

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

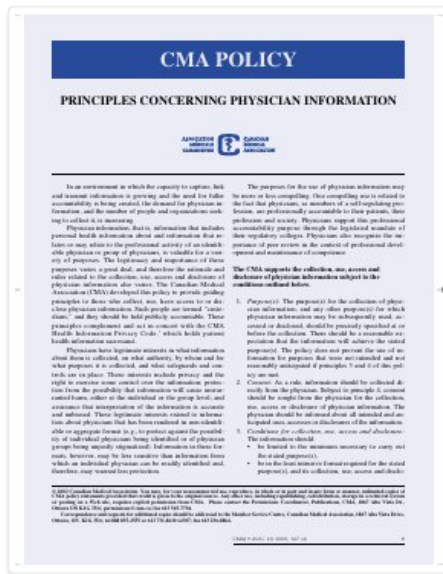


Principles concerning physician information

<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

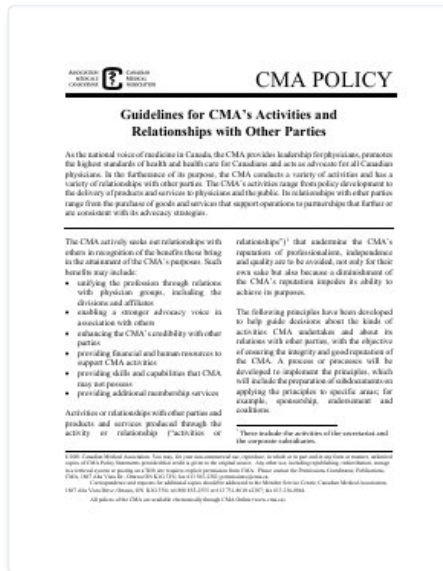


Guidelines for CMA's activities and relationships with other parties

<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 professionals. 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 – the ethics of care, clinical independence and self-regulation – benefit physicians, their patients and society.

Fiduciary duty: This is characterized by the values of care, prudence, 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.

Undivided and committed 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, family members and that peers for their recommendations, ultimately patients are clinical autonomy supported by government and administrators, industry, public, or private, are not in the best interests of patients, perhaps because they can change the treatment in an uncontrolled manner of the patient-physician relationship. Community physicians are not morally obliged to provide inappropriate medical services when requested by patients despite their respect for patient autonomy.

Self-regulation: Physicians have traditionally been granted the privilege by society. It includes the control of entrance into the profession by establishing educational standards and setting requirements, the licensing of physicians, and the

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CMA Submission on infrastructure and governance of the public health system in Canada: Presentation to the Senate Standing Committee on Social Affairs, Science and Technology

<https://policybase.cma.ca/link/policy1954>

POLICY TYPE	Parliamentary submission
LAST REVIEWED	2011-03-05
DATE	2003-10-08
TOPICS	Health systems, system funding and performance

Documents

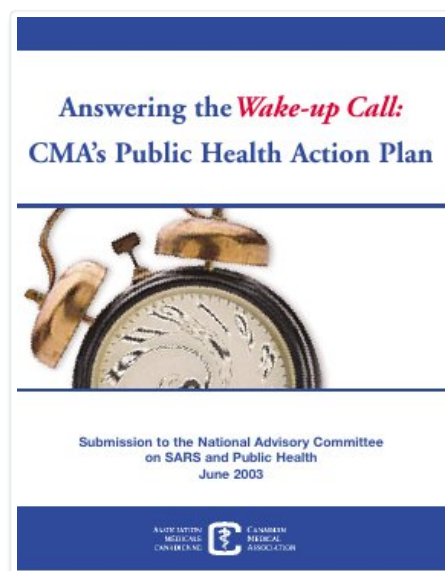


Answering the Wake-up Call: CMA's Public Health Action Plan : CMA submission to the National Advisory Committee on SARS and Public Health

<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

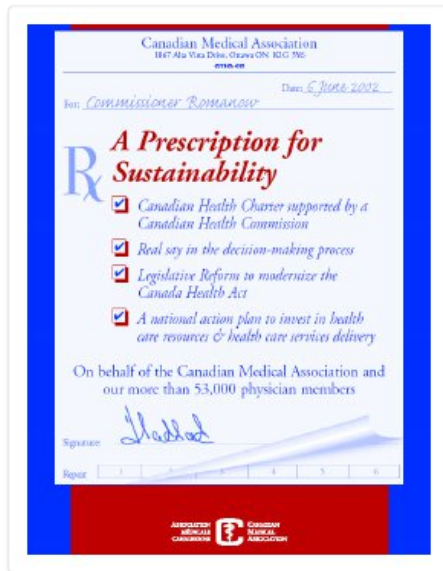


A Prescription for sustainability

<https://policybase.cma.ca/link/policy1967>

POLICY TYPE Parliamentary submission
LAST REVIEWED 2020-02-29
DATE 2002-06-06
TOPICS Health systems, system funding and performance

Documents



A PRESCRIPTION FOR SUSTAINABILITY – JUNE 6, 2002

Executive Summary

Medicine emerged from the 19th century, but not health — in large measure due to the failure of health professionals whose commitment has always been, first and foremost, to their patients. However, this kind of effort cannot sustain Canadian health systems and the facilities they work in as stretched to the limit.

