

RESOLUTIONS ADOPTED (confirmed)
149th Annual Meeting of the Canadian Medical Association
General Council 2016 – Vancouver

Medical Professionalism

1. The Canadian Medical Association supports national curriculum development within Canada's medical schools that ensures education on the prescription of physical activity and exercise. (GM 5-22)
2. The Canadian Medical Association supports educating health care teams to foster collaborative approaches and promote healthy relationships among all health care professionals. (GM 5-2)
3. The Canadian Medical Association will develop a gender-diversity policy to increase representation in all levels of medical leadership. (GM 5-4)
4. The Canadian Medical Association will create an up-to-date summary of federal legislation/regulations that impacts physician practice. (GM 5-5)
5. The Canadian Medical Association calls for regulations to prevent insurance providers from requesting invasive and/or potentially harmful medical procedures or tests as a condition of obtaining insurance coverage. (GM 5-6)

Medical Professionalism – Education

6. The Canadian Medical Association calls for inclusion of the ethical and medicolegal aspects of medical tourism as part of the medical school curriculum. (GM 5-23)
7. The Canadian Medical Association calls for emphasis on considerations of appropriateness in health care as part of the medical school curriculum. (GM 5-24)
8. The Canadian Medical Association supports enhanced continuing medical education training to help identify, assess, involve and support family caregivers. (GM 5-25)
9. The Canadian Medical Association calls on the federal government to reinstate MD/PhD funding from the Canadian Institutes of Health Research. (GM 5-26)
10. The Canadian Medical Association supports the inclusion of education and the development of Canadian accreditation elements related to medical assistance in dying for all medical students and resident physicians. (GM 5-28)

National Voice – Health Accord

11. The Canadian Medical Association recommends research into and education for health care providers concerning the unique challenges of managing pain in older adults. (GM 5-29)
12. 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. (GM 5-30)
13. The Canadian Medical Association supports the development of a national strategy to formally recognize family caregivers as partners in health care delivery. (GM 5-31)
14. The Canadian Medical Association advocates for the development of national standardized non-pharmacologic order sets for the treatment of older adults with delirium. (GM 5-32)
15. The Canadian Medical Association will engage with federal decision-makers to pursue a renewed national health accord. (GM 5-33)

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16. 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." (GM 5-34)

17. 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. (GM 5-35)

National Voice – Integrated Care

18. The Canadian Medical Association supports the development of patient navigator models, particularly for vulnerable patient populations. (GM 5-38)

19. 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. (GM 5-42)

20. 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. (GM 5-43)

21. The Canadian Medical Association recommends that patients be able to access their electronic medical record and contribute information to it. (GM 5-39a)

22. The Canadian Medical Association recommends that funding criteria for any new electronic medical record initiative include the ability for patients to access and contribute to their record. (GM 5-39b)

23. The Canadian Medical Association calls for health care system funding mechanisms to promote innovation in health care. (GM 5-41)

24. General Council directs the Canadian Medical Association (CMA) Board of Directors to ensure the content of the Committee of the Whole discussion on the document entitled "Integrated care: lessons and opportunities" is reflected in the development of CMA policy. (SP 0-16)

National Voice – End-of-life Care

25. The Canadian Medical Association acknowledges that palliative and end-of-life care has public health implications. (GM 5-7)

26. The Canadian Medical Association recognizes that an assessment for eligibility for medical assistance in dying is distinct from a formal consultation for palliative care. (GM 5-8)

27. The Canadian Medical Association supports Bill C-277, An Act providing for the development of a framework on palliative care in Canada. (GM 5-9)

Healthy Population

28. The Canadian Medical Association endorses public funding of insulin and other diabetes-related supplies for all patients with insulin-dependent diabetes. (GM 5-13)

29. The Canadian Medical Association supports Bill C-224, Good Samaritan Drug Overdose Act. (GM 5-14)

30. The Canadian Medical Association will become a member of the "Coalition for Healthy School Food." (GM 5-15)

31. The Canadian Medical Association supports inclusion of the cost of neuropsychological assessments of all patients suspected of fetal alcohol spectrum disorder as an insured-benefit. (GM 5-11)

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32. The Canadian Medical Association supports the elimination of non-medical exemptions from vaccination in provinces that have legislation mandating children be vaccinated in order to attend school. (GM 5-10)

