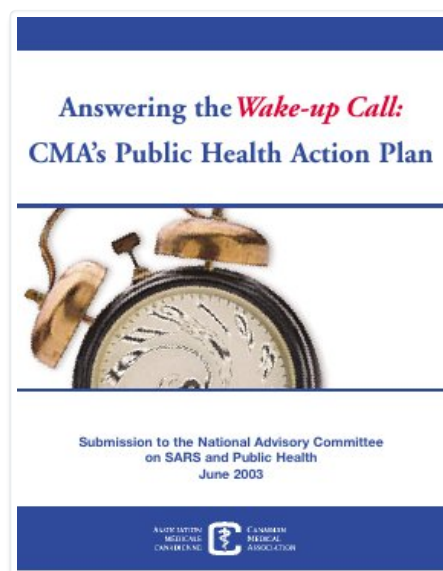


Answering the Wake-up Call: CMA's Public Health Action Plan : CMA submission to the National Advisory Committee on SARS and Public Health

<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 DISEASE CANADA
AMMI
CANADIAN MEDICAL ASSOCIATION
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

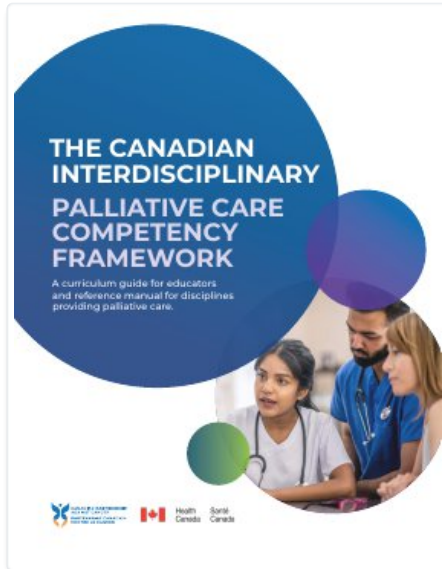
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The Canadian Interdisciplinary Palliative Care Competency Framework

<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 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



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. Kaindl MD PhD, Tim Aubrey 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, Roshika Tharoon PhD, Terry Hennigan, Andrew Bond MD, Susan Crute MD, Rika Gant MD, Esther Shorrock PhD, Jona Zhou, Jing Wang BSc, Sebastian Mott MSc, Harriet Blair MSc, Christa Hartman MSc, Spence Dora-Hodson BA, Anneka Sadi, Theresa Piggott MD, Wai Kya MD, Nicole Nicollet MD, Nichola Dewar MD, Dana Gauran MD MPH, Shengyue Mackie BSc MSc, Stephen Huang MD, Vicky Skaggscock MD, Peter Tugwell MD

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CMAA Policybase authors are grateful to the following individuals for their contributions to the guideline: [list of names]

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 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 quality and health.⁶⁻⁸ 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.⁹⁻¹¹ Canadian research reports that people who experience homelessness face life expectancy rates that are 10 years for men and 12 years for women.¹²

Of particular note, homeless Canadians were largely unable to get a single year's longer average life expectancy.¹³ Today, the approach has shifted to include higher proportions of women, people of diverse ages (18-1), immigrants, older adults and people from rural communities.¹⁴ For example, family homelessness (and therefore homelessness among dependent children) and youth homelessness, both of which were 10% of the total in 2018, are the highest 2018 homelessness figures in Canada, 27.3% more women, 18.7% more youth, 6% more rural (compared to urban), and a growing number were veterans and seniors.¹⁵

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 that they are not in need of acute care services, and by providing them with a safe and secure place to live.
- Case management services, with access to psychiatric support, are recommended to support or assist individuals with serious mental health, substance use and other conditions.
- Home-visitation interventions, such as approved case management, are recommended for people with serious mental health, substance use and other conditions, such as an approved case manager, an approved case manager, or an approved case manager.

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's needs.¹⁶ A patient's medical history is a family practice defined by the patient as the place they live, their social and economic situation, and their personal and family health and mental services.¹⁷ Medical care is "family practice, not just for the patient, but also for the patient's family, and especially, integrated with other services in the health care system. The community" (18) is the end goal of the end. Primary care providers are also well-positioned to address health promotion, disease prevention, diagnosis and treatment, and rehabilitation services.¹⁸

