

# Disclosure of COVID-19 Vaccination Status by Physicians

<https://policybase.cma.ca/link/policy14457>

POLICY TYPE	Policy document
DATE	2021-10-22
TOPICS	Physician practice, compensation, forms

## Documents

The screenshot shows the top portion of a policy document. At the top, there are logos for the 'ASSOCIATION MÉDICALE CANADIENNE' and the 'CANADIAN MEDICAL ASSOCIATION'. Below the logos is the text 'CMA POLICY'. The main title of the document is 'Disclosure of COVID-19 Vaccination Status by Physicians'. Underneath the title, there is a section for 'Policy position recommendation' with two numbered points. The first point states that the CMA strongly encourages physicians to voluntarily disclose their vaccine status to their patients to allow them to make an informed decision. The second point states that the CMA continues to call for mandatory vaccination of all health care workers to protect themselves, their families, communities, and those in their care. Below this is a section for 'Rationale' with three bullet points. The first bullet point discusses the question of mandatory disclosure of vaccination status, noting the conflict between a physician's duty to care and a patient's right to privacy. The second bullet point states that when there are competing duties, the objective is to prevent compromising either duty, and that this can be achieved by encouraging voluntary disclosure. The third bullet point states that there is no substantive patient right to know their physician's health status, including vaccination status, and that currently, healthcare workers are not legally obligated to disclose their vaccination status to their patients.

ASSOCIATION MÉDICALE CANADIENNE CANADIAN MEDICAL ASSOCIATION

CMA POLICY

### Disclosure of COVID-19 Vaccination Status by Physicians

**Policy position recommendation**

1. The CMA strongly encourages physicians to voluntarily disclose their vaccine status to their patients to allow patients to make an informed decision about their care and bolster vaccine acceptance.
2. The CMA continues to call for mandatory vaccination of all health care workers to protect themselves, their families, communities, and those in their care.

**A. Rationale**

- The question of mandatory disclosure of vaccination status gives rise to two conflicting primary duties: 1) the duty to care owed to the patient by the physician – and, if relevant, by the institution in which they work – to act in the patient's best interest and 2) the duty owed to the physician by their institution and regulator to protect their right to keep their personal health information confidential and private. In short, it involves a weighing of a patient's right to know versus a physician's right to privacy.
- When there are competing duties, the objective is to prevent compromising either duty. This can be best achieved by encouraging voluntary disclosure so that physicians are not obligated to share their personal health information with regards to their vaccination status with patients and instituting mechanisms that significantly minimize potential harm to patients by unvaccinated physicians through regulatory and institutional measures, such as vaccine mandates, and ensure that participating physicians and institutions are held accountable for their compliance.
- There is no substantive patient right to know their physician's health status, including vaccination status. Currently, healthcare workers are not legally obligated to disclose their vaccination status to their patients. This is primarily due to privacy rights, and the implications

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# COVID-19 Vaccine Global Intellectual Property Policy

<https://policybase.cma.ca/link/policy14458>

POLICY TYPE	Policy document
DATE	2021-10-22
TOPICS	Physician practice, compensation, forms

## Documents

ASSOCIATION  
MÉDICALE  
CANADIENNE

CANADIAN  
MEDICAL  
ASSOCIATION

CMA POLICY

### COVID-19 Vaccine Global Intellectual Property Policy

Policy position recommendation

1. The CMA encourages the Government of Canada to participate in the global dialogue, led by the World Health Organization, the World Intellectual Property Organization, and the World Trade Organization, to identify and propose solutions to increase COVID-19 vaccine production and equitable distribution.
2. The CMA encourages the Government of Canada to support a temporary intellectual property (IP) waiver for COVID-19 vaccines as an important strategy to increase vaccine supply and distribution in low- and middle-income countries.
3. The CMA supports balancing global equity via an IP waiver for COVID-19 vaccines, greater support for COVID-19 Vaccine Global Access (COVAX), and the administration of third doses in limited circumstances per WHO's recommendation.
4. Every country must have equitable access to vaccines globally. The CMA recognizes that equitable global vaccine access and distribution is both a valuable public health tool and necessary to ensure that all countries meet their international obligations.

