

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.

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

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.

Third, specific instructions on formatting etc., as well as more detail on reporting specifications 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?

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 case reports and 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. Interventional 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:

i) Research Paper/Short Report/Audit/Service Evaluation 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 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 abstract (200 words)

Background: Identify the issue the case report addresses, why this case is important, current knowledge on the topic, and some indication of the case relevance to practice and research.

Case Presentation: Presenting features of the case(s) and working/differential diagnoses. Brief summary of case(s) history, examinations and investigations etc.

Case Management: Details of any treatment given and a description of the course of the clinical issue(s) being reported.

Case Outcome: Description of case(s) outcome. Details of any outcome measures used.

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

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 as 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 reports** – 1,000-1,400 words. Case reports must be used to generate future research questions. We are interested in publishing unusual clinical presentations or novel approaches to care. As a research focused journal, we publish case reports to highlight issues of clinical interest which help readers to pose research questions for future further study, and so we want these research focused learning points to be explicit within the report. Case reports should be succinct and focused. The aim is description of the case, without undue speculation. Case reports 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. Case reports should usually have no more than eight references and include no more than one table or figure.

The format for the written case report should, where possible, follow the same structured format as for the abstract, but in greater detail:

Background: Identify the issue the case report addresses, why this case is important, current knowledge on the topic, and some indication of the case relevance to practice and research. The case should be placed in context, remembering that *Palliative Medicine* is an international journal and readers are unlikely to be familiar with the particular context in which this case(s) occurred. You should briefly make reference to any similar published cases, and related research findings.

Case presentation: Presenting features of the case(s) and working/differential diagnoses. Brief summary of case(s) history, examinations and investigations etc. Cases presented in *Palliative Medicine* should be anonymised. Sufficient detail should be given so that the case is informative to the reader, but the patient should not be identifiable from the case information, even to someone who knew the patient. Information on informed consent to report individual cases or case series should be included in the manuscript text. A statement is required regarding whether written informed consent for patient information and images to be published was provided by the patient(s) or a legally authorized representative. Where possible patients should sign an informed consent form which is submitted as a supplementary file to the case report, and this should be noted in the report. We do expect written informed consent for most of the case reports we publish, however we acknowledge that this can be challenging in the field of palliative care with patients who may deteriorate rapidly. If the patient has died, as a next step we would expect the authors to request permission from a relative, and to make this clear on the consent form and in the report. 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 report.

Case management: Details of any treatment given and a description of the course of the clinical issue(s) being reported. 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. A rationale should be given for any changes in management. An indication of timescale should be included.

Case outcome: Description of case(s) outcome. Details of any outcome measures used.

Conclusions: Indication of the novelty of this case(s) with reference to other published cases and any existing research. Description of lessons learnt from the case(s) and implications for future research. It is particularly important that these learning points from the case are clearly spelt out. In particular, as a research journal, we expect a clear statement of the research questions or areas that could be investigated that follow from this case(s).

- e) **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.
 - f) **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.
 - g) **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.
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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](#)

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. For further information, please contact Debbie Ashby [Debbie.Ashby@bristol.ac.uk].

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.

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.

c) **Permissions.** Please ensure that you have obtained any necessary permissions from copyright holders for reproducing 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 Harvard EndNote output file](#) [OR] 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.

4. 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.

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 year it is likely that you will have had an account created. 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 is 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. We encourage all authors to add their ORCIDs to their SAGE Track account. If you don't already have one you can create one [here](#).

b) 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.

c) Peer review policy. *Palliative Medicine* operates a conventional single blind reviewing policy in which the reviewer's name is always concealed from the submitting authors. Once reviews have been secured, we will either make the decision to decline the paper, or ask for revisions before we can consider the paper further. Papers accepted for publication following external review usually require some modification before final acceptance.

As part of the submission process you will be asked to provide the names of peers who could be called upon to review your manuscript. Recommended reviewers should be experts in their fields and should be able to provide an objective assessment of the manuscript. Please be aware of any conflicts of interest when recommending reviewers. Conflicts of interest to be considered include (but are not limited to):

The reviewer should have no prior knowledge of your submission

The reviewer should not have recently (last 3 years) collaborated with any of the authors

Reviewer nominees from the same institution as any of the authors are not permitted.

Please note that the editors are not obliged to invite any recommended/opposed reviewers to assess your manuscript.

Palliative Medicine is committed to delivering high quality, fast peer-review for your paper, and as such has partnered with Publons. Publons is a third party service that seeks to track, verify and give credit for peer review. Reviewers for *Palliative Medicine* can opt in to Publons in order to claim their reviews or have them verified and added to their reviewer profile automatically. Reviewers claiming credit for their review will be associated with the relevant journal, but the article name, reviewer's decision and the content of their review is not published on the site. For more information visit the Publons website.

The editor or members of the Editorial Board may submit their own manuscripts for possible publication in the journal occasionally. In these cases, the peer review process will be managed by alternative members of the Board and the submitting Editor/Board member will have no involvement in the decision-making process.

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