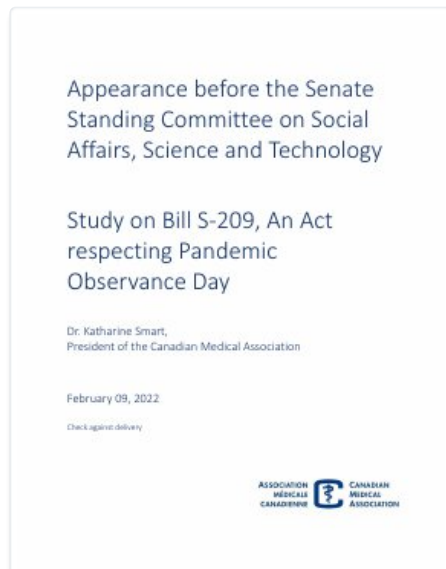


Study on Bill S-209, An Act respecting Pandemic Observance Day

<https://policybase.cma.ca/link/policy14467>

POLICY TYPE	Parliamentary submission
DATE	2022-02-09
TOPICS	Health care and patient safety Ethics and medical professionalism

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

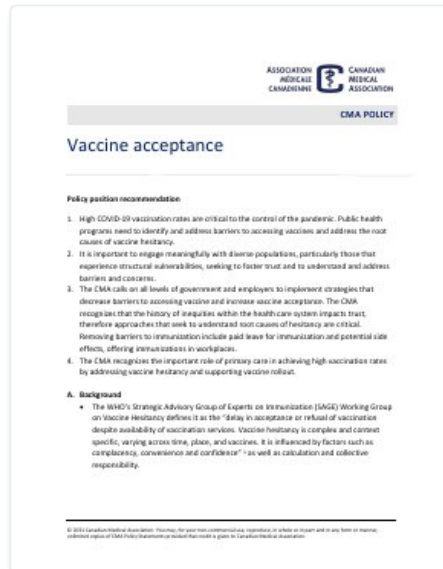


Vaccine acceptance

<https://policybase.cma.ca/link/policy14450>

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

Documents

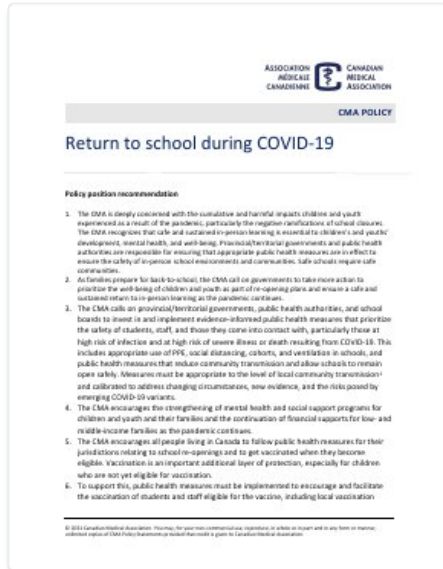


Return to school during COVID-19

<https://policybase.cma.ca/link/policy14452>

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

Documents

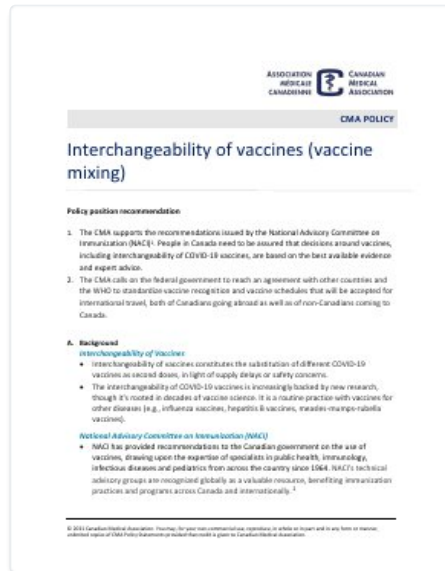


Interchangeability of vaccines (vaccine mixing)

<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



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

ASSOCIATION OF MEDICAL CANADIANS CANADIAN MEDICAL ASSOCIATION

CMA POLICY

Firearms Control

(Update 2021)

See also [Background to CMA Policy Firearms Control](#)

Rationale

The objective of this policy is to provide guidance to governments and other stakeholders about education/prevention, regulation and research related to firearms control in Canada. Guidelines are provided to assist physicians in firearm injury prevention strategies and the identification and counselling of patients at risk of firearm-related injuries and deaths related to unsafe behaviours. The policy is informed by a large body of evidence described in the accompanying [Background Firearms Control \(2021\)](#) document.

