Medicina Paliativa

PUBLICATION GUIDELINES

Medicina Paliativa is the scientific voice of the Sociedad Española de Cuidados Paliativos (SECPAL). IIt is a peer-reviewed quarterly journal that serves an interdisciplinary audience of professionals by providing a forum for the publication of manuscripts in the Spanish language dealing with any of the palliative care-related disciplines, particularly those that are multidisciplinary in nature.

During the article submission process the author for correspondence will be requested to fill out a "journal publishing agreement" in order to transfer publishing rights to *Medicina Paliativa.*

All the original manuscripts submitted to the journal are assessed by 2 expert reviewers appointed by the journal's Editorial Committee using a double-blind approach. Submission of a manuscript to *Medicina Paliativa* implies that the article is original, has not been previously published, whether totally or partially, elsewhere, and is not being presently assessed for publication in another journal. In case this requirement is not complied with, the article will be dismissed for publication. If the work was previously presented at a conference or workshop, this must be specified at the time of submission.

Medicina Paliativa assesses for publication the following types of manuscript:

Originals. Research work in the field of palliative care (epidemiological, clinical, organizational, quality control, etc.). Overall, analytical designs are to be preferred — methodological quality will be key during the assessment. Controlled clinical trials must comply with the CONSORT guideline (JAMA1996;276:637-9). Recommended text length: between 1,500 and 3,000 words. Bibliographic references: between 20 and 40. Authors: a maximum of 6 authors is recommended. Brief originals may be included.

Brief originals. This section will include brief reports of research studies and descriptions of case report series or isolated case reports that for reasons of extent or interest do not fit in the Originals section.
These include research work that, given its characteristics, may be published in a shorter, faster manner (smaller observational studies, research papers with highly specific goals and results, etc.). Structure must be identical to that of originals. Maximum length of 120 text lines, 4 pages. Figures or tables: 2. Authors: maximum 6. References: maximum 10. Not more than 2 illustrations.

Clinical notes. A description of one or more clinical cases that represent an interesting contribution to the palliative care (PC) field because of exceptionality criteria. Selection criteria: novelty, originality, interest. Maximum length: 1,500 words. Figures and tables: 2 figures and 2 tables, or 4 unspecified. Authors: 4. References: up to 20. If only one case is reported, recommended sections include Introduction, Case report, Discussion, and Conclusions.

Letters to the Editor. These include letters related to papers published in previous issues or contributing opinions, observations, or experiences of interest in the PC field that, because of their characteristics, may be summarized in a brief text. Maximum length: up to 600 words. Figures and tables: one figure or one table. References: 6-10. Authors: a maximum of 4. In letters discussing a previously published paper one of the references must refer to said paper.

Other sections

Editorials, reviews or series, and special articles. These are commissioned by the Editorial Committee. However, the Editorial Board may consider for publication, and subject to review, unsolicited work with no obligation to correspond about it. Similarly, authors who spontaneously may wish to contribute a paper to any of these sections must submit their manuscript to the Editorial Committee and wait for an assessment. Authors: two for editorials, three for reviews, and four for special articles.
As regards **editorials**, these may deal with scientific content or opinions. Scientific editorials will be about interesting aspects of a certain topic or rigorous updates. Opinion editorials will include viewpoints or socio-scientific position statements by our Society.
Series include commissioned articles of general interest for our readers. Papers in a series must comply with the editorial features of special articles.
Consensus documents by the SECPAL and other scientific societies, provided they are promoted by governmental health agencies or national/international scientific societies.
Image of the month: this section will include works with highly demonstrative images (radiological, microbiological, endoscopic, or of any other kind) for palliative medicine, representing an educational takeaway in and of themselves. Author are invited to provide a closed case so that the title will not reveal the final outcome. Initial imagery must be illustrative enough to allow, with the help of a short first-page text, a presumptive diagnosis. The next page will contain commentary on the images included. Then the final outcome will be "unveiled" and the subject will be briefly discussed (with a maximum of 10 references). Maximum length (including introduction, commentary, diagnosis, and discussion) cannot exceed two pages, and up to 4 figures will be accepted. Relevant permissions must be forthcoming in all cases for the reproduction and publication of all images involved. Whenever possible photographs should include graphic resources (arrows, asterisks).
Daily PC — What would you do for a patient with…? Papers will be accepted with practical, science-based responses to specific clinical situations. The text must have the following sections: clinical situation with a short description of the issue at hand; a documented, research-based decision algorithm; and a discussion of said algorithm. Maximum length must be 4 DIN-A4 pages, and up to 2 tables or figures may be attached. A maximum of 4 authors is allowed.

