




## Resolutions Adopted

146th Annual Meeting of the Canadian Medical Association

19-21 August 2013 - Calgary, AB

**Please note:** The resolutions passed in any given year may have been revised or superseded by more recent policy. Please consult the [CMA Policy Database](#)  to obtain the most current policy.

1. The Canadian Medical Association (CMA) approves the Canadian Academy of Sport and Exercise Medicine's application for CMA affiliate status. (BD 1-1)
2. The Canadian Medical Association adopts the Board of Directors' final report and recommendations on governance review as outlined in Appendix 4 to the 2013 Reports to General Council. (BD 1-3)
3. General Council directs the Canadian Medical Association (CMA) Board of Directors to ensure the content of the Committee of the Whole discussion on the document entitled "End-of-Life Care in Canada" is reflected in the development of CMA policy. (SP 0-14)
4. The Canadian Medical Association accepts the 2012 audited financial statements, attached as Schedule A to the 2013 Audit Committee Report to General Council. (AUD 3-1)
5. The Canadian Medical Association will retain PricewaterhouseCoopers as auditors for the 2014 association fiscal year. (AUD 3-2)
6. The Canadian Medical Association full membership fee for the year 2014 will be \$495. (BD 1-2)

## Strategic Session 2 - Physician Resources

7. The Canadian Medical Association will investigate the impact of changes to resident duty hours on physician resource planning. (SS 2 8-1)
8. The Canadian Medical Association supports supply-and-demand projection models for health human resources using standardized methodology. (SS 2 8-2)
9. The Canadian Medical Association supports measures to facilitate the acculturation of international medical graduates. (SS 2 8-11)
10. The Canadian Medical Association supports curriculum development within Canada's medical schools that ensures trainees are educated on the importance of gender-sensitive care. (SS 2 8-4)
11. The Canadian Medical Association will work with stakeholders to help new graduates of Canadian residency programs seek job opportunities across Canada. (SS 2 8-13)
12. The Canadian Medical Association supports strategies that will utilize untapped health infrastructure resources to better meet Canadians' health care needs. (SS 2 8-7)

29. The Canadian Medical Association advocates that should outsourcing of medical services by health authorities or hospitals occur, Canadian training and certification standards must be met. (SS 3 9-9)

## Delegates' Motions

### End-of-life Care

30. The Canadian Medical Association advocates for the integration of accessible quality palliative care services into community and chronic care service delivery models. (DM 5-51)
31. The Canadian Medical Association supports the integration of the palliative care approach into the management of life-limiting chronic disease. (DM 5-52)
32. The Canadian Medical Association supports efforts that will assist physicians in helping patients and families understand and develop advance care plans. (DM 5-4)
33. The Canadian Medical Association supports the development and availability to all physicians of training in advance care planning. (DM 5-6)
34. The Canadian Medical Association recommends that all relevant legislation be amended to recognize that any person whose medical condition warrants it is entitled to receive palliative care. (DM 5-18)
35. The Canadian Medical Association requests that all Canadian faculties of medicine create a curriculum for training in palliative care suitable for physicians at all stages of their medical education and in appropriate settings to the locale in which they practice. (DM 5-53)

36. The Canadian Medical Association supports the right of any physician to exercise conscientious objection when faced with a request for medical aid in dying. (DM 5-22)

37. The Canadian Medical Association believes that every person nearing the end of life who wishes to receive palliative care services at home should have access to them. (DM 5-23)
38. The Canadian Medical Association encourages all members to complete their own advanced care plan. (DM 5-44)

### Environment

39. The Canadian Medical Association supports the development of a national strategy for the creation of community and regional maps that track noise levels in Canada. (DM 5-1)
40. The Canadian Medical Association supports integration of the concepts of population health and impact assessment into urban planning and design. (DM 5-33)
41. The Canadian Medical Association will advocate for more federal assistance to support ongoing, systematic efforts to mitigate, prevent, respond to and recover from extreme weather events and their consequences on human health. (DM 5-50)

### Collaborative Practice

42. The Canadian Medical Association recommends strengthening collaborative approaches to mental health care for children and youth. (DM 5-5)
43. The Canadian Medical Association recommends that conflict-of-interest issues be considered when any scope-of-practice expansion that allows allied health professionals to both prescribe and dispense medication is considered. (DM 5-2)
44. The Canadian Medical Association encourages that changes to the scope of practice for allied health professionals occur only in the presence of a defined, transparent evaluation process that is based on clinical criteria and protects patient safety. (DM 5-15)