

## Palliative Medicine

Impact Factor: 3.9

5-Year Impact Factor: 4.7

### Submission guidelines



#### Submit manuscript

Please read the guidelines in full before submitting your manuscript. Manuscripts not conforming to these guidelines may be returned.

Submit Manuscript 

#### *Palliative Medicine* Instructions to authors

At *Palliative Medicine* we want to publish the highest possible quality of papers. Our instructions to authors therefore focus on what we want you to do to enhance the quality of your research reporting. We only publish around 20% of papers submitted to us, so paying attention to high quality research reporting will enhance the chance of us being interested in your paper.

There are TWO mandatory uploads together with your paper:

1. the [reporting checklist](#) for your study type
2. the [author checklist](#) to acknowledge that you have followed the instructions below

These instructions to authors fall into four main sections.

First, an explanation of the type of papers we are interested in so you know you are writing for the right journal.

Second, a description of what we want to see in your writing, which you will need to take account of when you are drafting your paper, to promote the highest possible quality of reporting.

Third, specific instructions on formatting etc., as well as more detail on reporting requirements to meet journal and publisher style requirements.

Fourth, information on how to submit your article and what happens after you have submitted it, including information on Open Access options and publicising your published paper.

1. [What type of papers do we want to publish?](#)

[Specific guidance on paper types and word limits](#)

- a) [Research Papers/Original Articles](#)
- b) [Systematically Constructed Reviews](#)
- c) [Practice Reviews](#)
- d) [Research Methodology and Methods](#)
- e) [Short Reports](#)
- f) [Audit and Service Evaluations](#)
- g) [Case Reports and Case Series](#)
- h) [Research Letters](#)
- i) [Letters to the Editors](#)

2. [General reporting requirements](#)

- a) [Reporting guidelines](#)
- b) [Key messages](#)
- c) [Approvals](#)
- d) [Structured discussion](#)
- e) [Abbreviations and acronyms](#)
- f) [Titles](#)
- g) [Abstract](#)
- h) [Keywords](#)
- i) [Key statements](#)

[Journal publishing and formatting requirements](#)

- a) [Declarations](#)
- b) [Authorship](#)
- c) [Funding](#)
- d) [Declaration of conflicts of interest](#)
- e) [Research ethics and patient consent](#)
- f) [Data management and sharing](#)
- g) [Acknowledgements](#)
- h) [Accessibility Guidelines](#)

4. [General journal requirements, formatting, and referencing requirements](#)

- a) [Multiple publications, copyright and plagiarism](#)
- b) [Writing assistance](#)
- c) [Permissions](#)
- d) [Word processing formats](#)
- e) [Artwork, figures and other graphics](#)
- f) [Supplementary material](#)
- g) [Journal layout](#)
- h) [Reference style](#)
- i) [Corresponding author contact details](#)

5. [Submitting your article, and what happens after submission](#)

- a) [How to submit your manuscript](#)
- b) [ORCID](#)
- c) [After submission](#)
- d) [Peer review policy](#)
- e) [On acceptance and publication](#)



f) [Contributor's publishing agreement](#)

g) [Access to your published article, and Open Access arrangements](#)

h) [Publicising your paper](#)

## 6. [Further information](#)

### 1. What type of papers do we want to publish?

*Palliative Medicine* is a highly ranked, peer-reviewed scholarly journal dedicated to improving knowledge and clinical practice in palliative care. It reflects the multi-disciplinary and multi-professional approach that is the hallmark of effective palliative care. Papers are selected for publication based on their scientific excellence, contribution to knowledge, and their importance to contemporary palliative care. We welcome papers relating to palliative care clinical and research practice, policy, theory and methodology.

*Palliative Medicine* is an international journal with authors, reviewers and readers from around the world. You must make sure that your work is contextualised for such a readership, and where research is conducted within a single country, how the results contribute to an international knowledge base.

*Palliative Medicine* is a research journal, and primarily publishes papers which report original research and systematically constructed reviews, including Practice Reviews. We also publish methodological papers, short reports, service evaluations/audits, research letters and case reports occasionally, but if you are considering submitting these types of papers please take time to read our specific guidance on them below.

This Journal is a member of the [Committee on Publication Ethics](#), and we recommend that authors follow the [Uniform Requirements for Manuscripts Submitted to Biomedical Journals](#) formulated by the International Committee of Medical Journal Editors (ICMJE).

All papers submitted to *Palliative Medicine* are scrutinised carefully by a number of members of the editorial team before a decision is made to send for external peer review. A substantial number are declined at this point, before peer review. Common reasons are that the papers report work which does not appear to be novel or does not add to knowledge explicitly, or that the design or methods of the study are not appropriate to the question posed or poorly reported. We strongly suggest therefore that this information on writing and reporting is followed whilst drafting your paper, well before you consider submission to the journal, as there is evidence that this will enhance the clarity of your writing and message to readers. The Sage Author Gateway has some general advice on [how to get published](#), plus links to further resources.

# Specific guidance on paper types and word limits

## a. Research Papers/Original Articles

3,000 words with up to six tables or figures, these can be embedded in the text for ease of reviewing. Original Articles must report robust, ethically conducted research, with all relevant registrations and permissions obtained. We publish research using a range of designs, as appropriate to the question posed. Please see general advice for information on the relevant reporting guidelines which must be followed, and suggestions for titles, structured discussions etc. Please also look at instructions for short reports and research letters which may be a better 'fit' for papers reporting smaller pilot, exploratory or feasibility studies.

