

2015 Pre-budget consultations: Federal leadership to support an aging population

<https://policybase.cma.ca/link/policy11753>

POLICY TYPE	Parliamentary submission
DATE	2015-07-31
TOPICS	Health systems, system funding and performance Population health, health equity, public health

Documents

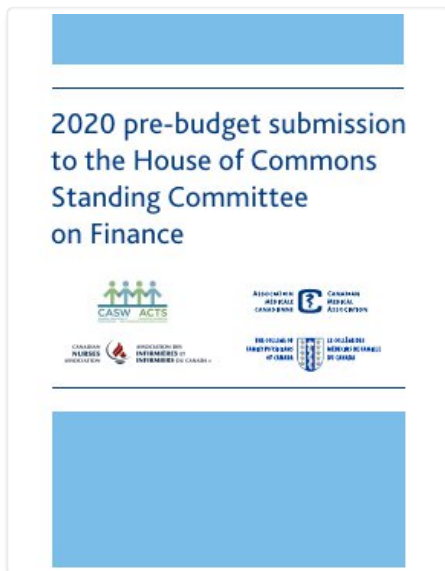


2020 pre-budget submission to the House of Commons Standing Committee on Finance

<https://policybase.cma.ca/link/policy14131>

POLICY TYPE Parliamentary submission
DATE 2020-02-25
TOPICS Population health, health equity, public health

Documents

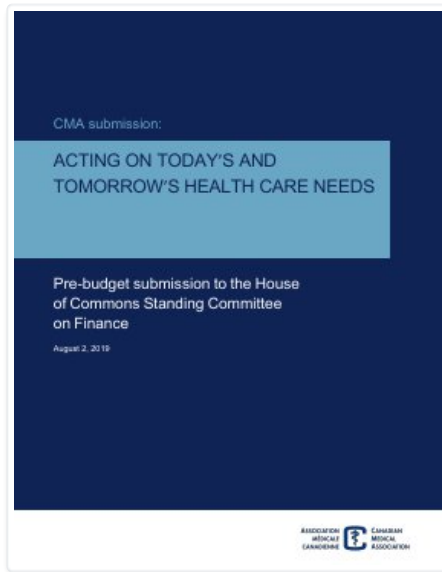


Acting on today's and tomorrow's health care needs: Prebudget submission to the House of Commons Standing Committee on Finance

<https://policybase.cma.ca/link/policy14123>

POLICY TYPE	Parliamentary submission
DATE	2019-08-02
TOPICS	Health systems, system funding and performance Population health, health equity, public health

Documents



Active Transportation

<https://policybase.cma.ca/link/policy9483>

POLICY TYPE	Policy document
LAST REVIEWED	2020-02-29
DATE	2009-05-31
TOPICS	Population health, health equity, public health

Documents

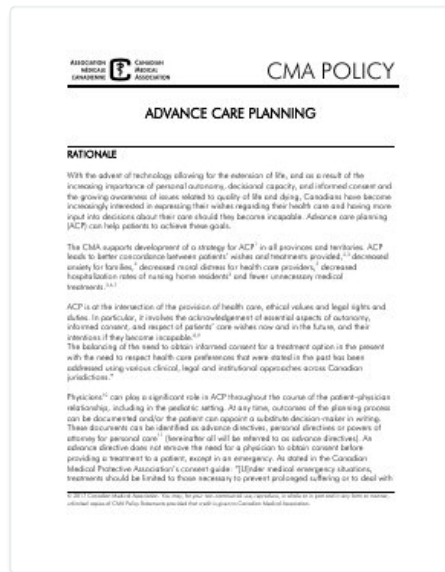


Advance care planning

<https://policybase.cma.ca/link/policy13694>

POLICY TYPE	Policy document
DATE	2017-05-27
REPLACES	Advance care planning (2015)
TOPICS	Ethics and medical professionalism Population health, health equity, public health

Documents

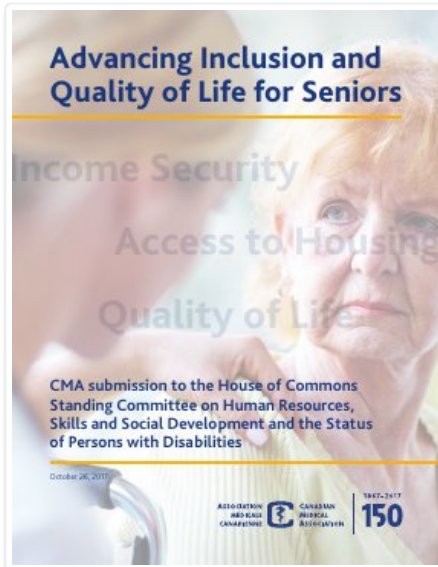


Advancing Inclusion and quality of life for seniors

<https://policybase.cma.ca/link/policy13729>

POLICY TYPE	Parliamentary submission
DATE	2017-10-26
TOPICS	Population health, health equity, public health Health systems, system funding and performance

