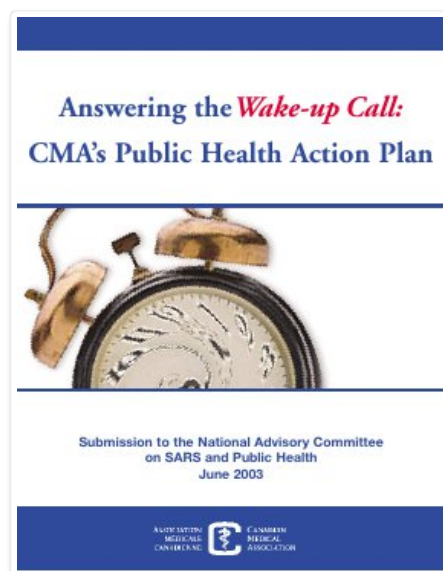


Answering the Wake-up Call: CMA's Public Health Action Plan : CMA submission to the National Advisory Committee on SARS and Public Health

<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



Antimicrobial Resistance (AMR)

<https://policybase.cma.ca/link/policy14079>

POLICY TYPE	Policy document
DATE	2019-03-02
TOPICS	Health care and patient safety Population health, health equity, public health

Documents

ASSOCIATION OF MEDICAL PROFESSIONS AND INFECTIOUS DISEASES CANADA
AMMI
Association of Medical Microbiology and Infectious Disease Canada
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Antimicrobial Resistance (AMR)

See also [Background to CMA Policy on Antimicrobial Resistance PD19-08](#)

Context

Antimicrobials (which include antibiotics) are a precious public resource and an essential tool for fighting infections in both humans and animals. Their importance to human medical, nutritional and economic security cannot be understated. Yet globally, antimicrobials are losing their effectiveness more quickly than new such drugs, treatments and therapies are being identified and introduced to market.¹ Consequently, this dynamic has eroded the human antimicrobial arsenal, placing the lives and futures of an unacceptable number of people at risk.

Antimicrobial resistance (AMR) occurs when microorganisms such as bacteria, viruses, fungi and parasites come into contact with antimicrobial drugs, such as antibiotics, antivirals, antifungals, antiparasitics and antipneumonia, and undergo changes. The drugs are rendered ineffective and cannot eradicate infections from the body.

AMR is an international challenge that threatens to reverse over a century of progress in public health, health care and human development attributable to antimicrobial use. Indeed, the effects of AMR are already being felt across Canada's health care system. Currently, Canada's dedicated investment in solutions to mitigate against increasing AMR in the AMR and antimicrobial stewardship (AMS) fields (both federally and provincially/territorially) can only be viewed as wholly inadequate to address the scope of the problem and the risks it poses for the health of Canadians.

Therefore, to: (1) promote awareness of AMR; (2) incentivize investment in AMR mitigation strategies; and (3) support the implementation of an effective suite of more clinically effective management/treatment practices and policies, the following target audience recommendations are offered.²

* All the policy recommendations made in this document are not meant to be interpreted as clinical practice guidelines. They represent the expert best view on whether should promptly proceed to practice.
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BACKGROUND TO CMA POLICY

Antimicrobial Resistance

See also [CMA Policy Antimicrobial Resistance PD19-08](#)

OVERVIEW

The world is at the tipping point of a post-antibiotic era. "Worldwide, we are relying more heavily on antibiotics to ensure our medical, nutritional and economic security, while simultaneously causing the decline of their usefulness with overuse and ill advised use."¹ It is estimated that the world's use of antimicrobials increased by 65% between 2000 and 2015 — nearly as fast as middle-income countries.²

Dr. Margaret Chan, the former head of the World Health Organization (WHO), described antimicrobial resistance (AMR) as a slow-moving tsunami for public health. Other experts have characterized AMR as a looming "antibiotic apocalypse," warning that all countries "will face disaster consequences if the spread of AMR is not contained."³ Others are now calling AMR the "climate change" of health care. According to the IJC review on AMR, an estimated 10 million people globally will die annually by 2050, and AMR will surpass cancer to become the leading cause of death.⁴