Over the past decade there have been countless studies on what is wrong with Canada's health care system. However, very little action has been taken to solve the problems identified in the reports because very few of these reports provided a roadmap with concrete recommendations on how to achieve change. Furthermore, many decisions regarding the health care system have been made by governments without meaningful input from health professionals. As an individual as well as a profession, there is clearly a need for a collaborative approach to "change management" that is based on early, ongoing and meaningful involvement of all key stakeholders.

However, before consideration is given to how to solve the woes of the health care system, it is essential to establish a shared vision of Canada's health care system. Several attempts have been made to do this and, however, they have not led to health care priorities or the public in the process. The CMA has established its own vision for a sustainable health care system, upon which the recommendations we have presented in this submission are based.

To ensure that our health care system in Canada is sustainable in the future, longer-term structural and procedural reforms are required. The CMA proposes 5 recommendations involving the implementation of ethics programs, "pillars of sustainability" that together will improve accountability and transparency in the system. These pillars would also serve as the basis for addressing the many other medium-term issues facing Medicare today and into the future. To this end, we set forth 25 recommendations suggesting specific "tools" for solving these critical problems.

The three "pillars" are: a Canadian Health Charter, a Canadian Health Commission, and a renewal of the federal legislative framework.

A Canadian Health Charter would underlie government's shared commitment to ensuring that Canadians will have access to quality health care within an acceptable time frame. It would also clearly articulate a national health policy that sets out our collective understanding of Medicare and the rights and mutual obligations of and with Canadian health care providers, and government. The existence of such a Charter would ensure that a national, evidence-based, and collaborative approach to managing and modernizing Canada's health system is being followed.

In conjunction with the Canadian Health Charter, a permanent, independent Canadian Health Commission would be created to promote accountability and transparency within the system. It would have a mandate to monitor compliance with and measure progress towards Charter provisions, report to Canadians on the performance of the health care system, and provide ongoing advice and guidance to the Conference on Federal-Provincial-Territorial matters on key areas of health care issues.

Recognizing the shared federal and provincial/territorial obligations to the health care system, one of the main purposes of the Canadian Health Charter is to reinforce the national character of the

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

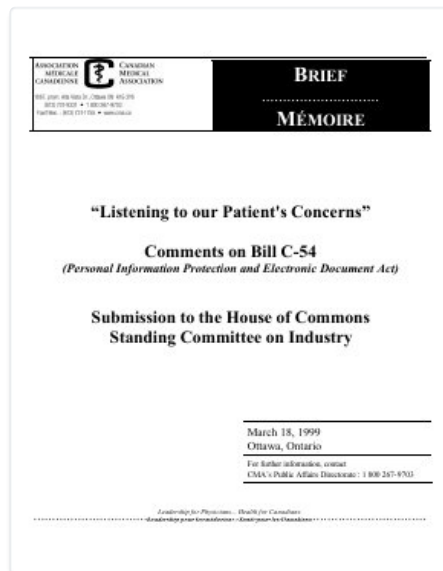


Listening to our Patient's Concerns : Comments on Bill C 54 (Personal Information Protection and Electronic Document Act) : Submission to the House of Commons Standing Committee on Industry

<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

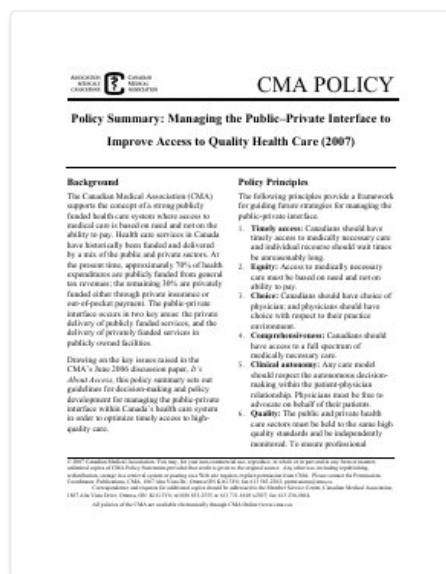


Policy Summary: Managing the Public-Private Interface to Improve Access to Quality Health Care

<https://policybase.cma.ca/link/policy8826>

POLICY TYPE	Policy document
LAST REVIEWED	2018-03-03
DATE	2007-05-29
TOPICS	Health systems, system funding and performance

Documents



It's Still About Access – Medicare Plus: CMA Policy Statement July 2007

<https://policybase.cma.ca/link/policy8828>

POLICY TYPE	Policy document
LAST REVIEWED	2018-03-03
DATE	2007-05-29
TOPICS	Health systems, system funding and performance

Documents



Achieving Patient-Centred Collaborative Care

<https://policybase.cma.ca/link/policy9060>

POLICY TYPE	Policy document
LAST REVIEWED	2019-03-03
DATE	2007-12-01
TOPICS	Health systems, system funding and performance

