Dear colleagues,

With the evolution of medicine and health care treatments, the use of technology can be used to prolong a human life way after its intended natural time. It is, then, normal that ethical issues arise from the possibility of keeping a patient alive. Sometimes, in spite of treatment, a condition or illness will cause death. In those cases, patients can decide what they do and do not want done. They can decide whether they want aggressive treatment that might prolong life or whether they prefer to stop treatment, which could mean dying sooner but more comfortably. They may want to plan their own funeral. Advance directives can help make the patient's wishes clear to families and health care providers.

Care at the end of life focuses on making patients comfortable. They still receive medicines and treatments to control pain and other symptoms. Some patients choose to die at home. Others enter a hospital or a hospice. Either way, services are available to help patients and their families deal with issues surrounding death.

All these possibilities are still controversial around the world, and efforts have been made to come up with answers to questions and problems that goes beyond medical treatment and professional ethics, involving a mix of economical, criminal, philosophical, personal issues and religious beliefs.

Certain aspects of international medical law have been discussed in the “Medicine and Law” Journal. The theme, however, deserves special attention. This issue is to cover a wide range of issues which international medical law deals with.

This theme issue is designed to facilitate conceptualization of international medical law in end of life problems, discussion of the legal issues which are critical for health care and biomedicine, as well as the improvement of international legal regulation of biomedical activities.

Topics of Interest

For this theme issue we expect articles devoted to, but not limited to, the following topics:

- Advance directives: legal and ethical aspects
- Euthanasia, Orthotanasia and Dysthanasia
- Patient autonomy
- End of life issues
Important Dates

15 April 2013: Submission Deadline
25 April 2013: Completion of the first-round review
10 May 2013: Submission of the revised papers
20 May 2013: Completion of the English language review
25 May 2013: Decision on final acceptance

Paper Guidelines

General Information
Articles intended for publication should not exceed 20 manuscript pages, ideally 3000-4000 words including references. They must be written in grammatically correct English and carefully checked before submission. The use of WORD is essential. The printed text on A4 paper must be double-spaced, justified – using Times Roman sized 12 points type – and printed on a laser printer. There should be a wide margin on the left-hand side of the paper only. All pages, including the title page, must be numbered consecutively. Tables, figures and any annexes must be set out on separate sheets, appended to the article.

Title Page
The first page of a manuscript must contain (a) a concise, informative title, (b) name(s) of each author, (c) institutional affiliation(s), and (d) address for correspondence.

Abstract and Keywords
Each article must be prefaced by an abstract of up to 150 words summarizing the main objectives, findings and conclusions. A maximum of ten keywords should follow the abstract. Abbreviations should be clearly defined the first time they are used. Full stops should be omitted.

References and Bibliography
References should be numbered consecutively in the text with a superscript number, this number correlating with each citation set out in a smaller typeface at the foot of each page. All relevant bibliography should appear within the footnotes included in the article, and no separate list of bibliography is allowed to be attached. Authors may use either the ‘Vancouver’ style or the ‘Harvard Law’ style for citations and references.

Peer Review
Articles will be sent to one or more experts for review at the discretion of the Editor-in-Chief and Guest Editor. In all matters of acceptance and publication of any article, the decision of the Editor-in-Chief is to be regarded as final.
Tables
Each table must be printed on a separate page, typed double-spaced and clearly headed with the title and number corresponding with that in the text. Footnotes to tables should appear directly below the relevant table.

Illustrations
Illustrations and figures should be numbered consecutively and must be referred to in the text. Each must be printed on a separate sheet, including the author’s name and a clear caption. For clarity of reproduction, line drawings are preferable, and photographs (black and white only) may be transmitted digitally by e-mail, each with a separate caption.

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General
All submissions must be directed only to the Guest Editor. If you have a query or need advice about presentation or submission of your paper, the Guest Editor will be able to help you.

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Sincerely Yours,

Dr. Mohammed S. Wattad, Adv.  Dr. Eduardo Dantas, Adv.
Editor-in-Chief  Guest Editor