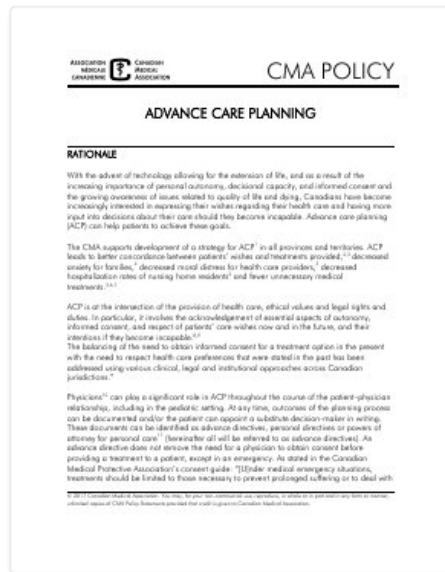


# Advance care planning

<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



# 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

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# Appearance before the House of Commons Standing Committee on Health

<https://policybase.cma.ca/link/policy14475>

POLICY TYPE	Parliamentary submission
DATE	2022-05-09
TOPICS	Health systems, system funding and performance Ethics and medical professionalism

## Documents

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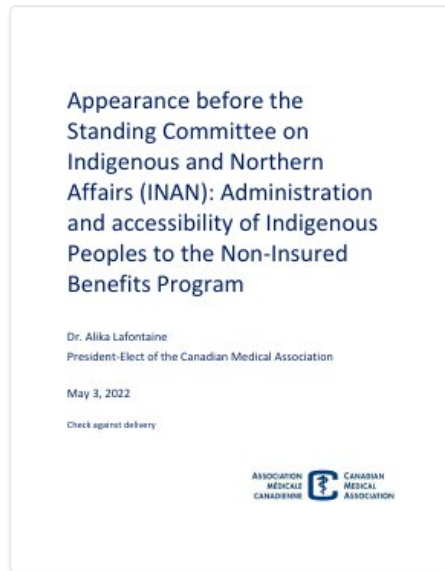
# Appearance before the Standing Committee on Indigenous and Northern Affairs (INAN): Administration and accessibility of Indigenous Peoples to the Non-Insured Benefits Program

<https://policybase.cma.ca/link/policy14474>

POLICY TYPE	Parliamentary submission
DATE	2022-05-03
TOPICS	Population health, health equity, public health Ethics and medical professionalism

## Documents

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# Best practices for smartphone and smart-device clinical photo taking and sharing

<https://policybase.cma.ca/link/policy13860>

POLICY TYPE	Policy document
DATE	2018-03-03
TOPICS	Health information and e-health Ethics and medical professionalism

## Documents

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# Canada's doctors and nurses urgently calling for federal measures to address Canada's health workforce crisis

<https://policybase.cma.ca/link/policy14460>

POLICY TYPE Parliamentary submission  
DATE 2021-11-09  
TOPICS Ethics and medical professionalism

## Documents



# Canadian Medical Association input in advance of the World Health Assembly Special Session

<https://policybase.cma.ca/link/policy14461>

POLICY TYPE Parliamentary submission  
DATE 2021-11-17  
TOPICS Population health, health equity, public health  
Ethics and medical professionalism

