

THE JOURNAL OF CLINICAL ETHICS

EDITORIAL POLICY

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.

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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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LETTERS TO THE EDITOR

The Journal of Clinical Ethics publishes letters to the editor that are in reference to articles previously published in the journal. Letters to the editor are published on a space-available basis at the sole discretion of the editors.

PEER REVIEW

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 reviewers are Editorial Associates of the journal. Editorial Associates receive a complimentary print subscription to the journal and no other compensation.

Double-blinded indicates that reviewers do not know the names of authors, and authors do not know the names of reviewers. The names of authors and reviewers are known to the managing editor; manuscripts are assigned a number, and their progress through the peer-review process is tracked using this number. Unless a reviewer gives the managing editor permission, the reviewer's identity will not be revealed to an author or to anyone else.

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Some articles are invited by Editors, and, as a result, are not subject to the blinded peer-review process; instead, the manuscripts are reviewed by the Editors.

The double-blinded peer-review process typically takes three to six months. 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 revisions.

sion 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.
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PRIVACY

Authors. The identity of authors and any identifying information are removed from manuscripts when sent for review. Manuscripts are reviewed with respect for authors' confidentiality and are privileged communications; the editorial staff will not disclose information about manuscripts to anyone other than a reviewer or the author.

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.

The Journal of Clinical Ethics has used the International Committee of Medical Journal Editors, "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals," December 2014, in developing its editorial policies, <http://www.icmje.org/icmje-recommendations.pdf>.

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