

Firearms Control (Update 2021)

<https://policybase.cma.ca/link/policy14401>

POLICY TYPE	Policy document
DATE	2021-07-15
REPLACES	Firearms control (Update 2001)
TOPICS	Population health, health equity, public health Health care and patient safety

Documents

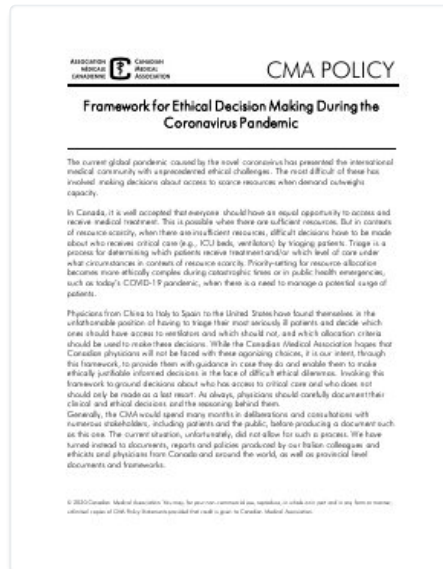


Framework for Ethical Decision Making During the Coronavirus Pandemic

<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



Front-of-package labelling consultation

<https://policybase.cma.ca/link/policy13800>

POLICY TYPE

Response to consultation

DATE

2016-10-31

TOPICS

Health care and patient safety

Documents

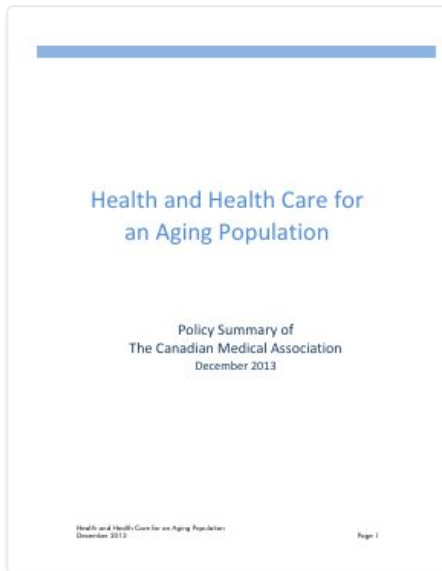


Health and health care for an aging population

<https://policybase.cma.ca/link/policy11061>

POLICY TYPE	Policy document
LAST REVIEWED	2018-03-03
DATE	2013-12-07
REPLACES	PD00-03 - Principles for medical care of older persons
TOPICS	Health care and patient safety Health systems, system funding and performance

Documents

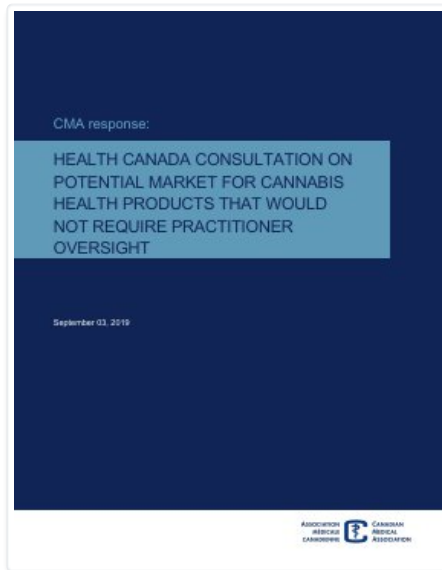


Health Canada consultation on potential market for cannabis health products that would not require practitioner oversight

<https://policybase.cma.ca/link/policy14125>

POLICY TYPE	Response to consultation
DATE	2019-09-03
TOPICS	Health care and patient safety Population health, health equity, public health

Documents

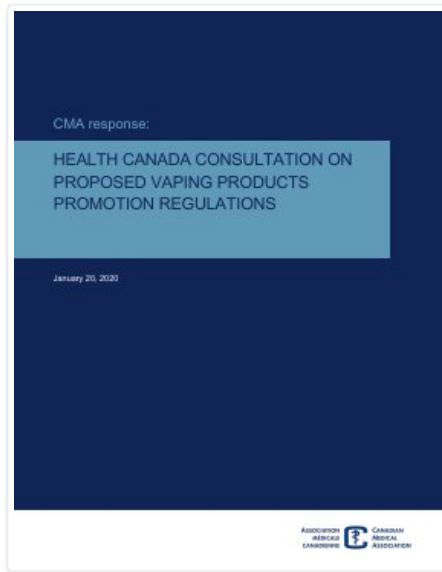


Health Canada consultation on proposed vaping products promotion regulations

<https://policybase.cma.ca/link/policy14128>

POLICY TYPE	Response to consultation
DATE	2020-01-20
TOPICS	Health care and patient safety Population health, health equity, public health