33. The Canadian Medical Association urges Canadian blood service providers and Health Canada to adjust eligibility criteria for blood donors so that these criteria are behaviour-based and do not consider sexual orientation. (GM 5-16)

Healthy Population – Climate Change

34. The Canadian Medical Association supports the development of practice contingency plans to respond to emergencies or disasters that disrupt primary care service delivery. (GM 5-17)

35. The Canadian Medical Association supports initiatives to enhance the capacity of primary care physicians to provide emergency health services during and after disasters. (GM 5-18)

36. The Canadian Medical Association encourages governments at all levels to implement policies that support the safe use of greywater. (GM 5-19)

37. 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. (GM 5-21)

38. The Canadian Medical Association will produce educational materials to disseminate its policies and evidence on the impact of climate change on health. (GM 5-20)

39. General Council directs the Canadian Medical Association (CMA) Board of Directors to ensure the content of the Committee of the Whole discussion on the document entitled "Health consequences of climate change" is reflected in the development of CMA policy. (SP 0-13)

Physician Health

40. The Canadian Medical Association supports the development of health and wellness plans for residents that include tools for meditation and self-reflection. (SS3 9-2)

41. The Canadian Medical Association supports appropriate consideration of health and safety issues when regulations concerning resident physician duty hours are being developed. (SS3 9-3)

42. The Canadian Medical Association supports the inclusion of wellness and resiliency curricula in medical education and Canadian accreditation standards and elements. (SS3 9-6)

43. The Canadian Medical Association will undertake a nationwide study to analyze the working and practice conditions of medical students and residents. (SS3 9-4)

Emerging Issues Dialogue

44. General Council directs the Canadian Medical Association (CMA) Board of Directors to consider the content of the Emerging issues dialogue - Physician autonomy and advocacy - and its associated propositions (EIDP-1, EIDP-2) in CMA's priority setting and policy development process. (SP 0-22)

45. General Council directs the Canadian Medical Association (CMA) Board of Directors to consider the content of the Emerging issues dialogue - Federal taxation - in CMA's priority setting and policy development process. (SP 0-23)

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46. General Council directs the Canadian Medical Association (CMA) Board of Directors to consider the content of the Emerging issues dialogue - Indigenous health - and its associated propositions (EIDP-3, EIDP-4) in CMA's priority setting and policy development process. (SP 0-24)

47. General Council directs the Canadian Medical Association (CMA) Board of Directors to consider the content of the Emerging issues dialogue - Health System Redesign - and its associated proposition (EIDP-5) in CMA's priority setting and policy development process. (SP 0-25)

48. General Council directs the Canadian Medical Association (CMA) Board of Directors to consider the content of the Emerging issues dialogue - Marijuana legislation - and its associated proposition (EIDP-6) in CMA's priority setting and policy development process. (SP 0-26)

Governance and business

49. The Canadian Medical Association accepts the 2015 audited financial statements, attached as Schedule A to the 2016 Audit and Finance Committee Report to General Council. (BD 1-1)

50. The Canadian Medical Association will retain PricewaterhouseCoopers as auditors for the 2017 association fiscal year. (BD 1-2)

51. The Canadian Medical Association full membership fee for the year 2017 will be maintained at \$495. (BD 1-3)

52. The Canadian Medical Association approves freezing the current composition of its Board of Directors until at least 2018 pending a review of its structure. (BD 1-4)

53. The Canadian Medical Association approves replacing the term 'Honorary Treasurer' with 'Chair of the Audit and Finance Committee.' (BD 1-5)

54. The Canadian Medical Association Chair of the Board of Directors and Honorary Treasurer (Chair of the Audit and Finance Committee) will hold office for a term of up to three years (renewable once). (BD 1-6)

55. The Canadian Medical Association written stewardship reports will be received as part of the Annual Meeting starting in 2017. (BD 1-7)

56. Appointment of the Canadian Medical Association auditor will take place at the Annual Meeting starting in 2017. (BD 1-8)

57. Starting in 2017, amendments of Canadian Medical Association bylaws become effective when adopted by a two-thirds vote of the members present in person and voting at the Annual Meeting. (BD 1-9)

58. General Council accepts the bylaw changes as proposed on pages 55-63 of the 2016 Reports to General Council. (BY 2-1)