

The Journal of Clinical Ethics

Instructions for Authors

The Journal of Clinical Ethics accepts original manuscripts, case reports, commentaries, and letters to the editor. It is a double-blinded, peer-reviewed journal. Authors may contact the editorial staff from 9 a.m. to 3 p.m. Eastern Time, weekdays, via:

Mail: The Journal of Clinical Ethics, 219 W. Washington St., Hagerstown, Md. 21740 U.S.A.

Phone: (240) 420-0036

Fax: (240) 718-7100

E-mail: jce@clinicaethics.com

Manuscripts that have not been solicited by the journal will be reviewed by the editorial staff for general quality and suitability before they are sent to two reviewers. The review process generally requires six to eight weeks. The editorial staff may accept or reject manuscripts based on their quality, suitability, and the needs of the journal.

HOW TO SUBMIT A MANUSCRIPT

Submission of manuscripts to *The Journal of Clinical Ethics* should include the following items, sent to the address above:

- A cover letter (may be sent electronically),
- A word-processed file (may be sent electronically),
- Signed copyright release forms (mailed or faxed only),
- Copies of permissions to reproduce published material, when applicable.

A COVER LETTER

Authors should send a cover letter with their submission, which should include the following:

- The title of the article, which should be concise but informative,
- The name by which each author is known, with his or her highest academic degree(s) and institutional affiliation,
- The name of the department(s) and institution(s) to which the work should be attributed,
- Disclaimers, if any,
- The name, address, phone number, and e-mail address (if possible) of the author responsible for correspondence about the manuscript,
- Source(s) of support in the form of grants, equipment, drugs, or all of these,
- Acknowledgments (see below), if any,
- Permission to use cases, if any (see "Privacy" below).

A WORD-PROCESSED FILE

Authors should e-mail or mail a word-processed version of their manuscript to the editorial offices at the address above. The names of the authors, their affiliations, or any acknowl-

edgments or other information that will identify the authors must be removed from the word-processed file. Use one common font in a moderate size, for example, Times 10 point, throughout the article.

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THE PEER-REVIEW PROCESS

The majority of articles published in *The Journal of Clinical Ethics* are subject to double-blinded peer review: that is, manuscripts are reviewed by experts who do so without remuneration; some of the reviewers are members of the Editorial Board. Members of this Board receive a complimentary subscription to the journal but receive no other compensation.

Double-blinded indicates that reviewers do not know the names of authors, and authors do not know the names of reviewers, unless the reviewers give explicit permission. The names of reviewers are not blinded to editorial staff. Manuscripts are assigned numbers, and their progress through the peer-review process is tracked using these numbers.

Some articles are invited by members of the editorial staff, and, as a result, are not subject to the blinded peer-review process. They are reviewed by the editorial staff.

The peer-review process typically takes eight to 12 weeks. At the end of this time, authors will receive notice regarding the status of their manuscript; typically, a decision will be one of the following:

- Accepted for publication as submitted.
- Accepted for publication pending minor revision by the author(s) as recommended by the reviewers.
- The reviewers have recommended major revision of the manuscript before it is considered for publication; the revised manuscript will re-enter the review process after the major revision is completed; when possible, the original reviewers will review the revised manuscript.
- Not accepted for publication.

As stated above, the editorial staff may accept or reject manuscripts according to their suitability and the needs of the journal. The editorial staff welcomes questions and comments, which may be addressed to Leslie LeBlanc, Managing Editor, at the address listed above.

CITATIONS

Citations to sources for direct quotations or facts that are not generally known or easily checked should be provided in end notes, in the format described in section 16.3 of *The Chicago Manual of Style*, 15th edition. *JCE* uses a modified version of the *Chicago* notes and bibliography system, in which the full citations are provided in end notes, but a bibliography is not included.

A brief description of this system follows. Authors should not use software functions to embed notes in the manuscript or to automatically number notes; instead, they should type

the text of the notes at the end of the article, as regular text.

Note reference numbers in the text should be set as superior (superscript) numbers. In the notes, the note numbers should be full size and not superscripted. Authors should place note reference numbers in the text at the end of sentences, unless this would reduce clarity (for example, if there are two separate statements in a sentence that are supported by different sources).

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The full titles of journals should be used. If a source has more than four authors, only the name of the first author, followed by “et al.,” should be listed (see note 2 below). Authors should be listed using their first and middle initials and last name. Examples of this system follow.

1. J.L. Smith, R.M. Miller, Jr., and W.C. Callahan, “Tracking the Virus in Africa: The Etiology of AIDS,” Journal of AIDS Epidemiology 124, no. 6 (June 2006): 1147-59.

