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 have space for 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: the reporting checklist for your study type and the authors’ checklist to acknowledge that you have followed the instructions below.

These instructions to authors fall into four main sections.
1. First, an explanation of the type of papers we are interested in so you know you are writing for the right journal.
2. Second, a clear 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.
3. Third, specific instructions on formatting etc., as well as more detail on reporting specifications to meet journal and publisher style requirements.
4. 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?

a) 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 practice, policy, theory and methodological knowledge.

b) 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.

c) Palliative Medicine is a research journal, and primarily publishes papers which report original research and systematically constructed reviews. We also publish 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.

d) Palliative Medicine is the official research journal of the European Association for Palliative Care and a journal of the Association of Palliative Medicine. This Journal is a member of the Committee on Publication Ethics. This Journal recommends that authors follow the Uniform Requirements for Manuscripts Submitted to Biomedical Journals formulated by the International Committee of Medical Journal Editors (ICMJE).

2. How do we want papers to be written?

All papers submitted to Palliative Medicine are scrutinised carefully by a number of members of the editorial team before being sent 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.

a) Reporting guidelines. All papers 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 (excluding research letters). 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 for qualitative research, PRISMA or ENTREQ for reviews. Interventioanal studies must also describe the intervention according to the TIDieR guidelines.

b) The 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) Full details of 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.

d) 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) 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.
   iii) 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.

Specific instructions on titles, abstracts, keywords and key statements for all papers

a) 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.

b) 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: http://www.uk.sagepub.com/authors/journal/readership.sp. Abstracts should not contain abbreviations or references. All our abstracts are structured, and should follow the formats below. There is some flexibility for audit/service evaluation as it is important that these are not presented as research:


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.

ii) Systematically constructed 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, 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.

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

Both 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
c) 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.
d) 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.

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.

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 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.

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 over stating their importance. to an international readership.

Specific guidance on paper types and word limits
a) Review Articles – 5,000 words. The reviews we publish are usually systematically constructed reviews, clearly following the 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, 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 https://www.crd.york.ac.uk/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 a supplementary online only files, but these must be referred to within the text of the review. Please note our specific requirements on review abstracts above.

b) **Original Articles** – 3,000 words with up to six tables or figures. Original articles must report robust, ethically conducted research. We publish research using a range of designs, as appropriate to the question posed. Please see general advice above for information on the relevant reporting guidelines which must be followed, and our title and abstract requirements. 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 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 will 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.

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.
c) **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.

d) **Case & Case Series Reports** - 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 and case series reports 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](http://journals.sagepub.com/doi/pdf/10.1177/0269216311419883) and consider whether to submit your work as a case series report or an original research article, with appropriate justification of your choice in your covering submission letter.

**Essential elements of a case or case series report 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 cases 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 may recognise 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 were 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 / 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 / case series EQUATOR reporting guidelines should be used. See: https://www.equator-network.org/

• The submission must not exceed 1500 words plus 2 tables or figures, acknowledgements, 10 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 of:
  o Background (including existing evidence, literature and related cases in the public domain)
  o Actual case including details of the practice challenge and details of ethical review
  o Possible courses of action
  o Formulation of a plan
  o Outcome with timescales and how success /failure was judged
  o Lessons from the case
  o View on research problems, objectives or questions generated by the case

e) Practice Reviews - can either be commissioned by the Editor in Chief or agreed by submission. For the latter an initial outline pitch of a practice review proposal should be submitted for consideration by the Editor in Chief by emailing Debbie.Ashby@bristol.ac.uk in the first instance rather than a submission being made directly through Manuscript Central. This should include a brief summary of the anticipated extent and quality of literature supporting the proposed review.

Not all submitted proposals will be accepted, and for those that are, there may be an informal work-up process required to reach agreement prior to the pitch being accepted. The review must have its own novel research question that the authors seek to answer (or if an update of a previous review, justification for why an update is needed e.g. significant time has elapsed and there is a significant body of new empirical evidence).

Once accepted pitched proposals will proceed in the same way as commissioned reviews. Commissioned reviews will occur a few times a year and may be related to themed issues, virtual issues or stand-alone. All reviews will be subject to peer-review, when possible by a member of the journal’s Editorial Board in addition to external review.

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 guidance and recommendations which can be drawn from evidence about 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.
Practice review subjects can be clinical, ethical or relate to another aspect of palliative care such as spiritual, social or psychological care or professional development. Review subjects which are relevant to the shared practices of multidisciplinary teams are particularly welcome.

Reviews should both orientated to 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.

Purely descriptive summaries of evidence will not be accepted.

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; https://www.springer.com/education+%26+language/journal/40037?detailsPage=editorialBoard).

Review presentation and structure - submitting authors should provide an overview 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 and a review article providing the relevant supporting evidence, and indicating the strength of the evidence for each particular item.

- 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>
<thead>
<tr>
<th>Table 1. Summary of guidelines/recommendations for XXX</th>
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<td><strong>Aspect A</strong></td>
<td><strong>Strength of recommendation</strong></td>
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<td>Do’s</td>
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<td>Don’ts</td>
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<tr>
<td>Don’t knows</td>
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</table>

The choice of subject for the review should be guided by identification of the subject as an area of importance to clinical practice, in which there is some evidence for aspects of practice. The scope of
the review will vary from subject to subject but should be broad enough to take into account different settings, both in terms of considering an international audience and across different areas of palliative care, i.e. hospice, hospital and community. Within the subject the dos, don’ts and don’t knows should be items of importance to practitioners and will usually relate to common choices and decisions required in providing clinical care for patients with particular symptoms or diseases. All items should be made as specific as possible. Authors are likely to find it helpful to collaborate as a team and to pull together a provisional list of do’s, don’ts and don’t knows prior to conducting their review of the evidence which can then be revised in the light of the review findings.

Authors are free to choose their own methodology and methods 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, 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 https://www.crd.york.ac.uk/PROSPERO/) this should be stated and a link given within the paper.

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

Review formatting and additional requirements

- In addition to the tabulated digest of recommendations and further research requirements, the main content of the review must not exceed 2000 words
- A PRISMA type flowchart should be included as a supplementary online file
- Included studies must all feature within the reference list and a further table detailing these should also be provided as a supplementary online file.
- Any limits on the timeframe of the review must be clearly justified.
- A structured abstract of 250 words or less must be provided. The structure should be:

  **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) and / or research question it seeks to answer. Purely descriptive summaries of evidence not synthesised into do’s, don’ts and don’t knows will not be accepted.
  **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. Use of appropriate quality framework / guidelines to conduct the review should be included.
  **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. This should include key statements on answering the review question/aims, and the meaning of the findings.

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

f) Audit and Service Evaluation. 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.

g) Research letters. Maximum 750 words. We occasionally publish short research letters (no abstract required, no more than three references). These are usually offered to authors submitting original papers or short reports which we feel should be disseminated, but in a more succinct form.

h) 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. NB: word count excludes references, tables and figures’ references. We discourage the use of abbreviations strongly unless these are internationally known and accepted. Papers which use non standard abbreviations to reduce word count will be asked to replace these in full, but still adhere to the word count. We particularly ask that there are no abbreviations in the abstract.

3. Journal publishing and formatting requirements

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.

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.

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.

**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’.

**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.

**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

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**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
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