

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

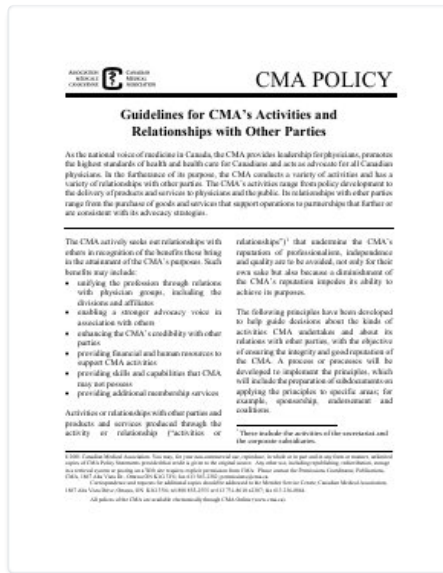


Guidelines for CMA's activities and relationships with other parties

<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 are:

- Commitment to the ethics of care, clinical independence and self-regulation:** In family 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.
- Devotion and commitment to the well-being of others is shared 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, ultimately patients are clinical autonomy supported by government and administrators, industry/public, or private, are not in the best interests of patients, neither because they can change the treatment or a conventional component 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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Mental Health, Mental Illness & Addiction : CMA Submission to the Standing Committee on Social affairs, Science and Technology

<https://policybase.cma.ca/link/policy1950>

POLICY TYPE	Parliamentary submission
LAST REVIEWED	2012-03-03
DATE	2005-04-20
TOPICS	Population health, health equity, public health Pharmaceuticals, prescribing, cannabis, drugs

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

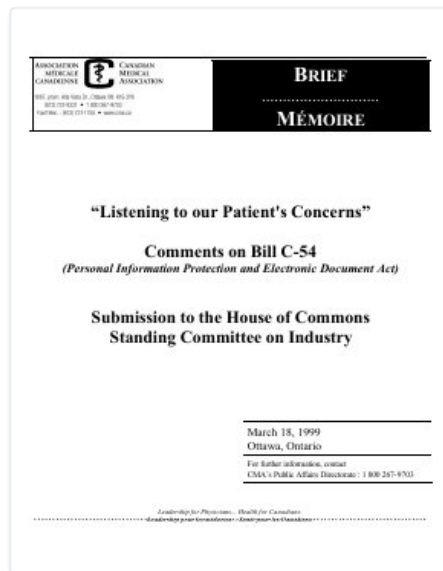


Listening to our Patient's Concerns : Comments on Bill C 54 (Personal Information Protection and Electronic Document Act) : Submission to the House of Commons Standing Committee on Industry

<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

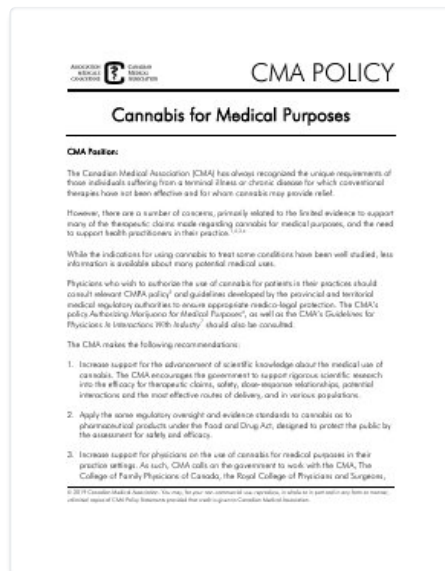


Cannabis for Medical Purposes

<https://policybase.cma.ca/link/policy10045>

POLICY TYPE	Policy document
LAST REVIEWED	2019-03-03
DATE	2010-12-04
TOPICS	Pharmaceuticals, prescribing, cannabis, drugs

Documents

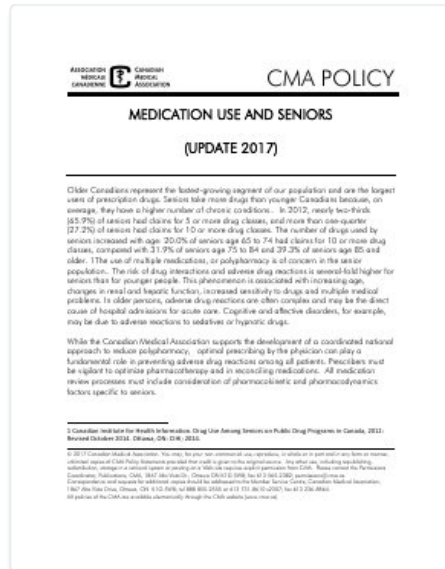


Medication use and seniors (Update 2017)

