ASSOCIATION MÉDICALE CANADIENNE | CANADIAN MEDICAL ASSOCIATION

CMA POLICY

CMA Code of Ethics and Professionalism

The CMA Code of Ethics and Professionalism articulates the ethical and professional commitments and responsibilities of the medical profession. The Code provides standards of ethical practice to guide physicians in fulfilling their obligation to provide the highest standard of care and to foster patient and public trust in physicians and the profession. The Code is founded on and affirms the core values and commitments of the profession and outlines responsibilities related to contemporary medical practice.

In this Code, ethical practice is understood as a process of active inquiry, reflection and decision-making concerning what a physician's actions should be and the reasons for these actions. The Code informs ethical decision-making, especially in situations where existing guidelines are insufficient or where values and principles are in tension. The Code is not exhaustive; it is intended to provide standards of ethical practice that can be interpreted and applied in particular situations. The Code and other CMA policies constitute guidelines that provide a common ethical framework for physicians in Canada.

In this Code, medical ethics concerns the virtues, values and principles that should guide the medical profession, while professionalism is the embodiment or enactment of responsibilities arising from those norms through standards, competencies and behaviours. Together, the virtues and commitments outlined in the Code are fundamental to the ethical practice of medicine.

Physicians should aspire to uphold the virtues in the Code, and they are expected to adhere to the commitments and enact the professional responsibilities outlined in it.

Physicians should be aware of the legal and regulatory requirements that govern medical practice in their jurisdictions.

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A. Virtues exemplified by the ethical physician

Trust is the cornerstone of the patient–physician relationship and of medical professionalism. Trust is therefore central to providing the highest standard of care and to the ethical practice of medicine. Physicians enhance trustworthiness in the profession by striving to uphold the following interdependent virtues:

Compassion. A compassionate physician recognizes suffering and vulnerability, seeks to understand the unique circumstances of each patient and to alleviate the patient's suffering, and accompanies the suffering and vulnerable patient.
Honesty. An honest physician is forthright, respects the truth and does their best to seek, preserve and communicate that truth sensitively and respectfully.
Humility. A humble physician acknowledges and is cautious not to overstep the limits of their knowledge and skills or the limits of medicine, seeks advice and support from colleagues in challenging circumstances and recognizes the patient's knowledge of their own circumstances.
Integrity. A physician who acts with integrity demonstrates consistency in their intentions and actions and acts in a truthful manner in accordance with professional expectations, even in the face of adversity.
Prudence. A prudent physician uses clinical and moral reasoning and judgment, considers all relevant knowledge and circumstances and makes decisions carefully, in good conscience and with due regard for principles of exemplary medical care.

B. Fundamental commitments of the medical profession

Commitment to the well-being of the patient

Consider first the well-being of the patient; always act to benefit the patient and promote the good of the patient.
Provide appropriate care and management across the care continuum.
Take all reasonable steps to prevent or minimize harm to the patient; disclose to the patient if there is a risk of harm or if harm has occurred.
Recognize the balance of potential benefits and harms associated with any medical act; act to bring about a positive balance of benefits over harms.

Commitment to respect for persons

Always treat the patient with dignity and respect the equal and intrinsic worth of all persons.
Always respect the autonomy of the patient.
Never exploit the patient for personal advantage.
Never participate in or support practices that violate basic human rights.
Never engage in discriminatory or racist behaviour.
When caring for the patient, avoid acting based on your personal biases, which can harm the patient and create inequities in care and outcomes.

Commitment to justice

Promote the well-being of individuals, communities and populations by striving to improve health outcomes and access to care, reduce health inequities and disparities in care (including inequities and disparities affecting groups that are currently or historically underserved, excluded or discriminated against) and promote social accountability.

Commitment to professional integrity and competence

Practise medicine competently, safely and with integrity; avoid any influence that could undermine your professional integrity.
Develop and advance your professional knowledge, skills and competencies through lifelong learning.

