General Motions

Consent Agenda

1. GM5 - 22
2. GM5 - 29
3. GM5 - 30
4. GM5 - 23
5. GM5 - 24
6. GM5 - 31
7. GM5 - 25
8. GM5 - 38
9. GM5 - 17
10. GM5 - 18
11. GM5 - 19
12. GM5 - 2
13. GM5 - 32
14. GM5 - 33
15. GM5 - 4
16. GM5 - 34
17. GM5 - 35
18. GM5 - 13
19. GM5 - 14
20. GM5 - 26
21. GM5 - 21
22. GM5 - 42
23. GM5 - 43
24. GM5 - 15
MOTION GM 5-22 — Consent Agenda  
MOVER Dr. Jane Thornton  
SECONDER Dr. Tatiana Jevremovic  

The Canadian Medical Association supports national curriculum development within Canada's medical schools that ensures education on the prescription of physical activity and exercise.

MOTION GM 5-29 — Consent Agenda  
MOVER Dr. Sherry Chan  
SECONDER Dr. Alex She  

The Canadian Medical Association recommends research into and education for health care providers concerning the unique challenges of managing pain in older adults.

MOTION GM 5-30 — Consent Agenda  
MOVER Dr. Joanne Young  
SECONDER Dr. David Wilton  

The Canadian Medical Association recommends that the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain include consideration of pharmacokinetic and pharmacodynamic factors specific to older adults.

MOTION GM 5-23 — Consent Agenda  
MOVER Dr. Eric Cadesky  
SECONDER Mr. Eric Zhao  

The Canadian Medical Association calls for inclusion of the ethical and medicolegal aspects of medical tourism as part of the medical school curriculum.

MOTION GM 5-24 — Consent Agenda  
MOVER Dr. Jessica Otte  
SECONDER Dr. John Boldon  

The Canadian Medical Association calls for emphasis on considerations of appropriateness in health care as part of the medical school curriculum.

MOTION GM 5-31 — Consent Agenda  
MOVER Dr. Alan Ruddiman  
SECONDER Dr. Maria Mariano  

The Canadian Medical Association supports the development of a national strategy to formally recognize family caregivers as partners in health care delivery.
MOTION GM 5-25 — Consent Agenda
MOVER Dr. Joanne Young
SECONDER Dr. Sherry Chan

The Canadian Medical Association supports enhanced continuing medical education training to help identify, assess, involve and support family caregivers.

MOTION GM 5-38 — Consent Agenda
MOVER Dr. Vanessa Brcic
SECONDER Ms. Daphne Lu

The Canadian Medical Association supports the development of patient navigator models, particularly for vulnerable patient populations.

MOTION GM 5-17 — Consent Agenda
MOVER Dr. Brenda Hefford
SECONDER Dr. Panagiotis Galanopoulos

The Canadian Medical Association supports the development of practice contingency plans to respond to emergencies or disasters that disrupt primary care service delivery.

MOTION GM 5-18 — Consent Agenda
MOVER Dr. Ian Gillespie
SECONDER Dr. Dan Horvat

The Canadian Medical Association supports initiatives to enhance the capacity of primary care physicians to provide emergency health services during and after disasters.

MOTION GM 5-19 — Consent Agenda
MOVER Dr. Lloyd Oppel
SECONDER Dr. Laurence Barzelai

The Canadian Medical Association encourages governments at all levels to implement policies that support the safe use of greywater.

MOTION GM 5-2 — Consent Agenda
MOVER Mr. Mathieu Hains
SECONDER Dr. Marlène Landry

The Canadian Medical Association supports educating health care teams to foster collaborative approaches and promote healthy relationships among all health care professionals.
MOTION GM 5-32 — Consent Agenda
MOVER Dr. Alison Freeland
SECONDER Dr. Clover Hemans

The Canadian Medical Association advocates for the development of national standardized non-pharmacologic order sets for the treatment of older adults with delirium.

MOTION GM 5-33 — Consent Agenda
MOVER Dr. Danyaal Raza
SECONDER Dr. Hasan Sheikh

The Canadian Medical Association will engage with federal decision-makers to pursue a renewed national health accord.

MOTION GM 5-4 — Consent Agenda
MOVER Dr. Crystal Cannon
SECONDER Dr. Pamela Liao

The Canadian Medical Association will develop a gender-diversity policy to increase representation in all levels of medical leadership.

MOTION GM 5-34 — Consent Agenda
MOVER Dr. Alison Freeland
SECONDER Dr. Clover Hemans

The Canadian Medical Association calls for the addition of low-risk guidelines specific to people aged 65 or older to augment "Canada’s Low-Risk Alcohol Drinking Guidelines."

MOTION GM 5-35 — Consent Agenda
MOVER Mr. Ali Damji
SECONDER Dr. Pamela Liao

The Canadian Medical Association will raise the federal government’s awareness of the inequitable access to public long-term care homes that is experienced by patients with financial, cultural and/or linguistic barriers.

MOTION GM 5-13 — Consent Agenda
MOVER Dr. David Esser
SECONDER Dr. Greg Flynn

The Canadian Medical Association endorses public funding of insulin and other diabetes-related supplies for all patients with insulin-dependent diabetes.
MOTION GM 5-14 — Consent Agenda
MOVER Dr. Darren Cargill
SECONDER Dr. Rajni Singhal

The Canadian Medical Association supports Bill C-224, Good Samaritan Drug Overdose Act.

MOTION GM 5-26 — Consent Agenda
MOVER Mr. Mathew Nicholas
SECONDER Mr. Ali Damji

The Canadian Medical Association calls on the federal government to reinstate MD/PhD funding from the Canadian Institutes of Health Research.

MOTION GM 5-21 — Consent Agenda
MOVER Dr. Courtney Howard
SECONDER Dr. Alan Ruddiman

The Canadian Medical Association supports incorporating full-cost accounting, including greenhouse gas emissions and water-usage impacts, into health-impact assessments for projects involving hydraulic fracturing for unconventional oil and gas reserves.

MOTION GM 5-42 — Consent Agenda
MOVER Dr. Carl Nohr
SECONDER Dr. Rick Johnston

The Canadian Medical Association supports the integration of care between specialist/acute care physicians and family physicians as patients move between primary and secondary/acute care.

MOTION GM 5-43 — Consent Agenda
MOVER Dr. Carl Nohr
SECONDER Dr. Rick Johnston

The Canadian Medical Association calls for the development of policy guidance and provision of adequate resources to enable the transfer of acute care services to the community.

MOTION GM 5-15 — Consent Agenda
MOVER Dr. Kim Kelly
SECONDER Dr. Carl Nohr

The Canadian Medical Association will become a member of the "Coalition for Healthy School Food."
**MOTION FORM**  
**GENERAL COUNCIL 2016 – VANCOUVER**

**Mover** Dr. Jane Thornton  
**Seconder** Dr. Tatiana Jevremovic

**Motion**  
The Canadian Medical Association supports national curriculum development within Canada's medical schools that ensures education on the prescription of physical activity and exercise.

1. **Substantive rationale** — Include: a) why this motion should be considered; b) supporting scientific evidence (if a scientific/clinical motion); c) previous motions from GC related to the topic

Currently, four out of five Canadian adults do not meet the national Physical Activity Guidelines (StatsCan 2013). According to the World Health Organization, physical inactivity is the fourth leading risk factor for death worldwide, and low cardiorespiratory fitness exposes a patient to a greater risk of dying than does smoking, obesity, hypertension, or high cholesterol (Blair 2009). Fortunately, there is strong and emerging evidence that physical activity can reverse, manage, or control the symptoms of many chronic diseases even once they occur, including, but not limited to: metabolic disorders, heart and pulmonary disease, rheumatoid and osteoarthritis, cancer and mental illness (Pedersen & Saltin 2015). Physical activity “prescription” by physicians is a cost-effective yet underused modality (Garrett 2011, Anokye 2014, Grandes 2009, Stevens 2014) shown to increase physical activity by 10% in relatively inactive patients (Dalziel 2006), which recent Canadian evaluations have estimated could save $2.1 billion per year in health care and other costs if adopted at the population level (Bounajm 2016). While only one quarter to one third of physicians counsel on physical activity (Glasgow 2001, Nunan 2016), 92% of patients surveyed agreed or strongly agreed with the statement, "If my doctor advised me to exercise, I would follow his or her advice" (Andersen 1997). CMA’s policy document entitled, “Healthy Behaviours – Promoting Physical Activity and Healthy Eating” (http://policybase.cma.ca/dbtw-wpd/Policypdf/PD15-12.pdf), while thorough, does not contain recommendations targeted at medical schools. CMA can provide leadership to correct the general lack of knowledge and training in our medical schools surrounding physical activity guidelines and prescription to aid in the prevention and treatment of noncommunicable disease.

2. **Key stakeholders** — Include suggested key stakeholders involved/engaged with this issue

Canadian Association of Sports and Exercise Medicine, Association of Faculties of Medicine of Canada, Canadian Association of Medical Education, Medical Council of Canada, College of Family Physicians of Canada, Public Health Agency of Canada

3. **Issue prioritization criteria** (To what degree does this motion support the CMA’s prioritization criteria of relevance, fit and focus (please check most appropriate for each criteria))

<table>
<thead>
<tr>
<th>a. Relevance</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>The issue resonates with CMA members and solves their problem(s) and makes their lives easier</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Fit</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>The CMA is in the best position to make a significant impact on this and there is no other organization whose primary mandate relates to the issue</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. Focus</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>The issue and scope is clearly defined and there is a niche area within this issue</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Additional comments related to Relevance, Fit and Focus**

With CMA's leadership on this issue, other stakeholder organizations can inform the creation and delivery of educational resources.