Documents

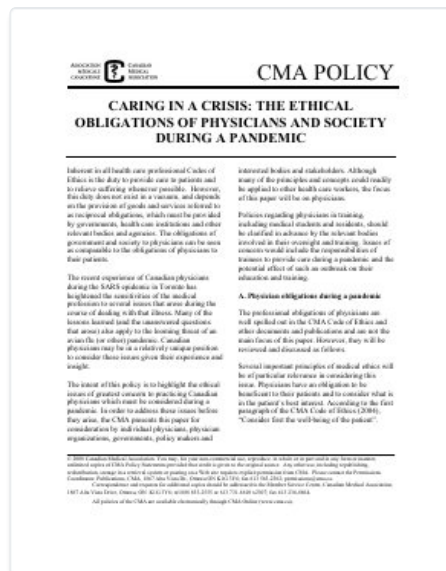


Caring in a Crisis: The Ethical Obligations of Physicians and Society During a Pandemic

<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

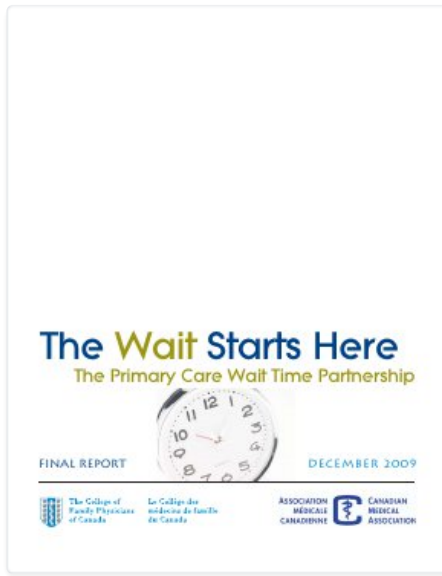


The Wait Starts Here: Final Report of the Primary Care Wait Time Partnership

<https://policybase.cma.ca/link/policy9705>

POLICY TYPE	Policy document
LAST REVIEWED	2018-03-03
DATE	2009-10-03
TOPICS	Health systems, system funding and performance

Documents

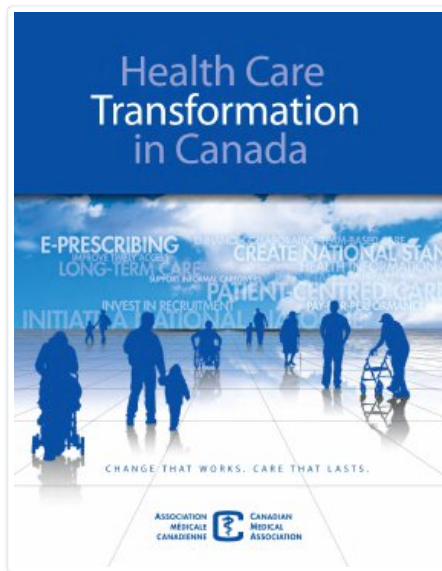


Health Care Transformation in Canada: Change that Works, Care that Lasts

<https://policybase.cma.ca/link/policy9837>

POLICY TYPE	Policy document
LAST REVIEWED	2018-03-03
DATE	2010-07-13
TOPICS	Health systems, system funding and performance

Documents



Joint position statement: Principles to guide health care transformation in Canada

<https://policybase.cma.ca/link/policy10218>

POLICY TYPE	Policy document
LAST REVIEWED	2018-03-03
DATE	2011-07-27
REPLACES	PRINCIPLES TO GUIDE HEALTH CARE TRANSFORMATION IN CANADA
TOPICS	Health systems, system funding and performance

Documents



A Healthy Population for a Stronger Economy: The Canadian Medical Association's Presentation to the Standing Committee on Finance's pre-budget consultations

<https://policybase.cma.ca/link/policy10228>

POLICY TYPE	Parliamentary submission
DATE	2011-10-18
TOPICS	Health systems, system funding and performance Population health, health equity, public health

Documents

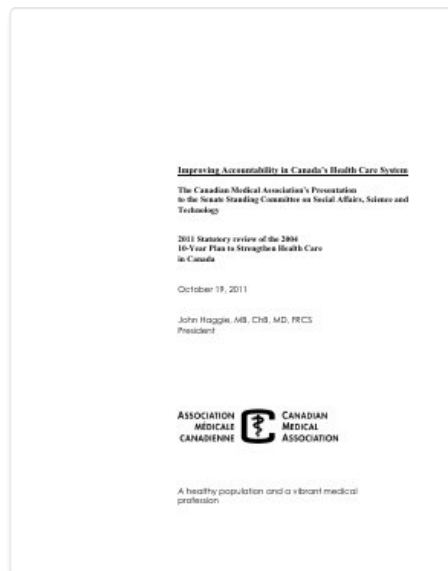


Improving Accountability in Canada's Health Care System: The Canadian Medical Association's Presentation to the Senate Standing Committee on Social Affairs, Science and Technology

<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



Principles for health system governance

<https://policybase.cma.ca/link/policy10320>

POLICY TYPE	Policy document
LAST REVIEWED	2019-03-03
DATE	2011-10-23
REPLACES	Regionalization (Update 2001)
TOPICS	Health systems, system funding and performance

Documents