Physicians have a long history of advocacy regarding public health issues (e.g., vaccines, nicotine, asbestos, social determinants of health) leading to beneficial changes in policy and population health. As a health and safety advocate for patients as well as the public at large, the medical profession has a responsibility to advocate for the prevention of injuries and deaths, including those resulting from intentional and unintentional injuries related to firearms.

Firearm-related injuries and fatalities are a major cause of premature and preventable death in Canada. Canada has among the highest rates of suicides by firearms in the developed world.¹ There is robust scientific evidence that a firearm in the home is associated with a higher risk of suicide and that safe storage of firearms is associated with a lower risk of completed suicides and unintentional injuries.

One-third of all police-reported violent crime in 2017 was attributable to intimate partner violence (65,704 of 346,078 cases).² Women are disproportionately the victim of intimate partner violence and intimate partner homicide at the hands of a male partner. The most frequently reported method of killing is by firearm and the most common place a woman is killed is in or near her home.³

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ASSOCIATION OF MEDICAL CANADIANS CANADIAN MEDICAL ASSOCIATION

BACKGROUND TO CMA POLICY

Firearms Control (Update 2021)

See also [CMA Policy Firearms Control](#)

Introduction

Firearm injuries and deaths are an important public health issue. From 2013 to 2017, 3,708 Canadians of all ages died from firearm injuries.⁴ This number includes both intentional (suicidal) and unintentional (suicides and homicidal) firearm injuries. A total of 504 of these deaths occurred in youth aged 14 years and under, from 2006 to 2016. 75% of firearm deaths in Canada were from self-harm (i.e., suicide) while 26% of deaths were from homicide. An Ontario study of firearm injuries found that the rate of self-harm was the highest among older non-drowning men.⁵

The 2017 homicide rate (3.8 per 100,000 population) was at its highest point since 2008, and this increase, according to Statistics Canada, “was driven by an increase in firearm-related and gang-related homicides.”⁶ Handguns, which are either restricted or prohibited firearms in Canada depending on the model, are the most frequently used type of firearm in homicides in Canada, representing 57% of all firearm-related homicides in 2018.⁶

A study of firearm mortality rates in 23 high-income countries showed Canada ranked 9th highest overall in the firearm death rate. Canada’s firearm death rate (2.3/100,000) was more than twice as high as the rates in Germany (1.1), Ireland (1.0), Australia (1.0) and England (0.2).⁷ A 2016 international review found similar results.⁸

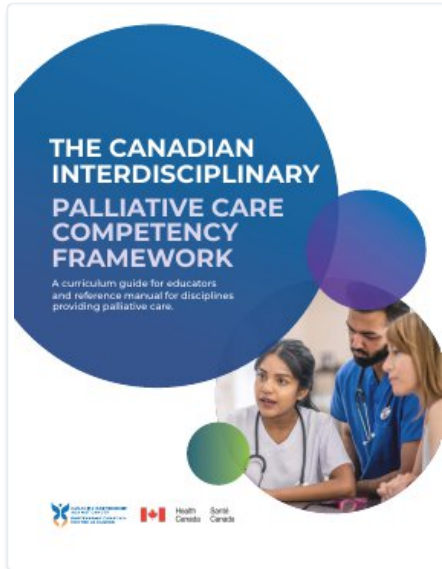
Health care providers observe the serious lifelong health challenges faced by patients who survive firearm injuries. They include chronic pain, disability and disfigurement (e.g., brain injury, spinal cord injury, loss of limbs), as well as economic hardships resulting from inability to return to work or school. These effects are profound, as many victims of gun violence are young. Furthermore, the mental health consequences are enormous, leading to such conditions as post-traumatic stress disorder, depression and substance use disorders. Finally, firearm injuries often result in chronic effects with serious consequences — psychological, emotional, economic and financial — for family members, their loved ones and the affected community.⁹