5. **Describe the relevance of the issues in terms of the impact on physicians**

A large majority of the patients that physicians see struggle with at least one chronic disease. The impact on the health care system as a whole is staggering and unsustainable. Physical activity prescription is a cost-effective way to address this need.

6. **Describe why the CMA is best positioned to do this compared to other organizations**

CMA is best positioned to support this given its national scope and leadership. Medical students and residents look to CMA for guidance on best practices and standardized resources.

7. **Additional comments**


Nunan D. Doctors should be able to prescribe exercise like a drug. BMJ 2016 May 5;353:i2468. doi: 10.1136/bmj.i2468.


MOTION FORM
GENERAL COUNCIL 2016 – VANCOUVER

**Mover**  Dr. Sherry Chan

**Seconder**  Dr. Alex She

**Motion**  
The Canadian Medical Association recommends research into and education for health care providers concerning the unique challenges of managing pain in older adults.

1. **Substantive rationale**  — Include:  a) why this motion should be considered; b) supporting scientific evidence (if a scientific/clinical motion); c) previous motions from GC related to the topic

The elderly population comprises the fastest growing segment of the world’s population. As patients age, the incidence and prevalence of certain pain syndromes increase. Pain may be underreported as some elderly patients incorrectly believe that pain is a normal process of aging. Chronic geriatric pain may be defined as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage, for persons who are either aged (65 to 79 years old) or very aged (80 and over) and who have had pain for greater than 3 months." The consequences of this pain include impaired activities of daily living and ambulation, depression, and strain on the health care economy. Clinical manifestations of persistent pain are often complex and multifactorial in the older population.

The elderly are often untreated or undertreated for pain. Barriers to effective management include challenges to proper assessment of pain; underreporting on the part of patients; atypical manifestations of pain in the elderly; a need for increased appreciation of the pharmacokinetic and pharmacodynamic changes of aging; and misconceptions about tolerance and addiction to opioids. Physicians can effectively manage pain in the elderly by understanding different types of pain (nociceptive and neuropathic), and appropriate use of non-opioid, opioid, and adjuvant medications.

There is much evidence for the danger of NSAIDS in older adults and there is emerging evidence of the lack of efficacy of acetaminophen in chronic arthritis and back pain. While there is little evidence for efficacy of opioids in older adults, what does exist suggests that they are efficacious. Opioids have become more widely accepted for treating older adults who have persistent pain, but their use requires physicians have an understanding of prevention and management of side effects, opioid titration and withdrawal, and careful monitoring. However, with opioid overdose deaths continuing to rise across Canada, physicians face concerns prescribing opioids. There are also non-pharmacologic approaches to pain management, including osteopathic manipulative treatment, cognitive behavioural therapy, exercise and spiritual interventions.

Physicians should have a broad range of understanding of the pharmacologic and physiological changes that occur in the geriatric population. With the complex and unique challenges that frail older adults face, health care providers require education and support to help effectively manage pain in this population. In addition, more research on pain management strategies for older adults is required, including investigating all possible options for optimal pain management, including pharmacotherapy, interventional procedures, physical rehabilitation, and psychological support.

2. **Key stakeholders**  — Include suggested key stakeholders involved/engaged with this issue

Faculties of medicine/universities, Canadian Geriatrics Society, Canadian Pain Society, national Colleges, provincial/territorial medical associations, CMA

3. **Issue prioritization criteria**  (To what degree does this motion support the CMA’s prioritization criteria of relevance, fit and focus (please check most appropriate for each criteria)

| a. Relevance  (The issue resonates with CMA members and solves their problem(s) and makes their lives easier) | High | Medium | Low |
| b. Fit  (The CMA is in the best position to make a significant impact on this and there is no other organization whose primary mandate relates to the issue) | High | Medium | Low |
| c. Focus  (The issue and scope is clearly defined and there is a niche area within this issue) | High | Medium | Low |

d. **Additional comments related to Relevance, Fit and Focus**

n/a

e. **Describe the relevance of the issues in terms of the impact on physicians**

Physicians are well positioned to manage pain in the elderly. Improved education for providers on the unique challenges of managing pain in frail older adults will enable them to manage pain in the elderly more effectively. In addition, in order for physicians to provide the most effective care for older adults with pain, more research on pain management strategies is required.

Confidential | 3
f. Describe why the CMA is best positioned to do this compared to other organizations

CMA is well positioned to encourage stakeholders to work together to improve education for health care providers on the unique challenges of managing pain in frail older adults and to engage in research on pain management strategies for older adults.

4. Additional comments

n/a
MOTION FORM
GENERAL COUNCIL 2016 – VANCOUVER

Mover  Dr. Joanne Young
Seconder  Dr. David Wilton

Motion
The Canadian Medical Association recommends that the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain include consideration of pharmacokinetic and pharmacodynamic factors specific to older adults.

1. Substantive rationale — Include: a) why this motion should be considered; b) supporting scientific evidence (if a scientific/clinical motion); c) previous motions from GC related to the topic
The National Opioid Use Guideline Group has the same recommendation for starting opioids for moderate to severe pain management in seniors as they do for younger healthier adults in the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain (https://www.cpsbc.ca/files/pdf/ED-2012-WS-Opioids-WILSON-Handout-Kahan.pdf - Appendix 1). There have since been reports of increased hospitalizations as a result of tramadol due to hyponatremia and hypoglycemia and an increased risk of fractures. The guideline needs to take into consideration the differing pharmacokinetics in older adults and consider whether recommendations should change in light of this and in light of the fact that addiction is extremely rare in older adults with no previous addiction problem.

2. Key stakeholders — Include suggested key stakeholders involved/engaged with this issue
National Opioid Use Guideline Group, national colleges

3. Issue prioritization criteria (To what degree does this motion support the CMA’s prioritization criteria of relevance, fit and focus (please check most appropriate for each criteria)

| a. Relevance (The issue resonates with CMA members and solves their problem(s) and makes their lives easier) | High | Medium | Low |
| b. Fit (The CMA is in the best position to make a significant impact on this and there is no other organization whose primary mandate relates to the issue) | High | Medium | Low |
| c. Focus (The issue and scope is clearly defined and there is a niche area within this issue) | High | Medium | Low |

4. Additional comments related to Relevance, Fit and Focus
n/a

e. Describe the relevance of the issues in terms of the impact on physicians
In order for physicians to provide seniors with the most effective and evidence-informed care, guidelines for safe and effective use of opioids for chronic non-cancer pain should include consideration of pharmacokinetic and pharmacodynamic factors specific to seniors.

f. Describe why the CMA is best positioned to do this compared to other organizations
CMA is well positioned to encourage stakeholders to work together to ensure the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain is the most up to date and relevant for all populations, including seniors.

4. Additional comments
n/a
**MOTION FORM**

**GENERAL COUNCIL 2016 – VANCOUVER**

**Mover**  Dr. Eric Cadesky

**Seconder**  Mr. Eric Zhao

**Motion**

The Canadian Medical Association calls for inclusion of the ethical and medicolegal aspects of medical tourism as part of the medical school curriculum.

**1. Substantive rationale** — Include: a) why this motion should be considered; b) supporting scientific evidence (if a scientific/clinical motion); c) previous motions from GC related to the topic

Medical tourism involves international travel with the intent of addressing medical care needs of the traveler that occurs outside of arranged cross-border care. It raises important questions for safety of patients, creates uncertainties about impacts on patients’ home countries and destination countries, and creates ethical issues for people who have and have not participated in medical tourism.

Medical tourism is an emerging global trend that has already taken root in Canada, but the future is still unclear. Over the past five years, Canadian governments have reduced the volume of insured medical services purchased out-of-country, but the costs of these services have more than doubled.

Many factors are influencing the growth and surrounding regulations of patients travelling for medical care:

- evolving medical tourism guidelines and international accreditation
- expanding and increasing sophistication of foreign medical tourism operations
- increasing provincial/territorial and local provider interest in supporting medical tourism through legislation and policy
- increasing demand for outpatient surgery and a drive to reduce wait times
- emerging consumer interest in medical tourism options
- economic constraints and changing financial incentives

Adding to the emerging state of medical tourism in Canada is growing policy and public attention to wait lists for key services, increasing consumer willingness to travel for health care services, and renewed direct-to-consumer marketing by medical tourism companies and foreign destinations. This presents opportunities for increased medical tourism in Canada – for Canadians seeking care abroad and for establishing Canada as a medical tourism destination – and sets the stage for renewed focus on this health care trend.

**2. Key stakeholders** — Include suggested key stakeholders involved/engaged with this issue

Federal and provincial/territorial governments, medical schools, provincial/territorial medical associations, CMA

**3. Issue prioritization criteria** (To what degree does this motion support the CMA’s prioritization criteria of relevance, fit and focus (please check most appropriate for each criteria)

<table>
<thead>
<tr>
<th>a. Relevance</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>(The issue resonates with CMA members and solves their problem(s) and makes their lives easier)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Fit</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>(The CMA is in the best position to make a significant impact on this and there is no other organization whose primary mandate relates to the issue)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. Focus</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>(The issue and scope is clearly defined and there is a niche area within this issue)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Additional comments related to Relevance, Fit and Focus</th>
<th>n/a</th>
</tr>
</thead>
</table>

| e. Describe the relevance of the issues in terms of the impact on physicians |
|--------------------------------------------------------------------------|-----|
| As more people participate in medical tourism, physicians will need to understand the ethical and medicolegal aspects of this growing field in order to provide the best possible care to patients. |

| f. Describe why the CMA is best positioned to do this compared to other organizations |
|----------------------------------------------------------------------------------|-----|
| CMA is well positioned to encourage stakeholders to work together to develop policy related to medical tourism and ensure providers are well equipped to handle the ethical and medicolegal challenges related to this health care trend. |

<table>
<thead>
<tr>
<th>4. Additional comments</th>
<th>n/a</th>
</tr>
</thead>
</table>
**MOTION FORM**  
GENERAL COUNCIL 2016 – VANCOUVER

**Mover**  
Dr. Jessica Otte

**Seconder**  
Dr. John Boldon

**Motion**  
The Canadian Medical Association calls for emphasis on considerations of appropriateness in health care as part of the medical school curriculum.