Documents

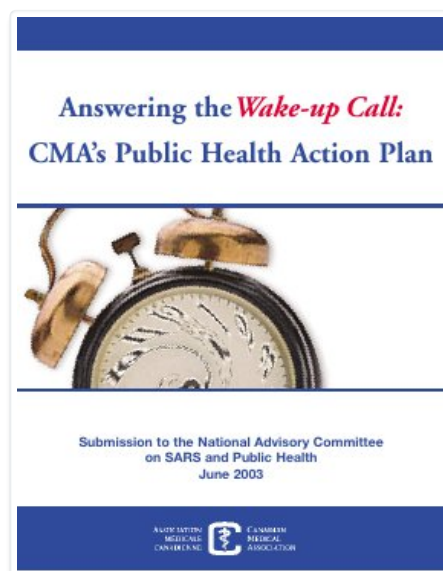


Answering the Wake-up Call: CMA's Public Health Action Plan : CMA submission to the National Advisory Committee on SARS and Public Health

<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

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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 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 as fast as in 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 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,"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

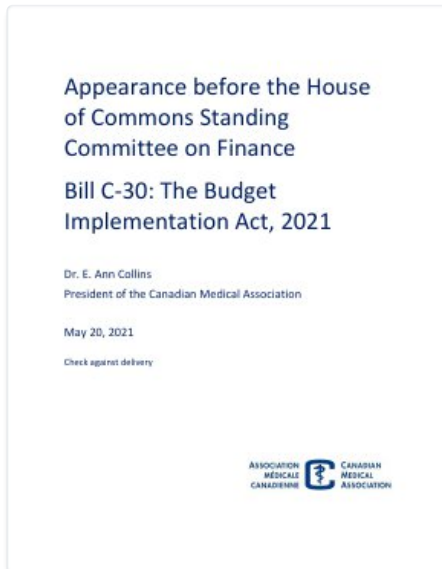
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Appearance before the House of Commons Standing Committee on Finance Bill C-30: The Budget Implementation Act, 2021

<https://policybase.cma.ca/link/policy14437>

POLICY TYPE	Parliamentary submission
DATE	2021-05-20
TOPICS	Population health, health equity, public health

Documents

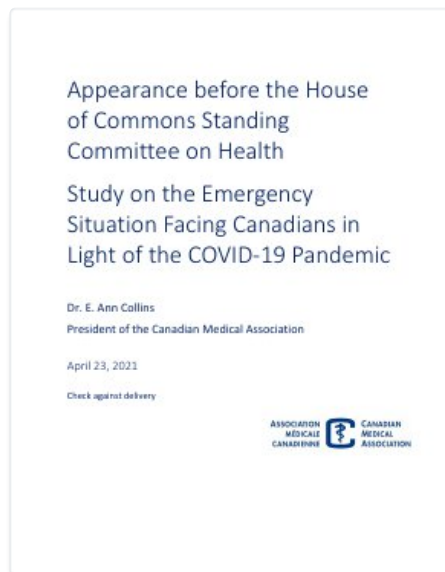


Appearance before the House of Commons Standing Committee on Health: Study on the Emergency Situation Facing Canadians in Light of the COVID-19 Pandemic

<https://policybase.cma.ca/link/policy14433>

POLICY TYPE Parliamentary submission
DATE 2021-04-23
TOPICS Population health, health equity, public health

Documents

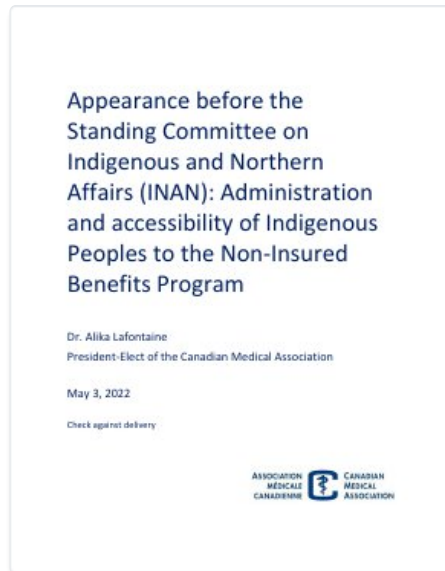


Appearance before the Standing Committee on Indigenous and Northern Affairs (INAN): Administration and accessibility of Indigenous Peoples to the Non-Insured Benefits Program

<https://policybase.cma.ca/link/policy14474>

POLICY TYPE	Parliamentary submission
DATE	2022-05-03
TOPICS	Population health, health equity, public health Ethics and medical professionalism