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

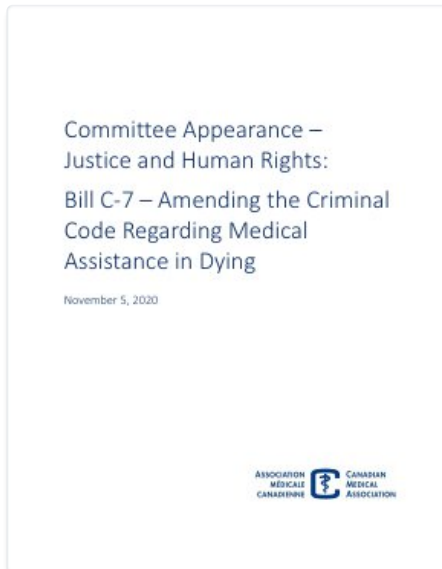


Committee Appearance – Justice and Human Rights: Bill C-7 – Amending the Criminal Code Regarding Medical Assistance in Dying

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

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

Documents

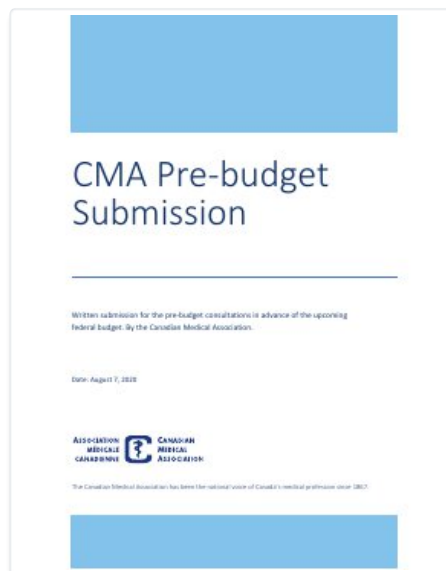


CMA Pre-budget Submission

<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

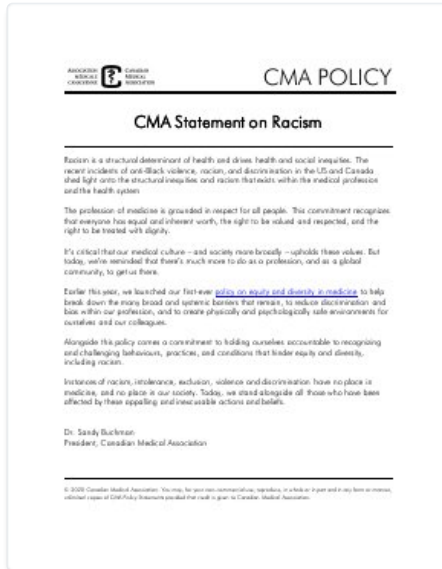


CMA Statement on Racism

<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

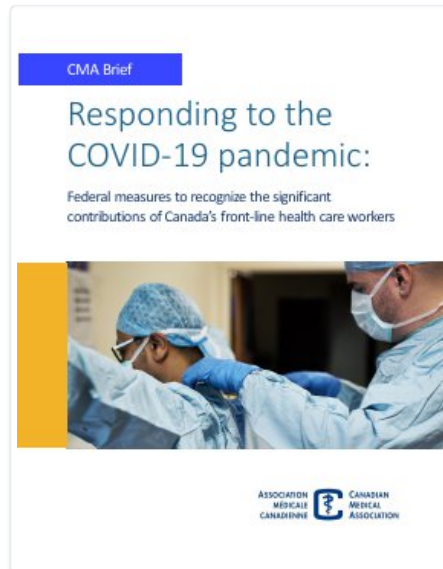


Responding to the COVID-19 pandemic: Federal measures to recognize the significant contributions of Canada's front-line health care workers