1. **Substantive rationale** — Include: a) why this motion should be considered; b) supporting scientific evidence (if a scientific/clinical motion); c) previous motions from GC related to the topic

There is a growing awareness that many tests, treatments and procedures are unnecessary and even harmful to patients. While undertaken with the best of intentions, unfortunately a large portion of these interventions are not in keeping with a patient’s goals and wishes. There is also significant waste to the system, which may interfere with the availability of resources for patients who do require certain interventions. CMA already supports the Choosing Wisely Canada campaign; embedding the associated fundamental ideas in medical school and residency curricula will empower our new wave of physicians to advance the ability of patients to receive the care that is appropriate for them. The literature supports that medical learners tend to order more unnecessary and inappropriate tests than those in practice. Likewise, it supports that effective knowledge transmission, reflective practice, and a supportive learning environment are necessary to train physicians to provide high-value care that is consistent with patient preferences. This competency directly pertains to the CanMeds role of Health Advocate. While the undergraduate curriculum usually includes elements of patient-centred care and sometimes principles of stewardship, explicit attention to the harms of overuse is needed to ensure learners understand the profound impact it has on patients and the health care system.

2. **Key stakeholders** — Include suggested key stakeholders involved/engaged with this issue

Medical schools, Choosing Wisely Canada, CMA, provincial/territorial medical associations

3. **Issue prioritization criteria** (To what degree does this motion support the CMA’s prioritization criteria of relevance, fit and focus (please check most appropriate for each criteria)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Relevance (The issue resonates with CMA members and solves their problem(s) and makes their lives easier)</td>
<td>X</td>
<td>Medium</td>
<td>Low</td>
</tr>
<tr>
<td>b. Fit (The CMA is in the best position to make a significant impact on this and there is no other organization whose primary mandate relates to the issue)</td>
<td>High</td>
<td>Medium</td>
<td>X</td>
</tr>
<tr>
<td>c. Focus (The issue and scope is clearly defined and there is a niche area within this issue)</td>
<td>High</td>
<td>X</td>
<td>Medium</td>
</tr>
</tbody>
</table>

4. **Additional comments related to Relevance, Fit and Focus**

n/a

e. **Describe the relevance of the issues in terms of the impact on physicians**

Attention to the harms of overuse in the medical school curriculum will ensure physicians in training are better prepared to care for patients while exercising principles of health care resource stewardship.

f. **Describe why the CMA is best positioned to do this compared to other organizations**

CMA has already done work related to both patient-centred care and resource stewardship and is well positioned to work with stakeholders to call for increased emphasis on considerations of appropriateness in health care, including the concepts of over-diagnosis and over-testing, as part of the medical school curriculum.

4. **Additional comments**

n/a
MOTION FORM
GENERAL COUNCIL 2016 – VANCOUVER

Mover Dr. Alan Ruddiman
Seconder Dr. Maria Mariano

Motion
The Canadian Medical Association supports the development of a national strategy to formally recognize family caregivers as partners in health care delivery.

1. Substantive rationale — Include: a) why this motion should be considered; b) supporting scientific evidence (if a scientific/clinical motion); c) previous motions from GC related to the topic
Carers Canada defines a family caregiver as “a person who takes on an unpaid caring role for someone who needs help because of a physical or cognitive condition, an injury or chronic life limiting illness.” According to the Health Council of Canada, caregivers provide between 70-75% of care for people receiving home care in Canada. As Canada’s population ages, more Canadians will be providing unpaid care.
Although caring for a loved one can be a fulfilling experience, caregiving responsibilities can also be challenging and stressful. Specifically, the increased physical, psychological and financial stress from caregiving can reduce a caregiver’s ability to care for themselves and for their loved ones.
Limited support for caregivers in Canada may be a symptom of a lack of formal recognition by government. International jurisdictions, like the United Kingdom and Australia, have developed national strategies and enacted legislation to recognize the role of caregivers and commit the government to supporting the health and financial well-being of caregivers. The United Kingdom and Australia have established stronger requirements to ensure caregiver access to health services and both countries provide more generous financial assistance to caregivers.
In 2009, recognizing the importance of unpaid caregivers, a Canadian Special Senate Committee on Aging advocated for the creation of a National Caregiver Strategy to address the needs of caregivers in a comprehensive and multi-jurisdictional manner. In Canada, only Manitoba has taken such a legislative or planning approach by enacting the Caregiver Recognition Act in 2011. A national strategy to formally recognize caregivers as a partner in health care delivery can be the first step toward providing stronger supports for caregivers.
In addition, in Canadian provinces and territories, the provision of respite care services reflects a consideration of caregiver needs in health care planning. Other examples of considering caregiver needs is Manitoba’s Caregiver Recognition Act 2011, which outlines how caregivers should be treated and considered by groups, such as health care staff and at the practice level, the inclusion of caregiver assessments in care planning by home care professionals in Canada.
Although these steps are encouraging, there is opportunity for a more robust consideration of caregiver needs in health and social service planning and provision. For example, in England, the Care Act 2014 gives adult caregivers caring for another adult the same legal right to receive assessments and support as care recipients. In addition, the National Health Services (England) has also outlined a set of commitments to caregivers and has set up monitoring and progress reporting mechanisms for these commitments. A greater consideration of caregiver needs in health and social service planning and provision can result in stronger supports for caregivers across Canada.

2. Key stakeholders — Include suggested key stakeholders involved/engaged with this issue
Federal and provincial/territorial governments, provincial/territorial and national medical associations

3. Issue prioritization criteria (To what degree does this motion support the CMA’s prioritization criteria of relevance, fit and focus (please check most appropriate for each criteria))

| a. Relevance (The issue resonates with CMA members and solves their problem(s) and makes their lives easier) | High | Medium x | Low |
| b. Fit (The CMA is in the best position to make a significant impact on this and there is no other organization whose primary mandate relates to the issue) | High x | Medium | Low |
| c. Focus (The issue and scope is clearly defined and there is a niche area within this issue) | High x | Medium | Low |

d. Additional comments related to Relevance, Fit and Focus
n/a

e. Describe the relevance of the issues in terms of the impact on physicians
Physicians will be able to better support and advocate for family caregivers if a national strategy is developed that formally recognizes family caregivers as a partner in health care delivery, and if further consideration of their needs are recognized in health care and social service planning and provision.
f. Describe why the CMA is best positioned to do this compared to other organizations
CMA is well positioned to work with stakeholders to develop policies to better support family caregivers.

4. Additional comments
n/a
MOTION FORM
GENERAL COUNCIL 2016 – VANCOUVER

Mover Dr. Joanne Young
Seconder Dr. Sherry Chan

Motion
The Canadian Medical Association supports enhanced continuing medical education training to help identify, assess, involve and support family caregivers.

1. Substantive rationale — Include: a) why this motion should be considered; b) supporting scientific evidence (if a scientific/clinical motion); c) previous motions from GC related to the topic
Carers Canada defines a family caregiver (“caregiver”) as “a person who takes on an unpaid caring role for someone who needs help because of a physical or cognitive condition, an injury or chronic life limiting illness.” According to the Health Council of Canada, caregivers provide between 70-75% of care for people receiving home care in Canada. As Canada’s population ages, more Canadians will be providing unpaid care.
As care providers, physicians are well positioned to support caregivers. By maintaining a patient focus while also acknowledging and including the caregiver, physicians can have a positive impact on the caregiving experience. Moreover, physicians recognizing and including caregivers as partners in care can positively influence patient care planning and implementation.
For example, the Royal College of General Practitioners has created an action guide to help GPs in the United Kingdom engage caregivers within their practice settings. This guide provides suggestions to assist physicians to:
1. identify caregivers
2. involve caregivers in patient care
3. monitor health of caregivers
4. provide information and support to caregivers
In Canada, continuing medical education training can help physicians include caregivers as partners in care and improve supports for caregivers.

2. Key stakeholders — Include suggested key stakeholders involved/engaged with this issue
CMA, College of Family Physicians of Canada, Royal College of Physicians and Surgeons of Canada, Canadian College of Health Leaders, Accreditation Canada

3. Issue prioritization criteria (To what degree does this motion support the CMA’s prioritization criteria of relevance, fit and focus (please check most appropriate for each criteria)

<table>
<thead>
<tr>
<th>a. Relevance (The issue resonates with CMA members and solves their problem(s) and makes their lives easier)</th>
<th>High</th>
<th>Medium x</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Fit (The CMA is in the best position to make a significant impact on this and there is no other organization whose primary mandate relates to the issue)</td>
<td>High x</td>
<td>Medium</td>
<td>Low</td>
</tr>
<tr>
<td>c. Focus (The issue and scope is clearly defined and there is a niche area within this issue)</td>
<td>High x</td>
<td>Medium</td>
<td>Low</td>
</tr>
</tbody>
</table>

4. Additional comments related to Relevance, Fit and Focus
n/a

e. Describe the relevance of the issues in terms of the impact on physicians
Continuing medical education training can help physicians include caregivers as partners in care and improve supports for caregivers.

f. Describe why the CMA is best positioned to do this compared to other organizations
CMA is well positioned to work with stakeholders to develop policies to better support family caregivers.

