

# 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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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.

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- Accepted for publication as submitted.
- Accepted for publication pending minor revision by the author(s) as recommended by the

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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. 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

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- 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.
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- Photographs must never be used without a patient's (or representative's) written informed consent.
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- 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.

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*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>, accessed 8 May 2015.

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