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Welcome to the *American Journal of Clinical Medicine* (AJCM) Winter 2009. The Journal is dedicated to improving the practice of clinical medicine by providing up-to-date information for today's practitioners.

The AJCM is the official journal of the American Association of Physician Specialists, Inc. (AAPS), an organization dedicated to promoting the highest intellectual, moral, and ethical standards of its members, and whose diversity incorporates physicians that represent a broad spectrum of specialties including anesthesiology, dermatology, diagnostic radiology, disaster medicine, emergency medicine, family medicine obstetrics, family practice, geriatric medicine, hospital medicine, internal medicine, obstetrics and gynecology, ophthalmology, orthopedic surgery, plastic and reconstructive surgery, psychiatry, radiation oncology, and general surgery.

Part of the mission of the AAPS is to provide education for its members and to promote study, research, and improvement of its various specialties. In order to further these goals, the AJCM invites submissions of high-quality review articles, clinical reports, case reports, or original research on any topic that has potential to impact the daily practice of medicine. Publication of a peer-reviewed article in the AJCM is one of the criteria needed to qualify for the prestigious Degree of Fellow in the Academies of Medicine.

Articles that appear in the AJCM are peer reviewed by members with expertise in their respective specialties. Manuscripts submitted for publication should follow the guidelines in The International Committee of Medical Journal Editors: "Uniform requirements for manuscripts submitted to biomedical journals" (JAMA, 1997; 277:927-934). Studies involving human subjects must adhere to the ethical principals of the Declaration of Helsinki, developed by the World Medical Association. By AJCM policy, all authors are required to disclose any and all commercial, financial, and other relationships in any way related to the subject of their article that might create any potential conflict of interest. More detailed information is included in the AJCM Manuscript Criteria and Information on pages 34 and 35.

In this issue we are proud to introduce a new, regular feature entitled "Medical Ethics Without the Rhetoric." Dr. Mark Pastin will offer real-life cases that present ethical issues, which are common to the practice of medicine. After reading the item, email your input to him. The next issue will feature reader perspectives and Dr. Pastin's own viewpoint. See "Medical Ethics Without the Rhetoric" on page 18.

This issue also features several articles and case studies as well as the "Sounding Board," an open forum where we offer you the opportunity to write in and express your thoughts on a subject or suggest new topics for future Sounding Boards. Letters to the editor, commenting on published articles or offering general comments or opinions, are also welcome.

This Journal represents you-we welcome your input, your articles, essays, observations, poetry, and sound bites.

The AJCM Editorial Board

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The cases presented here involve real physicians and patients. Unlike the cases in medical ethics textbooks, these seldom involve cloning, bizarre treatments, or stem cell research. We focus on cases



Mark Pastin, Ph.D.

common to the practice of medicine in a variety of contexts.

I am considered an expert in medical ethics and I have the Harvard Ph.D. and academic history to prove it. But the only thing I really know about medical ethics is that there are no experts or recipes. The majority of cases are circumstantially unique and require the viewpoints of the practitioners and patients involved. For this reason, I am soliciting your input at mpastin@ healthethicstrust.com on the cases discussed here. Reader perspectives along with my own viewpoint will be published in the issue following each case presentation. Of course, we are also interested in cases that readers wish to submit for consideration.

# PUT THE PATIENT FIRST?

Your patient is a pregnant 12-year-old girl and you are discussing options with her and her parents, who are practicing Catholics. The girl is pregnant by her boyfriend so there is no question of molestation. The girl is in poor health and, even putting aside her age, continuing the pregnancy is not medically advisable. The parents and the girl do not want to continue the pregnancy but have a special request. The request is that the girl's medical record not state that she had an abortion. In your mind, you know you might record the procedure as a D&C with product, as any physician who reads the record will understand it. You ask yourself, "Isn't the only difference between a D&C and an abortion what is in the mind of the patient? Is that any of my business?" The family will pay for the procedure out of pocket no matter what it is called. You ponder whether or not to honor their wish.

This is a situation I have seen many times, particularly in EDs and practices affiliated with religious systems that prohibit abortion. Of course, there could be any number of extenuating circumstances and additional details. But please address the case on the basis of the information provided as best you can. There will be an analysis of this case along with a new case in the next issue.