4. Additional comments
n/a
MOTION FORM
GENERAL COUNCIL 2016 – VANCOUVER

**Mover**  Dr. Vanessa Brcic  
**Seconder**  Ms. Daphne Lu

**Motion**  
The Canadian Medical Association supports the development of patient navigator models, particularly for vulnerable patient populations.

### 1. Substantive rationale  
- Include:  
a) why this motion should be considered;  
b) supporting scientific evidence (if a scientific/clinical motion);  
c) previous motions from GC related to the topic

Navigating Canada’s complex health care systems is among the most stressful task for patients, their families and caregivers. To the degree possible, primary care physicians can help patients and their caregivers navigate the health care system through appropriate referrals or by providing information on available resources. For many patients with complex health needs (e.g., patients with mental illness and/or cognitive impairments) and/or face other barriers to accessing health care (language, cultural, socioeconomic), additional ongoing support with system navigation may be required.

One model for supporting system navigation involves the use of patient navigators. Patient navigators may act as patient advocates and help patients and caregivers connect with specialists, coordinate care services, and obtain financial support. A patient navigator may be a health care professional, social worker or a volunteer. For example, in BC, regional health authorities provide Aboriginal Patient Navigator/Liaison programs while other types of patient navigator programs are provided by disease specific organizations and local divisions of family practice.

Recent studies from Ontario and BC indicate that one of the strongest predictors of increased caregiver distress is caring for people with behavioural problems or cognitive impairments. In addition, populations such as aboriginal and ethnic communities may face ongoing socio-demographic, cultural, linguistic, economic and structural barriers to accessing health care services. Patient navigators can provide critical assistance to patients and caregivers, particularly those from vulnerable populations.

### 2. Key stakeholders  
- Include suggested key stakeholders involved/engaged with this issue  
CMA, provincial/territorial medical associations, provincial/territorial governments

### 3. Issue prioritization criteria  
(To what degree does this motion support the CMA’s prioritization criteria of relevance, fit and focus (please check most appropriate for each criteria)

<table>
<thead>
<tr>
<th>a. Relevance</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>(The issue resonates with CMA members and solves their problem(s) and makes their lives easier)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Fit</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>(The CMA is in the best position to make a significant impact on this and there is no other organization whose primary mandate relates to the issue)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. Focus</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>(The issue and scope is clearly defined and there is a niche area within this issue)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d. Additional comments related to Relevance, Fit and Focus  
n/a

e. Describe the relevance of the issues in terms of the impact on physicians  
To the degree possible, primary care physicians can help patients and their caregivers navigate the health care system through appropriate referrals or by providing information on available resources. However, for many patients with complex health needs who face barriers to accessing health care, additional ongoing support with system navigation may be required.

f. Describe why the CMA is best positioned to do this compared to other organizations  
CMA is well positioned to work with stakeholders to develop policies to better support family caregivers.

### 4. Additional comments  
n/a
MOTION FORM  
GENERAL COUNCIL 2016 – VANCOUVER

**Mover**  Dr. Brenda Hefford  
**Seconder** Dr. Panagiotis Galanopoulos

**Motion**  
The Canadian Medical Association supports the development of practice contingency plans to respond to emergencies or disasters that disrupt primary care service delivery.

1. **Substantive rationale** — Include: a) why this motion should be considered; b) supporting scientific evidence (if a scientific/clinical motion); c) previous motions from GC related to the topic

With climate change, Canadians can expect to experience more severe weather events. Whether small or large scale, these weather events (in addition to other emergencies or disasters) can damage medical clinics and disrupt the delivery of primary care within a community. In addition, these disruptions may negatively impact the professional and economic livelihoods of affected physicians. For physicians, the best time to plan for an emergency or disaster is before it happens. More specifically, physicians should create a practice continuity plan ("PCP") to optimize response to an emergency situation (i.e., to local and widespread events that would otherwise disrupt regular primary care service delivery). As an example, in BC, the Victoria Division of Family Practice worked with the BC Ministry of Health Emergency Management Unit to develop a Practice Continuity Guide and workbook to help physicians develop PCPs that would maintain clinic functionality should emergencies occur in their building, neighbourhood or region. This Practice Continuity Guide includes information about emergency supplies and procedures, insurance coverage, identifying essential services, external and internal communications planning, preparing records inventory and mutual aid agreements with colleagues. In addition, there are also opportunities to enhance emergency preparedness planning in medical training in Canada. Physicians who prepare PCPs are more able to continue delivering critical health services and safeguard their own personal livelihoods during emergency situations.

2. **Key stakeholders** — Include suggested key stakeholders involved/engaged with this issue

Provincial/territorial medical associations, provincial/territorial governments, CMA

3. **Issue prioritization criteria** (To what degree does this motion support the CMA’s prioritization criteria of relevance, fit and focus (please check most appropriate for each criteria)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Relevance</th>
<th>Fit</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Relevance (The issue resonates with CMA members and solves their problem(s) and makes their lives easier)</td>
<td>High</td>
<td>X</td>
<td>Low</td>
</tr>
<tr>
<td>b. Fit (The CMA is in the best position to make a significant impact on this and there is no other organization whose primary mandate relates to the issue)</td>
<td>High</td>
<td>X</td>
<td>Low</td>
</tr>
<tr>
<td>c. Focus (The issue and scope is clearly defined and there is a niche area within this issue)</td>
<td>High</td>
<td>X</td>
<td>Medium</td>
</tr>
</tbody>
</table>

d. Additional comments related to Relevance, Fit and Focus

n/a

e. Describe the relevance of the issues in terms of the impact on physicians

Physicians who prepare practice continuity plans are more able to continue delivering critical health services and safeguard their own personal livelihoods during emergency situations.

f. Describe why the CMA is best positioned to do this compared to other organizations

Climate change is one of the themes for this year’s General Council meeting. With climate change, Canadians can expect to experience more severe weather events, in addition to other emergencies or disasters. The best time to plan for an emergency or disaster is before it happens. CMA is well positioned to encourage physicians to create practice continuity plans to optimize response to an emergency situation.

4. **Additional comments**

n/a
MOTION FORM
GENERAL COUNCIL 2016 – VANCOUVER

Mover  Dr. Ian Gillespie
Seconded Dr. Dan Horvat

Motion
The Canadian Medical Association supports initiatives to enhance the capacity of primary care physicians to provide emergency health services during and after disasters.

1. Substantive rationale — Include: a) why this motion should be considered; b) supporting scientific evidence (if a scientific/clinical motion); c) previous motions from GC related to the topic
With climate change, Canadians can expect to experience more events such as severe weather and extreme heat. The increasing frequency of extreme weather events (in addition to other emergencies and disasters) will put more pressure on the health sector’s ability to respond to both small and large scale crises.
In most of Canada, the majority of the health sector’s emergency preparedness activities have focused on first responders, public health and hospitals with less participation from family physicians in the community. In a disaster situation, a coordinated response from local primary care physicians can alleviate pressures on hospitals (particularly emergency departments). An example of this was the coordinated response of local primary care physicians and clinics to manage lower acuity patients during the 2011 earthquake in Christchurch, New Zealand.
In Canada, more are recognizing the important role that local primary care physicians can play in disaster situations. For example, BC’s Comox Valley Division of Family Practice is collaborating with community emergency planners to develop a plan for local clinics to help triage and manage less serious injuries and support local hospitals to manage more critical patients. In addition, there are also opportunities to enhance emergency preparedness planning in medical training in Canada.
With the involvement of community physicians and improved training, local primary care physicians can enhance the health sector’s ability to respond in disaster situations.

2. Key stakeholders — Include suggested key stakeholders involved/engaged with this issue
Provincial/territorial medical associations, provincial/territorial governments, CMA

3. Issue prioritization criteria (To what degree does this motion support the CMA’s prioritization criteria of relevance, fit and focus (please check most appropriate for each criteria)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Relevance (The issue resonates with CMA members and solves their problem(s) and makes their lives easier)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Fit (The CMA is in the best position to make a significant impact on this and there is no other organization whose primary mandate relates to the issue)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Focus (The issue and scope is clearly defined and there is a niche area within this issue)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d. Additional comments related to Relevance, Fit and Focus
n/a

e. Describe the relevance of the issues in terms of the impact on physicians
With the involvement of community physicians and improved training, local primary care physicians can enhance the health sector’s ability to respond in disaster situations.

f. Describe why the CMA is best positioned to do this compared to other organizations
Climate change is one of the themes for this year’s General Council meeting. With climate change, Canadians can expect to experience more severe weather events, in addition to other emergencies or disasters. The best time to plan for an emergency or disaster is before it happens. CMA is well positioned to support initiatives to enhance the capacity of primary care physicians to provide emergency health services during and after minor or major disasters.

4. Additional comments
n/a
MOTION FORM
GENERAL COUNCIL 2016 – VANCOUVER

Mover Dr. Lloyd Oppel
Seconder Dr. Laurence Barzelai

Motion
The Canadian Medical Association encourages governments at all levels to implement policies that support the safe use of greywater.

