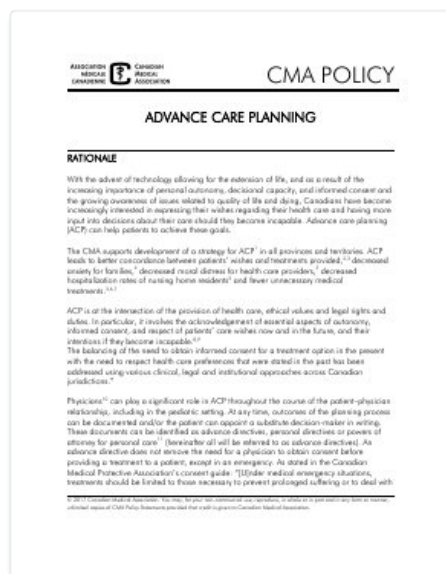


Advance care planning

<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



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



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 civil 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

 **Association of Canadian Medical Association**

CMA Policy Endorsement Guidelines ("Substitutes") **CMA Board Approved March 2018**

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 policy¹ (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 its 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 requires the Board of Directors to approve.
(c) Annual confirmation: Where CMA adopts the policy of another organization², 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 on 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.

¹ Requests must, in order to be approved, provide a public opinion poll, which includes the use of CMA's name and logo, after registration, consent, and must be approved from appropriate channels or that person that has authority, where there is no explicit repudiation of intent.
² This is part of the definition of endorsement.
³ This is part of the definition of endorsement.

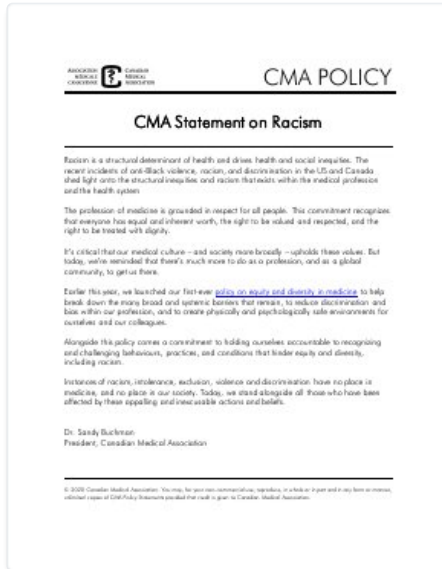
1587, press Affairs Unit Dr. Orlane (DHMBRC) 670 989 0000 (ca) cma.ca

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



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

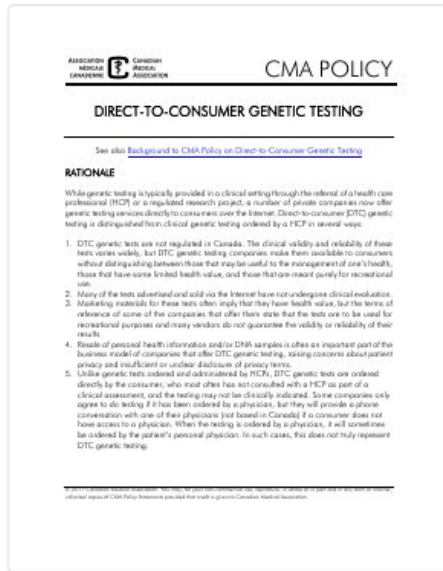


Direct-to-consumer genetic testing

<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 reduce 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 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, 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 professional and learning 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 [reconciliation framework](#) 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 in 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.

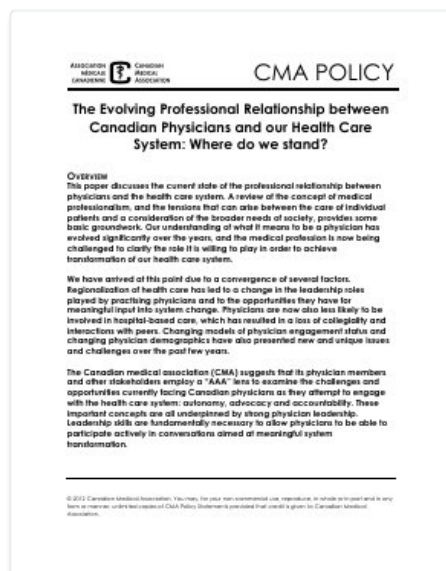
ASSOCIATION OF MEDICAL COLLEGES CANADIAN MEDICAL ASSOCIATION

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



Framework for Ethical Decision Making During the Coronavirus Pandemic

<https://policybase.cma.ca/link/policy14133>

POLICY TYPE	Policy document
DATE	2020-04-01
TOPICS	Ethics and medical professionalism Health care and patient safety

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



Global vaccine equity

<https://policybase.cma.ca/link/policy14451>

POLICY TYPE	Policy document
DATE	2021-08-21
TOPICS	Ethics and medical professionalism Population health, health equity, public health

Documents

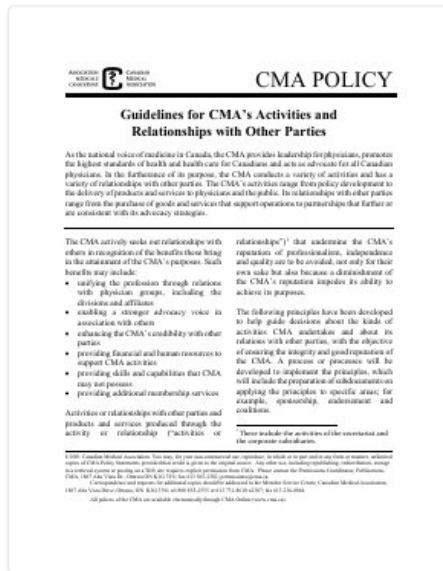


Guidelines for CMA's activities and relationships with other parties

<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



Guidelines for physicians in interactions with industry / Recommendations for physician innovators

<https://policybase.cma.ca/link/policy14454>

POLICY TYPE	Policy document
DATE	2021-08-21
REPLACES	PD08-01 Guidelines for Physicians in Interactions with Industry
TOPICS	Ethics and medical professionalism

Documents

Thumbnail of the document "Guidelines for physicians in interactions with industry". The document is from the Canadian Medical Association (CMA) and is a CMA Policy. It discusses the evolving physician-industry relationships in a complex health care landscape, where industry plays a more prominent role. It outlines appropriate interactions that benefit patients, society, and physicians, while also addressing potential conflicts of interest and the need for transparency. The document is dated 2021-08-21 and replaces PD08-01. It is categorized under Ethics and medical professionalism.