<https://policybase.cma.ca/link/policy10151>

POLICY TYPE	Policy document
LAST REVIEWED	2019-03-03
DATE	2011-05-28
REPLACES	Medication use and seniors
TOPICS	Pharmaceuticals, prescribing, cannabis, drugs

Documents

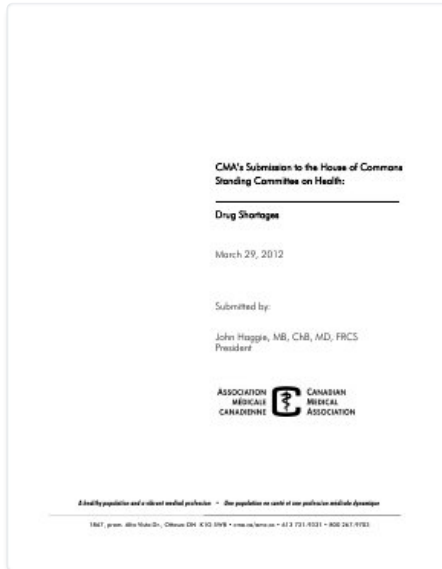


CMA's Submission to the House of Commons Standing Committee on Health: Drug Shortages

<https://policybase.cma.ca/link/policy10382>

POLICY TYPE Parliamentary submission
DATE 2012-03-29
TOPICS Pharmaceuticals, prescribing, cannabis, drugs

Documents

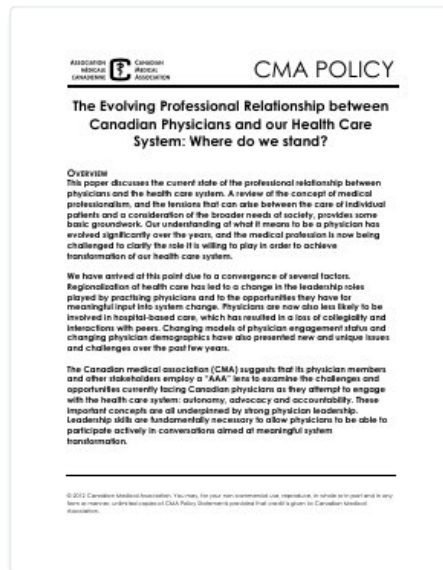


The evolving professional relationship between Canadian physicians and our health care system: Where do we stand?

<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

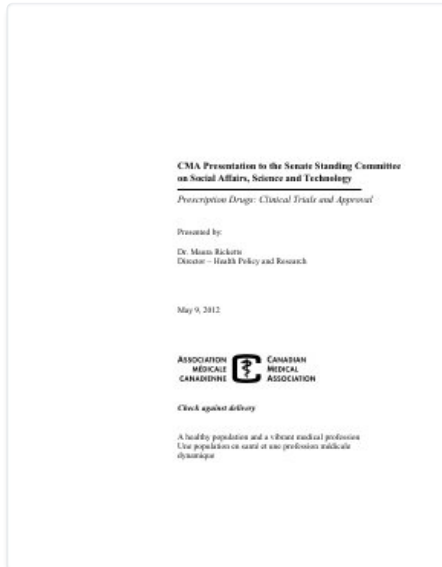


CMA Presentation to the Senate Standing Committee on Social Affairs, Science and Technology – Prescription Drugs: Clinical Trials and Approval

<https://policybase.cma.ca/link/policy10437>

POLICY TYPE Parliamentary submission
DATE 2012-05-09
TOPICS Pharmaceuticals, prescribing, cannabis, drugs

Documents



CMA's Submission to the Senate Committee on Social Affairs, Science and Technology – Prescription Pharmaceuticals in Canada: The Post-Approval Monitoring of Prescription Pharmaceuticals

<https://policybase.cma.ca/link/policy10631>

POLICY TYPE Parliamentary submission
DATE 2012-10-24
TOPICS Pharmaceuticals, prescribing, cannabis, drugs