**A. Rationale**

- In the context of a global health crisis, the current voluntary licensing system is imbalanced, prioritizing economic interests over the public interest and cannot be relied upon to achieve global health equity. Vaccine inequity could have a lasting and profound impact on socio-economic recovery in middle- and low-income countries who do not have a sufficient supply of vaccines. A global crisis needs a global approach and sharing of resources.
- As the vaccination rate rises in Canada, Canada is well-positioned to contribute to ensuring that all residents of all countries achieve the highest levels of protection as soon as possible. Global cooperation to facilitate access to and distribution of vaccines is both a matter of social justice, international solidarity, and a pragmatic response to ending the pandemic.

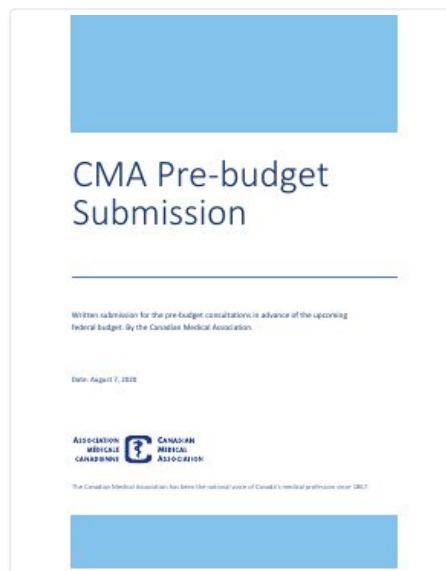
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# CMA Pre-budget Submission

<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



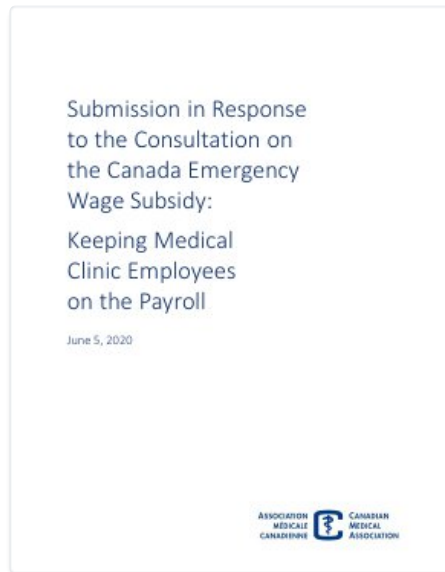
# Submission in Response to the Consultation on the Canada Emergency Wage Subsidy: Keeping Medical Clinic Employees on the Payroll

<https://policybase.cma.ca/link/policy14258>

POLICY TYPE	Parliamentary submission
DATE	2020-06-05
TOPICS	Physician practice, compensation, forms Health systems, system funding and performance

## Documents

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

<https://policybase.cma.ca/link/policy14247>

POLICY TYPE Parliamentary submission  
DATE 2020-06-02  
TOPICS Physician practice, compensation, forms

## Documents

**ASSOCIATION MÉDICALE CANADIENNE** **CANADIAN MEDICAL ASSOCIATION** **HEAL**  
Healthcare Excellence and Leadership

June 2, 2020

Hon. Bill Morneau, P.C., M.P.  
Minister of Finance  
Finance Canada  
[bill.morneau@canada.ca](mailto:bill.morneau@canada.ca)

Hon. Patty Haddo, P.C., M.P.  
Minister of Health  
Health Canada  
[patty.haddo@canada.ca](mailto:patty.haddo@canada.ca)

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

Dear Ministers Morneau and Haddo:

On behalf of the Canadian Medical Association (CMA) and HEAL's member organizations, representing 450,000 health care workers in Canada, we are writing to you with recommendations for new federal measures to support the financial hardship and risks posed to front-line health care workers (FLHCW) during the COVID-19 pandemic.

To begin, we strongly support the measures the federal government has taken to date to mitigate the health and economic impacts of COVID-19. However, given the unique circumstances that FLHCWs face, additional measures are required to acknowledge their role, the risks being posed to themselves and their families, and the financial burden they have taken on through it. All FLHCWs face numerous challenges trying to carry out their life-saving work during these incredibly difficult times and they deserve to be recognized for their significant contributions.

