

Transcript - Canadian Medical Association Motion DM 5-28

August 26, 2015 CMA's 148th Annual Meeting and General Council Halifax, Nova Scotia

Webcast - transcript starts @ 56:11:

<https://webcasts.welcome2theshow.com/cma2015/emerging-issues>

Moved by Mr. Denis Yahiaoui

Seconded by Dr. Pierre Harvey

Translator: The Canadian Medical Association recommends the development of a national compensation program for people with debilitating injuries associated with vaccination

Microphone 3 please.

(Denis Yahiaoui in French via translator) Immunization programs are part of public health programs that are most effective in Canada. Thanks to which there has been a major decline in the incidence of the diseases covered. Despite best practices of the manufacturers in manufacturing vaccines some people develop serious secondary effects up to death. These secondary effects are fortunately rare. Might be 1 40,000 for the MMR vaccine or 1 in a million for Guillain-Barre after the influenza vaccine.

Persons who are vaccinated protect not only themselves but also the general population through collective immunity. They therefore contribute to the public good by being vaccinated.

When people have secondary [inaudible] it is the duty of society to compensate these persons on the basis of reciprocity. Since they are helping society by being vaccinated we should help them if they become seriously affected. Since they are protecting themselves and the common good so it would be up to society to help these persons if they develop serious [inaudible] secondary [inaudible] serious.

In the G8, Canada except for Quebec and Russia are the only ones who do not have a federal program for compensating debilitating injury associated with vaccination. There is such a program in Quebec instituted in 1998 under the Public Health Act. Currently in Canada if a person seeks compensation following vaccination he has to go to civil court. Civil courts are based on compensating for negligence so that they find the state they were in prior to the negligence. But since the best practices are followed then the manufacturers win because there hasn't been any negligence on their part.

Moderator via Translator: Doctor it's now red, thank you.

Denis Yahiaoui via translator: One Sentence. So this program would allow to support peoples who developed debilitating injuries following vaccination by avoiding that they have to go to the court to obtain compensation. Thank you very much.

Lloyd Oppel: Thank you Mr. Speaker, Lloyd Oppel, and I still live in Vancouver. I would like to speak against this motion. This motion to me looks like a sleeper resolution. And I say that because in the United States where vaccine compensation programs exist they are held up as the darlings of justification by many elements of the anti-vaccine movement as a tacit admission that somehow there is a dark conspiracy afoot to poison the public through public health measures.

The other reason I would speak against this resolution is because it sets a rather odd precedent. Immunizations are probably the most effective tool we have for extending life expectancy in the world, and if we were to institute compensation programs for other public health measures or beneficent social programs we would look ridiculous. For example we require seat belts – they save far more lives than they harm - yet occasionally people are trapped in the cars. Should we have a compensation program for those people? I ask you this question and I would ask you to oppose this resolution.

Moderator: Thank you doctor. Microphone # 4 please

[clapping]

Dr. Noni McDonald: I want to speak against the motion very much as what was just previously said and I will add the other thing in English.

We have done the experiment across Canada. Quebec has had this in place for more than twenty years. The rest of the provinces have not. It's made zero difference. In fact seeing acceptance between Quebec and the rest of the country. This is a sleeper thing that anti-vaccine people put up as being it's showing you the government says vaccines are terrible.

Moderator: Thank you. Microphone # 6 doctor.

Doctor from British Columbia: Thank you Mr. Speaker. Roger [inaudible], British Columbia. I had a, well, I wanted to disagree actually as well so speaking against the motion. With respect to the last portion of it stating that if we have this program in place that it will improve vaccination rates. I have an issue with that because if you talk to a lot of parents of young children who are getting these vaccinations and who have issue with it, you know aside for religious reasons and what have you but regardless of the reason if they suspect that their child will be harmed simply because there is a way to compensate if there is an injury long term is not going to sway their mind and make them suddenly change their mind and just get their kid that vaccination it's going to harm them because you know Johnny down the road we can get you some disability.

