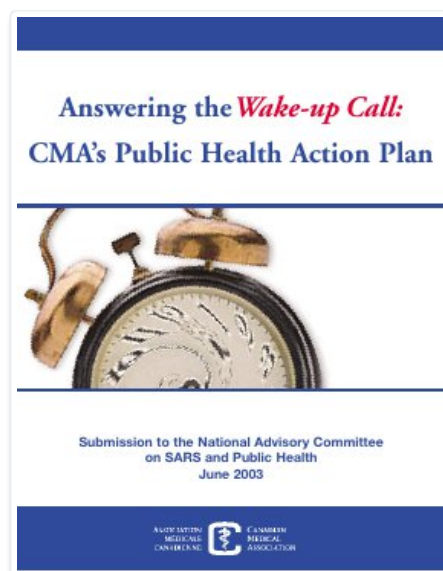


Answering the Wake-up Call: CMA's Public Health Action Plan : CMA submission to the National Advisory Committee on SARS and Public Health

<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 Confronted, 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 evidence-based primary prevention strategies.
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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

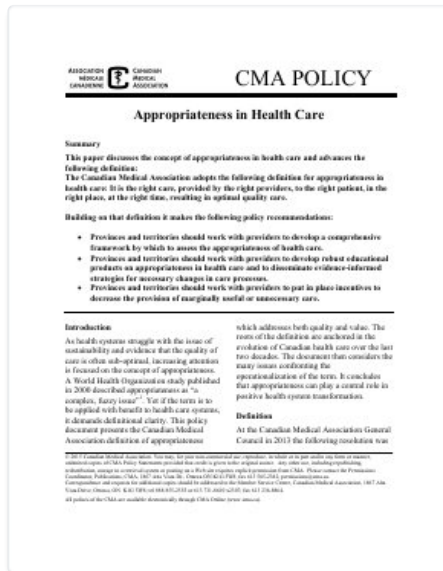
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Appropriateness in health care

<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

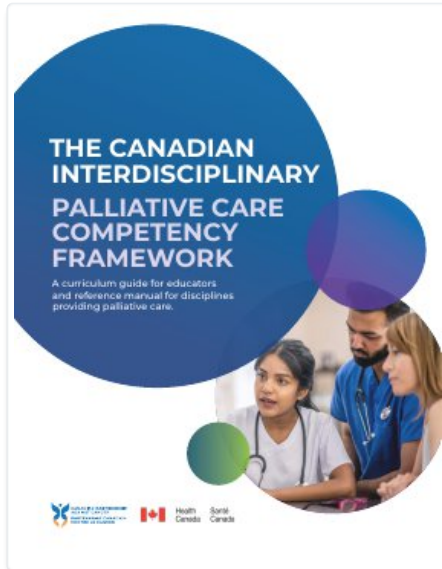


The Canadian Interdisciplinary Palliative Care Competency Framework

<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

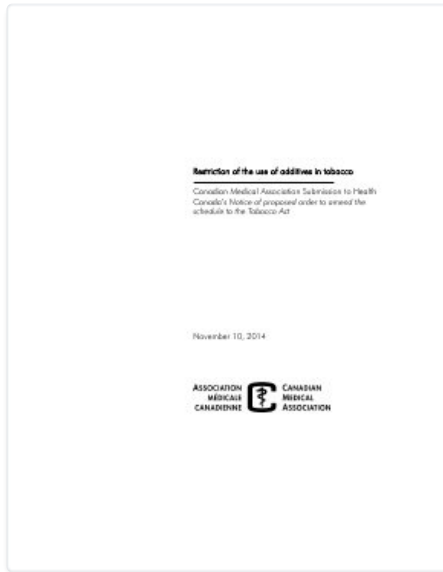


Canadian Medical Association Submission to Health Canada's Notice of proposed order to amend the schedule to the Tobacco Act

<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



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 PhD, Gervais Tshabalanga MD MSc, David Frank MChC MSc, Gary Black MD, Vanessa Dica MD, Eric Agbata MPH MSc, Roshni Tharoon PhD, Terry Heneghan, Andrew Bond MD, Susan Crute MD, Rika Gant MD, Esther Shorrock PhD, Jona Zhou, Jing Wang BSc, Sebastian Pratt MSc, Harriet Blair MSc, Christa Hartman MSc, Spence Hazlett BA, Anneka Sadi, Theresa Piggott MD, Wai Kya MD, Nicole Nicollet MD, Nichola Dewar MD, Dana Gaurier MD MPH, Sherry Mackie BSc MEd, Stephen Huang MD, Vicky Skaggscock MD, Peter Tugwell MD

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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 within 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 with communities and adapting to their respective practices.¹⁻⁴

Effectively addressing "homelessness" encompasses all levels of care from primary, preventive and accessible housing, to addressing the immediate present, impact and ability of engaging in "other such activities, individuals and families for addressing mental, emotional and physical health risks that significantly compromise mental and physical health."⁵ 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.^{6,7} Canadian research reports that people who experience homelessness face life expectancy rates that are 10 years for men and 12 years for women.⁸

