

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



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

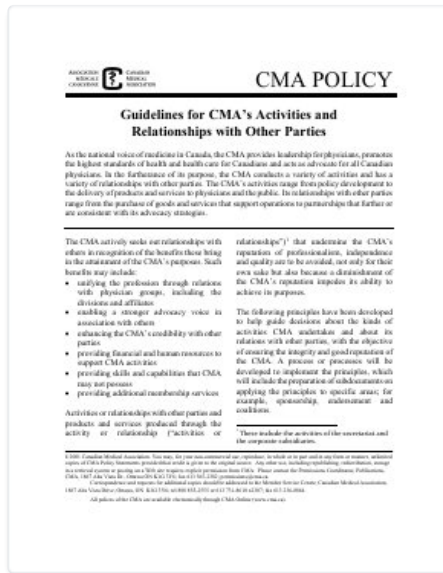


Guidelines for CMA's activities and relationships with other parties

<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 pressed 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 to the best interests of patients, perhaps because they can change the treatment in an unusual component of the patient-physician relationship. Generally, 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



Letter to the International Joint Commission on the 2004 Progress Report addressing air quality

<https://policybase.cma.ca/link/policy1952>

POLICY TYPE Parliamentary submission
LAST REVIEWED 2012-03-03
DATE 2005-02-11
TOPICS Population health, health equity, public health

Documents



Letter on Strengthening the Pan-Canadian Public Health System discussion paper

<https://policybase.cma.ca/link/policy1957>

POLICY TYPE Response to consultation
LAST REVIEWED 2011-03-05
DATE 2004-03-22
TOPICS Population health, health equity, public health

Documents



Health Protection and a Canadian Public Health Strategy: A Comprehensive Approach To Public Health: Submission to Health Canada

<https://policybase.cma.ca/link/policy1958>

POLICY TYPE	Parliamentary submission
LAST REVIEWED	2011-03-05
DATE	2004-04-12
TOPICS	Population health, health equity, public health

Documents

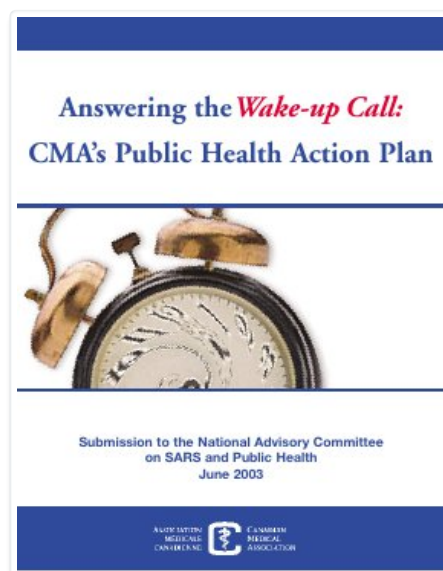


Answering the Wake-up Call: CMA's Public Health Action Plan : CMA submission to the National Advisory Committee on SARS and Public Health

<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



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



Presentation to the House of Commons Standing Committee on Environment and Sustainable Development

<https://policybase.cma.ca/link/policy2044>

POLICY TYPE	Parliamentary submission
LAST REVIEWED	2013-03-02
DATE	2006-06-12
TOPICS	Population health, health equity, public health

Documents

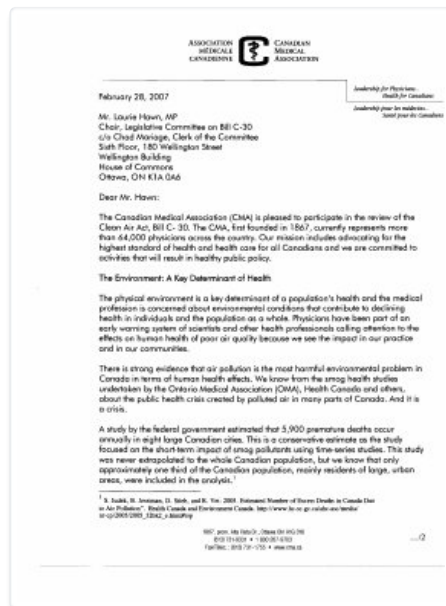


CMA Letter to the Legislative Committee on Bill C-30: Clean Air Act

<https://policybase.cma.ca/link/policy8714>

POLICY TYPE	Parliamentary submission
LAST REVIEWED	2019-03-03
DATE	2007-02-28
TOPICS	Population health, health equity, public health

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



Active Transportation

<https://policybase.cma.ca/link/policy9483>

POLICY TYPE	Policy document
LAST REVIEWED	2020-02-29
DATE	2009-05-31
TOPICS	Population health, health equity, public health

Documents



Multi-stakeholder Position Statement: Toward an Environmentally Responsible Canadian Health Sector

<https://policybase.cma.ca/link/policy9580>

POLICY TYPE	Policy document
LAST REVIEWED	2017-03-04
DATE	2009-05-31
TOPICS	Population health, health equity, public health

Documents

JOINT POSITION STATEMENT

Toward an Environmentally Responsible Canadian Health Sector

Context

Health, health care and the environment are linked inextricably. Environmental contaminants have been associated with congenital health issues, including cancer, birth defects, respiratory and cardiovascular illness, gastrointestinal ailments, and death — and an increased demand for a range of health care services.

The health sector is a significant part of Canada's economy, contributing approximately 9% of gross domestic product (GDP). Thus, the sector uses considerable energy, consumes large quantities of plastics, paper and other resources, and produces significant solid, liquid and gaseous waste. With the improvement of health care technologies and a growing awareness of environmentally responsible practices, there is an increased opportunity for reducing the health sector's environmental footprint. Although there are important health, financial and ethical reasons for adopting such practices in the health sector, a number of challenges exist, including financial, technical and administrative.

Vision

We envision the health sector as a leader in integrating environmentally responsible practices into the delivery of health care. We also see it as an advocate in sharing information on best practices and encouraging Canadian and Canadian organizations to limit their environmental footprint. In a green health sector, minimizing negative impacts on the environment would be a priority for all organizations and individuals in their day-to-day practices and at all levels of decision-making.

A Collaborative Approach

Achieving our vision requires a collaborative approach to delivering environmentally responsible health care. For example:

- Increase health infrastructure:
 - Support investment in covering physical plant infrastructure that allows for the use of facilities that function more efficiently; use clean technologies; and meet new environmental standards for energy efficiency, water management and waste management.

*Canadian Medical Association (CMA) and Canadian Hospital Association (CHA) jointly prepared this position statement. Environmentally responsible care in the health care sector (2009).

CMA's Presentation to the House of Commons Standing Committee on Health : H1N1 Preparedness and Response

<https://policybase.cma.ca/link/policy9699>

POLICY TYPE Parliamentary submission
DATE 2009-10-05
TOPICS Population health, health equity, public health

Documents



Climate Change and Human Health

<https://policybase.cma.ca/link/policy9809>

POLICY TYPE	Policy document
LAST REVIEWED	2018-03-03
DATE	2010-06-09
TOPICS	Population health, health equity, public health

Documents



Lessons from the frontlines: A collaborative report on Pandemic H1N1

<https://policybase.cma.ca/link/policy9840>

POLICY TYPE	Policy document
LAST REVIEWED	2018-03-03
DATE	2010-08-26
TOPICS	Population health, health equity, public health

Documents