Commitment to professional excellence

Contribute to the development of, and innovation in, medicine through clinical practice, research, teaching, mentorship, leadership, quality improvement, administration or advocacy on behalf of the profession or the public.
Participate in establishing and maintaining professional standards and engage in processes that support the institutions involved in the regulation of the profession.
Cultivate collaborative and respectful relationships with physicians and learners in all areas of medicine and with other colleagues and partners in health care.

Commitment to self-care and peer support

Value personal health and wellness and strive to model self-care; take steps to optimize a meaningful and intentional balance or integration of your professional and personal life.
Value and promote a training and practice culture that supports and responds effectively to colleagues in need and empowers them to seek help to improve their physical, mental and psychological, and social well-being.
Recognize and act on the understanding that physician health and wellness needs to be addressed at individual, organizational and systemic levels, in a model of shared responsibility.

Commitment to inquiry and reflection

Value and foster individual and collective inquiry and reflection to further medical science and to facilitate ethical decision-making.
Foster curiosity and exploration to further your personal and professional development and insight; be open to new knowledge, technologies, ways of practising and learning from others.
Engage in ongoing learning and reflection to deepen understanding of historic, current and emerging issues in clinical practice and society.
Take active responsibility to understand the diverse and distinct histories, contemporary realities, and health priorities of First Nations, Inuit and Métis Peoples. In keeping with the principles of Reconciliation, incorporate trauma-informed care and culturally safe practices in your work.

C. Professional responsibilities

Physicians and patients

Patient–physician relationship

The patient–physician relationship is at the heart of the practice of medicine. It is a relationship of trust that recognizes the inherent vulnerability of the patient even as the patient is an active participant in their own care. The physician owes a duty of loyalty to protect and further the patient's best interests and goals of care by using the physician's expertise, knowledge and prudent clinical judgment and engaging in shared decision-making with the patient.

In the context of the patient–physician relationship:

1. Never engage in discriminatory or racist conduct in relation to the patient, the prospective patient, family members and caregivers, such as on the basis of age, (dis)ability, genetic characteristics, language, marital status, family status, medical condition or health status, appearance, culture, race, colour, national or ethnic origin, Indigenous origin, political affiliation, religion, sex, gender identity, gender expression, sexual orientation, socioeconomic status or interactions with the legal system. As professionals and taking into account the nature of the physician–patient relationship, physicians are held to a high standard of conduct in relation to the duty to understand and avoid discrimination and racism. This does not abrogate the right of the physician to decline to provide care for a patient for legitimate reasons.
2. Do not discriminate or act on bias based on a patient's personal actions or circumstances, such as substance use, sexual behaviour, treatment preferences or occupation. Discrimination includes denying access to services, withdrawal of service and narrowing therapeutic options. Where this responsibility comes into tension with other important considerations, such as resource allocation or population health, take into account all relevant ethical and clinical guidance in your approach. This does not abrogate the right of the physician to decline to provide care for a patient for legitimate reasons.
3. Having accepted professional responsibility for the patient, continue to provide services until these services are no longer required or wanted, or until another suitable physician has assumed responsibility for the patient, or until after the patient has been given reasonable notice that you intend to terminate the relationship.
4. Act according to your conscience and respect differences of conscience among your colleagues; however, meet your duty of non-abandonment to the patient by always acknowledging and responding to the patient's medical concerns and requests, whatever your moral commitments may be.
5. Inform the patient when your moral commitments may influence your recommendation concerning the provision of, or practice of, any medical procedure or intervention as it pertains to the patient's needs or requests.
6. Communicate information accurately and honestly with the patient in a manner that the patient understands and can apply and confirm the patient's understanding.