## Documents

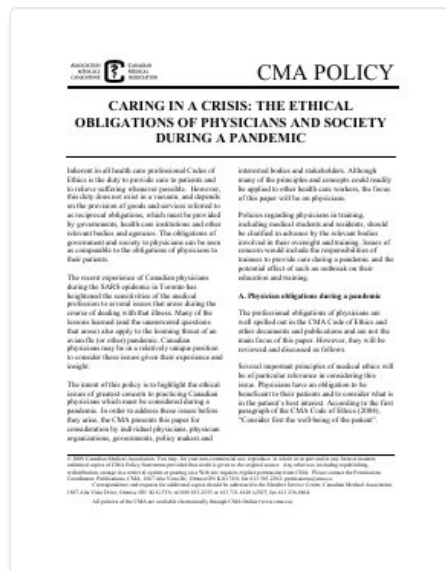


# Caring in a Crisis: The Ethical Obligations of Physicians and Society During a Pandemic

<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





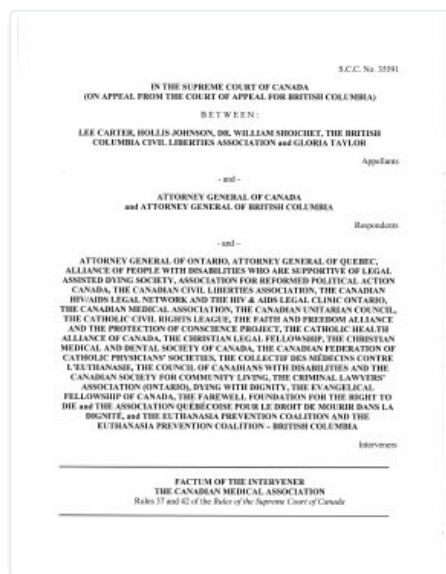
# Carter: CMA submission regarding euthanasia and assisted death

<https://policybase.cma.ca/link/policy13935>

POLICY TYPE	Court submission
LAST REVIEWED	2011-03-05
DATE	2014-08-27
TOPICS	Ethics and medical professionalism Population health, health equity, public health

## Documents

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# 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.



# CMA Policy Endorsement Guidelines

<https://policybase.cma.ca/link/policy14021>

POLICY TYPE	Policy document
DATE	2018-03-03
TOPICS	Ethics and medical professionalism

## Documents



**CMA Board Approved March 2018**

**CMA Policy Endorsement Guidelines ("Subletters")**

These Guidelines constitute an implementation tool of seven recommendations and are informed by [Guidelines to CMA's Structure and Relationship with Other Parties](#) (aka CMA's Corporate Relationship Policy) and [CMA's Authority as a Professional Body](#).

**1. Scope**

These Guidelines apply to the Canadian Medical Association (and not to its subsidiaries). As these are Guidelines, exceptions may be necessary from time to time where a staff may use their discretion and judgment.

**2. Definition**

Endorsement is an umbrella term encompassing "policy endorsement", "sponsorship" and "lending".

Policy endorsement includes:

- (a) CMA endorsing any public report, non-proprietary public opinion poll, which may include the use of CMA's name and/or logo, of an organization's written policy, or an issue that aligns with CMA policy, where there is no explicit repudiation of intent; or
- (b) CMA adopting the policy of another organization as our policy; or
- (c) CMA asking another organization to publicly support our policy.

**3. Process**

- (a) Criteria for policy endorsement requests from another organization to endorse their policy<sup>1</sup> (the following criteria shall be applied):
  - i. we have a policy on the subject matter and
  - ii. we are actively working on a document that policy position and
  - iii. the organization has a follow-up action plan associated with it request.
- (b) Approval: Where policy needs approval requires a policy staff member (with portfolio responsibility) and the VP of Medical Professionalism, or the policy staff member (with portfolio responsibility) and the Chief Policy Advisor. Where no policy needs approval, approval of the Board of Directors is required.
- (c) Annual confirmation: Where CMA adopts the policy of another organization<sup>2</sup>, CMA staff will confirm annually, or more frequently if circumstances dictate, that the policy has not been altered by the other organization.
- (d) Requests: Pursuit of potential endorsement requests are not appropriate. If where possible, requests should come from an organization and not an individual.

**4. Results**

- (a) Where CMA adopts the policy of another organization, the adopted policy shall become CMA policy, and will include a notation in the document as being an adopted policy (as indicated).
- (b) All adopted policies will be housed in an accessible online database.
- (c) All requests for organizations for CMA to endorse their policy will be tracked in a central location, along with any responses.