Before submitting any specific article to the journal, authors are advised to review the "Recommendations for authors" section, where guidelines are presented for each type of article in addition to general recommendations.

MANUSCRIPT SUBMISSION

Manuscripts must be electronically submitted via the INSPIRA NETWORK platform, accessible at: http://gestormedpal.inspiranetwork.com, which contains all the necessary information for the submission process. Use of this resource allows tracking manuscript status within this webpage. The anonymous manuscript (except first page or title page) with its abstract, keywords, references, tables, and both table and figure legends will be in a single file,

whereas figures will be sent separately, each in its own file. These documents will be saved as attached documents. You may consult the platform's general user manual/tutorial for authors.

The article must be submitted by one of the authors, who will be the reference or corresponding author for all communications with the journal as derived from the editorial process. All notifications will be sent to the corresponding author by email. All of the undersigned authors are familiar with, have taken part in, and agree with the contents of the manuscript submitted (for more details on authorship, please see the "Recommendations for authors" section.

ETHICAL RESPONSIBILITIES

The undersigned authors accept the responsibilities defined by the International Committee of Medical Journal Editors (ICMJE) at www.icmje.org.

Human and animal rights

When the study an article is about was performed in human subjects, the authors must declare whether any procedures performed had been previously assessed by a local, institutional or national research ethics committee (REC). In case no such REC assessment is available, the authors must declare that their work was compliant with the international recommendations for clinical research provided by the World Medical Association Declaration of Helsinki, as amended in 2013 (http://www.wma.net/es/30publications/10policies/b3/).
In the case of studies in laboratory animals, the authors must declare whether they followed the international standards for the care and use of laboratory animals in experimentation. For additional information on the ethical aspects of studies in laboratory animals the authors are referred to *International Association Guidelines of Veterinary Editors' Consensus Authors Guidelines on Animal Ethics and Welfare* (http:// www.veteditors.org/consensus-author-guidelines-on-animal-ethics-and-welfare-for-editors).

Informed consent

Subject-identifying data will be omitted unless strictly necessary. No case-specific photographs or personally identifiable information (names, initials, medical record numbers) should be reported in an article unless: 1) that information is strictly necessary for the scientific goal of the publication, and 2) the patient (or legal guardian) has authorized in writing their publication. Informed consents must be delivered to the Journal before publication.

Permissions

The authors are responsible for obtaining any written permissions necessary from the copyright holders, and for mentioning any sources for reproduced materials (text, tables, figures) that were previously published.

CONFLICTS OF INTEREST

A conflict of interest occurs when the primary interest in data interpretation and presentation in a manuscript is influenced by a secondary financial or relationships-related interest. Economic relations such as direct employment, paid consultancy, company shares, honoraria, patent authorship, and paid speaking are the most easily identifiable conflicts of interest, and those most prone to damage the credibility of a journal, its authors, and the scientific process itself. However, conflicts of interest may also occur with no direct economic links but in association with personal friendship, intellectual rivalry, academic competition or beliefs. These "intellectual" conflicts of interest have also been shown as influences by the professional judgments of authors and journal editors.

Upon submitting an article for publication, all the authors have the responsibility to provide a statement disclosing any financial and personal relationships with any public or private organizations that might have an influence (unintentionally) on their results. Similarly, the authors must disclose any non-financial relationships that might represent a conflict of interest for their manuscript (personal, academic, ideological, intellectual, political, religious). All potential conflicts of interest (both financial and non-financial) must be reported at the time of submitting an article. To do so, authors must complete the "Conflicts of interest" section within the platform's manuscript manager before proceeding to submit the article. If no conflicts of interest exist the authors must enter the following: "I declare that I have no relevant conflicts of interest regarding this article."

FUNDING

The authors must report in their manuscript any sources of funding for their research. At the time of submission any financial support (both from public and private sources) received for data collection, analyses, or interpretation of results, even for the writing of the article's text, must be clearly disclosed. If no funding sources were involved, the authors must state the following: "No public or private funding was received for the present study."
Provisions of equipment or materials for data collection (scanners, ultrasound devices, pressure platforms, etc.) will not be considered as funding. In such cases, when commercial companies or sponsors provided such materials for the study, they must be reported in the Materials and methods" or "Patients and methods" section, and also in the "Acknowledgements" section.