1. Substantive rationale — Include: a) why this motion should be considered; b) supporting scientific evidence (if a scientific/clinical motion); c) previous motions from GC related to the topic
With climate change, Canadians can expect more frequent and widespread water shortages. The human health implications of water shortages include diminishing access to drinking water, decreasing agricultural production contributing to food insecurity, and the declining effectiveness of sanitation systems.

One option for managing water usage is the use of “greywater”. Greywater is neither treated (i.e., potable water from tap) nor sewage (i.e., toilet waste). Greywater includes water sources such as rainwater, water from the bath, and water from cleaning dishes and clothing. In many jurisdictions, greywater may be used to flush toilets or to water lawns and gardens. It is estimated that reuse of greywater can save up to 60% of household water.

On the other hand, the use of greywater may carry risks although the danger to human health is thought to be low. Human health concerns may include potential pathogenic microorganisms from bathing water, food waste in water and chemicals in water, such as chlorine, alkaline solvents and bath salts.

The stringency of rules around greywater use varies among jurisdictions. For example, in BC, the provincial government is currently developing new regulations on the greywater use in composting toilets. Nationally, Health Canada in 2010 published the Canadian Guidelines for Domestic Reclaimed Water for Use in Toilet and Urinal Flushing. A regulatory regime that matches the benefits of water stewardship with low health risks would benefit the public and the environment.

2. Key stakeholders — Include suggested key stakeholders involved/engaged with this issue
Federal, provincial/territorial, and municipal governments, Health Canada, public health organizations, provincial/territorial medical associations

3. Issue prioritization criteria (To what degree does this motion support the CMA’s prioritization criteria of relevance, fit and focus (please check most appropriate for each criteria)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Relevance (The issue resonates with CMA members and solves their problem(s) and makes their lives easier)</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>b. Fit (The CMA is in the best position to make a significant impact on this and there is no other organization whose primary mandate relates to the issue)</td>
<td>High</td>
<td>Medium</td>
<td>Low</td>
</tr>
<tr>
<td>c. Focus (The issue and scope is clearly defined and there is a niche area within this issue)</td>
<td>High</td>
<td>x</td>
<td>Medium</td>
</tr>
</tbody>
</table>

e. Describe the relevance of the issues in terms of the impact on physicians
Human health concerns regarding the use of greywater include potential pathogenic microorganisms from bathing water, food waste in water and chemicals in water, such as chlorine, alkaline solvents and bath salts. A regulatory regime that matches the benefits of water stewardship with low health risks would benefit the public and the environment.

f. Describe why the CMA is best positioned to do this compared to other organizations
Climate change is one of the themes for this year’s General Council meeting. With climate change, Canadians can expect more frequent and widespread water shortages. CMA recognizes the importance of global water stewardship and is well positioned to encourage governments at all levels to implement policies that support the safe use of greywater.

4. Additional comments
n/a
**MOTION FORM**

**GENERAL COUNCIL 2016 – VANCOUVER**

**Mover**  Mr. Mathieu Hains  
**Seconder**  Dr. Marlène Landry

**Motion**
The Canadian Medical Association supports educating health care teams to foster collaborative approaches and promote healthy relationships among all health care professionals.

**1. Substantive rationale** — Include:  
a) why this motion should be considered;  
b) supporting scientific evidence (if a scientific/clinical motion);  
c) previous motions from GC related to the topic

The health care network is characterized by a spirit of competition not only between the various medical specialties, but also between health care professionals. This logic of competition is harmful to the health care network and has negative impacts on patient care. In fact, a collaborative approach would promote interdisciplinary work and improve the quality of and access to care. (1)

Several determinants explain in part this climate in the field of health care: a sense of injustice and unfairness regarding the procedures selected and the decisions made; work overload and role ambiguity; lack of recognition for the work performed and lack of organizational support. If the issues of toxic work environments and competition are not resolved, relations with care teams may become increasingly strained. (2)

This competitive atmosphere also has negative impacts on medical students and residents. The negative image of some specialties influences students’ choice of rotation or specialty. For example, one study showed that the promotion of family medicine required, among other things, greater recognition from colleagues in other specialties. (3)

**2. Key stakeholders** — Include suggested key stakeholders involved/engaged with this issue  
Provincial/territorial medical associations, national and provincial/territorial medical organizations

**3. Issue prioritization criteria** (To what degree does this motion support the CMA’s prioritization criteria of relevance, fit and focus (please check most appropriate for each criteria))

| a. Relevance (The issue resonates with CMA members and solves their problem(s) and makes their lives easier) | High | Medium | Low |
| b. Fit (The CMA is in the best position to make a significant impact on this and there is no other organization whose primary mandate relates to the issue) | High | Medium | Low |
| c. Focus (The issue and scope is clearly defined and there is a niche area within this issue) | High | Medium | Low |

**d. Additional comments related to Relevance, Fit and Focus**
The well-being of physicians is a central part of CMA’s values, and so this issue has special relevance for CMA members as well as for all Canadian physicians.

**e. Describe the relevance of the issues in terms of the impact on physicians**
This issue has a detrimental effect on physicians because it can contribute to an unhealthy working environment, a high level of stress, and so on. This issue is quite present in the health care system, and many physicians are affected.

**f. Describe why the CMA is best positioned to do this compared to other organizations**
CMA has often spoken up to improve the quality of life and the work of physicians. Since it has over 83,000 members, CMA is an organization that can truly speak for the medical profession and lobby a wide range of stakeholders.

**4. Additional comments**
MOTION FORM
GENERAL COUNCIL 2016 – VANCOUVER

**Mover** Dr. Alison Freeland

**Seconder** Dr. Clover Hemans

**Motion**
The Canadian Medical Association advocates for the development of national standardized non-pharmacologic order sets for the treatment of older adults with delirium.

1. **Substantive rationale** — Include: a) why this motion should be considered; b) supporting scientific evidence (if a scientific/clinical motion); c) previous motions from GC related to the topic

Delirium is a common and serious condition encountered in older persons. Compared to similarly aged individuals, older hospitalized persons who are delirious have a worse prognosis with prolonged lengths of hospital stay, worse functional outcomes, higher institutionalization rates, increased risk for cognitive decline and higher mortality rates (Leentjens & van der Mast, 2005; Rockwood, 2001). Huge variation in approaches to assessing and treating delirium exists within hospital settings. Evidence increasingly points to the importance of nonpharmacological environmental and behavioural interventions that can result in significant improvement in delirium symptoms without adding pharmacological measures that can inadvertently aggravate delirium depending on which agent is selected. Multiple local approaches to developing behavioural order sets have started to develop but evaluation and implementation would improve with a more robust approach that links these approaches. CMA could play a positive role in supporting a more strategic and national approach to this particular issue within the seniors’ strategy.

2. **Key stakeholders** — Include suggested key stakeholders involved/engaged with this issue

n/a

3. **Issue prioritization criteria** (To what degree does this motion support the CMA’s prioritization criteria of relevance, fit and focus (please check most appropriate for each criteria)

<table>
<thead>
<tr>
<th><strong>a. Relevance</strong> (The issue resonates with CMA members and solves their problem(s) and makes their lives easier)</th>
<th>High x</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>b. Fit</strong> (The CMA is in the best position to make a significant impact on this and there is no other organization whose primary mandate relates to the issue)</td>
<td>High x</td>
<td>Medium</td>
<td>Low</td>
</tr>
<tr>
<td><strong>c. Focus</strong> (The issue and scope is clearly defined and there is a niche area within this issue)</td>
<td>High x</td>
<td>Medium</td>
<td>Low</td>
</tr>
</tbody>
</table>

d. Additional comments related to Relevance, Fit and Focus

n/a

e. Describe the relevance of the issues in terms of the impact on physicians

n/a

f. Describe why the CMA is best positioned to do this compared to other organizations

n/a

4. **Additional comments**

n/a
**MOTION FORM**  
**GENERAL COUNCIL 2016 – VANCOUVER**

**Mover** Dr. Danyaal Raza  
**Seconder** Dr. Hasan Sheikh

**Motion**  
The Canadian Medical Association will engage with federal decision-makers to pursue a renewed national health accord.

**1. Substantive rationale** — Include: a) why this motion should be considered; b) supporting scientific evidence (if a scientific/clinical motion); c) previous motions from GC related to the topic
The 2004 health accord was an agreement between the federal government and the provinces and territories that provided health care funding in return for agreed upon national health care standards. In 2014, the federal government of the day allowed it to lapse without renewal. The current federal government and minister of health are in the process of negotiations with the provinces and territories for a renewed health accord.

CMA should engage with federal decision-makers to pursue a renewed national health accord that reflects CMA’s principles and priorities, including commitments to innovation, quality, appropriateness and equity, a mental health strategy and a comprehensive national pharmacare program.

**2. Key stakeholders** — Include suggested key stakeholders involved/engaged with this issue
- Provincial/territorial and federal governments

**3. Issue prioritization criteria** (To what degree does this motion support the CMA’s prioritization criteria of relevance, fit and focus (please check most appropriate for each criteria)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relevance</strong></td>
<td>(The issue resonates with CMA members and solves their problem(s) and makes their lives easier)</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td><strong>Fit</strong></td>
<td>(The CMA is in the best position to make a significant impact on this and there is no other organization whose primary mandate relates to the issue)</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td><strong>Focus</strong></td>
<td>(The issue and scope is clearly defined and there is a niche area within this issue)</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

**d. Additional comments related to Relevance, Fit and Focus**

**e. Describe the relevance of the issues in terms of the impact on physicians**
The agreements made within the health accord will help shape the health policy decisions and resulting practices of physicians for years to come.

