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

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

Concussion in Sport, Leisure, and Occupational Settings

https://policybase.cma.ca/link/policy14023

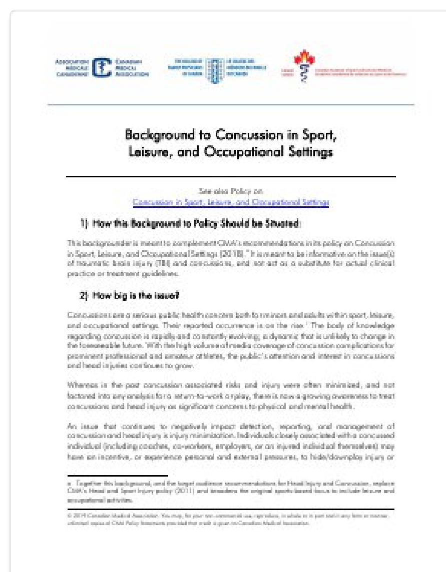
POLICY TYPE	Policy document
DATE	2019-03-02
REPLACES	Head injury and sport (2011)
TOPICS	Health care and patient safety Population health, health equity, public health

Documents

Concussion in Sport,
Leisure, and Occupational Settings

See also Background to
Concussion in Sport, Leisure, and Occupational Settings

Context:


Background to Concussion in Sport,
Leisure, and Occupational Settings

See also Policy on
Concussion in Sport, Leisure, and Occupational Settings

1) How this Background to Policy Should be Situated:

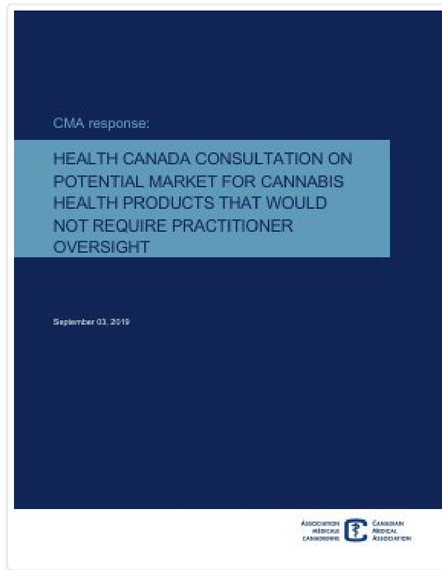
2) How big is the issue?

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

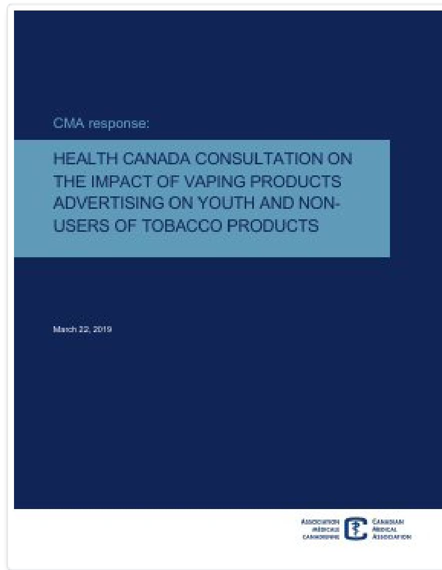


Health Canada consultation on the impact of vaping products advertising on youth and non-users of tobacco products

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

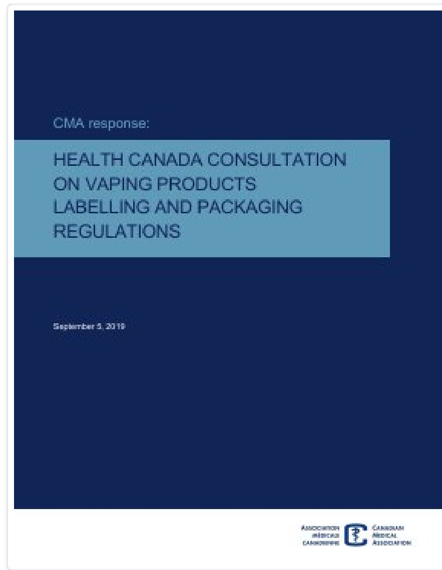


Health Canada consultation on vaping products labelling and packaging regulations

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



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

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA | LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

ASSOCIATION MÉDICALE CANADIENNE | CANADIAN MEDICAL ASSOCIATION

PUBLIC HEALTH STRATEGIES TO IMPROVE
SPORT-RELATED CONCUSSION CARE AND PREVENTION
IN CANADIAN COMMUNITIES

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

from the:

1) Canadian Academy of Sport and Exercise Medicine (CASEM)

2) College of Family Physicians of Canada (CFPC)

and

3) Canadian Medical Association (CMA)

Submitted January 29, 2019

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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

ASSOCIATION MÉDICALE CANADIENNE — CANADIAN MEDICAL ASSOCIATION

BRIEF

MÉMOIRE

"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 for Physicians... Health for Canadians