Documents



Bill C-422 An Act respecting a National Lyme Disease Strategy

<https://policybase.cma.ca/link/policy11140>

POLICY TYPE	Parliamentary submission
DATE	2014-06-02
TOPICS	Population health, health equity, public health Health systems, system funding and performance

Documents

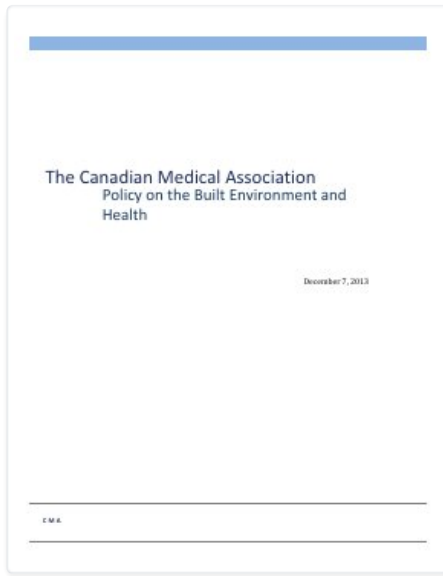


The built environment and health

<https://policybase.cma.ca/link/policy11063>

POLICY TYPE	Policy document
LAST REVIEWED	2018-03-03
DATE	2013-12-07
TOPICS	Population health, health equity, public health

Documents

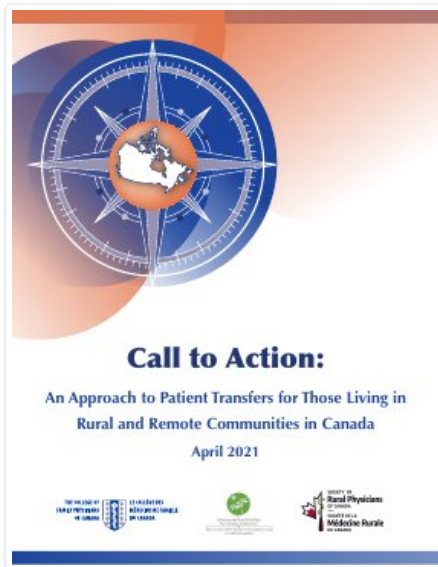


Call to Action: An Approach to Patient Transfers for Those Living in Rural and Remote Communities in Canada

<https://policybase.cma.ca/link/policy14466>

POLICY TYPE	Policy endorsement
DATE	2021-04-21
TOPICS	Population health, health equity, public health

Documents

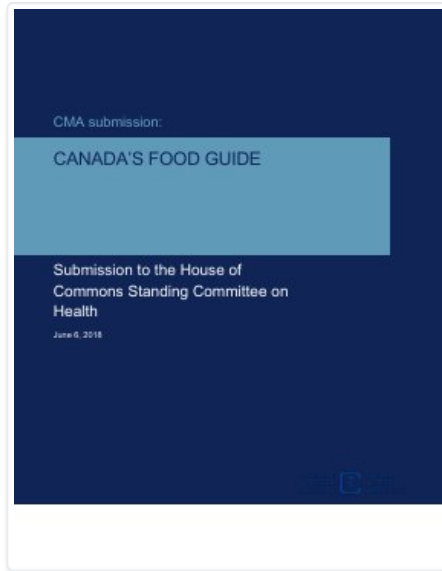


Canada's Food Guide

<https://policybase.cma.ca/link/policy13920>

POLICY TYPE	Response to consultation
DATE	2018-06-06
TOPICS	Population health, health equity, public health

Documents

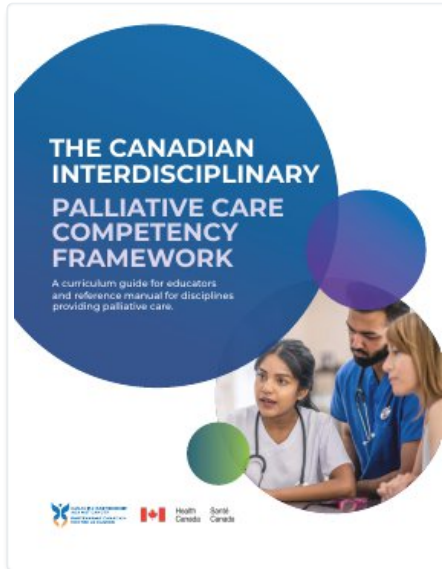


The Canadian Interdisciplinary Palliative Care Competency Framework

<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 input in advance of the World Health Assembly Special Session

<https://policybase.cma.ca/link/policy14461>

POLICY TYPE Parliamentary submission
DATE 2021-11-17
TOPICS Population health, health equity, public health
Ethics and medical professionalism

Documents



Canadian Medical Association submission on Bill C-462 Disability Tax Credit Promoters Restrictions Act.

<https://policybase.cma.ca/link/policy11542>

POLICY TYPE Parliamentary submission
DATE 2015-05-22
TOPICS 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

