INSTRUCTIONS FOR AUTHORS

The Journal of Clinical Ethics accepts original manuscripts, case reports, commentaries, and letters to the editor. JCE is an international, peer-reviewed journal.

Unsolicited manuscripts are reviewed for general quality and suitability by a panel of inhouse editors before they are sent for double-blinded peer review. The process generally takes eight to 12 weeks. Manuscripts are accepted based on quality, suitability, and the needs of the journal.

SUBMIT A MANUSCRIPT

Communication regarding manuscripts with the managing editor, Leslie LeBlanc, at (240)420-8850 or editorial@clinicalethics.com. Manuscripts are blinded to the editor in chief, so do not communicate regarding manuscripts with the editor in chief, as that defeats the blinding process. When submitting a manuscript, include the following electronic documents:

1. A cover letter that includes:
   • Title of the manuscript
   • Names of the author(s)
   • Contact information for the author(s) (mailing address, phone number, email)

2. A word-processed manuscript:
   • From which the authors’ names and identifying information have been removed (blinded)
   • That has been formatted per the instructions below (see “Format,” below)

3. A copyright release form or forms signed by all authors (authors may send in separate forms)
   • Authors assign copyright to the journal

4. Documentation of permission to reproduce any previously published material, when applicable
   • Use a 1-inch margins on all four edges.
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   • Use a “plain” font such as Times, Times, Roman, or Courier in 10, 11, or 12-point size.
   • Include a brief abstract in the manuscript; do not include a list of key words.
   • Use the heading style displayed in these “Instructions for Authors”:
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     • 2nd-level heading: bold font, initial capital letters, blank line above
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   • Tables and figures should follow the body of the manuscript, and be placed before the endnotes. Tables should be set in the same type as the text. For additional guidelines, see the sample table at the end of this document, and/or consult The Chicago Manual of Style. Figures that are in a graphic format (.jpg, .tiff, and the like) should be included as a separate file (that is, should not be embedded in the text of the manuscript).
   • Do not add ornamentation or unique graphic treatments to the text, such as lines at the top or bottom of pages, or ornate type fonts for the title or heading.
   • See “References” below regarding the formatting of citations. JCE uses a modified version of The Chicago Manual of Style notes and bibliography system, in which full citations are provided in end notes, but a bibliography is not included. Footnotes are not used; material that might otherwise be included in a footnote should be placed in an endnote.

REFERENCES

Citations to sources for direct quotations or facts that are not generally known or easily checked should be provided in an endnotes. JCE uses a modified version of notes and bibliography system presented in The Chicago Manual of Style, 16th edition, section 14, in which full citations to sources are provided in endnotes, but a bibliography is not included.
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embed citations or notes in the manuscript or to automatically number notes; instead, they should
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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. Calla-
han, “The Therapeutic Misconception,” \textit{IRB Topics}
124, no. 6 (June 2012): 1147-59.

2. L. Greene and W.K. Nelson, “The Ethics of
W.K. Nelson (Plano, Tex.: Nursing Administration
Press, 2011), 122-4; T.M. McColl et al., “Six Sigma
in the Small Urban Hospital,” \textit{Health Care Admin-
istration Quarterly} 6, no. 2 (Summer 2012): 150-6.


4. Ibid., 1148.

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

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in the endnotes. This information will be restored
should the manuscript be accepted for publication.

ETHICAL ISSUES

\textit{JCE} acknowledges the continuing evolution of
editorial ethics. We invite discussion of the poli-
cies outlined below.

Acknowledgments

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*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. Primary considerations are to promote the welfare of patients, respect patients as persons, and avoid causing harm—while furthering 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.

- 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 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 by being a source of information in a case published by a 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 personal information will be masked. A patient (or representative) who provides written consent should review the case presentation before publication.
- Photographs must never be used without the patient’s (or the patient’s 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 manuscript is submitted for publication.
- 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.

*JCE* has prepared work sheets and consent forms for authors to use in obtaining informed consent from patients, patients’ representatives, and/or patients’ families.

*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 a 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, and they should provide the name of this committee in their cover letter. (The name of the committee should be blinded in the manuscript, for example, a statement might read, “The design for this study was reviewed and approved by the [name blinded] IRB.”)

Authors may not use a patient’s name, initials,
or hospital number, especially in illustrations, without the express written permission of the patient. See “Privacy: Patients and Other Third Parties,” above.

**PEER REVIEW**

The majority of articles published in *The Journal of Clinical Ethics* are subject to double-blinded peer review. The manuscripts are reviewed by experts who do not receive remuneration. Some of the reviewers serve as Associate Editors for the journal. The Associate Editors receive a complimentary subscription to the journal, but receive no other compensation.

Some manuscripts are invited by members of the editorial staff, and, as a result, are not subject to outside blinded peer-review. They are subject to review by an internal editorial board.

Peer review typically takes eight to 12 weeks.

**SAMPLE TABLE**

**TABLE 1.** Patients' demographic characteristics (N = 1,540)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre-intervention</th>
<th>Post-intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age</td>
<td>55.5</td>
<td>56.5</td>
</tr>
<tr>
<td>Female gender</td>
<td>75%</td>
<td>79%</td>
</tr>
<tr>
<td>LoS* (days)</td>
<td>20.5</td>
<td>12.0</td>
</tr>
</tbody>
</table>

*LoS = length of stay

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