For trials and interventional studies, we expect that the intervention is fully described using accepted guidelines (e.g. TIDieR) as well as being reported according to the appropriate guidelines (e.g. CONSORT or one of its extensions). *Palliative Medicine* endorses the [ICMJE requirement](#) that clinical trials are registered in a WHO-approved public trials registry at or before the time of first patient enrolment. However, consistent with the [AllTrials campaign](#), retrospectively registered trials will be considered if the justification for late registration is acceptable. The trial registry name and URL, and registration number must be included at the end of the abstract. If the protocol has been published this should be referenced within the paper. For observational studies the STROBE or similar guidelines should be followed, for surveys this may be the CHERRIES guidelines or similar (and a copy of the survey instrument should be appended in supplementary materials).

For papers reporting qualitative methods we prefer papers which state their particular qualitative approach (e.g. grounded theory, phenomenology, ethnography etc.) and articulate their methodological (epistemological and ontological) position, how this relates to their question and design, and which present a so called 'thick' description and interpretation of their findings clearly. Participants' quotations may be excluded from the word count, and we prefer that they are integrated into the text rather than presented separately. We still prefer, however, that these quotations are succinct and carefully chosen – it is rare that more than one quote is required to illustrate the point being made.

Papers which report primarily the development or testing of scales/measures or questionnaires must include a copy of the relevant instrument as a supplementary file (with translation into English if appropriate, as well as in the original language), and such papers not be accepted without such a file. Authors are expected to obtain any copyright permissions required for such reproduction.

For research articles, authors are required to state in the methods section whether participants provided informed consent and whether the consent was written or verbal. Full details of all research ethics committee (e.g. IRB) and/or organisational governance approvals must be given within the body of the text with reference number and date of approval. If such approvals were not required, information about the exemption from this (and on what authority) must be given within the text of the paper. We also expect reporting of how ethical rigour was ensured, with details of procedures followed reported, and any ethical issues disclosed.

The date(s) of data collection must be given within the paper. If your data were collected more than five years before submission, we expect a strong justification for why reporting these results is still relevant to the *Palliative Medicine* readership, and may consider that these are insufficiently contemporary to warrant publication.

### **Original Article abstracts:**

**Background:** Identify the issue to be addressed, current knowledge on the topic and some indication of its relevance and importance to clinical practice, theory or research methodology.

**Aim:** A clear statement of the main research aim(s), research question(s) or hypotheses to be tested.

**Design:** A statement about the research strategy adopted. For intervention studies, a clear statement of the intervention is required. For clinical trials, the trial number should be given. Give brief details of data collection methods. For interventional studies please add a sentence about the intervention tested.

**Setting/participants:** Indicate the type of setting(s) the research was conducted in (e.g. primary/secondary care), the number of centres, and who participated, including a brief indication of inclusion/exclusion criteria, numbers of participants and any relevant characteristics.

**Results:** Report the main outcomes(s) or findings of the study. If appropriate, report levels of statistical significance and/or confidence intervals.

**Conclusions:** Identify how the aims have been met, and the relevance of the findings for clinical practice, theory or research methodology. Give suggestions for further research.

### **b. Systematically Constructed Reviews**

5,000 words, with up to 6 tables or figures. These can be embedded in the text for ease of reviewing. The reviews we publish are usually systematically constructed reviews, with a clear review design, and reported following the relevant publication guidelines (such as PRISMA, RAMESES or ENTREQ) for the particular review style chosen. Please note that such

publication guidelines are NOT review designs, but purely guides to what should be reported for full understanding of what was done.

We are happy to consider a range of review types (systematic reviews, meta-analysis, meta-ethnography, realist review for example) for publication, but they must be methodologically clear and rigorously conducted. If reviews are registered (e.g. on [PROSPERO](#)) this should be stated and a link given within the paper. Please ensure that you include a PRISMA type flowchart for all reviews to enable readers to understand your search processes. All reviews should include sufficient detail on review question, inclusion and exclusion criteria, search strategies, data extraction and synthesis methods (as appropriate to the review design) for the study to be replicated. Please include a table of included studies. If some of these are large, you can consider adding them as supplementary online only files, but these must be referred to within the text of the review.

### ***Systematically Constructed Review abstracts (250 words):***

**Background:** Identify the issue to be addressed, current knowledge on the topic and some indication of its relevance and importance to clinical practice, theory or research methodology.

**Aim:** A clear statement of the review aim(s).

**Design:** A statement about the review strategy/methods adopted (e.g. meta-ethnography, realist synthesis, systematic review, meta-analysis). If prospectively registered (e.g. on PROSPERO), this information should be given here.

**Data sources:** State the data sources used (including years searched). Include a statement about eligibility criteria for selecting studies and study quality appraisal.

**Results:** Report the main outcomes(s) /findings of the review.

**Conclusions:** Identify how the aims have been met, and the relevance of the findings for clinical practice, theory or research methodology.

### **c. Practice Reviews**

The purpose of Practice Reviews is to provide a 'stock take' or overview of the current 'state of the science' in an area of practice with a supporting evidence-based summary of empirical evidence, guidance or recommendations to enable a summary of what is known to be beneficial or not. Reviews might cover newly emergent 'hot topics' but equally might be the basis of establishing the need for further research in a long-established topic area by considering the evidence base on which current practices are based and what would take the field forward. These are more succinct than other reviews and should be ≤3000 words.

Practice Review subjects can be clinical, ethical or relate to another aspect of palliative care as spiritual, social or psychological care or professional development. Reviews should

be orientated to both recommendations for frontline practice and identification of scientific equipoise, i.e. absence of studies, with suggestions for further research. The implications of the review findings must be considered from the perspective of policy-makers, researchers, clinicians, ethicists and funders of research or quality improvement interventions. Review authors should aim to give a clear steer on what might be the most important gaps to be addressed through further research.