<sup>1</sup> Requests must consider and require professional approval, which includes the use of CMA's name and logo, after rigorous internal and external approval from appropriate individuals for that purpose. This does not apply, where there is no explicit repudiation of intent.

<sup>2</sup> This is part of the definition of endorsement.

<sup>3</sup> This is part of the definition of endorsement.

1587, press Affairs Unit Dr. Orlane (DHMBRC) 670 989 0000 (ca) cma.ca

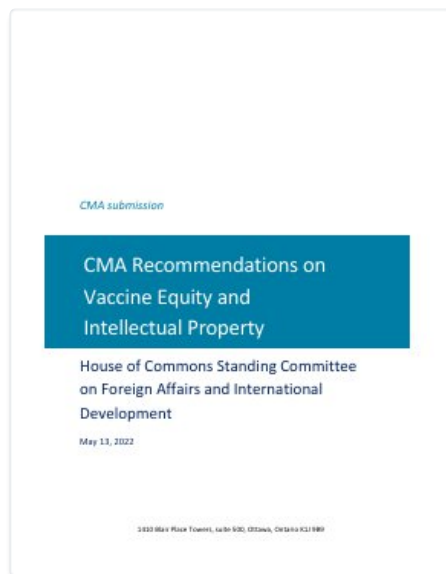
# CMA Recommendations on Vaccine Equity and Intellectual Property

<https://policybase.cma.ca/link/policy14476>

POLICY TYPE	Parliamentary submission
DATE	2022-05-13
TOPICS	Ethics and medical professionalism Pharmaceuticals, prescribing, cannabis, drugs Population health, health equity, public health

## Documents

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# CMA's formal submission to the Federal External Panel on assisted dying

<https://policybase.cma.ca/link/policy11750>

POLICY TYPE	Parliamentary submission
LAST REVIEWED	2019-03-03
DATE	2015-10-19
TOPICS	Ethics and medical professionalism

## Documents

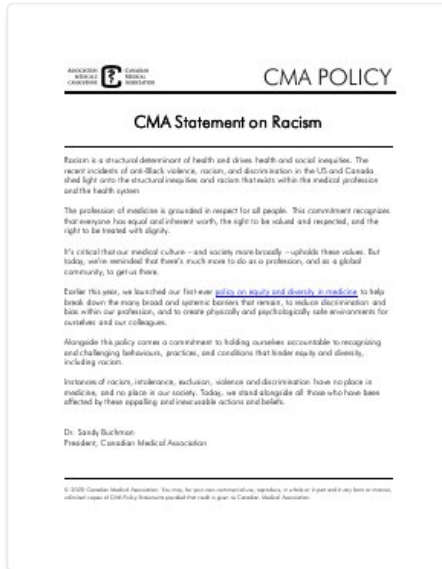


# CMA Statement on Racism

<https://policybase.cma.ca/link/policy14245>

POLICY TYPE	Policy document
DATE	2020-06-02
TOPICS	Ethics and medical professionalism Health care and patient safety

## Documents



# CMA Submission to the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities' study of Bill C-3, An Act to amend the Criminal Code and the Canada Labour Code

<https://policybase.cma.ca/link/policy14464>

POLICY TYPE Parliamentary submission  
DATE 2021-12-15  
TOPICS Health care and patient safety  
Ethics and medical professionalism

## Documents



# CMA Submission to the Standing Committee on Social Affairs, Science and Technology's study of Bill C-3, An Act to amend the Criminal Code and the Canada Labour Code

<https://policybase.cma.ca/link/policy14462>

POLICY TYPE Parliamentary submission  
DATE 2021-12-10  
TOPICS Ethics and medical professionalism

## Documents





# Committee Appearance – Senate Legal and Constitutional Affairs Committee: Bill C-7 – An Act to Amend the Criminal Code (medical assistance in dying)

<https://policybase.cma.ca/link/policy14380>

POLICY TYPE	Parliamentary submission
DATE	2020-11-23
TOPICS	Ethics and medical professionalism