As population ages, homelessness in Canada now more largely includes people who are older than 50 years.⁹ Today, the approach to homelessness has shifted to include higher proportions of women, people with diverse needs (Black, Indigenous, older adults and people with mental comorbidities).¹⁰ For example, family homelessness (and therefore homelessness among dependent children) and youth homelessness, both of which were not included in the 2016-17 survey, are included in the 2018-19 survey. In Canada, 27.3% more women, 18.7% more youth, 6% more racialized immigrants and 6% more, and a growing number were veterans and seniors.¹¹

KEY POINTS

- Clinical assessment and care of homeless and vulnerably housed populations should include taking account of a person's gender, age, Indigenous heritage, ethnicity, and history of violence, and of access to comprehensive primary health care.
- An initial step is to take care of homeless and vulnerably housed populations, primarily by ensuring housing, including coordinated case management, with access to primary care, supports, and community services to support or improve their health, education and social well-being.
- Homelessness interventions, such as supported independent housing, are more effective when they are integrated with other services, such as mental health, substance use and addiction services, and are coordinated with other services.

Practice managers, peer support workers and primary care providers can work jointly to identify social causes of poor health and provide a pathway to address mental health.¹² A patient's medical history is "a fairly precise definition of the patient as the person they first meet (including presenting and describing their present and likely health and mental concerns."¹³ Medical care is "health care that, instead of the patient, needs are valued throughout every stage of life, and seamlessly integrated with other services to the health care system (the community)."¹⁴ It is not just about the patient, but also about the community, the social and political context, the health care system, the patient's education, diagnosis and treatment, and rehabilitation services.¹⁵

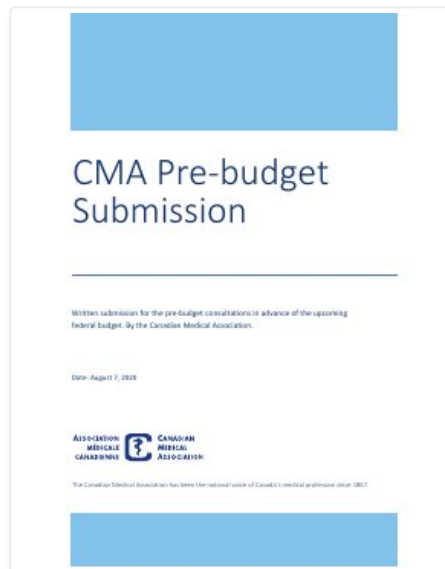
8230 CMAJ | MARCH 9, 2020 | VOLUME 192 | ISSUE 10

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

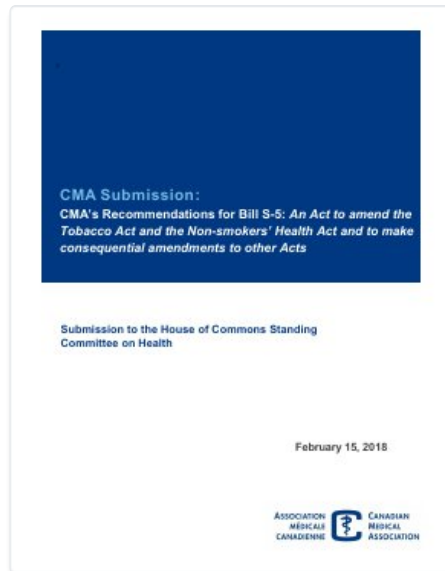


CMA's Recommendations for Bill S-5 An Act to amend the Tobacco Act and the Non-smokers' Health Act and to make consequential amendments to other Acts

<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

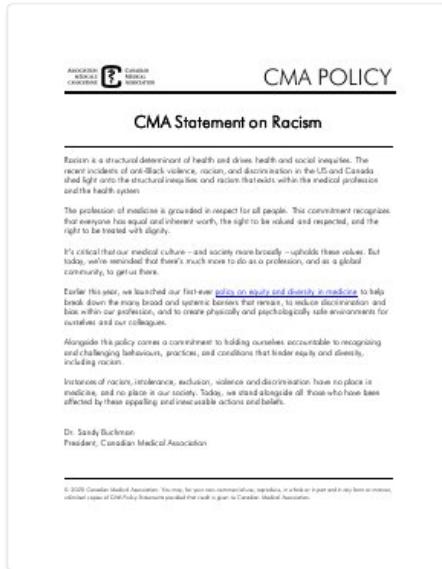


CMA Statement on Racism

<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

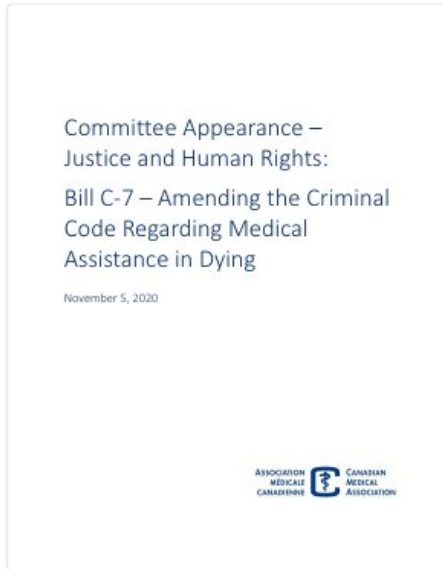


Committee Appearance – Justice and Human Rights: Bill C-7 – Amending the Criminal Code Regarding Medical Assistance in Dying

<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