CLINICAL TRIAL REGISTRATION

All clinical trials meant to be published in *Medicina Paliativa* must be previously registered in the WHO International Clinical Trials Registry Platform (ICTRP), which includes the Spanish Clinical Trials Registry (https://reec.aemps.es/reec/public/web.html), the ICTRP itself (http:// www.who.int/ictrp/es/), www.clinicaltrials.gov, and Current Controlled Trials (http://www.isrctn.com), among others. The registration of trials in human subjects represents a scientific, ethical, and moral responsibility for authors, and a first step for trial transparency and the subsequent dissemination of trial results. Currently, the ICMJE strongly recommends that journals wishing to adhere to their guidelines demand that clinical trials be registered whenever an intervention was carried out in human subjects at the time of submission for publication. According to the ICMJE the definition of clinical trial with intervention refers to any research project that prospectively assigns a group of people to a specific intervention, with or without need for a control or comparison group, with the purpose of studying any cause-effect relationship between said intervention and a health outcome. The ICMJE defines health intervention as that intended to modify a biomedical outcome or health-related result or marker; examples of health interventions include medications, surgical procedures, orthopedic devices, other devices, health education programs, habit and/or behavior modification therapies, dietary interventions, and quality of life improvement interventions. The health outcomes observed are defined as any biomedical or health-related measurements obtained from the study subjects, including adverse events and pharmacokinetic parameters.

MANUSCRIPT STRUCTURE

In order to facilitate the double-blind review process articles must be submitted as two different documents/files: a file with the complete article, including the title page with information about authors, institutions, etc., and a file with an anonymized version with no information on authors or institutions.

Complete article

1. Full and running (fewer than 40 characters) titles in both Spanish and English.
2. Name and surname(s) of authors in the following order: name, first surname, second surname.
3. Workplace (department, institution, town/city, country) of each and every author.
4. Conflicts of interest of all authors.
5. Funding sources, when applicable.
6. Full physical and electronical address of the corresponding author, as well as a contact telephone number.
7. Specify whether the paper was previously presented at any conferences or workshops, and which ones.
8. The trial's registration number for controlled clinical trials involving an intervention or treatment (e.g., International Clinical Trials Registry Platform – NCT0197585).
9. Full article.

Anonymized article

The full article minus any data identifying authors or institutions.

Specific manuscript guidelines

The following details concern the different types of article that may be published in *Medicina Paliativa.* The guidelines discussed herein are general recommendations. For more specific recommendations on each specific article type, please review "Recommendations for authors."

RECOMMENDATIONS FOR AUTHORS

General recommendations

The following recommendations have been provided to help authors publish their work in *Medicina Paliativa.* They refer to the technical aspects of the various manuscript types, and describe what each section in the various types of article should ideally include. These recommendations will help both experienced and novice authors prepare their manuscripts and speed up the edition and review process.

Medicina Paliativa adheres to the ICMJE (*International Committee of Medical Journals Editors* – www.icmje.org/journals.HTML, last updated in June 2016) guidelines for article publication, and will adjust as much as possible to said guidelines. The Editorial Committee encourages authors to read these recommendations before submitting their manuscripts.

Authorship

According to the ICMJE guidelines authorship must be based on compliance with the following 4 criteria: *1)* substantial contribution to the work's design and/or original idea, or data collection, analysis, or interpretation; *2)* writing the article or a draft thereof, or critical assessment of the manuscript with intellectual contributions to its contents; *3)* approval of the final version for publication; *4)* agreeing to take responsibility for all aspects of the submitted article, ensuring that any issues and conflicts concerning the integrity and accuracy of any and all parts of the work were adequately evaluated and solved. All the undersigned authors must meet the above-mentioned criteria. Those who do not meet the 4 criteria must be cited in the paper's "Acknowledgements" section.

The authors, not the Journal, are responsible for ensuring that all the undersigned authors met the 4 aforementioned criteria, and that no individual meeting all of the criteria fails to be included as an author. The Journal's Editorial

Committee is neither responsible for deciding who may or may not be considered an author, nor for arbitrating conflicts regarding authorship in any specific paper.