Documents

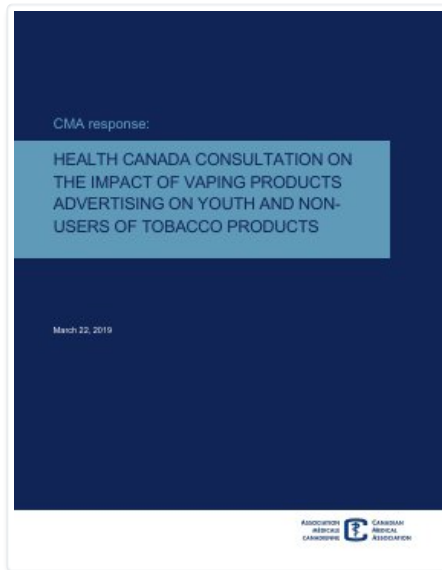


Health Canada consultation on the impact of vaping products advertising on youth and non-users of tobacco products

<https://policybase.cma.ca/link/policy14022>

POLICY TYPE	Response to consultation
DATE	2019-03-22
TOPICS	Health care and patient safety Population health, health equity, public health

Documents

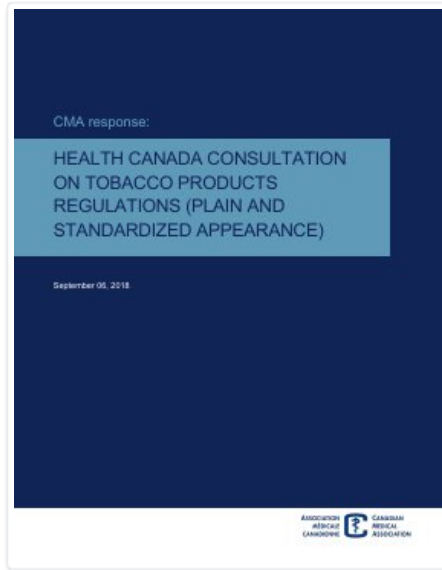


Health Canada consultation on tobacco products regulations (plain and standardized appearance)

<https://policybase.cma.ca/link/policy13930>

POLICY TYPE	Response to consultation
DATE	2018-09-06
TOPICS	Health care and patient safety Pharmaceuticals, prescribing, cannabis, drugs

Documents

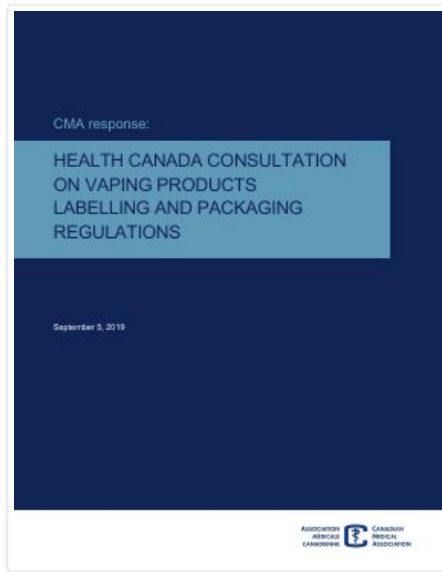


Health Canada consultation on vaping products labelling and packaging regulations

<https://policybase.cma.ca/link/policy14124>

POLICY TYPE	Response to consultation
DATE	2019-09-05
TOPICS	Health care and patient safety Population health, health equity, public health