<https://policybase.cma.ca/link/policy14211>

POLICY TYPE	Parliamentary submission
DATE	2020-05-28
TOPICS	Health care and patient safety

Documents

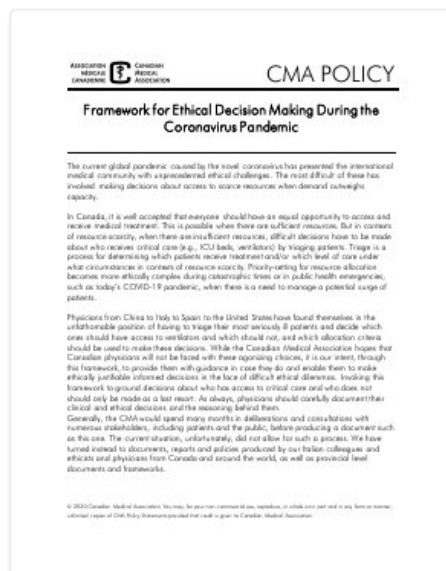


Framework for Ethical Decision Making During the Coronavirus Pandemic

<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

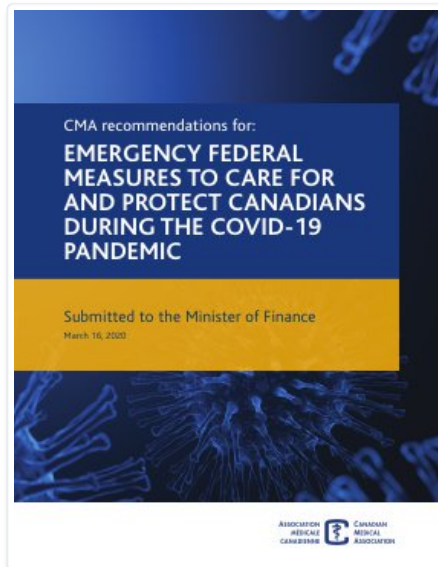


Emergency federal measures to care for and protect Canadians during the COVID-19 pandemic

