EDITORIAL GUIDELINES

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Content Guidelines

Your editorial plays an important part in raising awareness of issues affecting your area of business. It complements your advert by offering additional, in-depth coverage of the issues of the day.

It should take the form of an opinion piece discussing a particular trend in your industry, a discussion of a difficult challenge, policy, or wider debate, or take the form of a case study that tells an interesting story about your company. An example of good editorial can be found on page 2 of this document.

It should not be a simple company profile, or a list of attributes of a particular product or service. This is the least effective way of using editorial for your company, and of least interest to our readers.

Quality standards and house style

Cognitive Publishing retains the right to reject editorial that does not meet our standards, and to edit copy to ensure it meets our house style on grammar, punctuation, spelling, use of capital letters, and so on.

Format and style

All editorial must be provided in Microsoft Word (doc) or Rich Text (RTF) format and should include the following:

1) A short headline (this should not include the company name).

2) An explanatory sentence (known as a strapline or standfirst) above the piece, summarising the article, which must include the author name and the company name.

3) Some contact details to be included in a 'For More Information' box at the end of your contribution – up to one phone number, one email address, and one website.

Please see the example editorial on page 2 of this document for guidance on our format and style.

Images

We will also need at least one and ideally a selection of high-resolution images to choose from to accompany the editorial: if none are available, we will use relevant and appropriate 'stock' images from our own photo library if any are needed to fill the page. Please note; we do not accept logos.

These images should be sent as separate email attachments or on a CD, not embedded in a document – this damages the quality of the image too much and as such, they will not be used.

Images must be high resolution (minimum 300dpi) and supplied as a jpeg or tiff file.

Please note that submission of images does not guarantee that they will be used as it depends on the space available – any special requests relating to the priority we should give photos should be made at the time of submission.

Copy length, deadline, and requests for editorial proofs

Copy length should be approximately the number of words you have been permitted. Copy which is longer than the number of words you have been permitted may be edited.

Failure to submit editorial copy before the copy deadline may result in your allocation being forfeited, at the editorial team's discretion.

Due to time constraints during our design and production process, it is not possible to supply advertisers with edited copy before publication.

Any special requests relating to editorial copy should be submitted in writing to the editor for consideration at the time of submission, otherwise please refer to clause fifteen of our terms of acceptance.

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magazines that mean business.

Jonathan Hughes, director of the MA in Medical Ethics and Law at Keele University, considers some of the ethical issues surrounding conscientious objection in healthcare, and how the study of ethics can help.

CONSCIENCE AND PROFESSIONAL OBLIGATIONS IN HEALTHCARE

Studying for a postgraduate qualification in medical ethics gives practitioners the opportunity not only to engage with current and long-standing controversies within the field, but also to reflect on the relation between personal values, regulation and professional practice. One topic that brings these together and never fails to generate lively classroom debate is conscientious objection.

Historically associated with military conscription, conscientious objection has become an area of ethical and legal controversy in professional contexts where personal values can clash with duties owed to service users. Lillian Ladele, a registrar for the London Borough of Islington, fought and in 2013 lost a legal battle against her employer after refusing to officiate at civil partnership ceremonies between same-sex couples. In healthcare, arguments about conscientious objection have usually focused on the issue of abortion.

One reason why conscientious objection is controversial is that it can affect the ability of patients to access services to which they are legally entitled. In theory, a woman whose GP refuses to authorise abortions can go to another doctor, but this may be difficult in practice, especially if she lives in an area with few GP practices and/or where the number of conscientiously objecting practitioners is high. Even if she can access another practice, doing so might make it harder to hide her pregnancy from family members or acquaintances.

This raises questions about when conscientious objection can be justified and what limits should be applied. Is abortion a special case or are there other areas of practice that should be recognised as legitimate arenas for conscientious objection? For example, what about a doctor who regards cost-saving measures requested by her employer as immoral? Or should the conditions for allowing conscientious objection be tightened up to protect patients' access to services? Indeed, should conscientious objection be allowed at all, given that (unlike the case of military conscription) healthcare practitioners voluntarily embark upon careers in which the expectations and demands upon the various specialties are well known?

Should there be tribunals?

Several recent contributions to the literature have focused on whether conscientious objectors in healthcare should, like military objectors, have to justify their claim to a tribunal or undergo some similar assessment process. One reason for examining claims in this way is to prevent patients being disadvantaged by 'frivolous' claims, motivated by convenience or concerns about what other people might think, rather than sincere moral conviction. However, it has been questioned whether tribunals can reliably distinguish between genuine and frivolous claims.

As in other areas where judgement is required, we don't have to assume perfect reliability in order for a procedure to be justifiable, but given the costs of such a system and the burden it would impose on objectors, some degree of reliability would seem necessary.

Another approach is to view the primary function of a tribunal as being not to assess the strength or sincerity of the objection but its impact on services. Objectors would be required to show that the impact of their refusal to perform a particular function would be no more than minimal, either because alternative provision is already easily available or because steps have been taken to make it available to the objector's patients. Where this can be guaranteed, it may be deemed less important to assess the sincerity and strength of the objection, so we can give the objector the benefit of the doubt.

There is plenty of room for debate here. I have not considered why we should consider conscience to be important, what message might be communicated to the public by the identification of particular services as ones that practitioners can legitimately refuse to provide, or how decisions about conscientious objection might impact on diversity within the healthcare professions.

Conscientious objection is an issue on which reasonable people can disagree, but this does not mean that 'anything goes'. Studying ethics as an academic discipline can help us to distinguish better and worse arguments, and identify the principles and empirical beliefs that underpin them. It provides a framework that can help us to find consensus where that is possible, and in other cases can help us to identify the sources of our differences and find ways of dealing with them.

FOR MORE INFORMATION

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