We ask that these aims are achieved by following the structure below in order to generate learning for both our practitioner and researcher audience. We are very grateful to Erik Driessen, Editor-in-Chief, and Robert McKinley, Section Editor, *Perspectives on Medical Education* for letting us adapt the format (McKinley, R. & Scheele, F. *Perspect Med Educ* (2015) 4: 275. <https://doi.org/10.1007/s40037-015-0230-8>).

The main purpose of a Practice Review is to provide a summary of “Dos, Don’ts and Don’t Knows” on a specific subject in clinical practice. Following a brief introduction, including the context, scope and methods used to conduct the review the remainder of the submission should be divided into a tabulated digest summarising each aspect of the evidence item by item, providing the relevant supporting evidence, and indicating the strength of the evidence for each particular item. It remains important that the evidence underpinning the review has been obtained and summarised in a robust, reproducible fashion, usually underpinned by a systematically constructed review.

- Dos – should be recommendations for practice that can be made with a supporting body of evidence for effectiveness or efficiency.
- Don’ts – should be recommendations against activities for which there is a supporting body of evidence to show inefficiency, ineffectiveness, or indeed harm.
- Don’t knows – should be identified areas for further research as there is either an absence of evidence or the current evidence is unclear or not of convincing quality or rigour. Don’t knows should be expressed as questions which if answered through further research would have an impact on clinical practice.

The digest table should be provided using this format:

Table 1. Summary of guidelines/recommendations for X

	Aspect A	Strength of recommendation
Do's		
Don'ts		
Don't knows		
	Aspect B	Strength of recommendation
Do's		
Don'ts		
Don't knows		

Authors are free to choose a specific design for the review process, but this must be justified and appropriate to the subject and review question chosen. Practice Reviews should be consistent with relevant publication guidelines (such as PRISMA, RAMESES or ENTREQ) for the particular review style chosen. We are happy to consider a range of review types (systematic reviews, scoping reviews, meta-analysis, meta-ethnography, realist review for example) for publication, but they must be methodologically clear and rigorously conducted. If reviews are registered (e.g. on [PROSPERO](#)) this should be stated and a link given within the paper. A PRISMA style flowchart should be included, and the reference list include the evidence being used to support the recommendations.

Judgements about the strength of evidence should allow for multiple types of evidence to be considered so that readers are provided with an overview of what exists. Authors can choose their own framework for assessing the strength of evidence but the review should not be limited to particular types of studies. A useful guide to rating strength is below:

Strength of recommendation:

Strong: A large and consistent body of evidence such as a systematic review

Moderate: Solid empiric evidence from one or more papers plus the consensus of the authors

Tentative: Limited empiric evidence plus the consensus of the authors

### ***Practice Review abstract (250 words)***

***Background:*** Identify the issue to be addressed, current knowledge on the topic and some indication of its relevance and importance to clinical practice.

***Aim:*** A clear statement of the review aim(s) and/or research question it seeks to answer.

***Design:*** A statement about the review strategy/methods adopted (e.g. meta-ethnography, realist synthesis, systematic review, meta-analysis, scoping review). If prospectively registered (e.g. on PROSPERO), this information should be given here.

***Data sources:*** State the data sources used (including years searched). Include a statement about eligibility criteria for selecting studies and study quality appraisal. As a minimum, a scoping review using recognised methods must be conducted.

***Results:*** Report the main outcomes(s) /findings of the review. Include brief information on the 'dos', 'don'ts' and 'don't knows'.

***Conclusions:*** Identify how the aims have been met, and the relevance of the findings for clinical practice.

## **d. Research Methodology and Methods**



As a research journal, *Palliative Medicine* is keen to publish papers that advance the theory, design, methods, ethics, reporting and dissemination of research relevant to our field. We therefore offer a particular paper style, 'Methodology and Methods' to enable authors to present advances in research methods and methodology that are particularly pertinent to palliative care research. This paper style offers flexibility where it would be challenging to fit the advance into an existing paper style (e.g. a Systematically Constructed Review, Practice Review or Original Article). If your paper can appropriately be presented using existing paper styles, please do so. Examples include reviews such as Dunleavy et al. (2018), and Junger et al. (2017). However, if the structure and format of existing paper styles are not a good fit, but your work can offer new insights into the conduct of palliative care research and reviews including novel combinations of methods, or evolutionary advances in method then this alternative can be used. Such papers should be clearly embedded in the current 'state of the science' of the area being presented, but also offer a novel view, which may be based on empirical data, or derived from application of specific theoretical perspectives that is pertinent to the conduct of research in palliative care. We are unlikely to accept papers that purely offer a summary of existing knowledge in the area unless this is a systematically constructed interpretation or new model of synthesis that goes beyond descriptive summarising, nor papers that are generic and not applied to particular issues pertinent to palliative care research.

Word count  $\leq$  3,000 words, but papers that are shorter than this are welcomed.

Structure: We ask for a structured abstract and paper, but recognise that pre-specifying the structure may not enable the innovative articles we seek. Abstracts should be  $\leq$  250 words and presented under headings that guide the reader to the content of the full paper. This is likely to include a background that highlights why this area is important and what is already known, a statement of the purpose of the paper, information on the evidence used to support the information presented, and the key learning points of the paper. Our standard instructions (as for an original article) on figures, tables, key statements and referencing etc. remain.

