

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 DISEASE CANADA
AMMI
CANADIAN MEDICAL ASSOCIATION
Association of Medical Microbiology and Infectious Disease Canada
Désinfectants pour la santé canadienne

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. ¹Consequently, 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/health care 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 practices that should generally promote a better outcome.
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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 10% in low- to middle-income countries.²

Dr. Margaret Chan, the former head of the World Health Organization (WHO), described antimicrobial resistance (AMR) as a "disease-causing 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 ICIU 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," or they have been dubbed, in bacterial strains that no conventional antimicrobial can effectively treat, their incidence is on the rise.⁶

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.⁷ In addition, taking an antimicrobial involves potentially considerable exposure to side effects or risk. As there are more powerful, modern, 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.⁸

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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

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Appropriateness in Health Care

Summary

This paper discusses the concept of appropriateness in health care and advances the following definition:
The Canadian Medical Association adopts the following definition for appropriateness in health care: It is the right care, provided by the right provider, to the right patient, in the right place, at the right time, resulting in optimal quality care.

Building on that definition it makes the following policy recommendations:

- Provinces and territories should work with providers to develop a comprehensive framework by which to assess the appropriateness of health care.
- Provinces and territories should work with providers to develop robust educational programs on appropriateness in health care and to disseminate evidence-informed strategies for necessary changes in care processes.
- Provinces and territories should work with providers to put in place incentives to decrease the provision of marginally useful or unnecessary care.

Introduction

As health systems struggle with the issue of sustainability and evidence that the quality of care is often sub-optimal, increasing attention is focused on the concept of appropriateness. A World Health Organization study published in 2008 described appropriateness as "a complex, fuzzy issue". Yet if the term is to be applied with benefit to health care systems, it demands definitional clarity. This policy document proposes the Canadian Medical Association definition of appropriateness which addresses both quality and value. The roots of the definition are anchored in the evolution of Canadian health care over the last two decades. The document then considers the many issues concerning the operationalization of the term. It concludes that appropriateness can play a central role in positive health system transformation.

Definition

At the Canadian Medical Association General Council in 2013 the following resolution was adopted:

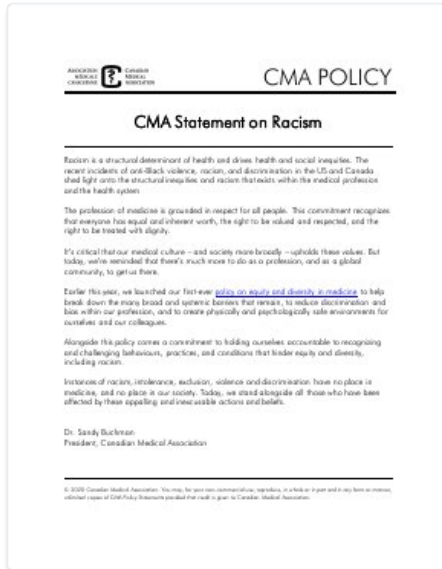
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CMA Statement on Racism

<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



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

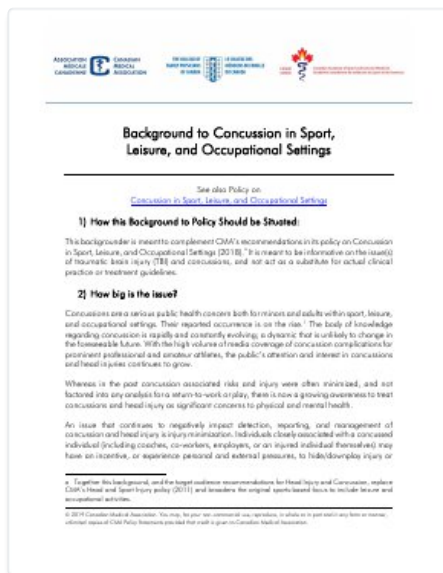


Concussion in Sport, Leisure, and Occupational Settings

<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



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

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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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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 2018.⁷

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 (2,370/100,000) was more than twice as high as the rates in Germany (1.1), Ireland (1.0), Australia (1.0) and England (0.2).⁸ A 2016 international review found similar results.⁹

