

**RESOLUTIONS ADOPTED (unconfirmed)**  
**148th Annual Meeting of the Canadian Medical Association**  
**Aug. 24-26, 2015 – Halifax, NS**

**Governance**

1. The Canadian Medical Association (CMA) approves the Canadian Society for Vascular Surgery's application for CMA affiliate status. (BD 1-1)
2. The Canadian Medical Association (CMA) approves the Trauma Association of Canada's application for CMA affiliate status. (BD 1-2)
3. The Canadian Medical Association (CMA) approves the Canadian Association of Thoracic Surgeons' application for CMA affiliate status. (BD 1-3)
4. The Canadian Medical Association will combine its Audit and Finance committees and the newly constituted committee will report to the Board of Directors. (BD 1-4)
5. Nominees elected to Canadian Medical Association positions by General Council, with the exception of the Committee on Nominations, will hold office for a term of three years with a maximum of two consecutive terms; student and resident representatives may hold office for a term of one year with a maximum of three consecutive terms. (BD 1-5)
6. The Canadian Medical Association adopts the current edition of Robert's Rules of Order Newly Revised as the rules of order for the association. (BD 1-6)
7. The Canadian Medical Association full membership fee for the year 2016 will be maintained at \$495. (BD 1-7)

**Strategic Session 1**

8. The Canadian Medical Association supports improved training, resource allocation and incentives to help primary care physicians develop robust, around-the-clock services for frail and elderly Canadians living in the community. (SS 7-1)
9. The Canadian Medical Association supports the adoption of fracture-liaison programs at facilities involved with post-fracture care. (SS 7-3)
10. The Canadian Medical Association supports the development of a coordinated national approach to reduce polypharmacy in the elderly. (SS 7-4)
11. The Canadian Medical Association will ensure that its national seniors' strategy specifically addresses the needs of seniors in rural and northern areas. (SS 7-5)
12. The Canadian Medical Association supports the inclusion of adequate, evidence-based support for family caregivers in a national seniors' strategy. (SS 7-7)
13. The Canadian Medical Association recognizes the participation, roles and valuable contributions of seniors in our society. (SS 7-9)
14. The Canadian Medical Association supports the development of guidelines and standards for the use of telemonitoring technology. (SS 7-2)

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15. The Canadian Medical Association recommends that a national seniors' strategy includes evidence-based hospital practices that better meet seniors' physical, cognitive and psychosocial needs. (SS 7-6)

16. The Canadian Medical Association supports the development of innovative and alternative models/partnerships that can provide services and resources for patients' seamless transition through the continuum of care in a national seniors' strategy. (SS 7-8)

17. The Canadian Medical Association recommends that tax incentives and/or other financial supports for caregivers be available for all family members, without a requirement for co-habitation. (SS 7-10)

**Delegates' Motions – End-of-life care**

18. The Canadian Medical Association encourages increased education and training in end-of-life care for community health care workers. (DM 5-57)

19. The Canadian Medical Association recognizes that the practice of assisted death as defined by the Supreme Court of Canada is distinct from the practice of palliative care. (DM 5-63)

20. The Canadian Medical Association calls for the unconditional public release of the Final Report of the External Panel on Options for a Legislative Response to Carter v. Canada upon its completion. (EI 0-1)

21. The Canadian Medical Association will advocate for the adoption of a framework for physician participation in medical aid in dying that is based on the principles of respect for patient autonomy, equity, respect for physician values, consent and capacity, clarity, dignity of life, protection of patients, accountability, solidarity and mutual respect. (SP 0-13)

22. The Canadian Medical Association supports consultation with the Canadian Society of Palliative Care Physicians and other relevant physician societies when policies, regulations and guidelines are developed on physician-assisted dying. (DM 5-54)

23. The Canadian Medical Association supports the development and application of accredited standards for the integration of a palliative care approach into the management of life-limiting chronic disease. (DM 5-55)

24. The Canadian Medical Association will develop guidelines for physician assessment of patients who request physician-assisted death. (DM 5-56)

25. The Canadian Medical Association supports the development of pan-Canadian guidelines for physicians on the terminology to be used when completing medical certification of death forms in cases involving physician-assisted death. (DM 5-58)