**f. Describe why the CMA is best positioned to do this compared to other organizations**
CMA is widely recognized as one of the most influential organizations on Parliament Hill. Its 'Demand A Plan' campaign has also engaged the public in health advocacy. As the voice of Canadian physicians, it is uniquely positioned to use this influence to member directives from General Council to assist the federal government in its formulation of health care policy.

**4. Additional comments**
n/a
**MOTION FORM**  
**GENERAL COUNCIL 2016 – VANCOUVER**

<table>
<thead>
<tr>
<th><strong>Mover</strong></th>
<th>Dr. Crystal Cannon</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Seconder</strong></td>
<td>Dr. Pamela Liao</td>
</tr>
</tbody>
</table>

**Motion**  
The Canadian Medical Association will develop a gender-diversity policy to increase representation in all levels of medical leadership.

1. **Substantive rationale** — Include: a) why this motion should be considered; b) supporting scientific evidence (if a scientific/clinical motion); c) previous motions from GC related to the topic  
In spite of reaching parity in numbers in the profession, women remain underrepresented in medical leadership. On review of female members of boards of provincial/territorial associations the percentages range from 20% to 56% but with an average of 33.6%. The percentage of females on the CMA Board is 27%. Over 40% of practicing physicians in Canada are women and by 2025 this will be 45%. Women on boards improve the performance of organizations and increase productivity. A gender diversity policy will enable medical organizations to look outside the usual networks to find qualified women to fill these positions. Business research has shown that increasing the number of women in the boardroom improves productivity.

2. **Key stakeholders** — Include suggested key stakeholders involved/engaged with this issue  
Provincial/territorial medical associations, CMA, national medical organizations and other physician member organizations

3. **Issue prioritization criteria** (To what degree does this motion support the CMA’s prioritization criteria of relevance, fit and focus (please check most appropriate for each criteria)

<table>
<thead>
<tr>
<th><strong>a. Relevance</strong> (The issue resonates with CMA members and solves their problem(s) and makes their lives easier)</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>b. Fit</strong> (The CMA is in the best position to make a significant impact on this and there is no other organization whose primary mandate relates to the issue)</td>
<td>High</td>
<td>Medium</td>
<td>Low</td>
</tr>
<tr>
<td><strong>c. Focus</strong> (The issue and scope is clearly defined and there is a niche area within this issue)</td>
<td>High</td>
<td>Medium</td>
<td>Low</td>
</tr>
</tbody>
</table>

4. **Additional comments related to Relevance, Fit and Focus**  
As a national organization, CMA can set the standard to encourage and enable gender diversity in medical organizations.

5. **Describe the relevance of the issues in terms of the impact on physicians**  
Female physicians will be encouraged to increase their participation in leadership when barriers to participation are clarified by organizations under this policy. Organizations can engage in wider practices to ensure more gender equality.

6. **Describe why the CMA is best positioned to do this compared to other organizations**  
CMA is a national organization and can thus set the standard for all medical organizations in Canada. As part of the current CMA strategic plan, both professional advancement and increasing member engagement is a high priority.

4. **Additional comments**  
Gender diversity can only improve CMA’s national voice - when all members are equally represented at all levels of leadership and opinion.
**MOTION FORM**

**GENERAL COUNCIL 2016 – VANCOUVER**

**Mover**  Dr. Alison Freeland

**Seconder** Dr. Clover Hemans

**Motion**  
The Canadian Medical Association calls for the addition of low-risk guidelines specific to people aged 65 or older to augment "Canada's Low-Risk Alcohol Drinking Guidelines."

1. **Substantive rationale** — Include:  a) why this motion should be considered; b) supporting scientific evidence (if a scientific/clinical motion); c) previous motions from GC related to the topic

   Alcohol and drug abuse among older adults is a topic of growing public health concern. Studies show that prevalence of substance use disorders is increasing among seniors, and there is robust epidemiological evidence showing that alcohol and drug abuse among the elderly are current health problems in developed regions. Aging induces physiological changes that increase susceptibility to the deleterious effects of alcohol and other illicit substances. In the United States, the National Institute of Alcohol Abuse and Alcoholism recommends the following for men aged 65 or older: no more than one drink daily, a maximum of two drinks on any occasion, and even lower limits for women over 65. The current Canadian guidelines on low-risk alcohol drinking [http://www.ccsa.ca/Resource%20Library/2012-Canada-Low-Risk-Alcohol-Drinking-Guidelines-Brochure-en.pdf - Appendix 2] address Canadian adults broadly, but do not focus specifically on adults over the age of 65. Given the increased risk of chronic disease in this population, the use of multiple prescription drugs and the increased risk for cognitive impairment, this is a specific population to consider with respect to risky drinking patterns. With the expanding aging population in Canada, it is timely that the current guidelines are expanded to include specific information regarding older Canadians.

2. **Key stakeholders** — Include suggested key stakeholders involved/engaged with this issue

   n/a

3. **Issue prioritization criteria** (To what degree does this motion support the CMA’s prioritization criteria of relevance, fit and focus (please check most appropriate for each criteria))

   a. **Relevance**  (The issue resonates with CMA members and solves their problem(s) and makes their lives easier)  
      
      | High | Medium | Low |
      |------|--------|-----|

   b. **Fit**  (The CMA is in the best position to make a significant impact on this and there is no other organization whose primary mandate relates to the issue)

      | High | Medium | Low |
      |------|--------|-----|

   c. **Focus**  (The issue and scope is clearly defined and there is a niche area within this issue)

      | High | Medium | Low |
      |------|--------|-----|

d. **Additional comments related to Relevance, Fit and Focus**

   n/a

e. **Describe the relevance of the issues in terms of the impact on physicians**

   n/a

f. **Describe why the CMA is best positioned to do this compared to other organizations**

   n/a

4. **Additional comments**

   n/a
MOTION FORM
GENERAL COUNCIL 2016 – VANCOUVER

**Mover** Mr. Ali Damji

**Seconder** Dr. Pamela Liao

**Motion**
The Canadian Medical Association will raise the federal government’s awareness of the inequitable access to public long-term care homes that is experienced by patients with financial, cultural and/or linguistic barriers.

1. **Substantive rationale** — Include: a) why this motion should be considered; b) supporting scientific evidence (if a scientific/clinical motion); c) previous motions from GC related to the topic

   Long-term care home facilities focused for patients who have linguistic or cultural barriers to ‘mainstream’ long-term care homes are, and will continue to be in serious demand as Canada’s population continues to age. Statistics Canada predicts the country’s South Asian population will rise to 4.1 million in 2031 while the Chinese population will reach 3 million in the same time frame. Ethnically sensitive long-term care homes have been proven to have superior health care outcomes, and improvement in resident well-being and satisfaction, yet patients and families who need these services currently face an inequity in accessing them. In Ontario, a resident without English as their primary language waiting for an ethno-specific long-term care home waits six months longer than someone waiting for a ‘mainstream home’. Patients with low socio-economic status are more likely to wait at least three months longer for basic accommodation as they cannot pay for the added cost of private accommodation that is more readily available. An equity lens must be applied to efforts to improve long-term care and ensure that culturally-appropriate high quality long-term care is an opportunity that is equally afforded to all Canadians.

2. **Key stakeholders** — Include suggested key stakeholders involved/engaged with this issue

   Federal government, Canadian Alliance for Long Term Care, Ontario Medical Students Association, Wellesley Institute, Ontario Association of Non-Profit Homes and Services for Seniors

3. **Issue prioritization criteria** (To what degree does this motion support the CMA’s prioritization criteria of relevance, fit and focus (please check most appropriate for each criteria)

   a. **Relevance** (The issue resonates with CMA members and solves their problem(s) and makes their lives easier)
      
   b. **Fit** (The CMA is in the best position to make a significant impact on this and there is no other organization whose primary mandate relates to the issue)
      
   c. **Focus** (The issue and scope is clearly defined and there is a niche area within this issue)

<table>
<thead>
<tr>
<th></th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Relevance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Fit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Focus</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   d. **Additional comments related to Relevance, Fit and Focus**

   This motion is especially timely for CMA given the emphasis on having a national seniors' plan and CMA's leadership at the federal level on this. However, we must ensure that equity is at the core of any national seniors' strategy and that systemic barriers that disproportionately affect certain patients that exist in our current system are mitigated so everyone has an equal right to age with dignity.

   e. **Describe the relevance of the issues in terms of the impact on physicians**

   Our population continues to age and there continues to be "Code Gridlock" and increasing alternate level care patients. As the need for long-term care continues to increase, physicians will be relied upon for guidance about how to organize our health care system and allocate resources. As physicians we can be leaders and ensure that we are providing the right mix of facilities for the right patients and providing them in a fair way. We are in a position to advocate for our patients on this timely issue.

   f. **Describe why the CMA is best positioned to do this compared to other organizations**

   CMA has a strong history of advocating for not only a stronger health care system, but a fair and equitable one as well. With its history of advocating for a national seniors’ strategy it behooves CMA to do so in an evidence-based fashion that also preserves health equity in long-term care. This issue presents an opportunity for Canadian physicians to lead and look at long-term care homes from an often forgotten angle, and ensure that access is not just increased but equitably increased for all.

4. **Additional comments**

   n/a
MOTION FORM
GENERAL COUNCIL 2016 – VANCOUVER

Mover  Dr. David Esser
Seconder  Dr. Greg Flynn

Motion
The Canadian Medical Association endorses public funding of insulin and other diabetes-related supplies for all patients with insulin-dependent diabetes.