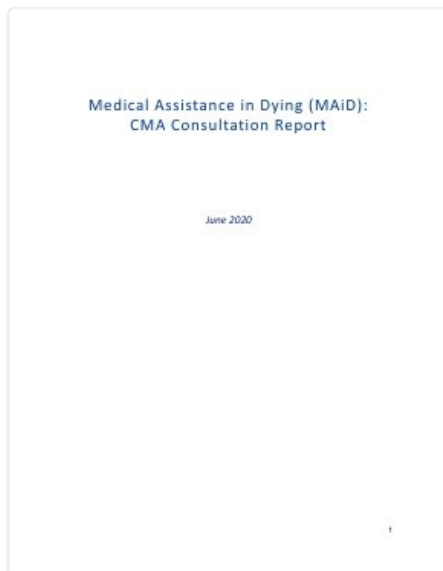
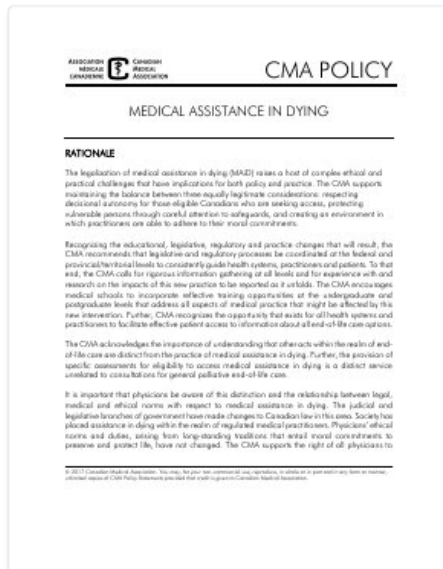
Thumbnail of the document "Recommendations for Physician Innovators". This document provides guidance for physicians who are increasingly taking on leadership roles in medical innovation or entrepreneurship. It addresses the unique position of physician innovators, balancing their primary ethical and professional obligations to patients, the public, and the profession with their new roles. The document offers recommendations to help guide physician innovators across their career lifecycle. It is a CMA Policy, dated 2021-08-21, and replaces PD08-01. It is categorized under Ethics and medical professionalism.

Medical assistance in dying

<https://policybase.cma.ca/link/policy13698>

POLICY TYPE	Policy document
DATE	2017-05-27
REPLACES	EUTHANASIA AND ASSISTED DEATH (UPDATE 2014)
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 professional bodies. 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 physicians 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 patients, their families and society.

Ethics of care. 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.

Beneficence 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, an essential feature of clinical autonomy is respect by governments and administrators, including public agencies, not just to the best interests of patients, but also because they can change the treatment in 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. 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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Organ and tissue donation and transplantation

<https://policybase.cma.ca/link/policy14126>

POLICY TYPE	Policy document
DATE	2019-12-07
REPLACES	Organ and tissue donation and transplantation (update 2015)
TOPICS	Ethics and medical professionalism Health care and patient safety

Documents

The cover page features the CMA logo at the top left, followed by the text 'CMA POLICY' in a large, bold font. Below this, the title 'ORGAN AND TISSUE DONATION AND TRANSPLANTATION' is centered. A small line of text reads 'See also Background to CMA Policy on Organ and Tissue Donation and Transplantation'. The 'Rationale' section discusses the rapidly changing area of medical science and practice, noting that organ and tissue transplantation represent significant blessings and life-saving interventions that require careful consideration by multiple stakeholders. It mentions that technological and other biomedical advancements have made organ and tissue transplantation increasingly viable for treating related medical conditions. The 'Score' section identifies foundational principles to address challenges surrounding deceased and living donation, in conjunction with applicable laws and regulations in Canada.

The cover page features the CMA logo at the top left, followed by the text 'BACKGROUND TO CMA POLICY' in a large, bold font. Below this, the title 'ORGAN AND TISSUE DONATION AND TRANSPLANTATION' is centered. A small line of text reads 'See also: CMA Policy on Organ and Tissue Donation and Transplantation'. The 'Context' section discusses organ donation wait lists in Canada, which continue to grow exponentially due to an aging population, climbing obesity rates, the increasing viability of organ transplantation, and improvements in the effectiveness of immunosuppressive medications. It notes that demand for organ transplants will increase 150% over the next two decades. The text also mentions that in 2016, 2023 organ transplantations were performed in Canada using donations made by 758 deceased donors (548 NDD-donors and 174 DCD-donors) and 544 living donors. It compares deceased donation to living donation, noting that living donation offers better short-term and long-term health outcomes for recipients. The text concludes with a note that the rate of living donation (15.03 DPMF in 2017) has decreased by 1% since 2006.

Palliative care

<https://policybase.cma.ca/link/policy11809>

POLICY TYPE	Policy document
LAST REVIEWED	2020-02-29
DATE	2015-10-03
TOPICS	Ethics and medical professionalism

Documents