#### **e. Short Reports**

1,000 –1,400 words. These should report research, but are usually small-scale survey/pilot/feasibility studies etc., which would not warrant a full original research paper. Please see the original article section above for general instructions and abstract structure.

#### **f. Audit and Service Evaluations**

1,000 – 1,400 words. We accept audit and service evaluation reports, but these should be of exceptional quality and interest. They should be identified clearly as audit or service evaluation in the title. These should be reported robustly – we expect audits to discuss the

audit cycle and feedback, and service evaluations to report sufficient contextual information on the service being evaluated. They should be used to raise future research questions. Full details of all relevant organisational permissions and consents should be reported. Please see the original article section above for general instructions and abstract structure. It should be clear throughout in the reporting that these papers are not presenting research.

### g. Case Reports and Case Series

For an editorial review of Case Reports, Case Series and Practice Review papers please see [Case Series and Practice Reviews: Dregs at the bottom of the evidence pile or an essential link between frontline practice and research?](#)

A good Case Report, or preferably a Case Series, can inform an important part of healthcare development and improvement through the creation of links from practice to research and back to practice. To do so it must provide close analysis of practice-based examples, giving insights into what happens in clinical and other practices when empirical evidence-based options have been exhausted, and identify potential 'golden nuggets' to signpost for further research exploration.

*Palliative Medicine* is a research journal. As such we are interested in Case Reports and Case Series which achieve these goals. We publish case reports to highlight issues of practical interest and identify research questions for further study. Research focused learning points must be explicit within the report.

We understand a Case Series can legitimately be identified and analysed retrospectively, particularly in areas of evolving and challenging practice. However, prospective planning of data collection will usually strengthen the findings and implications and if so if you are planning a case study series using prospective research methods please review this methodological paper <http://journals.sagepub.com/doi/pdf/10.1177/0269216311419883> and consider whether to submit your work as a Case Report, Case Series or an Original Research Article, with appropriate justification of your choice in your covering submission letter.

Essential elements of a Case Report or Case Series in *Palliative Medicine*:

- There must be a clear practice-based challenge that the report seeks to address: the challenge may be related to physical (e.g. medications and symptom control), social, psychological, spiritual or ethical issues but it must be a challenge faced in frontline palliative care practice.
- Evidence of reasonable international literature review, including other case reports or series on the same / similar subject matters must be included as must evidence of seeking to identify consensus of practice internationally regarding comparable cases. When similar Case Reports or Case Series have been previously published then submitting authors are required to create a referenced case series from the previous

cases as background to their own and to highlight how this informed actions in their own cases. In addition, submitting authors must justify how a further publication will take the field forward.

- The actual cases should be presented briefly (150 words or less is recommended) at the start of the submission, followed by up to four possible courses of action posed in response to the question ‘What would you do next?’
- A clear explanation of how a plan was prospectively formulated to assess the options and manage the case must be given. This should include the theoretical basis of any interventions and the underpinning reasoning behind decision making.
- Explicit details of critical elements of the case should be given, while seeking to preserve anonymity of individual patients / other persons not included in the authorship of the submission. We expect the majority of cases to be anonymised to the extent that someone who knew the patient could still not positively identify them. If this is not possible, for example because specific details or photographs are required to present the case, then there must be inclusion of a statement within the submission confirming that all individuals and organisations potentially identifiable from the case have agreed to its publication.
- Further to this, copies of written informed consent from patients and other non-professional members of the team as well as any professionals should be submitted as supplementary files. This must include the provisional title of the submission, consent for all material (including photos, images, text or other material) to appear in the Sage publication *Palliative Medicine* and related forms of publication such as, but not limited, social media associated with the journal, blogs and press releases. The person consenting must confirm they have seen the material, read the submission and that they are legally entitled to give their consent. They should confirm that they understand publishing of the material without their name attached does not guarantee complete anonymity as it is possible someone recognises them or their case. They should confirm that they understand potential distribution is worldwide and access is not controlled by the journal or Sage, and also that they will not receive any financial benefit from publication. They must confirm that they understand consent cannot be revoked post publication and that their consent form will be retained securely by Sage.
- If the patient has died, we would expect the authors to request permission from a person with Lasting Power of Attorney or in the absence of LPA, a relative, and to make this clear on the consent form and in the submission. If no written consent is possible from either the patient or relative, we will consider the utility of the case carefully against the likelihood of identification or potential distress. It is likely that in this position more information will have to be removed from the case to reduce the possibility of identification, and this will have to be made clear in the submission.
- Details of any relevant ethical approval processes for interventions should be included. In the event of a submission describing an intervention not subject to formal

governance or ethical review then authors should provide justification of the reasons for this e.g. not required in the local jurisdiction for this type of research, clinical cases where shared decision making took place for a novel management with a specific patient and set of clinicians in the absence of no other options and in response to an urgent need. It would still be expected that such cases would have been discussed, including potential ethical issues, among the clinical multidisciplinary team and an explanation of this and how the work/practice was conducted ethically and with integrity must included in the submission. Authors should include explanation of how any novel treatment was discussed with patients prior to use.

- We are particularly interested in how Case Report / Case Series submissions might direct and instigate further research and ultimately lead to better evidenced practices:
  - The outcome of the case / case series with details of any outcome measures used should be given.
  - The case must conclude with a view on research problems, objectives or questions generated through the challenge of the case and how these might be addressed. In simpler terms this might be posed as answering a ‘so what?’ question.
- While not specifically excluded, extremely rare cases are likely to be of less interest to our wider readership and so priority will be given to publishing cases that build a picture of contemporary practice and collective consensus on managing issues at the frontline of practice while awaiting further research evidence.
- Appropriate Case Report / Case Series EQUATOR reporting guidelines should be used. See: <https://www.equator-network.org/>

The submission must not exceed 1400 words plus 2 tables or figures, acknowledgements, 20 references, and a 200-word structured abstract plus separately three key learning points (written as 1-2 sentence bullet points) for practice / research.