1. Substantive rationale — Include: a) why this motion should be considered; b) supporting scientific evidence (if a scientific/clinical motion); c) previous motions from GC related to the topic
Physicians are seeing more and more patients which are affected by the social determinants of health and are unable to afford the cost of insulin or the supplies they need to test and administer their medication. As a result they stop testing their glucose and use inadequate doses of insulin. The adverse effects of this are serious and potentially fatal.

2. Key stakeholders — Include suggested key stakeholders involved/engaged with this issue
Provincial/territorial medical associations, local health integration networks, community care access centres, physicians with funded diabetic support nurses, hospital wound care clinics, dialysis units - all have a large workload from complications of diabetes, pharmaceutical industry

3. Issue prioritization criteria (To what degree does this motion support the CMA’s prioritization criteria of relevance, fit and focus (please check most appropriate for each criteria)

   a. Relevance (The issue resonates with CMA members and solves their problem(s) and makes their lives easier)  |  High  |  Medium  |  Low  
   b. Fit (The CMA is in the best position to make a significant impact on this and there is no other organization whose primary mandate relates to the issue)  |  High  |  Medium  |  Low  
   c. Focus (The issue and scope is clearly defined and there is a niche area within this issue)  |  High  |  Medium  |  Low  

   d. Additional comments related to Relevance, Fit and Focus
   Fits neatly into a national pharmacare program, highly prevalent in the Indigenous population.

   e. Describe the relevance of the issues in terms of the impact on physicians
   Makes it easier for physicians to treat their diabetic patients and will help greatly with compliance, minimize complications (microvascular and macrovascular) and helps achieve blood targets and indices.

   f. Describe why the CMA is best positioned to do this compared to other organizations
   There is a national reach with CMA as well as a focus on a national pharmacare program; our Indigenous populations are severely affected as well as all Canadians and new immigrants to the country.

4. Additional comments
n/a
MOTION FORM  
GENERAL COUNCIL 2016 – VANCOUVER

**Mover**  Dr. Darren Cargill  
**Seconder**  Dr. Rajni Singhal  

**Motion**  
The Canadian Medical Association supports Bill C-224, Good Samaritan Drug Overdose Act.

1. **Substantive rationale**  — Include:  a) why this motion should be considered; b) supporting scientific evidence (if a scientific/clinical motion); c) previous motions from GC related to the topic  
The bill would amend the Controlled Drugs and Substances Act to protect individuals from charges of possession when they seek emergency medical services for themselves or another person following an overdose of a controlled substance. It is believed that if passed, Bill C-224 (http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=8113043&Language=E&Mode=1 - Appendix 4) would save lives. It is well known that people who accompany individuals requiring treatment for a drug overdose are reluctant to provide information in fear of facing criminal charges themselves. Not having information about what drug a person has ingested can delay treatment while they wait for blood toxicology results to be complete. Addiction is an illness and there is a strong correlation between addiction and mental illness. By extending physician/patient confidentiality to individuals who accompany the person who requires treatment for an overdose, the speed by which physicians can treat a patient increases and may improve the chance to save their life. A report released by the Waterloo Region Crime Prevention Council in 2012 (Between Life and Death: The Barriers to Calling 9-1-1 During an Overdose Emergency) found that just more than half of respondents would call 9-1-1 and wait until help arrived.

2. **Key stakeholders**  — Include suggested key stakeholders involved/engaged with this issue  
Federal government, law enforcement (provincial police, local police departments)

3. **Issue prioritization criteria**  (To what degree does this motion support the CMA’s prioritization criteria of relevance, fit and focus (please check most appropriate for each criteria)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Relevance</th>
<th>Fit</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Relevance  (The issue resonates with CMA members and solves their problem(s) and makes their lives easier)</td>
<td>High X</td>
<td>Medium</td>
<td>Low</td>
</tr>
<tr>
<td>b. Fit  (The CMA is in the best position to make a significant impact on this and there is no other organization whose primary mandate relates to the issue)</td>
<td>High X</td>
<td>Medium</td>
<td>Low</td>
</tr>
<tr>
<td>c. Focus  (The issue and scope is clearly defined and there is a niche area within this issue)</td>
<td>High X</td>
<td>Medium</td>
<td>Low</td>
</tr>
</tbody>
</table>

d. Additional comments related to Relevance, Fit and Focus  
n/a

e. **Describe the relevance of the issues in terms of the impact on physicians**  
As noted in the rationale, this bill aims to increase the likelihood of people accompanying an individual for medical treatment for a drug overdose to provide information to the physician in the emergency department, for example, and potentially speed up the treatment process.

f. **Describe why the CMA is best positioned to do this compared to other organizations**  
n/a

4. **Additional comments**  
n/a
MOTION FORM  
GENERAL COUNCIL 2016 – VANCOUVER

<table>
<thead>
<tr>
<th>Mover</th>
<th>Mr. Mathew Nicholas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seconder</td>
<td>Mr. Ali Damji</td>
</tr>
</tbody>
</table>

**Motion**  
The Canadian Medical Association calls on the federal government to reinstate MD/PhD funding from the Canadian Institutes of Health Research.

1. **Substantive rationale** — Include: a) why this motion should be considered; b) supporting scientific evidence (if a scientific/clinical motion); c) previous motions from GC related to the topic

It is important that CMA takes an active role in this and shows nationally and globally that our organization cares about the future of medicine and continues to aim to improve current medical therapies. The Canadian Institutes of Health Research (CIHR) has recently cut funding to the MD/PhD program funding future clinician-scientists across the country. The Clinician Investigator Trainee Association of Canada has created an open statement against the cuts. There are a number of journal articles released supporting the need for Canadian MD/PhD funding including the most recent Journal of Biomedical Education article regarding the career outcomes of McGill MD/PhD students. The MD/PhD program creates a unique type of career, one that has the best skillset of translating laboratory research into clinical settings. The annual budget of CIHR is $1.2 billion, while the MD/PhD program represents approximately 0.25% of this budget at an annual $2.4 million. Therefore, an argument regarding fiscal constraint is hardly appropriate when considering the benefits gained with the training of new clinician scientists. CMA has a strong influence on the future of health care and lobbying by the organization would provide strong support for the reinstatement of this much needed funding.

2. **Key stakeholders** — Include suggested key stakeholders involved/engaged with this issue
Federal government, Canadian Institutes of Health Research

3. **Issue prioritization criteria** (To what degree does this motion support the CMA’s prioritization criteria of relevance, fit and focus (please check most appropriate for each criteria)

<table>
<thead>
<tr>
<th>a. Relevance</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>(The issue resonates with CMA members and solves their problem(s) and makes their lives easier)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Fit</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>(The CMA is in the best position to make a significant impact on this and there is no other organization whose primary mandate relates to the issue)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. Focus</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>(The issue and scope is clearly defined and there is a niche area within this issue)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d. Additional comments related to Relevance, Fit and Focus

| e. Describe the relevance of the issues in terms of the impact on physicians |
| f. Describe why the CMA is best positioned to do this compared to other organizations |

4. **Additional comments**

n/a
MOTION FORM  
GENERAL COUNCIL 2016 – VANCOUVER

Mover  Dr. Courtney Howard  
Seconder Dr. Alan Ruddiman  

Motion  
The Canadian Medical Association supports incorporating full-cost accounting, including greenhouse gas emissions and water-usage impacts, into health-impact assessments for projects involving hydraulic fracturing for unconventional oil and gas reserves.

1. Substantive rationale — Include: a) why this motion should be considered; b) supporting scientific evidence (if a scientific/clinical motion); c) previous motions from GC related to the topic
The evidence base around hydraulic fracturing in unconventional oil and gas extraction is progressing rapidly, with more than 80% of peer-reviewed studies on shale and tight gas development having been published since 2013 (1). An assessment of the literature shows that 84% of public health studies contain findings indicating “public health hazards, elevated risks, or adverse health outcomes” (1). Red flags have emerged in studies confirming the contamination of drinking water wells and the usage of huge amounts of water (2-US Environmental Protection Agency), linking local air pollution to health symptoms (3), demonstrating adverse birth outcomes nearby (4), and finding elevated endocrine-disrupting chemical activity in nearby surface and ground water (5). There is also a shift to recognizing that methane leakage (6) and methane's greenhouse gas potential (7) are both greater than originally thought—a problem in the context of this year's statement by the World Health Organization that “climate change is the greatest threat to global health in the 21st century” (8). The dissemination of this information into the health sphere has been variable across the country, with the New Brunswick (9) and the Newfoundland and Labrador Colleges of Family Physicians (10) examining the evidence and passing resolutions calling for a moratorium in those provinces/territories, but health professionals in other provinces/territories having been less involved. Health impact assessments (HIAs) are not consistently done, and many public health physicians face stressful obstacles in terms of receiving the political support to carry them out, putting them in a difficult position. CMA's support for high-quality HIAs helps ensure the rapidly developing knowledge base is taken into account for the benefit of the health of Canadians.