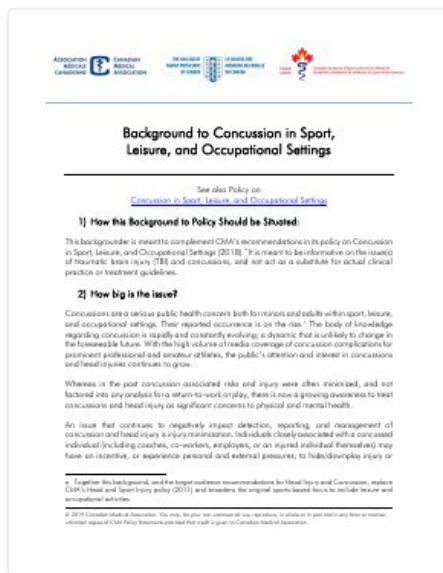
8230 CMAJ | MARCH 9, 2020 | VOLUME 192 | ISSUE 10

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

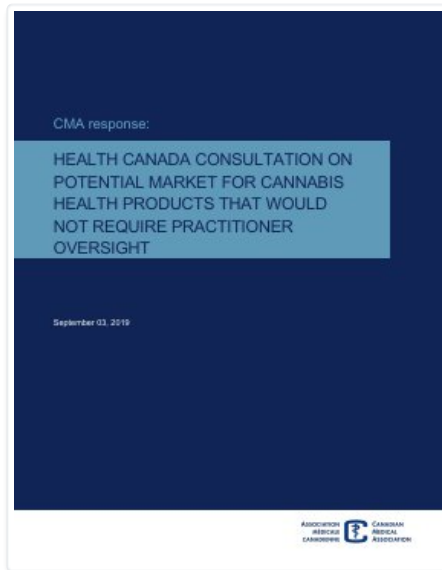


Health Canada consultation on potential market for cannabis health products that would not require practitioner oversight

<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

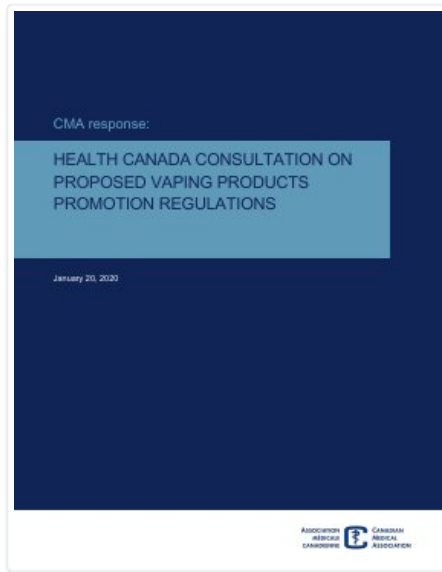


Health Canada consultation on proposed vaping products promotion regulations

<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

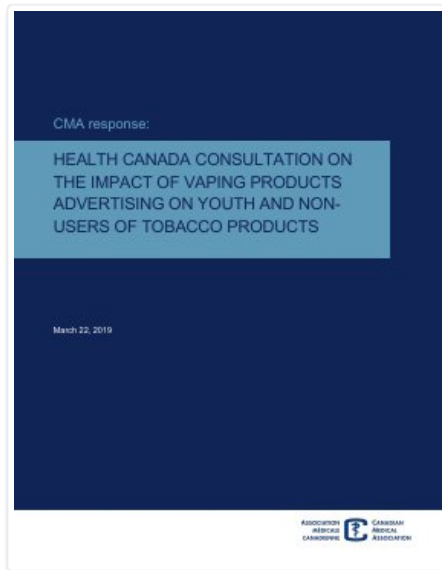


Health Canada consultation on the impact of vaping products advertising on youth and non-users of tobacco products

<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

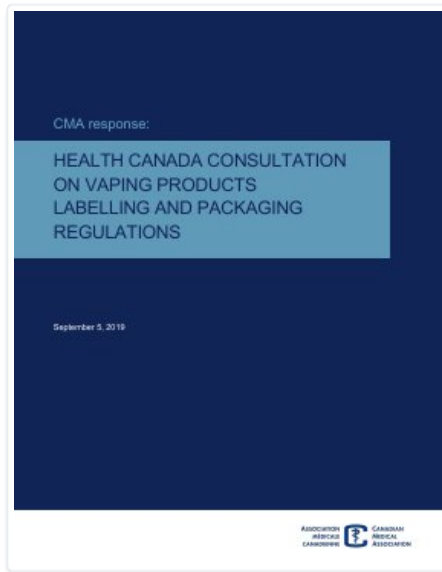


Health Canada consultation on vaping products labelling and packaging regulations