Further requirements:

- Case Reports / Case Series should include the words ‘Case Report’ or ‘Case Series’ as appropriate in the title and keywords. Please do not use ‘case study’ as this leads to confusion with the research strategy of the same name.
- Drug names should be generic not proprietary.
- Details of management should be specific and described to be understandable by those who may follow different protocols in different contexts.
- Both abstract and full submission should follow the same structured format. The main paper should use the headings given below, as for the abstract.

**Case Report and Case Series abstracts (200 words)**

Abstract and full submission should follow the same structured format of:

**Background** including existing evidence, literature and related cases in the public domain

**Actual case** including details of the practice challenge and details of ethical review

**Possible courses of action**

**Formulation of a plan**

**Outcome** with timescales and how success /failure was judged

**Lessons** from the case

**View** on research problems, objectives or questions generated by the case

## h. **Research Letters**

Maximum 750 words. We occasionally publish short research letters. These are usually offered to authors submitting original papers or short reports which we feel should be disseminated, but in a more succinct form.

## i. **Letters to the Editors**

Maximum 500 words. We welcome correspondence relating to issues of general interest to our readership, or in response to a publication. Such letters should be succinct, generally no more than 500 words.

## 2. **General reporting requirements**

### a. **Reporting guidelines**

All papers (excluding letters) must be written following appropriate reporting guidelines, and a reporting guideline checklist indicating where required elements are found in the manuscript must be uploaded at the time of paper submission as a mandatory file. A full list of reporting guidelines is found on the EQUATOR network website. Guidelines are known to improve the quality and comprehensiveness of research reporting, and we expect all relevant aspects of the guideline to be followed. Common guidelines include CONSORT (with any relevant extension) for trials, COREQ or SRQR for qualitative research STROBE for observational studies, PRISMA or ENTREQ for reviews, CHERRIES for online surveys, etc. Interventional studies must also describe the intervention according to the TIDieR guidelines. This is not an exhaustive list and we expect authors to select the guideline(s) most appropriate to the paper submitted.

### b. **Key messages**

Key messages of the paper must be easy to see and interpret for readers. For this reason, we ask you to pay close attention to the title, structured abstract and key statements.

For some readers this may be all they look at to decide if they are interested in your paper, so they have to be informative, accurate, and meaningful to clinicians, researchers and policymakers. We have recommendations on titles, abstracts and key statements which are designed to improve the discoverability and usability of your papers and it is important that you read these and incorporate them into your manuscript.

### **c. Approvals**

Full details of all required *ethics/research governance/data protection approvals* must be given, with reference numbers, full names of the committee giving approval, and the dates of approvals. If research ethics committee/IRB approvals were not required for your work please reference the law or regulation granting exemption, and/or submit a letter from the relevant authorities granting this study exemption. This must be clear within the body of the paper. We expect in all circumstances that the highest possible standards of research ethics and governance are followed and demonstrated throughout the paper. In addition to a statement on approvals we expect that all authors will briefly present information about how the rights of participants were protected, addressing issues such as autonomy, consent, respect, privacy etc.

### **d. Structured discussion**

We ask that the discussion section of your paper must be structured, to enhance readers' ability to find the information about your work and its applicability. We ask that you provide clear subheadings which address:

- i) *Main findings/results of the study*: A short statement of the principal findings of the study should be presented.
- ii) *What this study adds*: A discussion of what is already known about this topic area and what this research/review adds, and a clear discussion of the implications of the research/review for clinical practice, theory or methods in this area. We suggest that you raise further research or review questions.
- iii) *Strengths and weaknesses/limitations of the study*: A discussion of the strengths and weaknesses/limitations of the study with reference to other studies or reviews in this area.

### **e. Abbreviations and acronyms**

We strongly discourage the use of abbreviations and acronyms. On nearly all occasions papers using abbreviations and acronyms will be asked to replace these in full, but still adhere to the word count. Exceptions will be made for SI units and acronyms for well-known processes and tools (which should be in full first). We never allow abbreviations or acronyms for

core concepts such as palliative or end-of-life care. Remember that abbreviations and acronyms make papers very much harder to read.

#### f. **Titles**

A significant proportion of readers come to the *Palliative Medicine* site by running simple searches. It is important therefore that an article's title, keywords and abstract are written to be optimally "discoverable" by search engines. You must ensure that the main key phrase for the topic is in the article title. Make sure the title is clear, descriptive, unambiguous, and accurate, and reads well. Titles must include details of the methods used within the paper. We do not recommend the use of country names in titles as there is evidence this can restrict readership, countries can be mentioned in the abstract. There is evidence that putting the findings of the paper in the title can attract readership. An example of such a title would be: *Intervention A leads to a greater reduction in (primary) outcome x for people in their last year of life, compared to intervention B: A pragmatic randomised controlled trial; or The experience of X is challenging for family carers of people with advanced cancer: An ethnographic study.*

#### g. **Abstract**

Key tips for discoverability include repeating key phrases within the abstract and between the abstract and keywords – think about the key phrases you would type into a search engine if you were searching for the article. Repetition of a particular key phrase may strengthen the ranking of the article. Please read and follow [these guidelines](#). Abstracts should not contain abbreviations or references. All our abstracts are structured, and should follow the formats given for the particular paper style. There is some flexibility for audit/service evaluation as it is important that these are not presented as research.