7. Recommend evidence-informed treatment options; recognize that inappropriate use or overuse of treatments or resources can lead to ineffective, and at times harmful, patient care and seek to avoid or mitigate this.
8. As stated in the Truth and Reconciliation Commission's Call to Action number 22, respect First Nations, Inuit and Métis knowledge systems, worldviews, medicine and healing practices and their use in collaboration with Indigenous healers, Elders and traditional Knowledge Keepers.
9. Provide culturally safe, trauma-informed and equitable care to all, including historically underserved and excluded populations who are at risk of not attaining equitable health outcomes without it.
10. As stated in the Truth and Reconciliation Commission's Call to Action number 23, honour the distinct histories of First Nations, Inuit and Métis patients, and uphold the principles of Reconciliation, including providing culturally safe, trauma-informed care to First Nations, Inuit and Métis patients.
11. Limit treatment of yourself, your immediate family or anyone with whom you have a similarly close relationship to minor or emergency interventions and only when another physician is not readily available; there should be no fee for such treatment.
12. Provide whatever appropriate assistance you can to any person who needs emergency medical care.
13. Ensure that any research to which you contribute is evaluated both scientifically and ethically and is approved by a research ethics board that adheres to current standards of practice. When involved in research, obtain the free and informed consent of the research participant and advise prospective participants that they have the right to decline to participate or withdraw from the study at any time, without negatively affecting their ongoing care.
14. When engaging in research involving First Nations, Inuit or Métis participants, groups, communities or data, adhere to the relevant Indigenous research and data principles and protocols.
15. Never participate in, nor condone the practice of, torture or any form of cruel, inhuman or degrading procedure.

Decision-making

Ideally, medical decision-making is an ongoing, deliberative process that engages the patient in shared decision-making and is informed by the patient's experience and values, along with the physician's clinical judgment. This deliberation involves discussion with the patient and, with consent, others central to the patient's care (families, caregivers, other health professionals) to support patient-partnered care.

In the process of shared decision-making:

16. Empower the patient to make informed decisions regarding their health by communicating with and helping the patient (or, where appropriate, their substitute decision-maker) navigate reasonable therapeutic options to determine the best course of action consistent with their goals of care; communicate with and help the patient assess material risks and

benefits before consenting to any treatment or intervention; and make reasonable efforts to ensure that the patient understands their rights in making informed decisions throughout the course of their care, including their right to decline care or treatment.

17. Respect the decisions of the competent patient to accept or reject any recommended assessment, treatment or plan of care at any point.
18. Recognize the need to balance the developing competency of minors and the role of families and caregivers in medical decision-making for minors, while respecting a mature minor's right to consent to treatment and manage their personal health information.
19. Accommodate a patient with cognitive impairments to participate, as much as possible, in decisions that affect them; in such cases, acknowledge and support the positive roles of families and caregivers in medical decision-making and collaborate with them, where authorized by the patient's substitute decision-maker, in discerning and making decisions about the patient's goals of care and best interests.
20. Respect the values and intentions of a patient deemed incompetent as they were expressed previously through advance care planning discussions when competent, or via a substitute decision-maker.
21. When the specific intentions of an incompetent patient are unknown and in the absence of a formal mechanism for making treatment decisions, act consistently with the patient's discernable values and goals of care or, if these are unknown, act in the patient's best interests.
22. Respect the patient's reasonable request for a second opinion from a recognized medical expert.

Physicians and the practice of medicine

Patient privacy and the duty of confidentiality

23. Fulfill your duty of confidentiality to the patient by keeping identifiable patient information confidential; collecting, using and disclosing only as much health information as necessary to benefit the patient; and sharing information only to benefit the patient and within the patient's circle of care. Exceptions include situations where the informed consent of the patient has been obtained for disclosure or as provided for by law.
24. Provide the patient or a third party with a copy of their medical record upon the patient's request, unless there is a compelling reason to believe that information contained in the record will result in substantial harm to the patient or others.
25. Recognize and manage privacy requirements within training and practice environments and quality improvement initiatives, in the context of secondary uses of data for health system management, and when using new technologies in clinical settings.
26. Avoid health care discussions, including in personal, public or virtual conversations, that could reasonably be seen as revealing confidential or identifying information or as being disrespectful to patients, their families or caregivers.