Use of guides for writing different types of paper

Several guides are currently available for conducting different types of study, which provide insight into which writing style is optimal for publication in scientific journals. Authors are advised to adhere to these guides when writing their original or review article for submission to *Medicina Paliativa* whenever the study type matches that of a guide. Most relevant examples include the CONSORT guide for randomized clinical trials (www.consort-statement.org), PRISMA for systematic reviews and meta-analyses (http:prisma-statement.org/), STROBE for observational studies (http:strobe-statement.org/), and STARD for diagnostic accuracy studies (www.stard-statement.org/). Compliance with these guidelines when writing and submitting papers helps researchers describe their data in an orderly, detailed manner without overlooking any significant aspects of relevant inclusion. Similarly, these guides greatly help editors and reviewers to systematically assess scientific quality in a submitted paper. The EQUATOR network (www.equator-network.org/home/) and NLM's Research Reporting Guidelines and Initiatives (www.nlm.nih.gov/services/research_report_guide.html) have most of these guides available for writing and publishing different types of study.

Specific recommendations for the different parts of a manuscript

Title

The title must provide a detailed description of the paper's research, including study type and relevant aspects such as randomization, intervention type, and endpoints. Titles should not contain statements or conclusions not supported by the article's content. For example: rather than use "Sclerosing infiltrations with alcohol are not effective for the conservative management of Morton's neuroma," the manuscript should have for title "Effect of sclerosing infiltrations with alcohol in the symptomatic treatment of Morton's neuroma. A prospective case series"…

Abstract

Various electronic databases only index article abstracts and many readers will only read this part of the paper. Because of this, authors must ensure that their abstracts accurately reflect their articles' contents. Originals and systematic reviews (with or without meta-analysis) require a structured abstract including sections (Introduction, Materials and methods or Patients and methods, Results, and Discussion). This abstract must describe the purpose of the research, its endpoints, the basic procedures involved (subject selection, equipment, measurements, study variables, and statistical analysis), main findings (whether statistical or clinical significance was found), and primary conclusions. The most relevant or novel aspects must be highlighted, as must the most important limitations, while avoiding exaggeration or "overinterpretation" of the results obtained.

Keywords both in English and Spanish

Every article must include 4 to 10 keywords. Keywords must preferably be taken from the National Library of Medicine Medical Subject Headings (MeSH), available from: www.nlm.nih.gov/mesh/meshhome.html, or the Descriptor de Ciencias de la Salud, available from http://decses.bvsalud.org/E/homepage.htm. Keywords to be used for indexation in databases must be provided both in Spanish and in English.

Introduction

The introduction must provide the study's background and the field's state of the art, explaining the study's goals and their significance. The last paragraph in the section must provide the work's specific purpose and/or the hypotheses that will be tested. Research results should be avoided in this section.

Materials and methods or Patients and methods

When the research was performed in human subjects “Patients and methods” will be used. In such a case, a sentence must be included to report whether the study was approved by a local or national research ethics committee (REC). If it was not, that the study complied with the principles established by the Declaration of Helsinki must be specified. Failure to comply with these principles will lead to manuscript rejection. When the study was performed with animals, cadavers, simulators, computer models, or any other type of in vitro methodology “Materials and methods” will be used as heading.

The key message here is to clearly describe how was the study conducted. Ideally, the whole process should be as clearly specified as to allow anyone to replicate the study in an exact way. In general, this section must report the following: a) study population, b) researcher or team members who conducted the study, c) interventions performed, d) research variable measurements, and e) statistical methods used to arrive at the reported results.

Study population: clearly describe the study population, inclusion and exclusion criteria, and period over which the study was conducted (dd/mm/yyyy – dd/mm/yyyy). For cohort or case-control studies and case series, indicate whether patients were consecutively enrolled.

Researchers: describe research team members and their participation in the different study phases (e.g., whether they performed any interventions/procedures, only collected data, extracted data from medical records in retrospective studies, etc.).

In studies using subjective measures, specify the method used to delimit results in borderline cases where doubts or uncertainty arise.

Specify whether those who assessed the results had taken part in the interventions for or management of study subjects (primary surgeon, clinicians directly involved in patient care, etc.).

In randomized clinical trials, indicate whether researchers were blinded to intervention assignment.

Intervention: the intervention performed during the study must be clearly described. Similarly, every treatment arm must be described when participants were randomly assigned to an active therapy group versus a standard therapy or placebo group.

Avoid detailed descriptions of any standard techniques or procedures discussed in books or other literature references. In these cases, providing a reference for the procedure involved will suffice. If technical variations or novel procedures were used, these must be fully described.