Documents

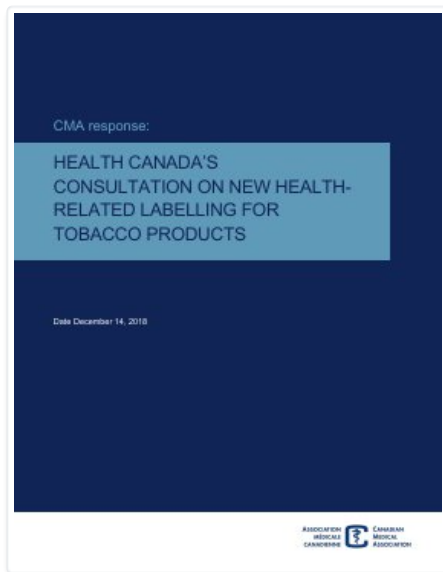


Health Canada's consultation on new health-related labelling for tobacco products

<https://policybase.cma.ca/link/policy13939>

POLICY TYPE	Response to consultation
DATE	2018-12-14
TOPICS	Health care and patient safety Population health, health equity, public health

Documents



Health Canada's Consultation on "Plain and Standardized Packaging"

<https://policybase.cma.ca/link/policy13817>

POLICY TYPE	Response to consultation
DATE	2016-08-12
TOPICS	Health care and patient safety Pharmaceuticals, prescribing, cannabis, drugs

Documents

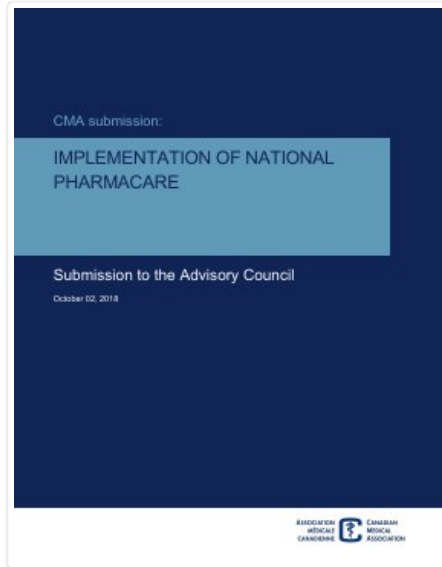


Implementation of National Pharmacare

<https://policybase.cma.ca/link/policy13933>

POLICY TYPE	Response to consultation
DATE	2018-10-02
TOPICS	Health care and patient safety Pharmaceuticals, prescribing, cannabis, drugs

Documents

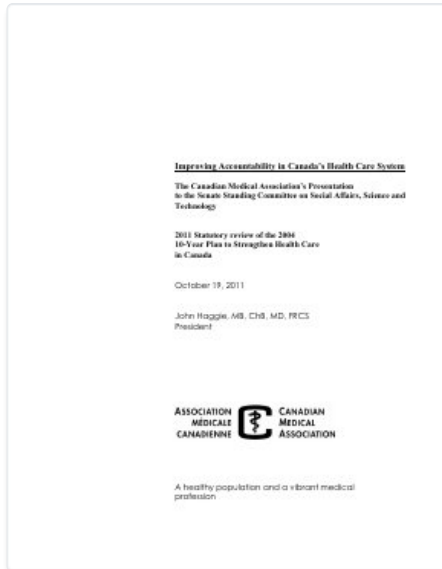


Improving Accountability in Canada's Health Care System: The Canadian Medical Association's Presentation to the Senate Standing Committee on Social Affairs, Science and Technology

<https://policybase.cma.ca/link/policy10230>

POLICY TYPE	Parliamentary submission
DATE	2011-10-19
TOPICS	Health care and patient safety Health systems, system funding and performance

Documents



Insite: CMA submission regarding Insite supervised injection site and program.

<https://policybase.cma.ca/link/policy14129>

POLICY TYPE Court submission

DATE 2011-02-17

TOPICS Health care and patient safety
Pharmaceuticals, prescribing, cannabis, drugs

Documents

S.C.C. File No.: 2350

IN THE SUPREME COURT OF CANADA
(APPEAL FROM THE BRITISH COLUMBIA COURT OF APPEAL)

BETWEEN:

ATTORNEY GENERAL OF CANADA AND
MINISTER OF HEALTH FOR CANADA

Appellants
(Appellants/Cross-Respondents)

-- and --

PHS COMMUNITY SERVICES SOCIETY, DEAN EDWARD WILSON and SHELLY
TOMIC, VANCOUVER AREA NETWORK OF DRUG USERS (VANDE)

Respondents
(Respondents/Cross-Appellants)

-- and --

ATTORNEY GENERAL OF BRITISH COLUMBIA

Respondent
(Respondent)