2. Key stakeholders — Include suggested key stakeholders involved/engaged with this issue
CMA, Medical Officers of Health, clinicians, provincial/territorial governments, patients

3. Issue prioritization criteria (To what degree does this motion support the CMA’s prioritization criteria of relevance, fit and focus (please check most appropriate for each criteria)

<table>
<thead>
<tr>
<th></th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Relevance (The issue resonates with CMA members and solves their problem(s) and makes their lives easier)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Fit (The CMA is in the best position to make a significant impact on this and there is no other organization whose primary mandate relates to the issue)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Focus (The issue and scope is clearly defined and there is a niche area within this issue)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d. Additional comments related to Relevance, Fit and Focus
n/a

e. Describe the relevance of the issues in terms of the impact on physicians
In 2014, General Council passed: "The Canadian Medical Association supports the right and duty of medical officers of health to speak publicly to the citizens they serve," in the wake of reluctance in New Brunswick to release Medical Officer of Health Dr. Eilish Cleary's "Recommendations Concerning Shale Gas Development in New Brunswick." Subsequently in December 2015, Dr. Cleary was fired without stated cause. Physicians across Canada describe considerable stress in incorporating health impact assessments/health concerns into fracking discussions.

f. Describe why the CMA is best positioned to do this compared to other organizations
CMA is a pan-Canadian organization of long-time standing and significant influence, dedicated both to the Canadian population and to the support of its members. It is independent of short-term political interests and has the ability to help its members respond to the evidence and their ethical responsibilities toward their patient populations.

4. Additional comments
References:
1-http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0154164
7. IPCC AR5, nicely explained at https://ecometrica.com/assets/Understanding-the-Changes-to-GWP.pdf
MOTION FORM  
GENERAL COUNCIL 2016 – VANCOUVER

**Mover**  Dr. Carl Nohr  
**Seconder**  Dr. Rick Johnston

**Motion**  
The Canadian Medical Association supports the integration of care between specialist/acute care physicians and family physicians as patients move between primary and secondary/acute care.

1. **Substantive rationale** — Include: a) why this motion should be considered; b) supporting scientific evidence (if a scientific/clinical motion); c) previous motions from GC related to the topic

Across Canada there is recognition of the medical home model providing comprehensive coordinated care from cradle to grave. In most health systems, it is the hand-off from primary to secondary or acute care and back again that can break the chain of continuity. The medical home contemplates a fully integrated model for seamless transition through the levels of care. This requires a practical approach to enhance patient outcomes and safety. For example, hospital discharge planning is an area for improvement with closed loop communication between specialists/acute care centers and family physicians. Local approaches married with zonal or provincial/territorial policies and procedures could be one solution. In another area, alternative secure communication such as encrypted email, e-referral, e-consult and telehealth need to be expanded between health system providers and between health providers and other services (e.g., social services, education, etc.). Provider and encounter registries are necessary. CMA can look for opportunities to advocate for integration of primary and secondary/acute care in many activities in which it is involved as well as being an advocate for integration in general.

2. **Key stakeholders** — Include suggested key stakeholders involved/engaged with this issue

Federal government, national associations, provincial/territorial medical associations

3. **Issue prioritization criteria** (To what degree does this motion support the CMA’s prioritization criteria of relevance, fit and focus (please check most appropriate for each criteria)

| a. Relevance (The issue resonates with CMA members and solves their problem(s) and makes their lives easier) | High X | Medium | Low |
| b. Fit (The CMA is in the best position to make a significant impact on this and there is no other organization whose primary mandate relates to the issue) | High X | Medium | Low |
| c. Focus (The issue and scope is clearly defined and there is a niche area within this issue) | High | Medium | Low |

d. **Additional comments related to Relevance, Fit and Focus**

n/a

e. **Describe the relevance of the issues in terms of the impact on physicians**

Every physician in Canada is affected by the movement of patients between primary and secondary/acute care and back again. The potential for lack of continuity is a barrier to quality, safety, efficiency and fiscal sustainability.

f. **Describe why the CMA is best positioned to do this compared to other organizations**

This is an idea that CMA can champion as the national voice of physicians. Whether in submissions to the federal government, interacting with national groups or looking to support provincial/territorial medical associations in issues that matter, CMA’s voice is important on this issue.

4. **Additional comments**

n/a
MOTION FORM  
GENERAL COUNCIL 2016 – VANCOUVER

**Mover**  Dr. Carl Nohr  
**Seconder**  Dr. Rick Johnston

**Motion**  
The Canadian Medical Association calls for the development of policy guidance and provision of adequate resources to enable the transfer of acute care services to the community.

1. **Substantive rationale** — Include:  
a) why this motion should be considered;  
b) supporting scientific evidence (if a scientific/clinical motion);  
c) previous motions from GC related to the topic  
There is significant evidence of the investment needed in the community to fully support robust primary care. It's also clear that there are services currently delivered in acute and/or secondary/tertiary care that would be better delivered in the community, linked with primary care. There are great expectations for the return on investment (ROI) that can be generated from this transition in terms of dollars and quality of care. At the same time, large scale transfer of care in this manner must be handled carefully and strategically. A good deal of the ROI – while significant – will not be in the very short term. And although we can expect increased efficiencies by shifting care to the community, we need to give careful thought to how this would be done. Of particular note are the increasing demands in acute care of an aging population and the increase in chronic and complex conditions. CMA can advocate both for the importance of appropriate investment and the need to make well-informed decisions regarding shifting care with consideration for the long life-cycle of the ROI.  
Transferring care to the community should not take place on purely economic considerations. Sustainability requires two dimensions: fiscal prudence and quality of care.

2. **Key stakeholders** — Include suggested key stakeholders involved/engaged with this issue  
Federal government, provincial/territorial medical associations

3. **Issue prioritization criteria** (To what degree does this motion support the CMA’s prioritization criteria of relevance, fit and focus  
(please check most appropriate for each criteria)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Relevance (The issue resonates with CMA members and solves their problem(s) and makes their lives easier)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Fit (The CMA is in the best position to make a significant impact on this and there is no other organization whose primary mandate relates to the issue)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Focus (The issue and scope is clearly defined and there is a niche area within this issue)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d. Additional comments related to Relevance, Fit and Focus  
n/a

e. Describe the relevance of the issues in terms of the impact on physicians  
The changing demographics of society combined with new technology and constrained health care budgets mean that shifting care to the community may be seen as an economic expedient. With widespread talk of moving care out of institutions into the community in every jurisdiction, poorly planned or inadequate resource allocation could have detrimental effects in both acute and community sectors. These effects could interfere with the ability to deliver quality care.

f. Describe why the CMA is best positioned to do this compared to other organizations  
As the national voice of physicians, CMA will speak to the federal government with regard to the renewed health accord and other matters of health care economics and delivery and may support provincial/territorial medical associations in related advocacy at the provincial/territorial level. Conveying the need for appropriate resourcing when transferring care to the community is something CMA is well positioned to deliver.

4. **Additional comments**  
When referencing “appropriate transfer/shifting of acute care to the community,” we are talking about the shifting of care that was provided in hospital to the community.
MOTION FORM
GENERAL COUNCIL 2016 – VANCOUVER

**Mover**  Dr. Kim Kelly

**Seconder**  Dr. Carl Nohr

**Motion**
The Canadian Medical Association will become a member of the "Coalition for Healthy School Food."

1. **Substantive rationale** — Include:  
a) why this motion should be considered;  
b) supporting scientific evidence (if a scientific/clinical motion);  
c) previous motions from GC related to the topic

The Coalition for Healthy School Food comprises over 30 organizations from across Canada that are seeking an investment by the federal government in a cost-shared Universal Healthy School Food Program that will enable all students in Canada to have access to healthy meals at school every day. Building on existing programs across the country, all schools will eventually serve a healthy meal or snack at little or no cost to students. These programs will include food education and serve culturally appropriate, local, sustainable food to the fullest extent possible (foodsecurecanada.org). Current lead partners of the coalition are Food Secure Canada, the Heart and Stroke Foundation, the Victorian Order of Nurses and the Canadian Produce Marketing Association. Numerous other provincial/territorial and national organizations are also members, but there is no presence from physicians in the membership. This leadership can add momentum and value to the coalition. School food programs have been linked with positive impacts on children's mental health. Children who eat a morning meal are sick less often, have fewer problems associated with hunger and do significantly better than their peers in terms of cooperation, discipline and interpersonal relations. School food programs can contribute to reducing the risk of cardiovascular events and chronic disease by increasing intake of vegetables, whole grains and macro- and micro-nutrients. A study found that students who consumed a morning meal showed at least a 10% increase in skills such as independent academic work, initiative, conflict resolution, class participation and problem solving at school. Food insecurity affects one in six Canadian children. Two in three Inuit children experience food insecurity (ibid).

2. **Key stakeholders** — Include suggested key stakeholders involved/engaged with this issue

Member organizations of the coalition, federal government

3. **Issue prioritization criteria** (To what degree does this motion support the CMA’s prioritization criteria of relevance, fit and focus (please check most appropriate for each criteria)

<table>
<thead>
<tr>
<th></th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Relevance  (The issue resonates with CMA members and solves their problem(s) and makes their lives easier)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Fit  (The CMA is in the best position to make a significant impact on this and there is no other organization whose primary mandate relates to the issue)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Focus  (The issue and scope is clearly defined and there is a niche area within this issue)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Additional comments related to Relevance, Fit and Focus</td>
<td>n/a</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

e. **Describe the relevance of the issues in terms of the impact on physicians**
The negative effects of childhood malnutrition ripple through an entire lifetime. From learning, viability and mental health to eventual results of chronic disease, dysfunction and disease triggered by food insecurity, negative outcomes appear in every practice eventually. Providing children more access to nutrition in school can have lasting and significant positive and preventive effects.

f. **Describe why the CMA is best positioned to do this compared to other organizations**
There is no group representing physicians in the current coalition membership and our voice can add value. This organization is national in focus making it a logical match for CMA's mandate.

4. **Additional comments**

n/a