In case of drug interventions complete information must be provided on dosage, administration route, and duration.

Measurement of variables: how and by whom were variable measurements carried out must be included, as well as whether investigators were blinded to interventions.

Clearly define whether results were derived from physical examinations, angle measurements in radiographs, reviews of medical records, questionnaires (scales…), interviews over the phone, or any other assessment method. It is advisable that “robust” variables in terms of reliability be used for valid, reliable assessments: radiographic measurements, chemistry or microbiology lab tests, questionnaires validated in previous studies, etc. When using previously untested variables regarding reliability, data on their interobserver or intraobserver agreement must be provided (depending on study type).

Statistical analyses: describe the statistical analysis plan, at least including any descriptive and inferential statistics involved. Select any statistical parameters and tests according to data type and distribution.

In the descriptive analysis, describe the central measurement parameter (mean or median) that will be used, and the dispersion measurement (standard deviation or range) depending on data distribution. For continuous quantitative variables with a normal distribution the mean and standard deviation are appropriate, and mean-based statistics such as Student's t-test will be used. For discrete qualitative variables and continuous quantitative variables without normal distribution the median and range are appropriate, and median-based (nonparametric) tests such as the Wilcoxon signed-rank test, Mann-Whitney U-test, Kruskal-Wallis test, etc., will be used.
Importantly, the authors must decide whether a significance test or hypothesis test will be used to study their results, and it is recommended that this be specified in this part of the manuscript. These two concepts (significance test and hypothesis test) have been wrongly used as synonyms in the medical/scientific literature despite having relevant differences in conception. If the authors select a significance test they will find a probability or *p-value, and assess (also leaving this assessment to readers) the extent to which the null hypothesis is compatible with the obtained results*. In contrast, if the authors choose to perform a hypothesis test to evaluate their results, they will a priori establish limits for type-I and type-II errors (α and β), based on which the decision to accept or reject the null hypothesis will be made. The α-value from which a decision to reject the null hypothesis is made should be lower than 5 % ($p < 0.05$). The β-value should be 0.2 or 0.1. It is in this hypothesis testing case where *statistically significant differences* may be reported. To avoid confusion, only use the expression *"significant differences"* to refer to statistical differences where a p-value was calculated. In hypothesis testing, should the decision be made to accept the null hypothesis that no differences exist as compared to the data obtained, the phrase "no statistically significant differences exist" should not be used unless the a power analysis was performed and both α-values (usually, 0.05) and }-values (usually, 0.2 and 0.1) were clearly established. Because of the issues derived from the "rigidity" entailed by hypothesis testing, authors are advised to not focus exclusively on the *p-value o*btained, and to use 95 % confidence intervals in the description of their results, as well as size effect values. For clarity's sake, only use the term "correlation" or the phrase "correlates to, etc." when a correlation test was carried out. Otherwise, please use "there is association with…" or "is associated with …".
The authors are advised to consult the following references for help with statistical reasoning and reporting:

- Prieto Valiente L, Herranz Tejedor I. ¿Qué significa "estadísticamente significativo"? La falacia del criterio del 5 % en la investigación científica. Madrid: Ediciones Díaz de Santos; 2005.
- Biau DJ, Jolles BM, Porcher R. P Value and the Theory of Hypothesis Testing. Clin Orthop Relat Res 2010;468(3):885-92.
- Rebasa P. Entendiendo la "p < 0,001". Cir Esp 2003;73(6):361-5.

In the "Methods" section only information present at the time of using the study's methodology must be included; all the information obtained during the process must be reported in the "Results" section. Any external support by companies or organizations, such as loaned equipment or materials, or even help with analyzing and interpreting results, must be detailed in the "Acknowledgements" section.

Results

They must provide quantitative information such as descriptive and inferential statistics of collected data. Results must be clearly presented in logical sequence from start to end. All results identified as study endpoints under "Methods" must be reported.

Relevant information about the study's population includes demographics (age, height, weight…) for each subgroup (e.g., control vs study group), exclusions, and data losses. Inferential statistics are recommended to compare homogeneity between groups at baseline in terms of demographic characteristics using appropriate tests

based on sample size, type of variables, and distribution of collected data. In randomized clinical trials statistically significant differences in demographic characteristics between groups at baseline need not be represented since randomization will homogeneously distribute said characteristics.