Managing and minimizing conflicts of interest

27. Recognize that conflicts of interest may arise as a result of competing roles (such as financial, clinical, research, organizational, administrative or leadership).
28. Enter into associations, contracts and agreements that maintain your professional integrity, consistent with evidence-informed decision-making, and safeguard the interests of the patient or public.
29. Avoid, minimize or manage and always disclose conflicts of interest that arise, or are perceived to arise, as a result of any professional relationships or transactions in practice, education and research; avoid using your role as a physician to promote services (except your own) or products to the patient or public for commercial gain outside of your treatment role.
30. Take reasonable steps to ensure that the patient understands the nature and extent of your responsibility to a third party when acting on behalf of a third party.
31. Discuss professional fees for non-insured services with the patient and consider their ability to pay in determining fees.
32. When conducting research, inform potential research participants about anything that may give rise to a conflict of interest, especially the source of funding and any compensation or benefits.

Physicians and self

33. Be aware of and promote health and wellness services, and other resources and supports, available to you and colleagues in need.
34. Seek help from colleagues and appropriate supports and medical care from qualified professionals for personal and professional problems that might adversely affect your health and your services to patients.
35. Cultivate training and practice environments that decrease stigma and provide physical, psychological and cultural safety and encourage help-seeking behaviours.

Physicians and colleagues

36. Treat your colleagues with dignity and as persons worthy of respect. Never engage in discriminatory nor racist conduct toward your colleagues. Colleagues include all learners, health care partners, members of the health care team and other workers in practice and learning environments.
37. Engage in respectful communications with your colleagues, including in all media.
38. Take responsibility for promoting a safe environment through respectful communication and interactions. Address, including reporting when appropriate, harmful communications or interactions encountered in the workplace, including harassment, intimidation, hate, discrimination, racism and hostility. This includes supporting learners and other colleagues who may not be in an equal position of power. Avoid invalidating colleagues' experiences relating to these communications and interactions.
39. Avoid impugning the reputation of colleagues for personal motives.
40. Report suspected professional misconduct by colleagues to the appropriate authority, ensuring your reporting is true and accurate, with consideration for personal risk. Physician

leaders have a responsibility to foster a safe environment and a process for reporting that is supported by procedural fairness and should consider restorative approaches where appropriate.

41. Assume responsibility for your personal actions and behaviours. Espouse behaviours that contribute to a positive and physically, psychologically and culturally safe training and practice culture.
42. Promote and enable equitable opportunities for formal and informal mentorship and leadership across all levels of training, practice and health system delivery.
43. Support interdisciplinary team-based practices; foster team collaboration and a shared accountability for patient care.

Physicians and society

44. Commit to ensuring the quality of medical services offered to patients and society through the establishment and maintenance of professional standards.
45. Commit to supporting patients' and communities' abilities to thrive. Recognize that discrimination, racism, the determinants of health (including environmental, social, structural, commercial and economic) and other fundamental considerations that extend beyond medical practice and health systems are important factors that affect the health of the patient and of populations.
46. Support the profession's responsibility to act in matters relating to public and population health, health education, legislation affecting public and population health, and judicial testimony, and contribute to the collective efforts to address climate change, protect the environment and advance planetary health.
47. Support the profession's responsibility to promote and advocate for equitable access to health care resources that are free of discrimination and racism at the individual and system level, and to promote equitable resource stewardship.
48. Provide evidence-informed opinions consistent with the current and widely accepted views of the profession when interpreting scientific knowledge to the public or appearing in media. Clearly indicate when you present an opinion that is contrary to the accepted views of the profession.
49. Do not use discriminatory or racist language or hate speech in any communications, including in all media.
50. Contribute, where appropriate, to the development of a more cohesive and integrated health system through inter-professional collaboration and, when possible, collaborative models of care.
51. Commit to collaborative and respectful relationships with Indigenous patients and communities through efforts to understand and implement the relevant calls to action made in the report of the Truth and Reconciliation Commission of Canada, and the relevant provisions of the United Nations Declaration on the Rights of Indigenous Peoples.
52. Contribute, individually and in collaboration with others, to improving health care services and delivery, addressing systemic issues that affect the health of the patient and of populations, with particular attention to historically underserved and excluded communities.

Approved by the CMA Board of Directors June 2026, effective September 18, 2026.