26. The Canadian Medical Association will advocate that discussion of and access to a high-quality palliative approach to care be available to all Canadians, including those with life-limiting illnesses who are considering assisted death. (DM 5-62)

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**Delegates' Motions – Emerging issues**

27. The Canadian Medical Association insists that provincial/territorial governments should fund all necessary growth in health care. (EI 0-2)
28. The Canadian Medical Association stands against governments undertaking unilateral action in lieu of a negotiated agreement with physicians. (EI 0-3)
29. The Canadian Medical Association supports the Ontario Medical Association's request for the inclusion of a binding dispute resolution mechanism in its contract negotiations with the Government of Ontario. (EI 0-4)

**Delegates' Motions – Medical professionalism**

30. The Canadian Medical Association supports mandatory training on organ donation for medical students and residents at all Canadian medical schools. (DM 5-1)
31. The Canadian Medical Association supports the development of a national multidisciplinary knowledge-sharing network for precision medicine research. (DM 5-3)
32. The Canadian Medical Association encourages the expansion of continuing professional development opportunities that result in measurable improvement outcomes for patient care. (DM 5-5)
33. The Canadian Medical Association will advocate for incorporation of a systems-thinking approach across all stages of the medical career life cycle. (DM 5-7)
34. The Canadian Medical Association supports physicians who choose a gradual transition toward retirement. (DM 5-8)
35. The Canadian Medical Association will promote the development of resources to foster academic writing and editing among practicing physicians and physicians-in-training. (DM 5-9)
36. The Canadian Medical Association supports the inclusion of training in the handover of patient care as part of the accreditation standards for Canadian medical schools. (DM 5-12)
37. The Canadian Medical Association will provide information and tools to physicians to promote the medical profession's critical role in supporting immunization. (DM 5-4)
38. The Canadian Medical Association will advocate for a generalist approach across the medical career life cycle. (DM 5-6)
39. The Canadian Medical Association will promote the development of clinical tools to assist physicians and physicians-in-training improve their understanding of the specific health care needs of individuals who identify themselves as lesbian, gay, bisexual, transgender and/or queer. (DM 5-10)

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40. The Canadian Medical Association supports in principle the right of Canadian medical students and medical residents to vote in the election of their medical association representatives. (DM 5-11)

41. The Canadian Medical Association affirms its support for the continued use of the arm's-length, anonymous pre-accreditation survey as an integral component of the national system of accreditation for postgraduate medical education. (DM 5-13)

**Delegates' Motions – Physician health and wellness**

42. The Canadian Medical Association encourages medical schools to incorporate student wellness education in the medical school curriculum. (DM 5-14)

**Delegates' Motions – National voice for the profession**

43. The Canadian Medical Association will conduct a campaign to urge governments to restore and increase public health budgets. (DM 5-66)

44. The Canadian Medical Association urges the pan-Canadian Pharmaceutical Alliance to invite the federal government and private health insurance industry to participate in its price negotiations for prescription drugs. (DM 5-15)

45. The Canadian Medical Association endorses the concept of a basic income guarantee. (DM 5-16)

46. The Canadian Medical Association supports the development and implementation of a national strategy on the use of naloxone. (DM 5-17)

47. The Canadian Medical Association supports the development of an equitable and comprehensive national pharmacare program. (DM 5-18)

48. The Canadian Medical Association supports the organization, centralization and management of cradle-to-grave health records for patients living in Canada. (DM 5-20)

49. The Canadian Medical Association will promote the health benefits of a strong, predictable price on carbon emissions. (DM 5-21)

50. The Canadian Medical Association will develop workplace guidelines for physicians who have or develop disabilities or disease. (DM 5-22)

51. The Canadian Medical Association calls on the federal government to amend the Criminal Code by making it a specific criminal offence to assault health care providers performing their duties. (DM 5-23)

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52. The Canadian Medical Association will promote practical advocacy strategies to support the health and well-being of First Nations, Métis and Inuit communities in Canada. (DM 5-24)

53. The Canadian Medical Association will work with the Royal College of Physicians and Surgeons of Canada and College of Family Physicians of Canada to provide a unified voice when advocating on issues of common interest. (DM 5-64)

54. The Canadian Medical Association urges the federal government to prevent torture around the world by allowing third party investigators, including medical professionals, to examine and review detention centres. (LM 10-1)