In such, we are recommending that the federal government implement the following new measures for all FLHCWs:

- An income tax deduction for FLHCWs put at risk during the COVID-19 pandemic, in recognition of their heroic efforts.** All FLHCWs providing in-person patient care during the pandemic would be eligible for this new designated amount against their income earned. This would be included as the deduction provided to members of the Canadian Armed Forces serving in warlike and high-risk regions.
- A new legislation to support the families of FLHCWs who die in the course of responding to the COVID-19 pandemic or who die as a result of an occupational illness or psychological impairment related to the work.** The grant would also apply to cases in which the death of a FLHCW's family member is attributable to the FLHCW's work in responding to the pandemic. We are recommending that access to the Bereaved Grant program, or a similar measure, be granted to FLHCWs and their family members.
- A temporary emergency accommodation for deduction for FLHCWs who incur additional accommodation costs as well as a home renovation credit in recognition of the need for FLHCWs to adhere to social distancing to prevent the spread of COVID-19 to their family members.** We are recommending that FLHCWs receiving income while working in a health care facility or public health unit or in a capacity related thereto (e.g. paramedic or personal care) be eligible for the deduction and credit.

1410, pt. 450, South Tower / 1410, Tower South, 1410 / Suite 502  
Ottawa ON K1J 8K9

# Protecting and supporting Canada's health-care providers during COVID-19

<https://policybase.cma.ca/link/policy14260>

POLICY TYPE Parliamentary submission  
DATE 2020-03-23  
TOPICS Physician practice, compensation, forms  
Health systems, system funding and performance  
Health human resources

## Documents



# Rural and remote practice issues

<https://policybase.cma.ca/link/policy211>

POLICY TYPE	Policy document
LAST REVIEWED	2020-02-29
DATE	2000-05-09
REPLACES	Promoting medicine as a career for rural high school students (Resolution BD88-03-78)
TOPICS	Physician practice, compensation, forms

## Documents

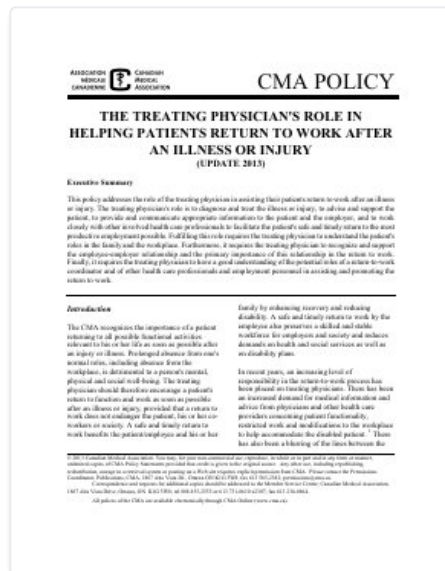


# The treating physician's role in helping patients return to work after an illness or injury (Update 2013)

<https://policybase.cma.ca/link/policy10754>

POLICY TYPE	Policy document
LAST REVIEWED	2020-02-29
DATE	2013-05-25
REPLACES	The physician's role in helping patients return to work after an illness or injury (Update 2010)
TOPICS	Physician practice, compensation, forms

## 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

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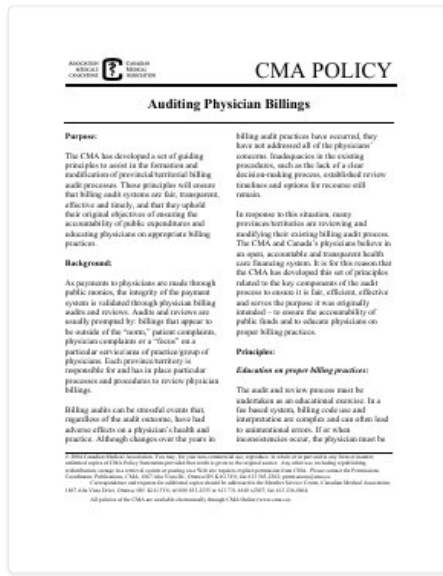


