

Summary Statement from CMA members' meeting 5th August 2021.

An informal meeting of concerned CMA members drawn from the Vancouver Medical Association, the Victoria Medical Association, the New Westminster Medical Association, the Chinese Physicians Medical Association and rural physicians, convened on the 5th August to discuss the upcoming CMA By-Law changes, and the overall current direction of CMA.

The CMA members met through a Zoom call and discussed the proposed By-Law changes pertaining to:

- the search process for CMA President
- the search process and selection of CMA Board Directors, Committees and Other Leadership Positions
- potential Conflict of Interest for physicians holding both CMA positions and office in Provincial or Territorial Medical Associations and other National Health-Related organisations.

Additionally, discussion was held on:

- the seeming inability for members to place Motions before the CMA AGM.
- the Leadership Responsibility of CMA for the People of Canada and the Doctors of Canada.

The federated approach to health care was acknowledged, as was the fractured, varied and politically influenced responses to health care delivery, particularly evident in the different responses to the Covid-19 pandemic in the face of the same medical and scientific evidence.

The decline in effectiveness of Canadian Medicare, by international assessment, amongst OECD nations from close to the top to jostling for bottom position was noted, despite the persistent, valiant and ethical work of Canadian physicians.

Members arrived at consensus that:

- *CMA is the only national Canadian organisation, inaugurated through a unique Act of Parliament in 1867, that can have significant leadership in the area of national health policy.*
- *The leadership of individual physicians and PTMAs has – in the past – effected many improvements in health policy and health care ranging from the introduction of Physician Ethics; through Indigenous supports; seat belts; smoking; termination of pregnancy; EDI; Seniors' care; and many others.*

- *Supports for physicians including: medical ethics; RRSPs; MD Management; initiating the opposition to – and defeating – the Small Business Corporation tax grab proposal; burnout supports; and others have made significant difference to the lives of Canadian physicians.*
- *The ongoing decline of the power of Canada’s Physician Voice has contributed to the decline of health care and the situation of Canada’s physicians; and will be accelerated by selecting Board members using a “business” approach.*
- *The proposed By-Law change for the CMA President will make it very difficult for members to choose the best CMA President candidate from a distant Province or Territory, not having been party to the political & medical progress of the candidates, nor having easy ability to discuss candidates’ suitability with knowledgeable colleagues.*
- *The continued push for a “business” approach to selecting CMA Board members, rather than searching for effective and experienced medical advocates through the accepted democratic process of Provincial/Territorial “One person, One vote” is retrogressive, internalised & nepotistic, and continues to threaten – or even eliminate – the input of ordinary members.*
- *The laudable and widely supported goals of EDI with the Leadership & Diversity Search Committee are needlessly conflated with the paradoxically tendentious proposal of the sitting Board approval of new Board members.*
- ***Thus, the acceptance of the proposed By-Law amendments was opposed by the group.***
- ***A motion of “No confidence in the CMA Board” was discussed.***

Drs:

Charles Webb;
 Granger Avery;
 Richard Merchant;
 Arun Garg;
 Jeff Dresselhuys;
 Dayan Muthayan;
 Brian Wang Xin-Yong;
 Beth Payne;
 William Cavers;
 Carole Williams;
 Derryck Smith;
 Charles Helm;

Brian Day;
 Charles Helm;
 John Guilfoyle;
 Ed Marquis;
 Keith MacLellan;
 Dan Horvat;
 Mary Ellen McColl;
 George Magee;
 Neil Kitson;
 Jel Coward;
 Kirstie Overhill