Documents

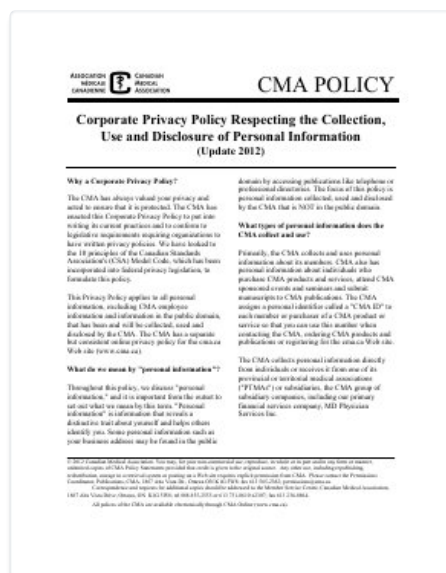


Corporate privacy policy respecting the collection, use and disclosure of personal information (Update 2012)

<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

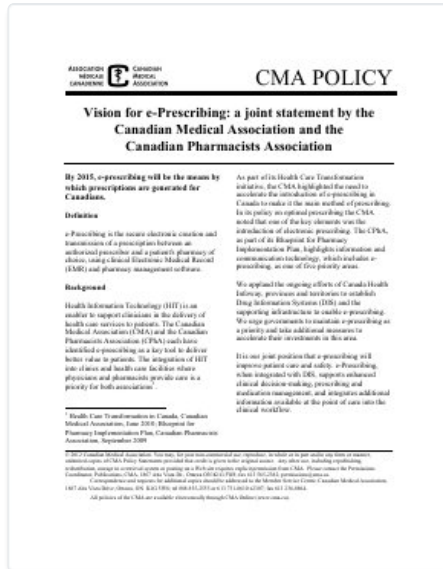


Vision for e-Prescribing: a joint statement by the Canadian Medical Association and the Canadian Pharmacists Association

<https://policybase.cma.ca/link/policy10670>

POLICY TYPE	Policy document
LAST REVIEWED	2019-03-03
DATE	2012-12-08
TOPICS	Health information and e-health Pharmaceuticals, prescribing, cannabis, drugs

Documents



CMA Response: Health Canada's Medical Marijuana Regulatory Proposal

<https://policybase.cma.ca/link/policy10702>

POLICY TYPE Parliamentary submission
DATE 2013-02-28
TOPICS Pharmaceuticals, prescribing, cannabis, drugs

Documents



Position statement on prescription drug shortages in Canada

<https://policybase.cma.ca/link/policy10756>

POLICY TYPE	Policy document
LAST REVIEWED	2017-03-04
DATE	2013-05-25
TOPICS	Pharmaceuticals, prescribing, cannabis, drugs

Documents

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Position Statement on Prescription Drug Shortages in Canada

The escalation in shortages of prescription drugs in the past few years and the ongoing disruptions to supply experienced in Canada and globally are matters of grave concern to the Canadian Medical Association (CMA) and its members. Drug shortages are having a detrimental impact on the delivery of patient care and treatment and the availability of health care services across the country.

CMA has advocated for a thorough examination of the drug supply system to identify points where risk in Canada can influence supply problems. Solutions will have to tackle the various players in the drug supply chain, from manufacturers through to health care providers and levels of government.

Background

Drug shortages are not a problem confined to Canada. In the United States the number of drug shortages from 2000 to 2010 grew by more than 200 per cent. In 2011, 251 shortages were reported in the U.S.A. Canada has not had an accurate count of the number of drugs in short supply over past years but in April 2013, 273 drugs were listed on the industry sponsored Canada Drug Shortage Monitor.¹

Factors that influence the occurrence of a drug shortage can occur at any stage of the drug supply chain and any disruptions can ripple through the system.

Figure 1: Drug Supply Chain in Canada

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The Need for a National Strategy to Address Abuse and Misuse of Prescription Drugs in Canada: Canadian Medical Association Submission to the House of Commons Standing Committee on Health

<https://policybase.cma.ca/link/policy11035>

POLICY TYPE	Parliamentary submission
DATE	2013-11-27
TOPICS	Pharmaceuticals, prescribing, cannabis, drugs

Documents