AMR occurs when "microorganisms (such as bacteria, fungi, viruses, and parasites) change when they are exposed to antimicrobial drugs (such as antibiotics, antifungals, antivirals, antiparasitics, and antipneumonia) ... As a result, the medicines become ineffective and infections persist in the body, increasing the risk of spread to others."⁵ Microorganisms that develop antimicrobial resistance are sometimes referred to as "superbugs," "nightmare bacteria,"⁶ as they have been dubbed, are bacterial strains that no conventional antimicrobial can effectively treat; their incidence is on the rise.⁷

AMR represents a unique challenge for the medical profession as it is estimated that as many as 50% of current antibiotic prescriptions are either inappropriate or unnecessary.⁸ In addition, taking an antimicrobial involves potentially considerable exposure to side effects or risk. As there are more powerful, durable, and less-toxic forms of medical treatment. Critically, these include many medications for currently treatable bacterial infections, and many forms of surgery (including organ delivery), radiation therapy, chemotherapy and neonatal care.⁹

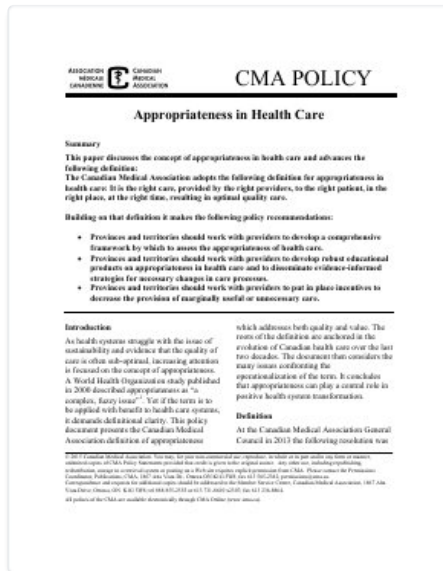
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Appropriateness in health care

<https://policybase.cma.ca/link/policy11516>

POLICY TYPE	Policy document
LAST REVIEWED	2020-02-29
DATE	2014-12-06
TOPICS	Health care and patient safety

Documents

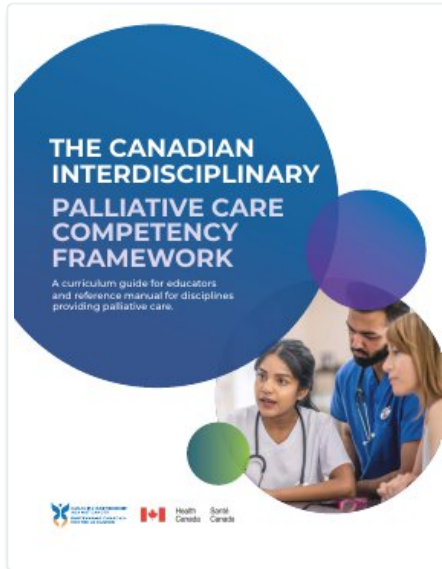


The Canadian Interdisciplinary Palliative Care Competency Framework

<https://policybase.cma.ca/link/policy14439>

POLICY TYPE	Policy endorsement
DATE	2020-12-05
TOPICS	Health care and patient safety Population health, health equity, public health

Documents



Canadian Medical Association Submission on Bill S-209, An Act to Amend the Criminal Code (prize fights)

<https://policybase.cma.ca/link/policy10708>

POLICY TYPE Parliamentary submission
DATE 2013-04-15
TOPICS Health care and patient safety

Documents

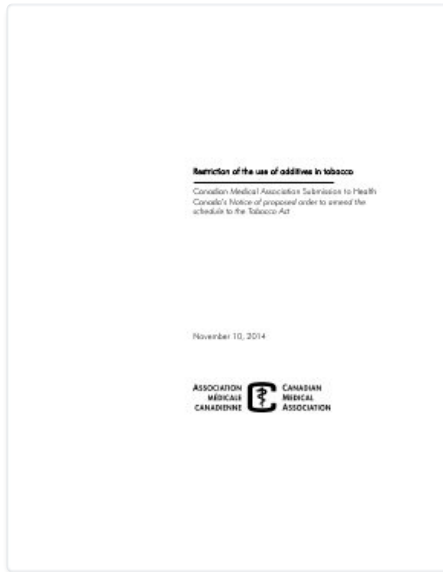


Canadian Medical Association Submission to Health Canada's Notice of proposed order to amend the schedule to the Tobacco Act