# Auditing Physician Billings

<https://policybase.cma.ca/link/policy1878>

POLICY TYPE	Policy document
LAST REVIEWED	2019-03-03
DATE	2004-12-04
TOPICS	Physician practice, compensation, forms

## Documents



# A new vision for Canada: family practice— the patient's medical home 2019

<https://policybase.cma.ca/link/policy14024>

POLICY TYPE	Policy endorsement
DATE	2019-03-02
TOPICS	Physician practice, compensation, forms Health systems, system funding and performance

## Documents

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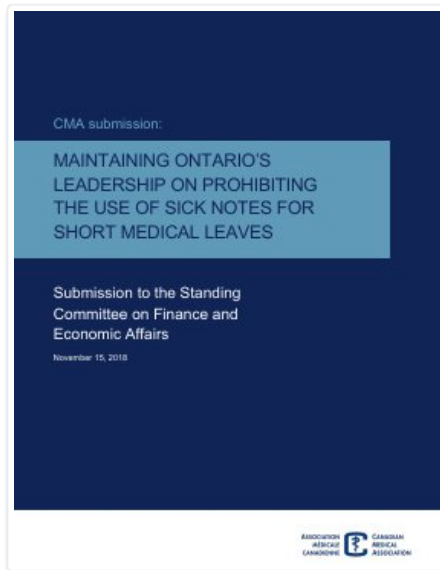
# Maintaining Ontario's leadership on prohibiting the use of sick notes for short medical leaves

<https://policybase.cma.ca/link/policy13934>

POLICY TYPE	Parliamentary submission
DATE	2018-11-15
TOPICS	Physician practice, compensation, forms Health systems, system funding and performance

## Documents

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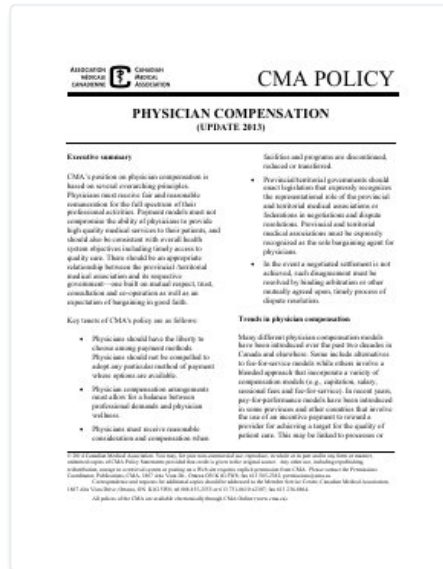


# Physician compensation (Update 2013)

<https://policybase.cma.ca/link/policy11060>

POLICY TYPE	Policy document
LAST REVIEWED	2018-03-03
DATE	2013-12-07
REPLACES	Physician Compensation (Update 2001)
TOPICS	Physician practice, compensation, forms

## Documents



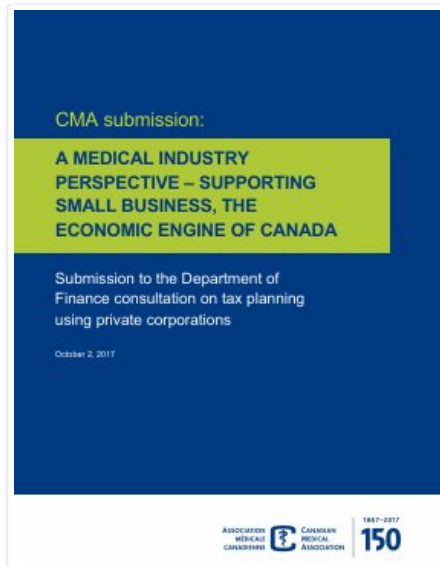
# A medical industry perspective – supporting small business, the economic engine of Canada

<https://policybase.cma.ca/link/policy13731>

POLICY TYPE	Parliamentary submission
DATE	2017-10-02
TOPICS	Physician practice, compensation, forms