Your input is requested. Email your responses to: mpastin@healthethicstrust.com

## **Manuscript Criteria and Information**

The American Journal of Clinical Medicine (AJCM), the official journal of the American Association of Physician Specialists, Inc. (AAPS), is a peer reviewed journal dedicated to improving the clinical practice of medicine by publishing educational and informational articles. The AJCM is the official journal of the American Association of Physician Specialists, Inc. (AAPS).

### Send all manuscripts via email to editor@aapsus.org.

Manuscripts received are not to be under simultaneous consideration by another publication. Accepted manuscripts become the permanent property of the American Journal of Clinical Medicine and may not be published elsewhere without permission from the publisher. Manuscripts submitted by mail to the Journal will NOT BE RETURNED.

Authorship Responsibility, Financial Disclosure, Assignment of Copyright, and Acknowledgment Forms: Authorship responsibility forms must be completed and signed by each author and accompany submitted manuscripts. Each author must submit a statement that specifies whether he or she has financial or proprietary interest in the subject matter or materials discussed in the manuscript. These forms may be downloaded from the AAPS website www.aapsus.org or may be obtained by request to the AAPS office at 813-433-2277 ext 30.

Authorship Responsibility: All accepted manuscripts are copyedited and an edited typescript is sent for the author's approval. The author is responsible for all statements in the work, including the copy editor's changes.

**Data Access and Responsibility:** For reports containing original data, at least one author (e.g., the principal investigator) should indicate that he or she "had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis" (DeAngelis CD, Fontanarosa PB, Flanagin A. Reporting financial conflicts of interest and relationships between investigators and research sponsors. JAMA. 2001;286:89-91).

**Units of Measure:** Conventional units of measure are preferred, with Système International (SI) units expressed secondarily (in parentheses). In tables and figures, a conversion factor to SI may be presented in the footnote or legend to economize space. Exceptions to this policy include calories, hematocrit, glycosylated hemoglobin, blood cell counts, and ejection fraction, for which conventional units alone should be expressed. The metric system is preferred for length, area, mass, and volume.

**Manuscript Preparation:** Manuscript preparation should generally follow the guidelines outlined in The International Committee of Medical Journal Editors: "Uniform requirements for manuscripts submitted to biomedical journals", The Journal of the American Medical Association, March 19, 1997;277:927-934. An abstract of 100-150 words is required.

The main text should be narrative in form and should be broken up into appropriate headings and/or subheadings. Any abbreviations used should be completely defined upon the first usage. The style of writing should conform to acceptable English usage and syntax. Please avoid slang, medical jargon, obscure abbreviations, and abbreviated phrasing.

Manuscripts should be submitted electronically online to the email address above as a Microsoft Word document. Authors' names should be on the title page ONLY. Revisions, Editorials, and Editorial Correspondence follow the same procedures outlined, including a word count.

**Title Page**: All submissions must include a title page. Titles should be concise, specific, and informative, and should contain the key points of the work. Authors' names should be on the title page only. Include the full names, degrees, and academic affiliations of all authors, indication of the corresponding author, his or her address, phone, fax, and e-mail address, the address for reprint requests, and, if the abstract or any portion of the manuscript was presented at a meeting, the name of the organization, place, and date on which it was read. Include a word count for text only, exclusive of title, abstract, references, figure legends, and tables. Include brief biographical information including current position. Financial disclosure information should be included as a footnote.

Acknowledgment Section: List all persons who have made substantial contributions to the work reported in the manuscript (including writing and editing assistance), but who are not authors; any financial interest in the subject matter or materials discussed in the manuscript; any research or project support/ funding; any grant support. Manuscripts with statistical evaluations should include the name and affiliation of statistical reviewer(s).

**Original Research**: For authors who wish to submit original research, including reports of randomized controlled trials, please contact the editor-in-chief for instructions and criteria for publication.