I also have a question for the speaker for the proposal. Would Jenny McCarthy be on the board deciding who and which conditions are covered?

Moderator: Thank you doctor. Mr. Yahiaoui I'm not ignoring you but if you speak again you close debate so I'm going to everybody else because if you talk again that's the end. So I'm not ignoring you. Yes, if you speak again you'll close debate so I'm going to all of the other speakers first. Microphone # 1 please.

Pierre Harvey via Translator: Thank you Pierre Harvey and I am the seconder of this motion. Medicine is risk management in a way and I often tell my patients we have to make a choice, nothing is perfect and the message that the physicians of Canada want to give is to promote vaccination, try to reduce the obstacles to vaccination and for some people the fact that you're taking a low risk if you have compensation program that may lead them to if they don't have a program they may decide not to get their children immunized. But look at it the other way. If the papers were to say Canadian physicians refuse compensation for people who have been victim of rare side effects of vaccination. So look at this motion in a positive way to support our population knowing of course there's always two sides to a story but in my mind this is the better solution.

Mark Corbett: Good Morning Mark Corbett British Columbia. I would like to take issue with your ruling that the young gentleman need to step down and not answer questions. I believe other speakers who proposed motions have been allowed to come back and answer questions on their motion.

Moderator: Doctor that wasn't my intent. But the movers can always answer questions. Dr. Caver[?] answered three questions before...

Mark Corbett: And so did Dr. Cunningham. And this young gentleman attempted to answer and he was told that if he spoke again [inaudible]

Moderator: I didn't hear him attempt to answer a question, I missed that. But I wanted to, as a courtesy to him because he is, I think, a first time member of council, help him understand why I wasn't going back to him because he was standing at the microphone. I didn't want him to think that I was ignoring him so it was a courtesy, doctor.

Mark Corbett: So if someone does wish to answer a question....

Moderator: Of course, of course, that is a point of information. A question about the motion.

Mark Corbett: They need to clarify that when they come up to the mic.....

Moderator: Of course, of course, movers can always answer question to the motions.

Mark Corbett: Thank you.

Moderator: Thank you doctor. Microphone # 5

Lynn Hansen: Thank you. Lynn Hansen from Fredericton, New Brunswick. I'm a delegate from New Brunswick. I speak in favor of the motion. I don't believe that the presence of a compensation program will deter people who have already decided that they are against vaccination. Some of their decisions are based on what they have read on the Internet and may not be accurate and I don't believe this is going to sway their decision. However it is, I think, the right thing to do for the people who have taken their vaccinations in good faith and have been one of the rare people who have suffered as a result of that. I don't think they should have to go to court, and it sounds like they lose when they go to court and be left with disability. I would certainly question whether there has been any evidence that having this program in, what sounds like most other countries, has impaired their ability to get their populations vaccinated.

Moderator: Thank you very much. Microphone # 1 doctor.

Carolyn Lane: Carolyn Lane, Health Policy and Economics Committee. I rise to speak in favor of the motion. I do agree with the comments that have been made that this is a media relations issue where we have to stress this is not because it's a major issue. It's not because that there are many people being debilitated from vaccinations, it's just that it's the far and just thing to do. And so I think we need to handle the PR side of it properly, but we still need to do what is fair and just.

Moderator: Microphone # 5 doctor

Victor Dirnfeld: Thank you. Victor Dirnfeld. I'm from British Columbia I'm concerned about a bit of the language in this motion and I am sympathetic to the fact that there has been a decrease which is significant in parents taking their children for vaccination because of unproven, unproven evidence that there is vaccination induced serious effect adverse effect. One of the other problems I have is the word "associated with" as opposed to "caused with or caused by" rather. So I would speak to referral of this motion. I would also ask that it include the assessment of experts in this area because we know that vaccination has had an incredible beneficial effect on the prevention of infectious diseases.

Moderator: Are you moving referral to the board?

Victor Dirnfeld: I will accept your recommendation.

Moderator: It's up to you doctor, it's not up to me. You mentioned the word referral so I'm asking are you moving to refer this to the board?