#### h. **Keywords**

Please give at least four key words, and up to eight. At least one should be subject-related, and at least one relate to your chosen research design. All keywords should be MeSH headings and should be checked against this list <http://www.nlm.nih.gov/mesh/>. Please provide a justification for any keywords which are not MeSH headings.

#### i. **Key statements**

*Palliative Medicine* has a system where all Research and Review papers (not Letters) are required to state clearly what is already known about the topic, what the paper adds, and implications for practice, theory, or policy. You are required to give these at the start of the manuscript, as part of your manuscript text. Please use these three specific headings (see below), with 1-3 separate bullet points for each heading. Please use clear, succinct, single sentences for each bullet point rather than complex or multiple sentences.

i) ***What is already known about the topic?***

Short statement(s) about state of knowledge in this area.

You may highlight both what is known and what is not known.

Be specific rather than making broad or sweeping statements. Avoid statements such as 'little is known about ... x or y' in favour of statements specifying exactly what is known.

ii) ***What this paper adds***

Short specific statement(s) about what this paper adds.

These should be styled in terms of outcomes where possible (This study demonstrates that x intervention has a (specific) impact on y outcome) rather than study aims or process, (This study considers whether x intervention has an impact of y outcome).

Be as specific as possible. Avoid broad statements such as 'New Knowledge or insight is added about ... ', rather be specific about exactly what this knowledge is. For example, rather than 'We add to the knowledge base on x' we would prefer the more specific statement 'x variable was found to increase the experience of y outcome (by z amount)'.

Ensure that these statements clearly relate to the findings of the study.

iii) ***Implications for practice, theory or policy***

Short specific statement(s) on the implications of this paper for practice, theory or policy.

These should clearly draw from the findings of the study, without overstating their importance to an international readership.

### **3. Journal publishing and formatting requirements**

#### **a. Declarations**

Authors should include a clear declarations section at the end of the manuscript. This should contain five sections on authorship, funding, conflicts of interest, ethics and consent and data sharing. You may also include an acknowledgements section.

#### **b. Authorship**

Papers should have a short section at the end identifying the roles of each author of the paper. Papers should only be submitted for consideration once consent is given by all contributing authors. Those submitting papers should check carefully that all those whose work contributed to the paper are acknowledged as contributing authors. Shared first or senior authorship is possible.

The list of authors should include all those who can legitimately claim authorship. This is all those who:

(i) Made a substantial contribution to the concept or design of the work; or acquisition, analysis or interpretation of data,

(ii) Drafted the article or revised it critically for important intellectual content,

(iii) Approved the version to be published,

(iv) Have participated sufficiently in the work to take public responsibility for appropriate portions of the content.

Authors should meet the conditions of all of the points above. When a large, multicentre group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript. These individuals should meet the criteria for authorship fully.

Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship, although all contributors who do not meet the criteria for authorship should be listed in the acknowledgments section. Please refer to the International Committee of Medical Journal Editors (ICMJE) authorship guidelines for more information on authorship.

Please note that AI chatbots, for example ChatGPT, should not be listed as authors. For more [information see the policy on Use of ChatGPT and generative AI tools](#).

### **c. Funding**

We require all authors to acknowledge their funding in a consistent fashion under a separate heading. Please visit the [Funding Acknowledgements](#) page on the Sage Journal Author Gateway to confirm the format of the acknowledgment text in the event of funding, or state that: 'This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.'

### **d. Declaration of conflicts of interest**

It is the policy of *Palliative Medicine* to require a declaration of conflicting interests from all authors, enabling a statement to be carried within the paginated pages of all published articles. Please ensure that a 'Declaration of Conflicting Interests' statement is included at the end of your manuscript, after any acknowledgements and prior to the references. If no conflict exists, please state 'The Author(s) declare(s) that there is no conflict of interest'. For guidance on conflict of interest statements, please see the ICMJE recommendations [here](#).

### **e. Research ethics and patient consent**

Medical research involving human subjects must be conducted according to the [World Medical Association Declaration of Helsinki](#). Submitted manuscripts should conform to the [ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#), and all papers reporting animal and/or human studies must state in the methods section that the relevant Ethics Committee or IRB provided (or waived) approval. Please ensure that you have provided the full name and institution of the review committee, in addition to the approval number.

For research articles, authors are also required to state in the methods section whether participants provided informed consent and whether the consent was written or verbal. Please also refer to the [ICMJE Recommendations for the Protection of Research Participants](#)

#### **f. Data management and sharing**

Sage acknowledges the importance of research data availability as an integral part of the research and verification process for academic journal articles. *Palliative Medicine* requests all authors to provide detailed information in their articles on how the data can be obtained. This information should include links to third-party data repositories or detailed contact information for third-party data sources. Data available only on an author-maintained website will need to be loaded onto either the journal's platform or a third-party platform to ensure continuing accessibility. Examples of data types include, but are not limited to, statistical data files, replication code, text files, audio files, images, videos, appendices, and additional charts and graphs necessary to understand the original research. The editor may consider limited embargoes on proprietary data. The editor can also grant exceptions for data that cannot legally or ethically be released. All data submitted should comply with Institutional or Ethical Review Board requirements and applicable government regulations.

#### **g. Acknowledgements**

All contributors who do not meet the criteria for authorship should be listed in an acknowledgements section as described above. Examples of those who might be acknowledged include a person who provided purely technical help, or a department chair who provided only general support.

#### **h. Accessibility Guidelines**

Authors should familiarize themselves with [Sage's Accessibility Guidelines](#) to ensure their manuscripts meet recognized accessibility standards.

