



## Author Guidelines

The *Journal of Aid-in-Dying Medicine* is published in parallel with the Journal's dynamically updated website and on the Academy of Aid-in-Dying Medicine's [Cureus publications channel](#). This joint publication arrangement allows authors to reach the widest audience of aid-in-dying clinicians, and simultaneously, the more general medical audience provided by Cureus. Cureus also provides [PubMed](#) searchability for appropriate articles.

Please follow these steps when submitting your article.

Step 1: Review these Aims and Scope of the *Journal of Aid-in-Dying Medicine* to determine whether your work would be a good fit:

The *Journal of Aid-in-Dying Medicine* is an independent, peer-reviewed journal focused on the clinical aspects of aid-in-dying care in the United States. While the Journal focuses on aid-in-dying care in the US, articles focused on aid in dying in other countries that enlighten aid-in-dying care in the US are also welcome.

The Journal publishes a wide range of materials, including scholarly articles, editorials, book and film reviews, and poetry and art. Everyone from doctors to doulas, pharmacists to lawyers, poets to legislators—in short anyone whose work or field of interest intersects with aid-in-dying medicine—has been published in these pages. Please review [previous issues](#) for a sense of what we publish.

Step 2: Make sure your submission format conforms to the Journal's style guidelines (see below).

Step 3:

- For scholarly, investigative, or review articles that meet the criteria for a PubMed publication, there are two options for submitting your article:
  - Preferred: [Submit a proposal or your article](#) through the Journal of Aid-in-Dying Medicine website. Our editing team will provide an initial response within two weeks. This route increases your chances of publication since our editing team will have the opportunity to edit the article before it is submitted to our partners at Cureus.

- Acceptable: Submit your original academic study to our [Cureus channel](#). If your article is accepted for consideration by the *Journal of Aid-in-Dying Medicine* editors, it will go straight to the peer review process at Cureus. Publication varies from six weeks to three months from submission. To submit an article directly through Cureus, find the yellow “Submit Research” button below the opening photograph on the Academy of Aid-in-Dying Medicine’s [Cureus Channel page](#) and follow the Cureus’ instructions. Be sure to guide the submission to the Academy of Aid-in-Dying Medicine’s Cureus Channel.
- For book or movie reviews, photographs, art, or poetry, you can only submit through the Journal’s [system](#). We will provide an initial response within two weeks. Initially confirmed submissions will continue with further editing before final acceptance.

#### The Journal’s Style Manual:

- Use [APA style](#).
- Numbers: Spell out one through nine unless it is part of a measurement; use numerals for 10 and up unless the number begins the sentence, in which case spell it out (or rearrange the sentence).
- Formatting
  - Single space. Preferred font, Calibri 12
  - No paragraph indentations or bulleted lists
  - One line return for new paragraph
  - One space, not two, after a period that separates sentences
- Article title should be in [Title Case](#) (capitalize everything except articles and short conjunctions and prepositions).
- Abstract of no more than 3,500 characters.
- Provide no more than 10 keywords.
- Article authors and affiliations should not include titles like Chair.
- Include disclosures, including conflicts of interest at the end of the article’s text.
- References: Please use the [APA reference style](#).

**Introduction/Background:** Frame and contextualize the problem.

**Methodology:** 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.

**Results:** What did you find?

**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 influence the takeaways? What can the aid-in-dying community learn from this work?

**Conclusion:** Point us to the major contribution(s) and next steps.

### **Journal-specific rules to follow (also applies to articles submitted via Cureus):**

**No Acronyms:** Even for medical expressions, including but not limited to: PEG tube (gastric feeding tube), SOB, COPD, CHF, PMD, etc. **MAID, MAiD, AID are especially to be avoided.** Think of your audience as a mixture of clinical and non-clinical readers.. We're trying to establish communications that are readily understood by the widest possible audience, and acronyms like MAID aren't universally known. There are exceptions. No need to spell out FBI, DNA, ATM, or DIY (check [Merriam-Webster](https://www.merriam-webster.com/dictionary/MAID) if you are unsure whether an acronym is common).

- ☐ Common medical acronyms very familiar to non-medical readers are acceptable (e.g. MRI, CT scan, ALS, AIDS), although we recommend spelling out the name in full on the first mention and then using the acronym.
- ☐ **AADM:** The first mention is “the Academy of Aid-in-Dying Medicine”; 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* or other dignity references as a synonym for *aid in dying* since non-aid-in-dying deaths can also be dignified.

### **Miscellaneous:**

- US (not U.S.)
- Healthcare (not health-care), applies to 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  
look after  
take care of  
tend  
nurse  
watch  
take responsibility for  
guide  
be concerned for  
provide guidance  
take charge of

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

Please send any questions or comments to: [Journal@AADM.org](mailto:Journal@AADM.org)