"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 erosion 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 record 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, practicality, public good, research, offence investigation, historic importance and artistic purpose. The evident lack of protection accorded health information based on such ground, 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 can or must happen 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

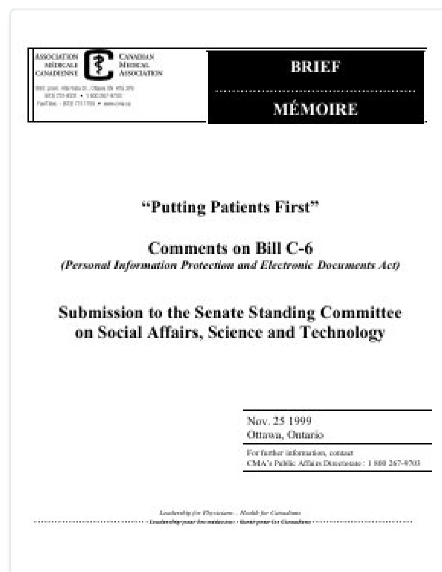
Documents

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



BRIEF

MÉMOIRE

"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

Nov. 25 1999
Ottawa, Ontario

"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

Nov. 25 1999

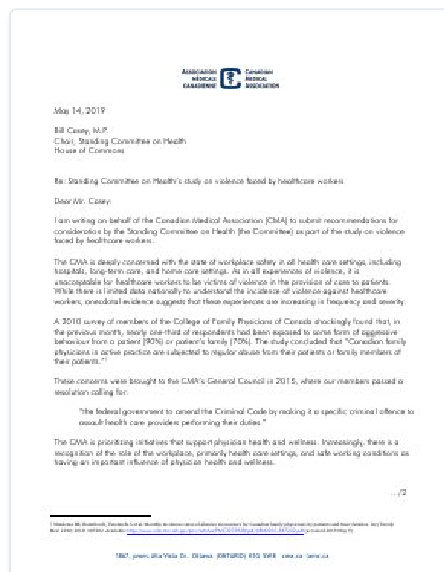
Executive Summary

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



May 14, 2019

Bill Casey, M.P.
Chair, Standing Committee on Health
House of Commons

Re: Standing Committee on Health’s study on violence faced by healthcare workers

Dear Mr. Casey:

I am writing on behalf of the Canadian Medical Association (CMA) to submit recommendations for consideration by the Standing Committee on Health (the Committee) as part of the study on violence faced by healthcare workers.

The CMA is deeply concerned with the state of workplace safety in all health care settings, including hospitals, long-term care, and home care settings. As in all experiences of violence, it is unacceptable for healthcare workers to be victims of violence in the provision of care to patients. While there is limited data nationally to understand the incidence of violence against healthcare workers, anecdotal evidence suggests that these experiences are increasing in frequency and severity.

A 2010 survey of members of the College of Family Physicians of Canada shockingly found that, in the previous month, nearly one-third of respondents had been exposed to some form of aggressive behaviour from a patient (90%) or patient’s family (70%). The study concluded that “Canadian family physicians in active practice are subjected to regular abuse from their patients or family members of their patients.”[1]

These concerns were brought to the CMA’s General Council in 2015, where our members passed a resolution calling for:

> “the federal government to amend the Criminal Code by making it a specific criminal offence to assault health care providers performing their duties.”

The CMA is prioritizing initiatives that support physician health and wellness. Increasingly, there is a recognition of the role of the workplace, primarily health care settings, and safe working conditions as having an important influence of physician health and wellness.

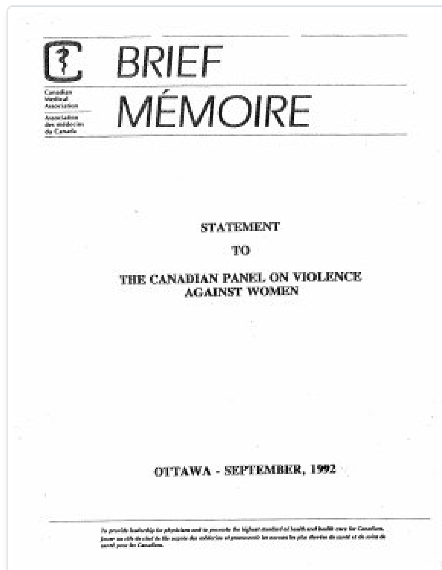
…/2

Statement to the Canadian panel on violence against women Ottawa - September, 1992

https://policybase.cma.ca/link/policy11956

POLICY TYPE	Parliamentary submission
LAST REVIEWED	2019-03-03
DATE	1992-09-15
TOPICS	Health care and patient safety Ethics and medical professionalism

Documents


BRIEF
MÉMOIRE

STATEMENT
TO
THE CANADIAN PANEL ON VIOLENCE AGAINST WOMEN

OTTAWA - SEPTEMBER, 1992