Victor Dirnfeld: I would do so.

Moderator: Is there a seconder for referral? The doctor in the front there? So now we will talk about the appropriateness of referral. Does anybody want to talk about whether this should be referred to the board? Anybody want to talk ... do wish to talk about whether it should be referred to the board?

Unknown speaker: No, well, I wanted to answer to a question that was raised before so I don't know if it's possible.....

Moderator: Well right now we are talking about the referral to the board. And just to clarify, the speaker comes up if there is a specific question raised as opposed to so somebody rhetorically speaking. So what we don't allow is for the mover to like have a back and forth discussion with all of the other speakers. So somebody has to say, "I have a question about the motion" and then the speaker can answer the motion or answer the question if that makes sense. So, any other discussion about referral? Microphone # 1 please.

Pierre Harvey via translator: Pierre Harvey. The purpose of our General Council is to make decisions to the best of our knowledge and to be very efficient. I would propose the audience to vote against the deferral to the board because if we do this with every single one of our motions as soon as there is a slight problem we will never move forward and then we will be told that the board is taking control over everything and that's not what we want. We want the General Council to make a decision and we want the population to know about our position so that this doesn't come back every year and be referred to the board of directors.

Moderator: [inaudible] Let's set up a one-two then please. One means you support referral to the board that is a two-thirds majority, next year it will be fifty percent plus one but this year it's two thirds. Two is you're against referral. Is anybody not clear about what we are voting on? If not, if that's the case and everyone is okay please vote now.

[music]

Moderator: That's not referred to the board. That fails. Microphone #6 doctor.

Claudie Bolduc via translator: Claudie Bolduc from the University McGill. I am a delegate from Quebec. I understand all the issues that were raised to the fact that this may be used by the population, the media, by the anti-vaccination movement. But I would like to give you a context around this motion because more and more we talked about vaccination. There are three or four motions on this today. It will become a very important issue for us. We may eventually have to talk about a compulsory vaccination so in this context you have to think that if patients start to be persuaded to get vaccinated it is our duty to ensure that there is compensation should something happen. It is important for the media because it could be a lot more damageable if someone is convinced or forced to get vaccinated and then develops a very serious disease and the government is not there for this person. That could be really, really bad for us in the newspapers.

Unknown speaker: I rise to speak against this motion. I speak from a personal point of view. My brother became deaf after receiving the MMR vaccine and my parents couldn't afford hearing aids for him for about three years. If this type of program had been in place at that time he would have been much further along in his education. I appreciate the comments of people that some use this to be an anti-vaccine movement, but I think there are many people who would benefit from a program such as this, just as my brother would have done.

Moderator: Thank you doctor. Microphone #1.

Speaker in the background: I think she was for..... I think she was for.....

Moderator: Yes, doctor you said you were speaking against the motion then you spoke for it. So you are speaking for the motion? Thank you very much. Microphone #1.

Tobias Gelber: Tobias Gelber from Pincher Creek, Alberta. I am rising to speak in favor of this motion. I think if we change the, sort of the reason for the motion as not being one to convince people to get vaccines but essentially supporting those on quote unquote our side, for those that have had an adverse reaction despite doing the right thing for society that this makes a lot of sense and those folks should be supported. Thank you.

Moderator: Thank you doctor. I heard a very quiet call for the question a minute ago. So I'm just being alert for that. Microphone #6 doctor.

Patrick via Translator: Patrick from McGill University, Quebec delegation. Without saying I am for or against this motion, I would like to get back to a basic value. For those who are against the motion because of the anti-vaccination campaign, I would like to remind you that as physicians it is our duty to inform our patients of all potential risks and by refusing this motion because of the anti-vaccination movement it would be not giving complete information to our patients. Whether it is approved or not I think that if people in the anti-vaccination camp use this as an argument, well it is our social duty then to gain the population trust by telling them what are the real benefits and the real risks. We can't be paralyzed by this fear. We must be leaders. That is why we are here at GC to promote what medicine is best for its population.

