

RESOLUTIONS ADOPTED (unconfirmed unless otherwise indicated)
147th Annual Meeting of the Canadian Medical Association
Aug. 18-20, 2014 – Ottawa, ON

End-of-life Care

1. The Canadian Medical Association supports the integration of advance care plans within patient records. (DM 5-1) (Confirmed by the Board of Directors on Aug. 21, 2014)
2. The Canadian Medical Association believes that all health care providers should have access to referral for palliative care services and expertise. (DM 5-2) (Confirmed by the Board of Directors on Aug. 21, 2014)
3. The Canadian Medical Association recommends that the time to benefit of prescribed interventions and medications be considered when providing care for older adults and patients approaching the end of life. (DM 5-3) (Confirmed by the Board of Directors on Aug. 21, 2014)
4. The Canadian Medical Association will investigate and communicate Inuit, Métis and First Nations' perspectives on euthanasia, physician-assisted death and end-of-life care. (DM 5-4) (Confirmed by the Board of Directors on Aug. 21, 2014)
5. The Canadian Medical Association will engage in physician human resource planning to develop an appropriate strategy to ensure the delivery of quality palliative end-of-life care throughout Canada. (DM 5-5) (Confirmed by the Board of Directors on Aug. 21, 2014)
6. The Canadian Medical Association (CMA) supports the right of all physicians, within the bounds of existing legislation, to follow their conscience when deciding whether to provide medical aid in dying as defined in CMA's policy on euthanasia and assisted suicide. (DM 5-6) (Confirmed by the Board of Directors on Aug. 21, 2014)
7. The Canadian Medical Association supports development of a strategy for advance care planning, palliative and end-of-life care in all provinces and territories. (DM 5-8) (Confirmed by the Board of Directors on Aug. 21, 2014)
8. The Canadian Medical Association supports in principle emergency funding for end-of-life care for uninsured people residing in Canada. (DM 5-7) (Confirmed by the Board of Directors on Aug. 21, 2014)

Health Promotion and Disease Prevention

9. The Canadian Medical Association supports targeted population health programs aimed at improving food security for all Canadians. (DM 5-10)
10. The Canadian Medical Association believes that all provinces and territories should have a legal obligation to provide health care from the first trimester of pregnancy. (DM 5-11)
11. The Canadian Medical Association supports the establishment of routine nutrition risk screening of all hospitalized patients to help prevent, detect and treat malnutrition. (DM 5-13)

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12. The Canadian Medical Association will recommend that the Canadian Pharmacists Association, National Association of Pharmacy Regulatory Authorities, and Canadian Association of Chain Drug Stores introduce a voluntary ban on the sale of energy drinks to minors. (DM 5-14)
13. The Canadian Medical Association supports efforts to expand smoke-free policies to include a ban on the use of electronic cigarettes in areas where smoking is prohibited. (DM 5-15)
14. The Canadian Medical Association will advocate for the revision of Canada's Food Guide. (DM 5-19)
15. The Canadian Medical Association supports the development of intervention, education and prevention programs to combat sexually transmitted disease among youth. (DM 5-12)
16. The Canadian Medical Association opposes the smoking of any plant material. (DM 5-17)
17. The Canadian Medical Association calls for the development and implementation of supports for women who must leave their home communities to give birth. (DM 5-18)
18. The Canadian Medical Association will seek a current-state assessment of the federal government's preparedness for national health emergencies with respect to mechanisms for providing timely knowledge translation of public health directives for clinicians and increased surveillance by physicians and health officials. (DM 5-20)

Pharmaceuticals

19. The Canadian Medical Association recommends that all medication-review processes include consideration of pharmacokinetic and pharmacodynamic factors specific to seniors when reviewing and approving coverage for medication. (DM 5-21)
20. The Canadian Medical Association supports education on appropriate evaluation and management of the behavioural and psychological symptoms of dementia before anti-psychotic therapy is considered. (DM 5-22)
21. The Canadian Medical Association supports community-based programs that offer access to opioid overdose prevention tools and services. (DM 5-23)
22. The Canadian Medical Association recommends that the federal government amend its laws and regulations so that in urgent cases medication can be more readily imported into Canada when shortages occur. (DM 5-24)
23. The Canadian Medical Association urges that a comprehensive regulatory standard authorizing the use of marijuana for medical purposes be adopted by all Canadian medical licensing bodies. (DM 5-25)

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Environment

24. The Canadian Medical Association supports development of a process to assess potential environmental risks posed by new substances in products regulated under the Food and Drugs Act and Regulations. (DM 5-26)
25. The Canadian Medical Association calls on bodies that conduct environmental assessments of industrial projects to seek input from physicians. (DM 5-27)
26. The Canadian Medical Association supports efforts to protect arable land from non-agricultural development. (DM 5-28)
27. The Canadian Medical Association will seek to collaborate in developing educational materials outlining possible health hazards associated with exposure to wood smoke. (DM 5-29)
28. The Canadian Medical Association will develop an action plan to promote the recommendations outlined in its policy, The Built Environment and Health. (DM 5-30)
29. The Canadian Medical Association will collaborate with other disciplines to ensure that the mutual benefits to health and the economy of climate action are more broadly understood and incorporated into policy. (DM 5-31)
30. The Canadian Medical Association supports government efforts to phase out coal-fired electricity generation within a 10-year time limit. (DM 5-33)
31. The Canadian Medical Association urges the Pest Management Regulatory Agency to re-evaluate the safety of neonic pesticides in Canada. (DM 5-34)