## Documents

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Committee Appearance –  
Senate Legal and Constitutional  
Affairs Committee:

Bill C-7 – An Act to Amend the  
Criminal Code (medical  
assistance in dying)

November 23, 2020



# 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

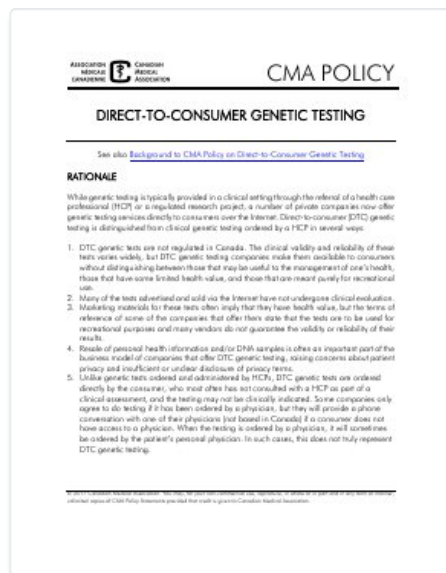


# Direct-to-consumer genetic testing

<https://policybase.cma.ca/link/policy13696>

POLICY TYPE Policy document  
DATE 2017-05-27  
TOPICS Ethics and medical professionalism

## Documents



# Equity and diversity in medicine

<https://policybase.cma.ca/link/policy14127>

POLICY TYPE Policy document  
DATE 2019-12-07  
TOPICS Ethics and medical professionalism

ASSOCIATION OF MEDICAL COLLEGES CANADIAN MEDICAL ASSOCIATION

**CMA POLICY**

**EQUITY AND DIVERSITY IN MEDICINE**

See also [Background to CMA Policy on Equity and Diversity in Medicine](#)

**A. RATIONALE**

The objective of this policy is to provide guidance to physicians and institutions by identifying a set of guiding principles and commitments to promote equity and diversity in medicine (as defined in the Guiding Principles section). We address equity and diversity in medicine to improve circumstances and opportunities for all physicians and learners as part of our efforts to create a safe, inclusive, and health-promoting culture and practice of medicine, and in recognition that individual protection from bias and discrimination is a fundamental right of all Canadians.

To achieve this, we must address inequities, bias, and discrimination in learning and practice environments. By embracing the principles of equity and diversity, we can systematically address root causes and reduce structural barriers faced by those who have been excluded from participation in the medical profession or deprived of fair opportunity once practicing medicine because of their ethnicity, gender, ability, or other group-identifying characteristics. This requires that we all work toward fundamental shifts in power structures and power dynamics that perpetuate systemic and structural inequities, systemic discrimination, and systemic racism.

The principles of equity and diversity, and the corresponding duty to commit to anti-racist efforts, are grounded in the fundamental commitment of the medical profession to respect for persons. This commitment recognizes that everyone has equal and inherent worth, has the right to be valued and respected, and to be treated with dignity. When we address equity and diversity, we are opening the conversation to include the voices and knowledge of those who have historically been under-represented and/or marginalized. It is a process of empowerment—where a person can engage with and take action on issues they define as important. Empowerment involves a meaningful shift in experience that fosters belonging in the profession and draws on community support.

As part of equity and diversity frameworks, inclusion is often articulated to refer to strategies used to increase an individual's ability to contribute fully and effectively to organizational structures and processes. Inclusion strategies are specific organizational practices or programs focused on encouraging the involvement and participation of individuals from diverse backgrounds to integrate and value their perspectives in decision-making processes.