Quantitative data will appear in the text in summary form, and readers will be referred to tables for a detailed description of all the data obtained in the study. In general, using 3 tables designated Table I, Table II, and Table III is recommended and works just fine. Table I usually lists the demographic characteristics of the study population according to study groups, showing any differences between them. Table II usually includes univariate analysis results, and Table III lists the results of analyses with multiple variables.

As a rule, always use two decimals when presenting results. Use more than two decimals only when strictly necessary to facilitate scientific understanding. To represent the mean and standard deviation, please use the ± symbol (e.g., 4.28 ° ± 1.12 °). To represent the median and range, please use brackets for range (e.g., 7.25 [4.35-9.83]). Whenever a specific number of cases is mentioned in the text, include the percentage of total it represents (e.g., only 5 (2.12 %) cases were complicated with postoperative infection). When citing a p-value always use italics. By convention, always use 2 decimals for *p-value* if greater than 0.01, and 3 decimals when between 0.01 and 0.001; for values lower than 0.001 use $p < 0.001$. Never use $p = 0.000$.

Data reporting must be consistent throughout the manuscript.

For randomized clinical trials, their flowchart will be included as the "Results" section's first figure (see http://www.consort-statement.org/). For systematic reviews and meta-analyses a forest plot should be included.

Discussion

The "Discussion" section offers authors an opportunity to discuss their results and provide their views thereon within the study setting. Usually, it is the authors themselves who are in a privileged position to interpret and critically assess their results. Authors are encouraged to emphasize any significant or novel aspects their study may have, and any conclusions they may have drawn, always in the context of the best available evidence to date. For originals, a useful structure includes: *a)* briefly recalling the study's goal, *b)* brief summary of primary findings, *c)* potential explanations or mechanisms for findings, *d)* comparison of results with other similar or relevant studies, *e)* discussing limitations, *f)* explaining the implications of the study findings for clinical practice, and *g)* considering potential further studies or research lines on the study's topic. Do not repeat in detail any data or information already provided elsewhere in the manuscript.
Do not include a final "Conclusions" section. Conclusions must be discussed in the last portion of the "Discussion" section as a final paragraph: e.g., "To conclude, we have found…" or "In conclusion, the findings of the present study have shown…". Importantly, authors should bear in mind that any conclusions drawn from a specific study rarely apply to the whole population; therefore, conclusions must be cautious in this regard.

Acknowledgements

Any persons who contributed in a special manner to the paper must be acknowledged, except those whose contributions were part of their regular job description.

Abbreviations

Authors are advised to use the least possible number of abbreviations in the text, and never in the article's title. When abbreviations are used, they will be defined in the text where first used (e.g.: "…tibialis posterior tendon (TPT)"), and used consistently throughout the article. For clarity's sake, never use more than 6 abbreviations.

Trade names

As a general rule authors are encouraged to use generic names rather than trade names, most particularly in the article's title. Should a proprietary trade name be used for a drug, device, software package, or any other registered item, it is recommended that ® or ™ be added (according to proprietary preference) to indicate that is a registered trademark. In the manuscript the trade name must be followed by the trademark holder's name and country between parentheses (e.g.: Ibuprofeno Cinfa® 600 mg, (Laboratorios Cinfa SA, Spain)).

Bibliographic references

References will be numbered in sequence, using Arabic numerals between parentheses, in order of appearance in the text and starting with (1). References only cited in a table or figure will be numbered in sequence according to where said table or figure is referenced in the text. Personal communications, manuscripts, and unpublished data should not be included as references. However, they may be included between parentheses within the text as, for instance: Kevin A Kirby, DPM, personal communication, dd/mm/yyyy). All references cited in the text must appear in the "References" section, and vice versa.
Style and punctuation must follow the Vancouver guidelines. Some format examples are provided below:

- Journal articles:
  Authors (maximum of 6; if more, use "et al."). Title. Journal abbreviation Year;Volume (Issue):Pages.
  Vitoria JC, Bilbao JR. Novedades en enfermedad celíaca. An Pediatr 2013;78(1):1-5.
- Books:
  Author/s (maximum of 6; if more, use "et al."). Title. Volume. Edition. Place of publication: Publisher; Year.
  Laín Entralgo P. Historia de la medicina. Barcelona: Ediciones científicas y técnicas; 1998.
- Book chapter:
  Author/s of chapter (maximum 6; if more, use "et al."). Title of chapter. In: Director/Coordinator/Editor of book. Title of book. Edition. Place of publication: Publisher; Year. Initial-final page of chapter.
  Rader DJ, Hobbs HH. Trastornos del metabolismo de las lipoproteínas. En: Barnes PJ. Longo DL, Fauci AS, et al, editores. Harrison principios de medicina interna. Vol 2. 18a ed. México: McGraw-Hill; 2012. p. 3145-3161.
- Webpage:
  Website [Internet]. Place of publication: Publisher; Initial date [updated year month date; cited year month date]. Available from: URL
  Orpha.net [Internet]. Paris: Orphanet; 2000 [updated 14 Feb 2013; cited 4 Apr 2013]. Available from: http://www.orpha.net/consor/cgi-bin/index.php?lng=ES