-- and --

ATTORNEY GENERAL OF QUEBEC, DR. PETER ABBS FOUNDATION,
VANCOUVER COASTAL HEALTH AUTHORITY, CANADIAN CIVIL LIBERTIES
ASSOCIATION, CANADIAN HIV/AIDS LEGAL NETWORK, INTERNATIONAL
HARM REDUCTION ASSOCIATION AND CACTUS MONTREAL, CANADIAN
NURSES ASSOCIATION, REGISTERED NURSES ASSOCIATION OF ONTARIO
AND ASSOCIATION OF REGISTERED NURSES OF BRITISH COLUMBIA,
CANADIAN PUBLIC HEALTH ASSOCIATION, CANADIAN MEDICAL
ASSOCIATION, BRITISH COLUMBIA CIVIL LIBERTIES ASSOCIATION, BRITISH
COLUMBIA NURSES'S UNION

Interveners

FACTUM OF THE INTERVENER,
CANADIAN MEDICAL ASSOCIATION

BORDEN LADNER GERVAIS LLP
100 Queen Street - Suite 1100
Ottawa, ON K1P 1J9

Gay J. Pruthi/Noelle Elford
Tel: (613) 237-5580
Fax: (613) 250-8842

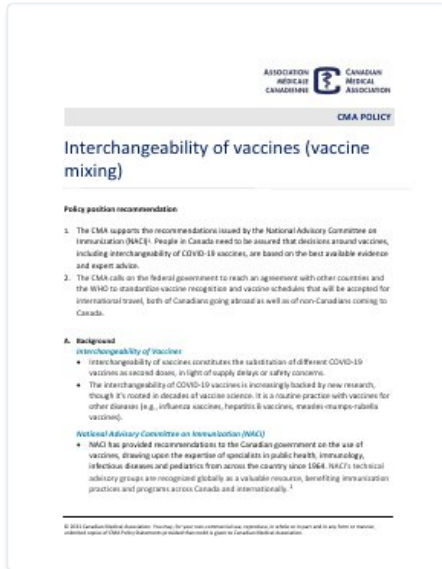
Counsel for the Intervener, Canadian Medical
Association

Interchangeability of vaccines (vaccine mixing)

<https://policybase.cma.ca/link/policy14453>

POLICY TYPE	Policy document
DATE	2021-08-21
TOPICS	Health care and patient safety Population health, health equity, public health

Documents



Joint Submission to the Subcommittee on Sport-Related Concussions in Canada House of Commons Standing Committee on Health

<https://policybase.cma.ca/link/policy14080>

POLICY TYPE Parliamentary submission
DATE 2019-01-29
TOPICS Health care and patient safety

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

“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

March 18, 1999
Ottawa, Ontario

For further information, contact
CMA’s Public Affairs Directorate: 1 800 267-9703

Leadership in Primary Care • Health for Canadians
Leadership pour les soins primaires • Santé pour les Canadiens

“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
March 18, 1999

Executive Summary

Over the last year, CMA has become increasingly concerned that debate on the issues concerning health information have been framed in terms of access to information with an attendant concern of privacy and confidentiality. This one-sided approach comes at a time of expansion in our capacity to collect, store, merge, transfer and access information, coupled with trends both in the health care sector and generally related to the use of information. To address these concerns and to ensure that privacy and confidentiality in the medical context are valued, protected and preserved, CMA developed and adopted a Health Information Privacy Code. This Code should form the basis of all legislation governing the collection, use and disclosure of health information.

Health information is special by its nature. Rules relating to health information must be developed in recognition of its special nature. Ensuring protection of privacy and confidentiality of the patient must take precedence over other considerations. Bill C-54 fails to do this. Bill C-54 is written from the perspective of encouraging commerce. It appears to have access to information as its dominant value. CMA considers the world of health care to be very different from that of commerce and consequently requiring distinct rules.

Health information use must, in all but exceptional and justifiable circumstances, occur only under the strict control of the patient. The patient must be able to exercise control through voluntary, informed consent. Bill C-54 permits the collection, use and disclosure of information without knowledge or consent on grounds such as expediency, necessity, public good, research, offence investigation, historic importance and artistic purpose. The evident lack of protection accorded health information based on such grounds, is unacceptable. The absence of protection undermines the integrity of the patient-physician relationship and has the potential to erode the trust patients have in their physicians - a trust that is essential to patients' willingness to provide the complete information needed to provide them with care. Moreover, distinctions must be made between a patient's right to know what use or reuse happens to health information and the right to consent to such use.