**Delegates' Motions – Healthy Population and world-class health care**

55. The Canadian Medical Association supports consistent immunization policies, health and safety requirements and standardized reporting for all medical schools in Canada. (DM 5-25)

56. The Canadian Medical Association supports the development of a national skin cancer awareness and prevention campaign. (DM 5-27)

57. The Canadian Medical Association urges the federal government to accelerate the development and implementation of a national immunization registry. (DM 5-65)

58. The Canadian Medical Association urges the federal government to enact legislation prohibiting all forms of discrimination based on genetic testing. (DM 5-67)

59. The Canadian Medical Association asks governments to step up their commitment to promoting and raising awareness of immunization against childhood diseases. (DM 5-68)

60. The Canadian Medical Association will work to reduce barriers to accessing immunization. (DM 5-35)

61. The Canadian Medical Association supports the development of best practices to assist patients aged 16 to 24 transitioning from pediatric to adult health services. (DM 5-42)

62. The Canadian Medical Association supports the development of a life-span broad national strategy for Autism Spectrum Disorder that covers research, prevention, treatment, education, support, funding and policies. (DM 5-43)

63. The Canadian Medical Association supports improved access to bariatric surgery across Canada. (DM 5-44)

64. The Canadian Medical Association supports the Pan-Canadian Joint Consortium for School Health. (DM 5-46)

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65. The Canadian Medical Association recommends the development of a structured screening program for cervical cancer that includes detection of high-risk human papillomavirus in vulnerable groups. (DM 5-29)
66. The Canadian Medical Association recommends that governments authorize elementary and secondary schools to require a declaration of immunization status, to be followed by a conversation between public health officials and parents where children are shown to be inadequately immunized. (DM 5-69)
67. The Canadian Medical Association recommends patient populations that fall under federal jurisdiction should have access to the same effective and appropriate care as all other Canadians. (DM 5-30)
68. The Canadian Medical Association calls for regulations on the marketing of direct-to-consumer genetic testing. (DM 5-31)
69. The Canadian Medical Association supports the development of a national strategy to integrate precision medicine into clinical care. (DM 5-32)
70. The Canadian Medical Association calls for a review of national, provincial and territorial informed-consent and privacy legislation to reflect the challenges created by the introduction of genetic testing. (DM 5-33)
71. The Canadian Medical Association recommends that primary care telemedicine investments, policies and regulations support comprehensive and continuous patient-centred care. (DM 5-34)
72. The Canadian Medical Association calls for immunization registries that can accept information directly from the electronic medical records of health care providers. (DM 5-36)
73. The Canadian Medical Association promotes increased knowledge amongst physicians in the practice of trauma-informed care. (DM 5-40)
74. The Canadian Medical Association will consult with Health Canada to discuss the effects of online gambling. (DM 5-41)
75. The Canadian Medical Association will convene a national roundtable to eliminate jurisdictional barriers and establish best-care practices that acknowledge the unique circumstances of Aboriginal communities. (DM 5-45)
76. The Canadian Medical Association supports the development of a national plan to address vaccine hesitancy. (DM 5-37)

**Delegates' Motions – Strategic relationships**

77. The Canadian Medical Association recommends that laboratories work collaboratively with physicians to ensure that ranges reported in connection with laboratory results are evidence based and clinically significant. (DM 5-47)

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78. The Canadian Medical Association will explore options for developing grief resources and peer-support networks for physicians dealing with bereavement. (DM 5-48)

79. The Canadian Medical Association will work with the insurance industry to develop guidelines for physicians who provide patients with information related to travel insurance. (DM 5-49)

80. The Canadian Medical Association will create a working group to evaluate federal forms used by physicians. (DM 5-50)

**Delegates' Motions – Products and services**

81. The Canadian Medical Association recommends to the Board of Directors of MD Financial Management Inc. that it establish a carbon-risk reduced-investment option that includes investment in renewable energy initiatives. (DM 5-51)

82. The Canadian Medical Association will divest its reserves of investments in energy companies whose primary business relies upon fossil fuels. (DM 5-52)

83. The Canadian Medical Association will explore investment opportunities, for its reserves, in renewable energy solutions. (DM 5-53)

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