

# Journal of Aid-in-Dying Medicine

## **Article Formatting:**

All articles or other written materials must be submitted as Word Documents (GoogleDocs or DropBox-initiated files will not format correctly and will not be accepted). Word Documents must be capable of being edited in “Review Tracking” mode. Initial manuscripts are to be submitted as attachments from our [Submissions Form](#), not as links to your document online. Subsequent edits will be sent to [Journal@ACAMAID.org](mailto:Journal@ACAMAID.org)

The manuscript should include (in this order): Title, Author(s), Corresponding Author (with email), Abstract (up to 250 words), Keywords (2 to 8), Main Body, References, Tables and Figures, Disclaimers (Funding and Conflicts of Interest).

**Reference Style:** Please use the [AMA Manual of Style](#) 11<sup>th</sup> edition. This includes a reference section with superscripts in the body text, referring to *Endnotes (not Footnotes)*.

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

## **Paragraph style:**

Lorem ipsum dolor sit amet, consetetur sadipscing elitr, sed diam nonumy eirmod tempor invidunt ut labore et dolore magna aliquyam erat, sed diam voluptua. At vero eos et accusam et justo duo dolores et ea rebum.

Stet clita kasd gubergren, no sea takimata sanctus est Lorem ipsum dolor sit amet. Lorem ipsum dolor sit amet, consetetur sadipscing elitr, sed diam nonumy eirmod tempor invidunt ut labore et dolore magna aliquyam erat, sed diam voluptua.

**Submissions *Must* Also Follow the Style Requirements Below:** (Articles submitted without following these style requirements will be returned for rewrite before review):

- **Acronyms:** No acronyms (other than CIA, FBI, etc.), especially not MAID, MAiD, AID, ACAMAID. This includes medical expressions i.e. (but not limited to): PEG tube, SOB, COPD, CHF, PMD, etc.
- Think of your audience as a mixture of clinical and non-clinical readers. Our goal is to use common language, not insider-speak, so acronyms like MAID aren’t universally known (and there’s no extra charge for writing “aid in dying”). The same applies to

“ACAMAID” — the Academy works just fine. We’re trying to establish communications that are readily understood by the widest audience.

- Common acronyms very familiar to non-medical readers are acceptable, i.e. MRI, CAT or CT scan, ALS, AIDS (although we recommend that you use the entire name once, then use the acronym for subsequent mentions).
- ~~ACAMAID~~: The first mention is the American Clinicians Academy on Medical Aid in Dying, thereafter referred to as “The Academy,” not ACAMAID.
- **Abbreviations**: Avoid abbreviations only familiar to medical readers, i.e. pt, f or m, 62yo, etc.
- **Hyphenation**: *Aid in dying* and *medical aid in dying*, when nouns, are not hyphenated; when adjectives, they are hyphenated. For example, when *medical-aid-in-dying* usage shows it's an adjective, it would be “*the aid-in-dying prescription*.” When it is a subject/noun, it’s “*a prescription for aid in dying*.”
- **Dignity**: Please avoid using “death with dignity” as synonymous with “aid in dying,” since non-aid-in-dying deaths can also be dignified.

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

Medical aid in dying

Medically assisted dying  
Aid in dying  
Physician-assisted dying  
Physician-assisted death(s)  
Clinically-assisted death(s)  
Clinician-assisted death(s)  
Hastened death(s)  
Assisted death(s)

Medications: Please avoid the “aid-in-dying drug” (singular), it confuses people who then won’t know it is a combination of medications.

Medicines  
Drugs  
Dosages/doses

Option(s)  
Choice(s)  
Possibility(ies)

Route(s)  
Path(s)

Care:

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

Clinicians:

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

Patient:

client, inpatient, outpatient, sick person, participant, ill person, resident.