Journal of Aid-in-Dying Medicine Style Manual

Article Submission:

All articles or other written materials must be submitted as Word Documents (Google Docs or Dropbox-initiated files will not format correctly and will not be accepted).

Initial manuscripts are to be submitted as attachments via our Submissions Form, not as links to your document online. Subsequent edits will be sent to Journal@ACAMAID.org.

Article Structure:

Some flexibility has been built into the categories below to reflect the variety of articles the journal publishes—from original scientific research to original ethical analysis to insightful and expert reflections on the state of aid-in-dying care. Please adhere to the general structure, but choose sections appropriate to your article.

The manuscript should include (in this order):

Title

Author(s): Include names and affiliations indicated with a numeral in superscript followed by a list of corresponding affiliations. It should look as follows:

> Michael Pottash, MD, MPH[1, 2]; Kayla Saikaly[1]; Maximilian Stevenson, PharmD, MA, BCPS[2]; Benjamin Krohmal, JD, HEC-C[1, 3]
>
> [1] Georgetown University School of Medicine, Washington, DC.
> [2] Division of Palliative Medicine, Department of Medicine, MedStar Washington Hospital Center, Washington, DC.
> [3] John J Lynch Center for Ethics, MedStar Washington Hospital Center, Washington, DC.

Corresponding Author: Include an email.

Abstract: 250 words. Readers should have a sense of the guiding question or problem and of the major conclusions or takeaways. Methodology need not be included unless particularly innovative or central to the findings, in which case it should be limited to a phrase or sentence.

Keywords: Include 2 to 8.

Introduction: Frame and contextualize the problem. If at all possible, try to avoid descriptions of the general landscape of aid-in-dying care in the U.S. (e.g., how many states have legalized it) since this context informs almost all the articles the journal publishes and will quickly become repetitious to readers.

Methodology/Background: The goal of this section is to make sure readers understand how you arrived at your conclusion. No need to overwhelm readers with unnecessary detail; but there should be sufficient explication to make the strengths and shortcomings of your approach clear. Limitations should be addressed head-on.

Findings/Discussion: How does this new information/interpretation change our understanding of the problem/landscape? What are the implications of this research? How do the limitations of the methodology affect the takeaways? What can the aid-in-dying community learn from this work?

Conclusion: For longer or denser articles a designated Conclusion section can be helpful. Point us to the major contribution(s) and next steps. For other articles, concluding remarks may be folded into the discussion and a stand-alone section may not be necessary.

References: This is a numbered reference list—not endnotes or footnotes. To refer to entries in the body of the paper, write the entry number in superscript next to the information being cited, like this.[1]

The reference would then read, e.g.:

1. Landry KK, Ely J, Thomas AA. Experience and attitudes regarding Medical Aid in Dying, Act 39, among Vermont specialty practices. J Palliat Med. 2020;23(3):375-378.

We will be following *Citing Medicine: The NLM Style Guide for Authors, Editors, and Publishers* (2nd edition) as our reference guide, which is available online and for free here: http://www.nlm.nih.gov/citingmedicine

We highly recommend using the reference managing software Zotero to compile your reference list. Zotero does not have a *Citing Medicine* style built in, but *AMA* is very similar and can be used instead. Download *AMA* from the Zotero repository.

Tables and Figures: Please number your Tables and Figures. They should be called out in the text like so: “See Table 1” or “(Figure 1).”

Disclaimers: Note any **funding** received to carry out your research and disclose any **conflicts of interest**.

Formatting:

Font: Calibri. 12 point. Please do not double-space after periods.

Paragraph style: Please do not justify your text. Align left. This makes editing much easier. Changes in formatting will be made at the design stage.

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Language Requirements:

Articles that do not adhere to the following will be returned for editing before review.

Numbers: Spell out one through nine; use numerals for 10 and up unless the number begins the sentence, in which case spell it out (or rearrange the sentence).

No Acronyms: Even for medical expressions, including but not limited to: PEG tube, SOB, COPD, CHF, PMD, etc. **MAID, MAiD, AID, ACAMAID are especially to be avoided**. Think of your audience as a mixture of clinical and non-clinical readers. Our goal is to use common language, not insider-speak, so acronyms like MAID aren't universally known (and there's no extra charge for writing "aid in dying"). We're trying to establish communications that are readily understood by the widest possible audience. There are exceptions. No need to spell out FBI, DNA, ATM, or DIY (check Merriam-Webster if you are unsure).

- ☐ Common medical acronyms very familiar to non-medical readers are also acceptable (e.g. MRI, CAT or CT scan, ALS, AIDS), although we recommend spelling out the name in full on the first mention and then using the acronym.

- ☐ ~~ACAMAID~~: The first mention is "the American Clinicians Academy on Medical Aid in Dying"; thereafter please refer to "the Academy."

- ☐ **Abbreviations**: Avoid abbreviations only familiar to medical readers, e.g., pt, f or m, 62yo, etc.

- ☐ **Hyphenation**: When nouns, *aid in dying* and *medical aid in dying*, are not hyphenated; when adjectives, they are. For example, it's "an aid-in-dying prescription," but it's "a prescription for aid in dying."

- ☐ **Dignity**: Please avoid using *death with dignity* as a synonym for *aid in dying* since non-aid-in-dying deaths can also be dignified.

Miscellaneous:

- US (not U.S.)
- Health care (adjective and noun)

An Aid-in-Dying Thesaurus:

There is a tendency for repetition of the terms *medical aid in dying* or *aid in dying*. To improve the richness of your language, please feel free to use our Aid in Dying Thesaurus when you find your style getting repetitious:

- ☐ Medical aid in dying

  medically assisted dying
  aid in dying
  physician-assisted dying
  physician-assisted death(s)
  clinically assisted death(s)
  clinician-assisted death(s)
  hastened death(s)
  assisted death(s)

- ☐ Medications: Please avoid referring to aid-in-dying medications in the singular as, e.g., "the aid-in-dying drug"; it confuses people who then won't know it is a combination of medications.

  medicines
  drugs
  dosages/doses

- ☐ Option(s)

choice(s)
possibility/possibilities
route(s)
path(s)

- ☐ Care (v.):

supervise	take responsibility for
look after	guide
take care of	be concerned for
tend	provide guidance
nurse	take charge of
watch	be in charge of

- ☐ Clinicians:

  practitioners
  health providers
  providers
  or, if limited, name the specific role of the clinician

- ☐ Patient:
  client
  participant
  in-patient
  outpatient
  ill person
  sick person