For further information, please see *Uniform Requirements for Manuscripts Submitted to Biomedical Journals* at the official website of the International Committee of Medical Journal Editors (ICMJE): https://www.nlm.nih.gov/bsd/uniform_requirements.html.

Figures

Figures representing graphs or drawings must be submitted as separate (not included in the text) TIFF or JPEG files, with a minimum resolution of 300 dpi and both lines and text in black. Figures will be reproduced in color in the Journal's electronic edition, in black and white in the printed version. They will be identified with Arabic numerals in order of appearance in the text, where they will be referenced between parentheses: (Figure 1). Graphs, symbols, letters, etc., will be big enough in size to allow clear identification when reduced. Special details will be pointed out with arrows, using for these and any other symbols the maximum contrast possible

with respect to the figure itself. Figures will not include data that may identify their source or the patient involved. Photographs must be taken so that patients cannot be identified, or a written consent by the patient in the photo will be attached.
Figure captions will be included in the main text file. These will include the figure number, a short title (15 words maximum), and an explanatory legend when appropriate. If abbreviations are used in the figure legend, they must be explained in alphabetic order at the end.
Authors are responsible for obtaining permission of the copyright holder for reproducing any figures or tables that were previously published. Images courtesy of other professionals must be acknowledged at the end of the figure legend ("Image courtesy of …") rather than in the "Acknowledgements" section.

Tables

Tables will be submitted as editable text, not as images. They will be identified with Roman numerals in order of appearance in the text, where they will be referenced between parentheses: (Table I). Each table will be provided in a separate page with double spacing, a title above, and any abbreviations used explained in alphabetic order below. Contents must be self-explanatory, the information included should not appear also in the manuscript's text or figures, and repetition of results already described in the text must be avoided.

Units

International System (SI) units should be used in articles. Should any other units be used, please include their SI equivalents in the paper.

Digital object identifier

The digital object identifier (DOI) may be used to cite and link electronic documents. A DOI is a unique string of alphanumeric characters that the publisher assigns to a document following its initial electronic publication. An assigned DOI is never modified. Therefore, DOIs are perfectly suited for citing articles, particularly "in press" articles that are yet to receive a full publication identifier.
A DOI used for linking documents on the web will never change.

Author proofs

Once an article has been accepted for publication a set of page proofs (PDF files) will be sent via email to the author for correspondence, where they will include the final corrections before publication. If you do not wish to use the annotation tool on PDF, you can list the corrections (including the answers to the items in the doubts form) and send them in via email.
In this phase significant changes to the article as accepted for publication will only be included with the Editor's permission. We shall do our best to publish your article in a fast, precise manner. It is important to ensure that all corrections are sent back to us in one communication: please, check this out carefully before responding.

Use of inclusive language

Medicina Paliativa wants to contribute to the promotion of egalitarian policies by encouraging the use of inclusive language in texts:
Discriminatory expressions should be avoided, and collective terms encouraged (for instance, use of "their" rather than his or her) in addition to any resources that may ensure the path to effective equality.
Similarly, study reviews should avoid all discrimination based on race, gender, nationality, ethnicity, or sexual, political or religious preference.

For further information please refer to the United Nations Guidelines for gender-inclusive language in English (https://www.un.org/en/gender-inclusive-language/guidelines.shtml).

Sex and gender in research

Manuscripts submitted for review and potential publication in the journal *Medicina Paliativa* must avoid gender stereotypes and biases.

Authors must report whether gender was considered in the design and conduction of research and data analysis so that potential differences may be identified and/or biases avoided.

In this regard, the following is required:

1. Sample composition by sex.
2. Results broken down by sex.
3. Analysis of differences within each sex.

For further information please see the document "Gender in research".

Author consultations

You may track your accepted article at gestormedpal.inspiranetwork.com.