<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

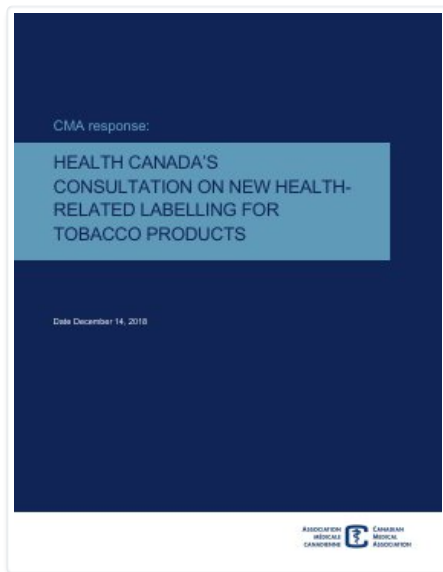


Health Canada's consultation on new health-related labelling for tobacco products

<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

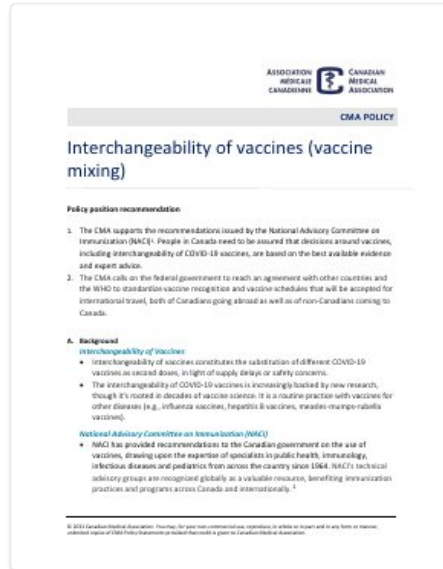


Interchangeability of vaccines (vaccine mixing)

<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

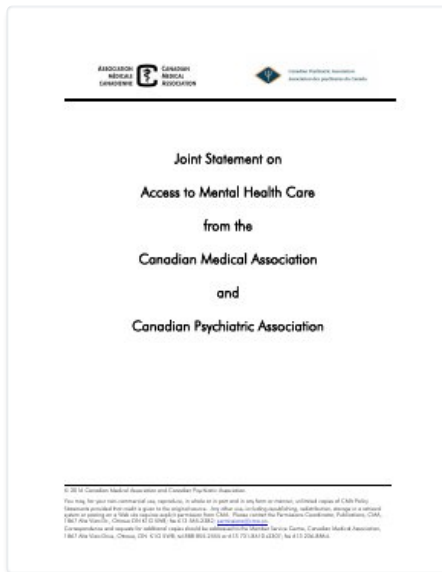


Joint Canadian Medical Association & Canadian Psychiatric Association Policy – Access to mental health care

<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

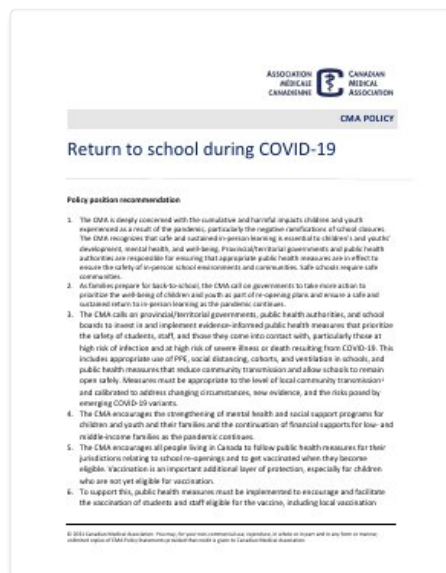


Return to school during COVID-19

<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

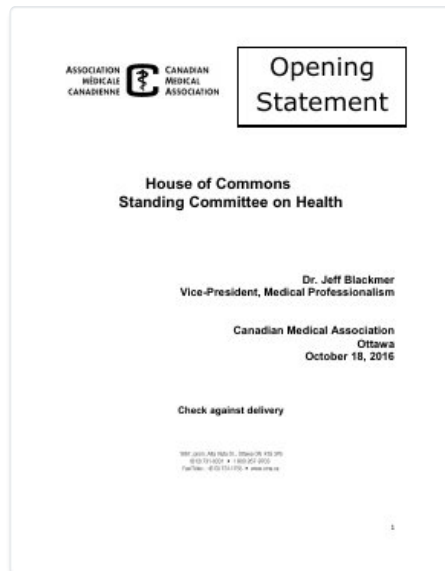


Statement to the House of Commons Committee on Health addressing the opioid crisis in Canada

<https://policybase.cma.ca/link/policy13936>

POLICY TYPE	Parliamentary submission
DATE	2016-10-18
TOPICS	Pharmaceuticals, prescribing, cannabis, drugs Population health, health equity, public health Health care and patient safety

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