### **4. General journal requirements, formatting, and referencing requirements**

#### **a. Multiple publications, copyright and plagiarism**

We want our readers to be aware of other published or in-press accounts of any studies published in *Palliative Medicine*. For this reason we ask that all published and in-press accounts of the study from which data in your paper are taken must be referred to explicitly in your paper. Please make it clear in your manuscript that you are referring to data/publications from the same study. If you have other publications from the same study in preparation or under review please refer to this in your letter to the editor. If you are successful in your submission to *Palliative Medicine*, we ask that where possible this publication should be referred to in other manuscripts using data from the same study.

If material has been published previously, it is not generally acceptable for publication in a Sage journal. However, there are certain circumstances where material published previously can be considered for publication. Please refer to the guidance on the [Sage Author Gateway](#) or if in doubt, contact the Editor at the address given below.

Sage is committed to upholding the integrity of the academic record. We encourage authors to refer to the Committee on Publication Ethics' [International Standards for Authors](#) and view the Publication Ethics page on the [Sage Author Gateway](#).

*Palliative Medicine* and Sage take issues of copyright infringement, plagiarism or other breaches of best practice in publication very seriously. We seek to protect the rights of our authors and we always investigate claims of plagiarism or misuse of published articles. Equally, we seek to protect the reputation of the journal against malpractice. Submitted articles may be checked with duplication-checking software. Where an article, for example, is found to have plagiarised other work or included third-party copyright material without permission or with insufficient acknowledgement, or where the authorship of the article is contested, we reserve the right to take action including, but not limited to: publishing an erratum or corrigendum (correction); retracting the article; taking up the matter with the head of department or dean of the author's institution and/or relevant academic bodies or societies; or taking appropriate legal action.

As part of the submission process you will be required to warrant that you are submitting your original work, that you have the rights to the work, that you are submitting the work for first publication in the Journal and that it is not being considered for publication elsewhere and has not already been published elsewhere, and that you have obtained and can supply all necessary permissions for the reproduction of any copyright works not owned by you.

#### b. Writing assistance

Individuals who provided writing assistance, e.g. from a specialist communications company, do not qualify as authors and so should be included in the acknowledgements section. Authors must disclose any writing assistance – including the individual's name, company and level of input – and identify the entity that paid for this assistance. It is not necessary to disclose use of language polishing services. Authors seeking assistance with English language editing, translation, or figure and manuscript formatting to fit the journal's specifications should consider using Sage Language Services. Visit [Sage Language Services](#) on our Journal Author Gateway for further information. English or US spelling are acceptable as long as used consistently throughout the paper.

#### c. Permissions

Ensure that you have obtained any necessary permissions from copyright holders for producing any illustrations, tables, figures or lengthy quotations published previously

elsewhere. Written permission should also be obtained from individuals who are identifiable in any audio and/or visual material included for publication in the journal. For further information including guidance on fair dealing for criticism and review and a template permission letter and release form, please see the Copyright and Permissions page on the [Sage Journal Author Gateway](#).

#### **d. Word processing formats**

The preferred format for your manuscript is Word. LaTeX files are also accepted. Word and LaTeX templates are available on the [Manuscript Submission Guidelines](#) page of our Author Gateway.

#### **e. Artwork, figures and other graphics**

For guidance on the preparation of illustrations, pictures and graphs in electronic format, please visit [Sage's Manuscript Submission Guidelines](#). Figures supplied in colour will appear in colour online regardless of whether or not these illustrations are reproduced in colour in the printed version. For specifically requested colour reproduction in print, you will receive information regarding the costs from Sage after receipt of your accepted article.

#### **f. Supplementary material**

This journal is able to host additional materials online (e.g. datasets, podcasts, videos, images etc.) alongside the full-text of the article. These will be subjected to peer-review alongside the article. For more information please refer to our [guidelines on submitting supplementary files](#).

#### **g. Journal layout**

*Palliative Medicine* conforms to the Sage house style. [Click here](#) to review guidelines on Sage UK House Style.

#### **h. Reference style**

*Palliative Medicine* adheres to the Sage Vancouver reference style. View the [Sage Vancouver guidelines](#) to ensure your manuscript conforms to this reference style. If you use [EndNote](#) to manage references, you can [download the Sage Vancouver EndNote output file](#)

#### **i. Corresponding author contact details**

Provide full contact details for the corresponding author including email, mailing address and telephone numbers. Academic affiliations are required for all co-authors.

 **Submitting your article, and what happens after submission**

## a. How to submit your manuscript

*Palliative Medicine* is hosted on Sage Track, a web based online submission and peer review system powered by ScholarOne™ Manuscripts.

Visit <http://mc.manuscriptcentral.com/palliative-medicine> to login and submit your article online. Your main manuscript can include title page and affiliations as we practice single-anonymised review. Tables can be inserted into the manuscript at appropriate junctures. You will be asked to provide contact details and academic affiliations for all co-authors and identify who is to be the corresponding author.

You will be asked to submit a completed author's checklist which can be downloaded [HERE](#) and also to upload a publishing guideline checklist (e.g. CONSORT, COREQ or PRISMA). These are downloadable from the EQUATOR network [here](#). You may also upload other supplementary files (e.g. data files, large tables etc.).

IMPORTANT: Please check whether you already have an account in the system before trying to create a new one. If you have reviewed or authored for the journal in the past, it is likely that you will have had an account created. Please try multiple email addresses before creating a new account. For further guidance on submitting your manuscript online please visit ScholarOne™ Online Help.