<https://policybase.cma.ca/link/policy11434>

POLICY TYPE	Parliamentary submission
DATE	2014-11-10
TOPICS	Health care and patient safety Population health, health equity, public health

Documents



Canadian Medical Association Submission to the House of Commons Study on E-Cigarettes

<https://policybase.cma.ca/link/policy11437>

POLICY TYPE	Parliamentary submission
DATE	2014-11-27
TOPICS	Health care and patient safety Population health, health equity, public health

Documents



Canadian Medical Association submission to the Standing Senate Committee on Banking, Trade and Commerce: Higher rate now: Why excise tax on tobacco is long overdue for an increase

<https://policybase.cma.ca/link/policy11129>

POLICY TYPE	Parliamentary submission
DATE	2014-05-15
TOPICS	Health care and patient safety Pharmaceuticals, prescribing, cannabis, drugs

Documents

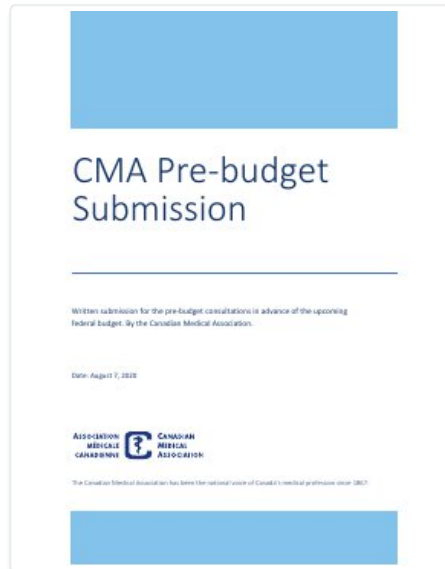


CMA Pre-budget Submission

<https://policybase.cma.ca/link/policy14259>

POLICY TYPE	Parliamentary submission
DATE	2020-08-07
TOPICS	Physician practice, compensation, forms Health information and e-health Health care and patient safety Health systems, system funding and performance

Documents



CMA's Recommendations for Bill S-5: An Act to amend the Tobacco Act and the Non-smokers' Health Act and to make consequential amendments to other Acts

<https://policybase.cma.ca/link/policy13641>

POLICY TYPE	Parliamentary submission
DATE	2017-04-07
TOPICS	Health care and patient safety Pharmaceuticals, prescribing, cannabis, drugs

Documents

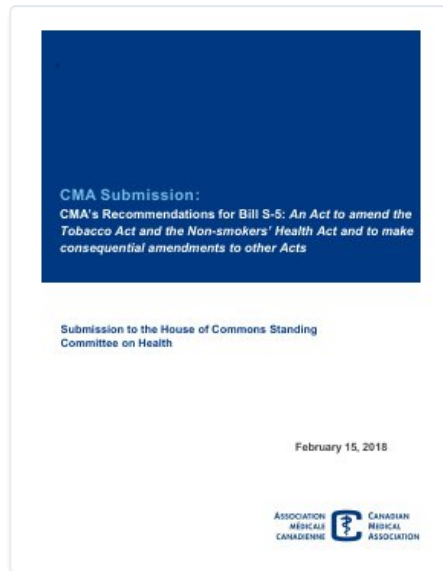


CMA's Recommendations for Bill S-5 An Act to amend the Tobacco Act and the Non-smokers' Health Act and to make consequential amendments to other Acts

<https://policybase.cma.ca/link/policy13918>

POLICY TYPE	Parliamentary submission
DATE	2018-02-15
TOPICS	Pharmaceuticals, prescribing, cannabis, drugs Health care and patient safety