**References**: List references numerically (not alphabetically). All subsequent reference citations should be to the original number. Cite all references in the text or tables. Unpublished data and personal communications should not be listed as references. References to journal articles should include (1) author(s) (list all authors and/or editors up to three; if more than three, list first three and "et al"), (2) title, (3) journal name (as abbreviated in Index Medicus), (4) year, (5) volume number, and (6) inclusive page numbers. References to books should include (1) author(s) (list all authors and/or editors up to six; if more than six, list first three and "et al"), (2) chapter title (if any), (3) editor (if any), (4) title of book, (5) city of publication, (6) publisher, and (7) year. Volume and edition num-

bers, specific pages, and name of translator should be included when appropriate. The reference numbers in the reference list (if any) should be keystroked. Do not let the word processing program generate the reference numbers, using such features as automatic footnotes or endnotes. The author is responsible for the accuracy and completeness of the references and for their correct text citation. Please notice how reference is set in text in example below. Set yours to match.

**Reference in Text:** The following is an example of how to list references within the text: "Aeromedical evacuation operations, conducted with either helicopters or fixed-wing aircraft, operate in various environmental conditions, making these operations inherently dangerous and hazardous."<sup>21-23</sup>

Do not include "personal communications" in the list of references. Authors who name an individual as a source for information in a personal communication, be it through conversation, a letter, e-mail message, or telephone call, should obtain written permission from the named individual.

**Format:** Articles should be submitted in Times New Roman 10pt. font, single spaced with no additional or unnecessary styles applied to text.

**Tables, Illustrations, Legends:** Number all tables and illustrations in the order of their citation in the text. Include a title for each table and figure – a brief, succinct phrase, preferably no longer than 10 to 15 words. Keep in mind all tables, illustrations and legends will be printed in grayscale and color coded images may be difficult to interpret.

**Tables:** Title all tables and number them in order of their citation in the text. Double-space each table on separate sheets of standard size white paper. If a table must be continued, repeat the title on a second sheet, followed by "cont."

**Illustrations:** Illustrations should be submitted online as a separate document. Most standard programs will be accepted. Please refer to the next section for details.

**Digital Art Submissions:** Digital art must be submitted electronically online as a separate file from the manuscript. Calibrated color proofs should be submitted with color digital files, if possible. The canvas size of continuous-tone images should be at least five inches wide (depth not important) with an image resolution of at least 300 dpi. Line art images should have a minimum resolution of 1270 ppi. Formats accepted are EPS, TIFF, and JPG. Keep in mind all tables, illustrations, and legends will be printed in grayscale and color-coded images may be difficult to interpret.

**Legends:** Include double-spaced legends (maximum length 40 words) on separate pages. Indicate magnification and stain used for photomicrographs and method of enhancement for digitally enhanced images.

**Photographic Consent:** A letter of consent must accompany all photographs of patients in which a possibility of identification exists. It is not sufficient to cover the eyes to mask identity.

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### **Manuscript Submission Checklist**

□ Submit manuscript electronically online as a Microsoft Word document to editor@aapsus.org. Leave right margins unjustified (ragged).

□ On the title page, designate a corresponding author and provide a complete address, telephone, fax numbers and e-mail address. Authors' names should be on the title page ONLY. This allows reviews to be anonymous. Each author must also include current employment/position information, and any other biographical information, which author wishes to be included at the end of the article.

 $\Box$  On the title page, include a word count for text only, exclusive of title, abstract, references, tables, and figure legends.

□ Complete Authorship Responsibility Form, which includes Financial Disclosure, Assignment of Copyright and Acknowl-edgement.

□ Include statement signed by corresponding author that written permission has been obtained from all persons named in the acknowledgment (if applicable).

□ Include research or project support/funding in an acknowledgment (if applicable).

□ Check all references for accuracy and completeness. Put references in proper format in numerical order, making sure each is cited in sequence in the text. Please see In-Text Example above and make sure your references are set the same way.

 $\Box$  Include a title for each table and figure – a brief, succinct phrase, preferably no longer than 10 to 15 words.

□ Submit illustrations electronically online in a file separate from the manuscript.

□ For digitally enhanced images, indicate method of enhancement in legend and submit electronically online.

□ Include informed consent forms for identifiable patient descriptions, photographs, and pedigrees (if applicable).

□ Include written permission from publishers (or other copyright owner) to reproduce or adapt previously published illustrations and tables (if applicable).



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