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

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

Documents

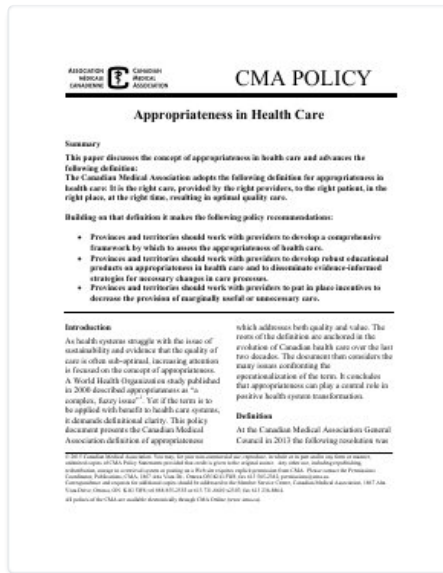


Appropriateness in health care

<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

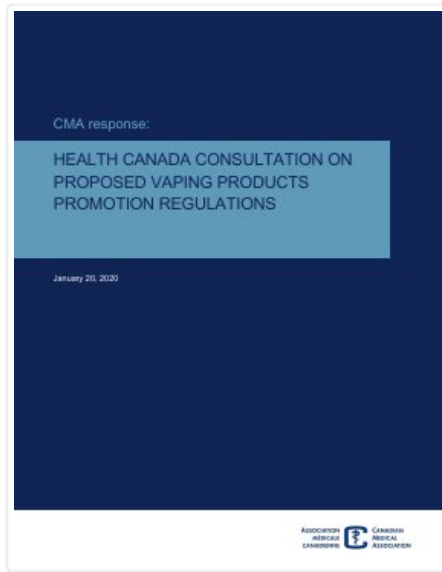


Health Canada consultation on proposed vaping products promotion regulations

<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

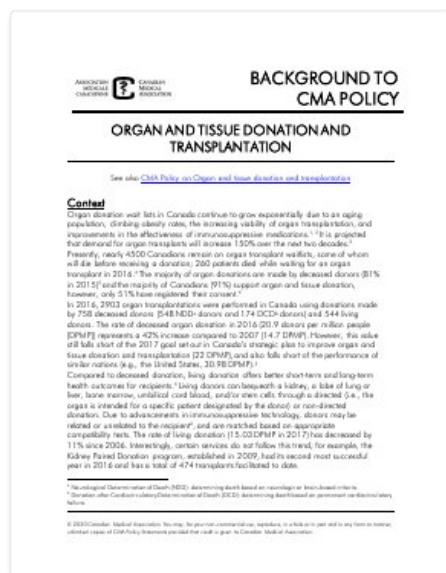
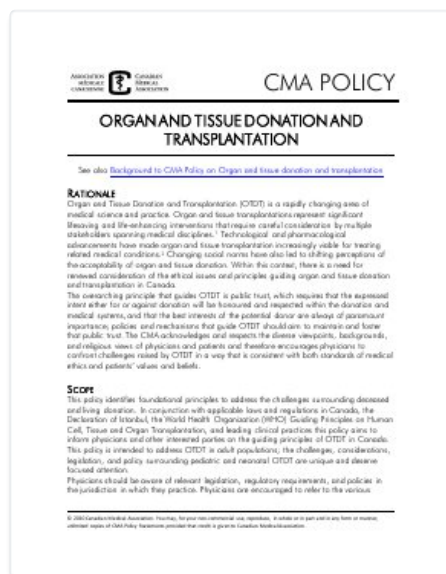


Organ and tissue donation and transplantation

<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



Clinical guideline for homeless and vulnerably housed people, and people with lived homelessness experience

<https://policybase.cma.ca/link/policy14165>

POLICY TYPE

Policy endorsement

DATE

2019-10-17

TOPICS

Health care and patient safety
Population health, health equity, public health

Documents

GUIDELINE **VULNERABLE POPULATIONS**

Clinical guideline for homeless and vulnerably housed people, and people with lived homelessness experience

Kevin Paton MD MChC, Claire E. Keisler MD PhD, Tim Aubry PhD, Olivia Magwood MPH, Arwa Achermann MD MPH, Gervais Tshabalanga MD MSc, David Frank MChC MSc, Gary Black MD, Vanessa Dica MD, Eric Agbara MPH MSc, Roshni Tharoon PhD, Terry Heneghan, Andrew Bond MD, Susan Crute MD, Rika Goss MD, Esther Shorrock PhD, Jona Zuo, Jing Wang BSc, Sebastian Mott MSc, Harriet Blair MSc, Christa Hartman MSc, Spence Hadden BA, Anneka Sadi, Thomas Piggott MD, Wai Kya MD, Nicole Nicollet MD, Nichola Dewar MD, Dana Gauran MD MPH, Sherry Mackie BSc MEd, Stephen Huang MD, Vicky Skaggscock MD, Peter Tugwell MD

© CMA 2020 March 9, 2020-24. doi: 10.1503/cmaj.190777

CMAJ (Publishing in partnership with the Royal College of Physicians) 2020;192(10):E230-E239

See all abstracts at www.cmaj.ca/lookup/doi/10.1503/cmaj.190777

Homeless and vulnerably housed populations are heterogeneous and continue to grow in numbers in urban and rural settings on a basis of a combination of the high prevalence and underlying policies. Collectively, they face ongoing living conditions and marginalization in health care systems. However, providers can improve the health of people who are homeless or vulnerably housed, most powerfully by following evidence-based clinical steps, and are being well-served by following existing guidelines practices.¹⁻⁴

Essentially speaking, “homelessness” encompasses all individuals who lack permanent and affordable housing, including the immediate present, intent and ability of acquiring it.⁵ Under such conditions, individuals and families face increasing mental, emotional and physical health risks that significantly compromise mortality and morbidity.⁶ For example, people who are homeless and vulnerably housed experience a significantly higher prevalence of chronic mental health conditions and substance use disorders than the general population.^{7,8} Canadian research reports that people who experience homelessness face life expectancy rates that are 10 years for men and 12 years for women.⁹