Ethics and Professionalism

32. The Canadian Medical Association calls for accessible, comprehensive and high-quality care for transgender patients. (DM 5-37)
33. The Canadian Medical Association recommends that a code of ethics be developed to govern business-development strategies of companies in the health field. (DM 5-42)
34. The Canadian Medical Association will amend the section of its Code of Ethics relating to discrimination in providing medical services to include the issues of gender identity and gender expression. (DM 5-35)
35. The Canadian Medical Association supports the position that all adolescent and adult persons have the right to define their own gender identity. (DM 5-36)
36. The Canadian Medical Association will review its policies on human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). (DM 5-9)

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37. The Canadian Medical Association will assess the ethical and economic impacts of recent changes in assisted human reproduction and consider revising its policy. (DM 5-39)

38. The Canadian Medical Association will propose guidelines to ensure optimal use of big data while limiting its negative impact on professionalism and the confidentiality of medical data. (DM 5-40)

39. The Canadian Medical Association will modify its Code of Ethics to enable physicians to use their professional autonomy, regardless of their practice setting. (DM 5-41)

40. The Canadian Medical Association believes that indiscriminate sharing of mental health information between the United States and Canada threatens the principle of non-discriminatory border crossing. (DM 5-44)

41. The Canadian Medical Association will work with appropriate stakeholders to establish guidelines for the sharing of mental health information between the United States and Canada. (DM 5-45)

42. The Canadian Medical Association will develop guidelines to assist physicians who work with hospital foundations and other charitable organizations. (DM 5-62)

Health System Delivery and Access

43. The Canadian Medical Association recommends that all home-care agencies be mandated to have on staff a director who is in good standing as a registered health professional. (DM 5-46)

44. The Canadian Medical Association supports the creation and use of secure modes of electronic communication between patients and health care providers. (DM 5-48)

45. The Canadian Medical Association will study the potential health applications of the theory of constraints. (DM 5-50)

46. The Canadian Medical Association will examine physician resource trends among specialties that focus on seniors' care. (DM 5-51)

47. The Canadian Medical Association will develop policy tools that provide criteria for identifying barriers to quality, efficiency and equity in emerging models of health care delivery. (DM 5-52)

Leadership and Advocacy

48. The Canadian Medical Association supports the development of improved screening tools to detect drug-impaired drivers. (DM 5-16)

49. The Canadian Medical Association encourages Canada Health Infoway to engage in consultation with physicians. (DM 5-57)

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50. The Canadian Medical Association supports action to decrease family violence and the maltreatment of children. (DM 5-59)

51. The Canadian Medical Association will bring recommendations to the World Medical Association to help ensure that physicians and patients in conflict zones are protected against attack. (DM 5-63)

52. The Canadian Medical Association supports efforts to increase the amount of community resources available to help victims of family violence and children who have been maltreated. (DM 5-64)

53. The Canadian Medical Association encourages provincial/territorial medical associations and local academies of medicine to participate in Remembrance Day ceremonies by taking part in wreath-laying and other ceremonies on behalf of physicians and the medical profession. (DM 5-65)

54. The Canadian Medical Association calls for the review of national and provincial/territorial legislation to address drug-impaired driving. (DM 5-53)

55. The Canadian Medical Association will produce policy recommendations to allow for the involvement of practising physicians and provincial/territorial medical associations in the development of processes to credential for and to grant and renew privileges to practice medicine. (DM 5-55)

56. The Canadian Medical Association supports the right and duty of medical officers of health to speak publicly to the citizens they serve. (DM 5-58)

57. The Canadian Medical Association supports the development of a framework for shared health system leadership involving physicians, hospital administrators and other stakeholders. (DM 5-60)

58. The Canadian Medical Association will work with the Canadian Life and Health Insurance Association to review insurance industry medical information requirements and ensure that the disclosure of personal health information is restricted to that which is reasonably necessary. (LM 0-2)

59. The Canadian Medical Association will work with Correctional Service Canada to address the medical and psychiatric implications of inmate solitary confinement. (LM 0-3)

Education and Professional Development

60. The Canadian Medical Association calls for the integration of sex/gender diversity education into medical school curricula and programs. (DM 5-38)

61. The Canadian Medical Association recommends that there be a minimum standard of training for care aides providing care in the patient's private dwelling. (DM 5-47)

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62. The Canadian Medical Association encourages the directors of all medical trainee programs to provide early training in cultural awareness. (DM 5-54)

63. The Canadian Medical Association supports the need to educate physicians about the prevalence of child abuse. (DM 5-66)

64. The Canadian Medical Association supports development of educational material for students who are considering attending medical school outside Canada. (DM 5-61)

Governance

65. The Canadian Medical Association will establish a working group to examine the process of disposition for resolutions adopted by General Council. (DM 5-56)

Emerging Issues (Leadership and Advocacy)

66. The Canadian Medical Association insists on the necessity for governments not to renege on freely negotiated and signed agreements by using legislative measures. (EI -1)

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