Not all purposes for the collection and use of health information are equal. Collection and use beyond the therapeutic context should be subjected to rigorous scrutiny before they are permitted to occur. Bill C-54 fails to make such a distinction and treats all purposes that could be identified for information collection or use as equal. Moreover,

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

 **CMA POLICY**

ORGAN AND TISSUE DONATION AND TRANSPLANTATION

[See also Background to CMA Policy on Organ and Tissue Donation and Transplantation](#)

RATIONALE

Organ and Tissue Donation and Transplantation (OTDT) is a rapidly changing area of medical science and practice. Organ and tissue transplantation represent significant benefits and life-saving interventions that require careful consideration by multiple stakeholders spanning medical disciplines. Technological and other biomedical advancements have made organ and tissue transplantation increasingly viable for treating related medical conditions. Changing social norms have also led to shifting perceptions of the acceptability of organ and tissue donation. Within this context, there is a need for renewed consideration of the ethical issues and principles guiding organ and tissue donation and transplantation in Canada.


The overarching principle that guides OTDT is public trust, which requires that the expressed intent either for organ donation will be honored and respected within the donation and medical systems, and that the best interests of the potential donor are always of paramount importance; policies and mechanisms that guide OTDT should aim to maintain and foster that public trust. The CMA acknowledges and respects the diverse viewpoints, backgrounds, and religious views of physicians and patients and therefore encourages physicians to confront challenges raised by OTDT in a way that is consistent with both standards of medical ethics and patients' values and beliefs.

Scope

This policy identifies foundational principles to address the challenges surrounding deceased and living donation. In conjunction with applicable laws and regulations in Canada, the Declaration of Intent, the World Health Organization (WHO) Guiding Principles on Human Cells, Tissue and Organ Transplantation, and leading clinical practice, this policy aims to inform physicians and other interested parties on the guiding principles of OTDT in Canada. This policy is intended to address OTDT in adult populations; the challenges, considerations, legislation, and policy surrounding pediatric and neonatal OTDT are unique and deserve focused attention.

Physicians should be aware of relevant legislation, regulatory requirements, and policies in the jurisdiction in which they practice. Physicians are encouraged to refer to the various

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 **BACKGROUND TO CMA POLICY**

ORGAN AND TISSUE DONATION AND TRANSPLANTATION

[See also CMA Policy on Organ and Tissue Donation and Transplantation](#)

Context

Organ donation wait lists in Canada 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.¹ It is projected that demand for organ transplants will increase 150% over the next two decades.² Presently, nearly 4500 Canadians remain on organ transplant waiting lists, some of whom will die before receiving a donation; 260 patients died while waiting for an organ transplant in 2016.³ The majority of organ donations are made by deceased donors (81% in 2017)⁴ and the majority of Canadians (91%) support organ and tissue donation, however, only 9% have registered their consent.⁵

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. The rate of deceased organ donation in 2016 (20.9 donors per million people [DMP]) represents a 42% increase compared to 2007 (14.7 DMP).⁶ However, this value still falls short of the 2017 goal set out in Canada's strategic plan to improve organ and tissue donation and transplantation (22 DMP), and also falls short of the performance of similar nations (e.g., the United States, 20.9 DMP).⁷

Compared to deceased donation, living donation offers better short-term and long-term health outcomes for recipients.⁸ Living donors contribute a kidney, a lobe of lung or liver, bone marrow, umbilical cord blood, and/or men's cells through a direct (i.e., the organ is intended for a specific patient designated by the donor) or non-directed donation. Due to advancements in immunosuppressive technology, donors may be related or unrelated to the recipient,⁹ and are matched based on appropriate compatibility tests. The rate of living donation (15.03 DMP in 2017) has decreased by 1% since 2006. Interestingly, certain avenues do not follow this trend; for example, the Kidney Paired Donation program, established in 2009, had its second most successful year in 2016 and has a total of 474 transplants facilitated to date.

¹ The original data were reported as Death-Noted (DN), also involving death based on neurological or brain-based criteria.
² Statistics Canada's latest projection of Death-Noted (DN) also involving death based on neurological or brain-based criteria.
³ Ibid.

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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