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ASSOCIATION OF MEDICAL COLLEGES CANADIAN MEDICAL ASSOCIATION

**BACKGROUND TO CMA POLICY**

**EQUITY AND DIVERSITY IN MEDICINE**

See also [CMA Policy on Equity and Diversity in Medicine](#)

**RATIONALE**

**DEFINING EQUITY AND DIVERSITY**

Equity means the treatment of people that recognizes and accommodates their differences by ensuring that every individual is provided with what they need to thrive, which may differ from the needs of others. It is a state in which all members of society have similar chances to become socially active, politically influential, and economically productive through the absence of avoidable or remediable differences among groups of people (defined socially, economically, demographically, or geographically). Equity in medicine is achieved when every person has the opportunity, in their own identity, culture, and characteristics, to create and sustain a career or, or receive care from, a medical professional without discrimination or any other cultural or characteristic-related negative bias or barrier.

Diversity describes those differences between people as manifested in their interactions with others in practice, learning, and social contexts. Diversity includes those (observable and non-observable) characteristics which are constructed—and sometimes chosen—by individuals, groups, and societies to identify themselves (e.g., age, culture, religion, language, gender, sexuality, health, socio-economic, and family roles), geography in different contexts. These characteristics may describe individuals in relation to others in those contexts. While identity informs perspectives and approaches, it does not mean that there will be the same for all people who share specific characteristics.

As part of equity and diversity frameworks, inclusion is often articulated to refer to strategies used to increase an individual's ability to contribute fully and effectively to organizational structures and processes. Inclusion strategies are specific organizational practices or programs focused on encouraging the involvement and participation of individuals from diverse backgrounds to integrate and value their perspectives in decision-making processes. Robust processes for inclusion are a vehicle to achieving equity and diversity. Thus, the process of inclusion can be understood to be positioned at the nexus of the overarching principles of equity and diversity.

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**CMA STATEMENT ON EQUITY AND DIVERSITY IN MEDICINE**

**What it is**

The objective of this policy is to provide guidance to physicians and institutions by identifying a set of guiding principles and commitments to promote equity and diversity in medicine. We address equity and diversity in medicine to improve circumstances and opportunities for all physicians and learners as part of our efforts to create a more collaborative and respectful culture and practice of medicine.

**Why it matters**

All Canadians have a fundamental right to individual protection from discrimination and bias. By embracing equity and diversity, we can systematically address the root causes that lead to structural inequities and reduce discrimination and bias faced by both those who want to enter the medical profession and those practicing medicine. Promoting equity and diversity fosters a safe, inclusive, and health-promoting culture that cultivates the diverse perspectives within it, reflects the communities physicians serve, and promotes professional excellence and social accountability as means to better serve patients. Evidence indicates that when more equity and diversity in medicine is achieved, physicians experience greater career satisfaction, health and wellness, and a sense of solidarity with the profession. Consequently, patients experience improved care and a more responsive and adaptable health care system. A clear set of principles and commitments demonstrates that we hold ourselves accountable to recognizing and challenging bias, inequities, practices, and conditions that hinder equity and diversity and to promoting those that will achieve these goals.

This statement is based on the [CMA Policy on Equity and Diversity in Medicine as a Background Document](#). It is consistent with the [CMA Code of Ethics for Physicians](#) and the [CMA Code of Ethics for Nurses](#), and draws on the spirit of the recommendations related to health made in the report of the Truth and Reconciliation Commission of Canada.

**GUIDING PRINCIPLES**

**Respect for persons**  
The principles of equity and diversity are grounded in the fundamental commitment of the medical profession to respect for persons. Respect for persons means that everyone has equal and inherent worth, has the right to be valued and respected, and to be treated with dignity.

**Empowerment**  
When we address equity and diversity, we are opening the conversation to include the voices and knowledge of those who have historically been under-represented and/or marginalized. It is a process of empowerment—where a person can engage with and take action on issues they define as important. Empowerment involves a meaningful shift in experience that fosters belonging in the profession.

**Solidarity**  
Solidarity means standing alongside others by recognizing our commonality, shared vulnerabilities and goals, and interdependence. It is enacted through collective action and aims, to show solidarity within the profession means making a personal commitment to recognizing others as equals, valuing respect, open, and transparent dialogue and relationships, and role modelling that behavior.

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