## Documents

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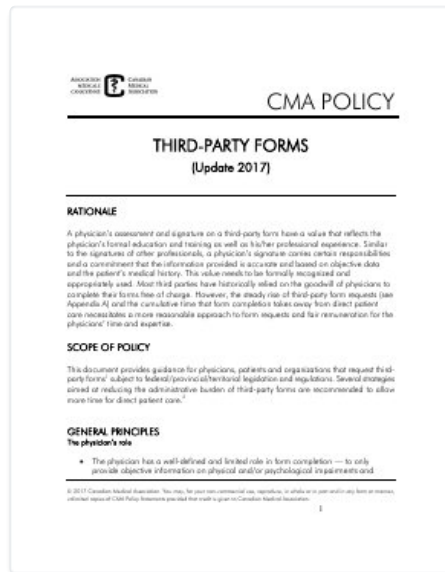
# Third-party forms (Update 2017)

<https://policybase.cma.ca/link/policy13643>

POLICY TYPE	Policy document
DATE	2017-05-27
REPLACES	Third-party Forms: The Physician's Role (Update 2010) Short-Term Illness Certificate
TOPICS	Physician practice, compensation, forms

## Documents

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# The physician appointment and reappointment process 2016

<https://policybase.cma.ca/link/policy13564>

POLICY TYPE	Policy document
DATE	2016-12-03
TOPICS	Health human resources Physician practice, compensation, forms

## Documents





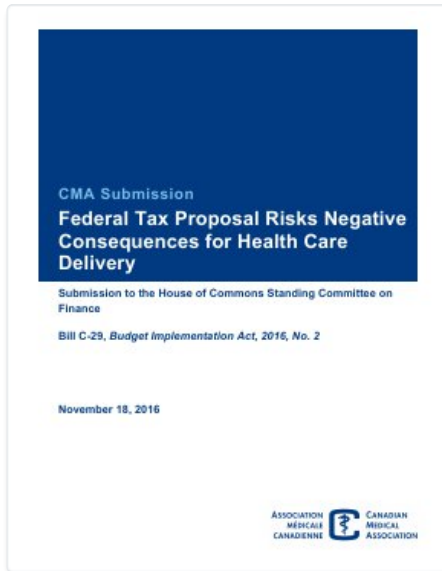
# Federal tax proposal risks negative consequences for health care delivery

<https://policybase.cma.ca/link/policy11960>

POLICY TYPE Parliamentary submission  
DATE 2016-11-18  
TOPICS Physician practice, compensation, forms

## Documents

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# Avoiding negative consequences to health care delivery from federal taxation policy

<https://policybase.cma.ca/link/policy11957>

POLICY TYPE	Response to consultation
DATE	2016-08-31
TOPICS	Health human resources Physician practice, compensation, forms

## Documents

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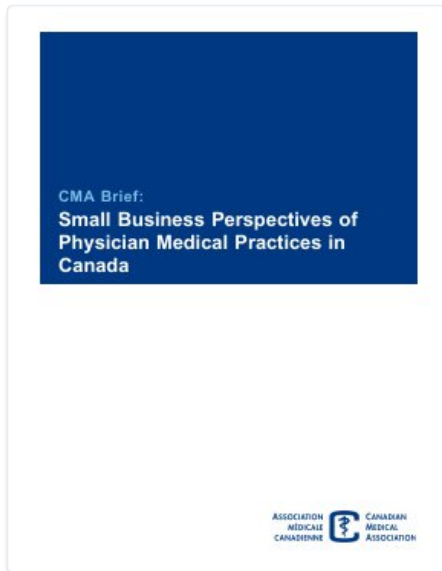
# Small business perspectives of physician medical practices in Canada

<https://policybase.cma.ca/link/policy11846>

POLICY TYPE	Parliamentary submission
DATE	2016-03-21
TOPICS	Physician practice, compensation, forms Health human resources

## Documents

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# Guiding principles for physicians recommending mobile health applications to patients

<https://policybase.cma.ca/link/policy11521>

POLICY TYPE	Policy document
DATE	2015-05-30
TOPICS	Health information and e-health Physician practice, compensation, forms

## Documents

