and medical professionalism

Documents

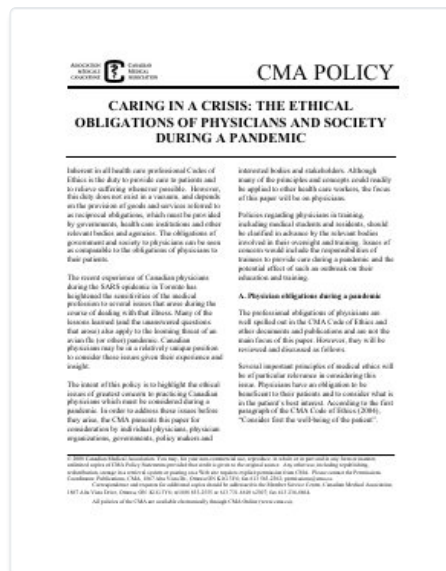


Caring in a Crisis: The Ethical Obligations of Physicians and Society During a Pandemic

<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

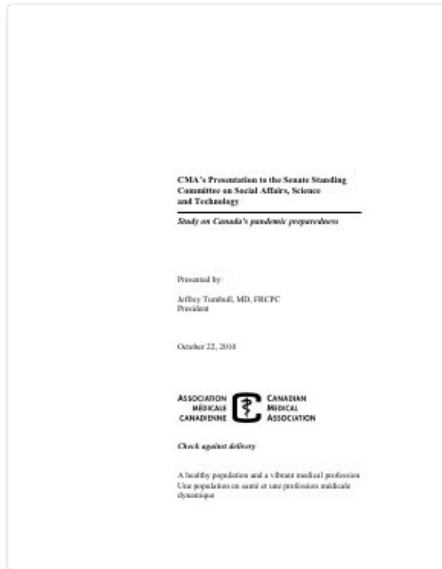


Study on Canada's pandemic preparedness: CMA's Presentation to the Senate Standing Committee on Social Affairs, Science and Technology

<https://policybase.cma.ca/link/policy10010>

POLICY TYPE Parliamentary submission
DATE 2010-10-22
TOPICS Health care and patient safety

Documents



Improving Accountability in Canada's Health Care System: The Canadian Medical Association's Presentation to the Senate Standing Committee on Social Affairs, Science and Technology

<https://policybase.cma.ca/link/policy10230>

POLICY TYPE	Parliamentary submission
DATE	2011-10-19
TOPICS	Health care and patient safety Health systems, system funding and performance

Documents

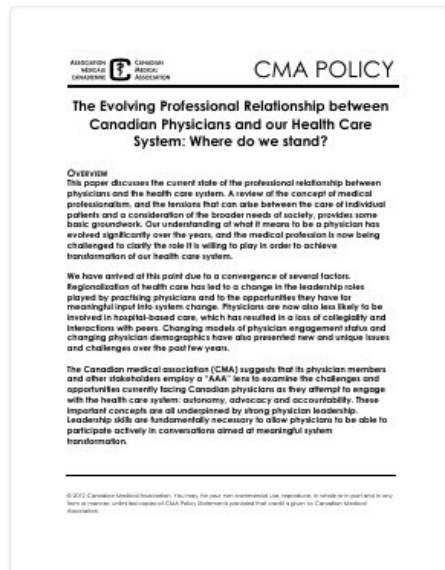


The evolving professional relationship between Canadian physicians and our health care system: Where do we stand?

<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

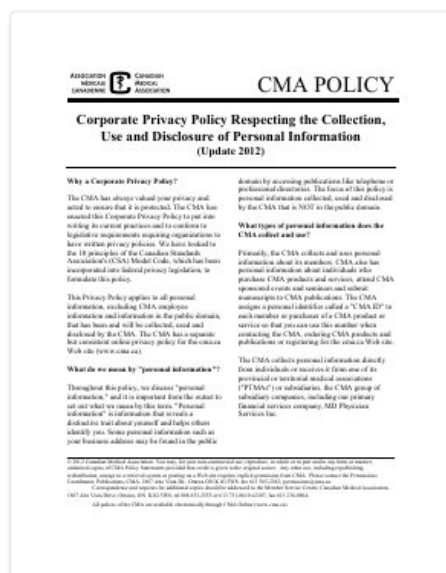


Corporate privacy policy respecting the collection, use and disclosure of personal information (Update 2012)

<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



Canadian Medical Association Submission on Bill S-209, An Act to Amend the Criminal Code (prize fights)

<https://policybase.cma.ca/link/policy10708>

POLICY TYPE Parliamentary submission
DATE 2013-04-15
TOPICS Health care and patient safety

Documents

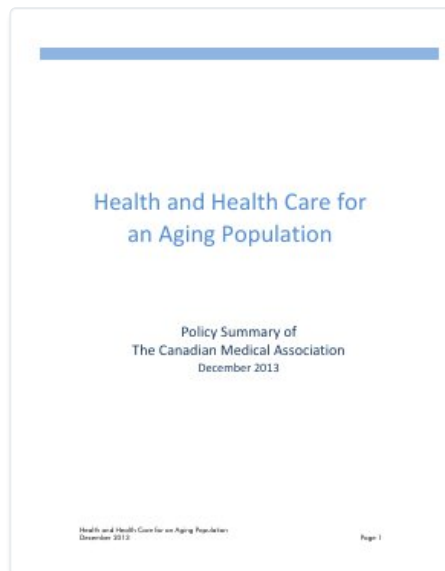


Health and health care for an aging population

<https://policybase.cma.ca/link/policy11061>

POLICY TYPE	Policy document
LAST REVIEWED	2018-03-03
DATE	2013-12-07
REPLACES	PD00-03 - Principles for medical care of older persons
TOPICS	Health care and patient safety Health systems, system funding and performance

Documents



Canadian Medical Association submission to the Standing Senate Committee on Banking, Trade and Commerce: Higher rate now: Why excise tax on tobacco is long overdue for an increase

<https://policybase.cma.ca/link/policy11129>

POLICY TYPE	Parliamentary submission
DATE	2014-05-15
TOPICS	Health care and patient safety Pharmaceuticals, prescribing, cannabis, drugs

Documents



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



Tamper Resistance under the Controlled Drugs and Substances Act

<https://policybase.cma.ca/link/policy11295>

POLICY TYPE	Response to consultation
DATE	2014-08-26
TOPICS	Health care and patient safety Pharmaceuticals, prescribing, cannabis, drugs

Documents



Canadian Medical Association Submission to Health Canada's Notice of proposed order to amend the schedule to the Tobacco Act

<https://policybase.cma.ca/link/policy11434>

POLICY TYPE	Parliamentary submission
DATE	2014-11-10
TOPICS	Health care and patient safety Population health, health equity, public health

Documents



Canadian Medical Association Submission to the House of Commons Study on E-Cigarettes

<https://policybase.cma.ca/link/policy11437>

POLICY TYPE	Parliamentary submission
DATE	2014-11-27
TOPICS	Health care and patient safety Population health, health equity, public health

Documents