2. L. Greene and W.K. Nelson, “The Ethics of Care,” in Principles of Nursing Science, vol. 2, ed. W.K. Nelson (Plano, Tex.: Nursing Administration Press, 2007): 122-4; T.M. McCall et al., “Cost-Effectiveness v. Total Patient Care: Who Wins?” Health Care Administration Quarterly 6, no. 2 (Summer 2007): 150-6.

3. See note 1 above, pp. 1127-8.

4. *Ibid.*, 1148.

5. Greene and Nelson, “The Ethics of Care,” see note 2 above.

Notes to tables and figures should be placed at the end of the table or figure and should be numbered independently from references in the general text and from other tables or figures. Tables and figures that are not the original work of the author must be acknowledged, and, when appropriate, authors must include written permission from the owner of that material to reproduce it in the journal. (See “Ethical issues: Permission to use the work of others,” below.)

ETHICAL ISSUES

The Journal of Clinical Ethics acknowledges the continuing evolution of editorial ethics. The editorial staff invites the discussion and development of the policies outlined below with its readers and the larger community.

ACKNOWLEDGMENTS

Authors should list contributors who do not meet the criteria for authorship, such as a person who provided purely technical help or writing assistance, or a department chair who provided only general support, in an acknowledgment. Financial and material support should be acknowledged, as should groups who contributed materially.

AUTHORSHIP

All persons designated as authors should qualify for authorship, and all those who qualify should be listed. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. One or more authors should take responsibility for the integrity of the work as a whole, from inception to published article. Those who

have contributed only materially to the production of the manuscript should not be included as authors (see “Acknowledgments” above).

CONFLICTS OF INTEREST

Authors. Authors must disclose financial and other conflicts of interest that might bias their work. They must acknowledge in the manuscript all financial support to the work and any other financial or personal connections to the work. Authors have an ethical obligation to submit creditable manuscripts; as persons directly responsible for their own work, authors should not enter into agreements that interfere with their control over the decision to publish the manuscripts they write.

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PRIVACY

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Reviewers and the editorial staff will respect authors’ rights by not publicly discussing their work or appropriating their ideas before a manuscript is published. Reviewers are not allowed to make copies of a manuscript for their files and may not share a manuscript with others, except with the permission of the editorial staff.

Patients and third parties. Patients and third parties have a right to privacy that must not be infringed without their informed consent. This right is in tension with the traditional and valuable use of the cases of actual patients. As always, the primary considerations are to promote the welfare of patients, respect patients as persons, and avoid causing harm — and also to further ethical discourse. *JCE* acknowledges that it is not always possible, or desirable, to obtain truly informed consent from patients or their families, and offers the following guidelines for authors.

- Information from an actual patient should be included only when it is essential to a case presentation; that is, when the use of a fictional case will not suffice. Authors may decide how and how much to alter information depending on its critical relevance to the case. Authors should omit non-essential identifying detail, but also respect the life narrative of the patient, and avoid altering or falsifying information (fictionalizing or masking) without good reason.
- Authors must be cautious in seeking patients’ consent, as some patients may feel used or manipulated at being the source of information in a case published by their careprovider.
- When it will not cause harm, authors should explain the use and function of actual cases

with the patient (or parent, guardian, or surrogate) and obtain written informed consent from the patient (or representative) to publish details from the patient's life. These discussions should include eliciting the patient's preferences regarding how his or her personal information will be masked (if at all). A patient (or representative) who provides written consent should be allowed to review the case presentation before publication.

- Photographs must never be used without a patient's (or representative's) written informed consent.
- Authors who include a case presentation in a manuscript must include a statement, at the end of the article and before the end notes, that describes the extent to which the case has been masked or fictionalized, and whether written informed consent was obtained.
- Authors should include a copy of any written informed consent when their manuscripts are submitted for publication in the journal.
- The families of deceased patients have privacy rights. Authors should use the above points when fictionalizing, masking, or seeking permission to publish case information from a deceased patient's family members.

The Journal of Clinical Ethics has prepared worksheets and consent forms for authors to use in obtaining informed consent from patients, patients' representatives, and/or patients' families, which may be obtained from the editorial office using the contact information listed at the top of these instructions for authors.

Reviewers. Reviewers' identities are known to editorial staff, but are not revealed to authors without reviewers' permission. Unless reviewers give editorial staff permission to give an author their name, their identity will not be revealed to the author or to anyone else. Reviewers' comments may be sent to other reviewers of the same manuscript, and reviewers may be notified of the editor's decision regarding publication.

RESEARCH INVOLVING HUMAN SUBJECTS

When they report on research that involves human subjects, authors must indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human research. Authors may not use patients' names, initials, or hospital numbers, especially in illustrations, without the express written permission of these persons. See "Privacy: Patients and other third parties," above.