Documents

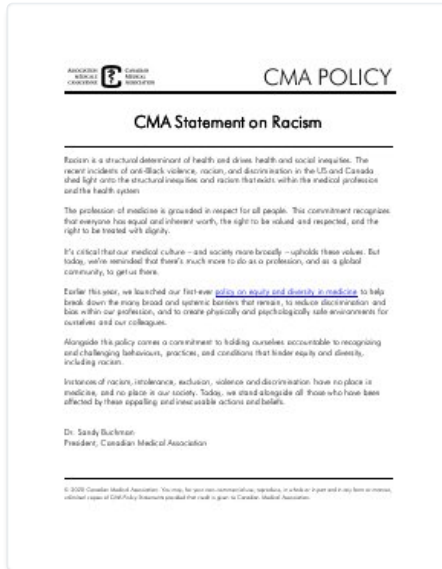


CMA Statement on Racism

<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

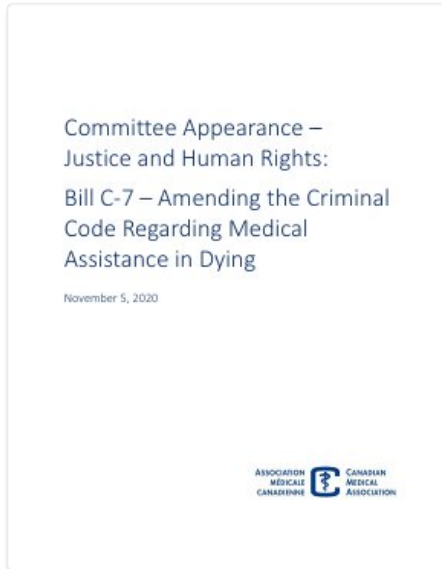


Committee Appearance – Justice and Human Rights: Bill C-7 – Amending the Criminal Code Regarding Medical Assistance in Dying

<https://policybase.cma.ca/link/policy14374>

POLICY TYPE	Parliamentary submission
DATE	2020-11-05
TOPICS	Health care and patient safety

Documents



Complementary and alternative medicine (update 2015)

<https://policybase.cma.ca/link/policy11529>

POLICY TYPE	Policy document
DATE	2015-05-30
REPLACES	Complementary and alternative medicine (Update 2008)
TOPICS	Health care and patient safety Pharmaceuticals, prescribing, cannabis, drugs

Documents

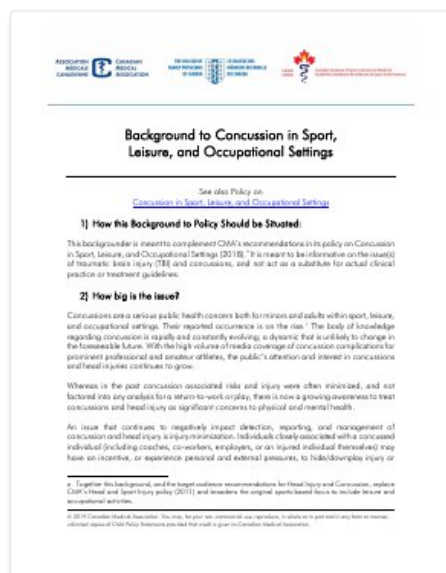


Concussion in Sport, Leisure, and Occupational Settings

<https://policybase.cma.ca/link/policy14023>

POLICY TYPE	Policy document
DATE	2019-03-02
REPLACES	Head injury and sport (2011)
TOPICS	Health care and patient safety Population health, health equity, public health

Documents



Consultation on proposed front-of-package labelling

<https://policybase.cma.ca/link/policy13882>

POLICY TYPE	Response to consultation
DATE	2018-04-23
TOPICS	Health care and patient safety Pharmaceuticals, prescribing, cannabis, drugs

Documents



Consultation on the renewal of Federal Tobacco Control Strategy

<https://policybase.cma.ca/link/policy13804>

POLICY TYPE Response to consultation
DATE 2017-04-05
TOPICS Health care and patient safety
Pharmaceuticals, prescribing, cannabis, drugs

Documents



Emergency federal measures to care for and protect Canadians during the COVID-19 pandemic

<https://policybase.cma.ca/link/policy14132>

POLICY TYPE Parliamentary submission
DATE 2020-03-16
TOPICS Health care and patient safety

Documents