Of particular note, homelessness rates have largely stabilized or slightly increased in many jurisdictions. Today, the approach has shifted to include higher proportions of women, people of diverse ages (18+), immigrants, older adults and people from rural communities.¹⁰ For example, family homelessness (and therefore homelessness among dependent children) and youth homelessness, both of which were 10% of the total in 2015, are now 12.5% and 13.5% respectively in Canada, 21.3% and 23.5% respectively in the United States, and 16% and 18% respectively in England, and a growing number are veterans and women.¹¹

KEY POINTS

- Clinical assessment and care of homeless and vulnerably housed populations should include taking account of a person's gender, age, religious, heritage, ethnicity, and history of trauma, and of access to comprehensive primary health care.
- An initial step is to take care of homeless and vulnerably housed populations, primarily by equipping housing to meet their needs, and providing appropriate services to the community.
- Case management services, with access to psychiatric support, are recommended to support or manage individuals who are struggling with health, substance use and other conditions.
- Home-visitation interventions, such as approved case management, are recommended for people with serious mental illness, such as a prior diagnosis, or a recommended for people with substance use.

Practice managers, peer support workers and primary care providers can work jointly to identify social causes of poor health and provide a solution for a patient or family.¹² A patient's medical history is a family practice defined by the patient as the place they find most comfortable spending and discussing their personal and family health and medical concerns.¹³ Medical care is “family practice, rooted in the patient's needs, are valued throughout every stage of life, and are readily integrated with other services in the health care system. The community” (Baker) (and not medical history). Primary care is a process, not a place, and is not limited to medical health promotion, disease prevention, diagnosis and treatment, and rehabilitation services.¹⁴

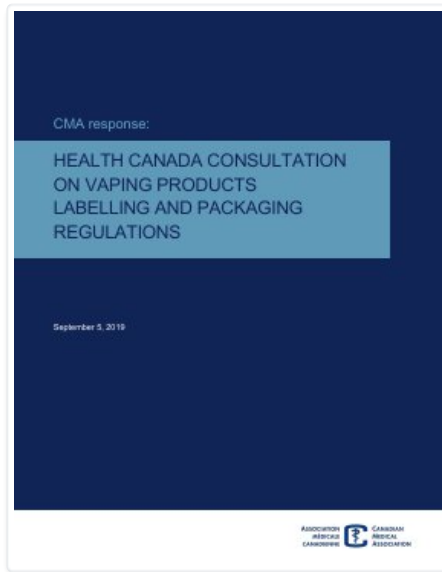
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Health Canada consultation on vaping products labelling and packaging regulations

<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

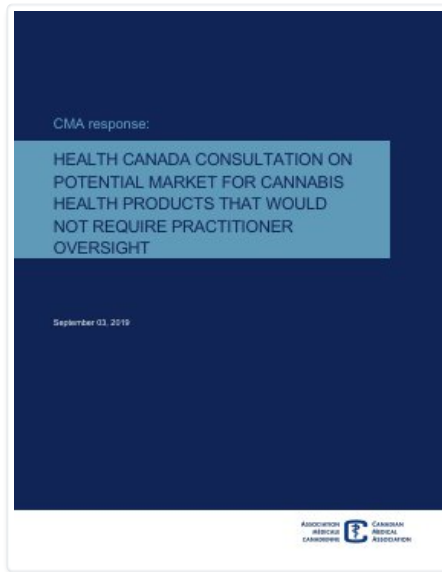


Health Canada consultation on potential market for cannabis health products that would not require practitioner oversight

<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



Standing Committee on Health's study on violence faced by healthcare workers

<https://policybase.cma.ca/link/policy14052>

POLICY TYPE	Parliamentary submission
DATE	2019-05-14
TOPICS	Health care and patient safety Ethics and medical professionalism Health human resources Physician practice, compensation, forms

Documents