## b. ORCID

As part of our commitment to ensuring an ethical, transparent and fair peer review process Sage has become a supporting member of [ORCID](#), the Open Researcher and Contributor ID.

ORCID provides a persistent digital identifier that distinguishes one researcher from every other researcher and, through integration in key research workflows such as manuscript and grant submission, supports automated linkages between researchers and their professional activities ensuring that their work is recognised.

The collection of ORCID iDs from corresponding authors is now part of the submission process of this journal. If you already have an ORCID iD you will be asked to associate that to your submission during the online submission process. If you do not already have an ORCID iD please follow this [link](#) to create one. ORCID IDs can only be associated with a paper on submission, and authors will be asked to associate their ID with their account, this cannot be done by the submitting author. ORCID IDs cannot be added at a later date.

## c. After submission

Your paper will be assessed by a number of editors to determine if it is suitable to be sent for external peer review. In this initial review, the editors ensure that only those papers that meet the scientific and editorial standards of the journal and fit within the aims and scope of

the journal will be sent for external review. We aim to do this within 3 weeks of submission, often earlier. You will then either hear that we have declined without review, or the paper will be sent out for external peer review. Unfortunately we can only publish around 20% of papers submitted to us, so competition for space is great and we have to decline a large number of papers.

#### **d. Peer review policy**

Sage does not permit the use of author-suggested (recommended) reviewers at any stage of the submission process, be that through the web-based submission system or other communication. Reviewers should be experts in their fields and should be able to provide an objective assessment of the manuscript. Our policy is that reviewers should not be assigned to a paper if:

- The reviewer is based at the same institution as any of the co-authors
- The reviewer is based at the funding body of the paper
- The author has recommended the reviewer
- The reviewer has provided a personal (e.g. Gmail/Yahoo/Hotmail) email account and an institutional email account cannot be found after performing a basic Google search (name, department and institution).

#### **e. On acceptance and publication**

Your paper will be passed to the Sage production team. Your Sage Production Editor will keep you informed as to your article's progress throughout the production process. Proofs will be electronically available via SageEdit to the corresponding author and corrections should be made promptly. Authors are reminded to check their proofs carefully to confirm that all author information, including names, affiliations, sequence and contact details are correct, and that Funding and Conflict of Interest statements, if any, are accurate.

#### **f. Contributor's publishing agreement**

Before publication, Sage requires the author as the rights holder to sign a Journal Contributor's Publishing Agreement. Sage's Journal Contributor's Publishing Agreement is an exclusive licence agreement which means that the author retains copyright in the work but grants Sage the sole and exclusive right and licence to publish for the full legal term of copyright. Exceptions may exist where an assignment of copyright is required or preferred by a proprietor other than Sage. In this case, copyright in the work will be assigned from the author to the society. For more information please visit the [Sage Author Gateway](#).

**Access to your published article, and Open Access arrangement**

Online First allows final articles (completed and approved articles awaiting assignment to a future issue) to be published online prior to their inclusion in a journal issue, which significantly reduces the lead time between submission and publication. Visit the [Sage Journals help page](#) for more details, including how to cite Online First articles. Articles are then allocated to a print edition of the journal by the editor, at which point they will appear both online and in the print edition of the journal.

*Palliative Medicine* offers optional open access publishing via the Sage Choice programme. For more information please visit the [Sage Choice website](#). For information on funding body compliance, and depositing your article in repositories, please visit [Sage Publishing Policies](#) on our Journal Author Gateway. Sage Choice means that, for a fee, your article is freely available to download to all readers, not just those with institutional or personal subscriptions to the journal. Information about this publishing option will be sent to all authors at the time of acceptance of the paper; you do not need to indicate whether you wish to choose this option at submission.

#### **h. Publicising your paper**

Publication is not the end of the process! You can help disseminate your paper and ensure it is as widely read and cited as possible. The Sage Author Gateway has numerous resources to help you promote your work. Visit the [Promote Your Article](#) page on the Gateway for tips and advice. In addition, Sage is partnered with Kudos, a free service that allows authors to explain, enrich, share, and measure the impact of their article. Find out how to [maximise your article's impact with Kudos](#).

*Palliative Medicine* will publicise your published papers through its active social media presence including Twitter, Facebook, Instagram and LinkedIn. Authors are invited to contribute to our Podcast series, and if you are particularly interested in recording a podcast to publicise your paper, please let us know. We also encourage authors to press release their paper in conjunction with their local or institutional press offices. If you are doing this, please let us know so that we can coordinate with any other publicity and social media. Each edition an author is also invited to blog for the EAPC blog as 'editor's choice.'

#### **6. Further information**

Any correspondence, queries or additional requests for information on the manuscript submission process should be sent to the Palliative Medicine editorial office as follows:

Debbie Ashby  
Editorial Manager  
[nalliativemedicine.pmj@gmail.com](mailto:nalliativemedicine.pmj@gmail.com)

Current issue

OnlineFirst

All issues

Free sample

Special issues index

## Journal information

---

Journal overview and metrics

Editorial board

Submission guidelines

Reprints

Journal permissions

Subscribe

Recommend to library

Advertising and promotion

## Keep up to date

---



Facebook



X



LinkedIn



YouTube



RSS feed



Email alerts

[View all options](#)



---

## Also from Sage

### CQ Library

Elevating debate

### Sage Data

Uncovering insight

### Sage Business Cases

Shaping futures

### Sage Campus

Unleashing potential

### Sage Knowledge

Multimedia learning resources

### Sage Research Methods

Supercharging research

### Sage Video

Streaming knowledge

### Technology from Sage

Library digital services