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.¹

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

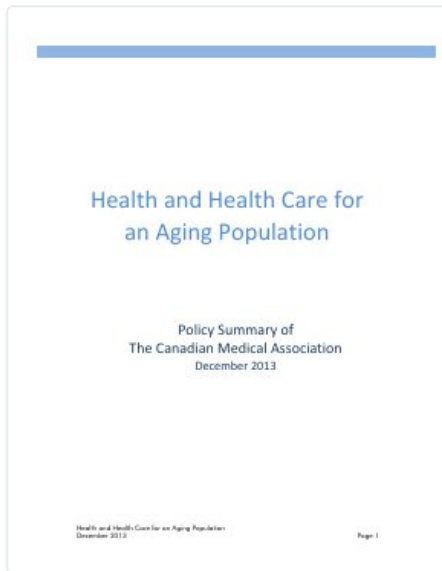


Health and health care for an aging population

<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

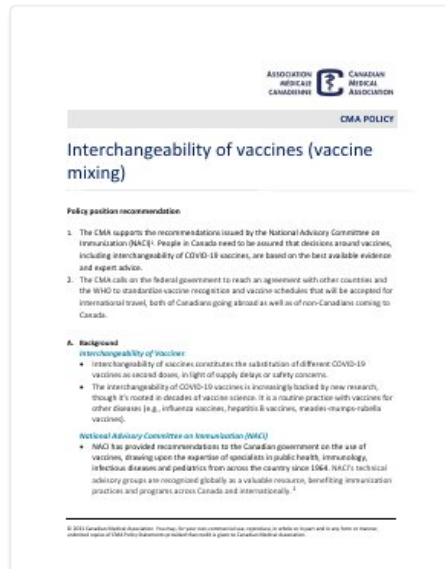


Interchangeability of vaccines (vaccine mixing)

<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

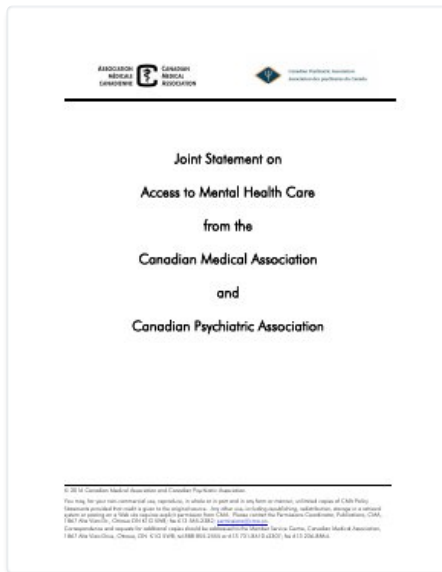


Joint Canadian Medical Association & Canadian Psychiatric Association Policy – Access to mental health care

<https://policybase.cma.ca/link/policy11890>

POLICY TYPE	Policy document
DATE	2016-05-20
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

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 nature of organ and tissue transplantation, mentioning medical advances, technological progress, and the need for renewed ethical considerations. The 'Scope' section identifies foundational principles to address challenges surrounding deceased and living donation, referencing the Declaration of Istanbul and WHO Guiding Principles. At the bottom, there is a small copyright notice for 2019 Canada Medical Association.

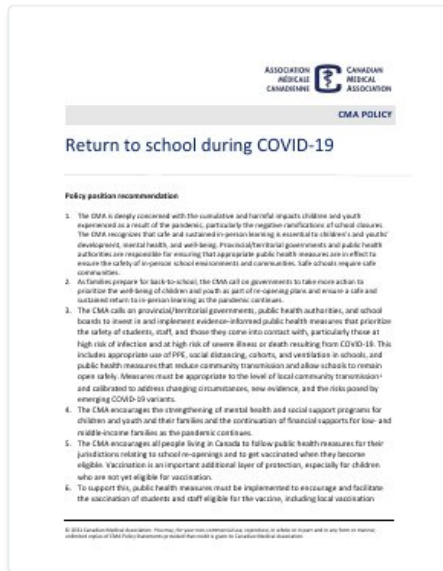
The cover page features the CMA logo at the top left, followed by the text 'BACKGROUND TO CMA POLICY' in a large, bold font. Below this, the title 'ORGAN AND TISSUE DONATION AND TRANSPLANTATION' is centered. A small line of text reads 'See also: CMA Policy on Organ and Tissue Donation and Transplantation'. The 'Context' section discusses organ donation wait lists in Canada, the increasing viability of organ transplantation, and the projected demand for organ transplants. It also mentions the 2017 goal set out in Canada's strategic plan to improve organ and tissue donation and transplantation. At the bottom, there is a small copyright notice for 2019 Canada Medical Association.

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



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