Unknown speaker: I just want to give you a notice of motion that if this motion passes Dr. Oppel and I will put forward a motion for national compensation program for seat belt injuries as well.

Moderator: That would come as a late motion doctor and at this point I don't think we're getting any late motions.

[laughter]

Microphone #6 doctor.

Alex Frame: Alex Frame BC delegate. I believe the first Canadian [inaudible] the delegate. My question is because I'm a clinical epidemiologist as well and I would ask the mover to please clarify why the choice of association was provided instead of causation?

Moderator: So there is a translation issue doctor. If you look at the original French it says [Moderator in French, no translation]. So you could argue that the translation is not exact. is the best we could do. So a literal translation. addressing individuals having developed physical problems after having received a vaccine. So that is the original French. So I think the English translation is an attempt to reflect the French but it's not exact. Microphone # 3 doctor.

Don Milliken: Don Milliken, a psychiatrist from Victoria, BC delegate. I have concerns with this because, in fact, every time I prescribe a medication for a patient I recognize that the patient runs the risk of debilitating injuries and I think that this motion focuses on vaccination whereas in fact it's a much larger problem. Thank you.

Moderator: Microphone #6 doctor

Bill Cavers: Thank you. Bill Cavers from Victoria. The translation from French actually raises my concerns even higher.

Moderator: So would you be happy with replacing the word associated with or after having received a vaccination?

Bill Cavers: I am not going to be happy with anything other than causality. So I am speaking against this motion.

Moderator: Alright. Thank you doctor. Any further discussion? So we have a call for the question. I think we should do keypads on this one. I'm sorry. Microphone # 1. I didn't see you doctor, I've got stuff in the way.

Margaret Burnett: Margaret Burnett from the SOGC. I also have concerns, even more concerns with the wording of the French motion because there is no, it's just a temporal relationship. The vaccine was given and then something happened after it. So I think the issue of causation is very important. The other issue I have with this motion, and by the way I am speaking against it, is the, who is going to pay for the national compensation program? We are great with saying the government should do this and the government should do that but actually in the motion it implies that we are going to pay for the compensation motion, or sorry, compensation. So if this is the right thing to do is everybody in the room ready to put in a few hundred dollars a year to make sure that we have a national compensation package? Thank you.

Moderator: Thank you doctor. I'm going to let the mover close debate. Microphone #3.

Mr. Denis Yahiaoui via Translator: So please put your headphones on. Several points were raised. First of all I must say that based on the studies done in New Zealand, UK and in Quebec,

they reveal that even if there is a compensation program people are not more afraid or will not stop getting vaccination because it creates a collective fear. No. It shows that it doesn't have any influence on the collective fear of people such a program. And the cost in Quebec since 1988, this program cost 4.3 million. There were 237 applications since 1988 and it cost 4.3 million. It's not huge amounts. We are talking about debilitating injuries and as for the text, yes, it is not just associated with. You have to show that the injury was caused by the vaccination. It's not just a side effect that happens sometime after and just because there may be some type of association. Yes it's because of the vaccination. There are some criteria set already.

Moderator: So set up a for and against. One means you support the motion. Number two means you are voting against the motion. Does everyone understand what's happening? Anyone who doesn't understand what is happening? Please vote now.

[music]

And that motion fails, thank you very much.

Voting percentages could not be seen on the video. The article (link below) states that 70% of the CMA voted against the motion for compensation:

<https://www.cma.ca/En/Pages/cma-delegates-urge-action-on-declining-vaccination-rates.aspx>

Delegates rejected a call for a national compensation program for people who experienced “debilitating” injury following vaccination. Medical student Denis Yahiaoui, mover of the motion, said that in rare cases immunization results in serious damage to patients. “It is the duty of society to help if someone is seriously affected [by vaccination],” he said.

*However, several delegates warned that the motion could be used by those who oppose vaccination as a “tacit admission” that immunization programs are dangerous. **The motion was defeated by a two-thirds margin (70%).***