ICMJE DISCLOSURE FORM

Date:	4/28	/23_
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Your Name: Allan B. Peetz

Manuscript Title:Does thinking make it so? What to make of the empirical evidence on moral distress amongst surgeons Manuscript number (if known):______

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
	Time frame: Since the initial planning of the work				
1	All support for the present	_xNone			
	manuscript (e.g., funding,				
	provision of study materials,				
	medical writing, article processing charges, etc.)				
	No time limit for this item.				
	No time mint for this item.				
		Time frame: past	36 months		
2	Grants or contracts from	xNone			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	xNone			
4	Consulting fees	_xNone			

5	Payment or honoraria for	_xNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6 Payment for expert	Payment for expert	_xNone	
	testimony		
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	_xNone	
	pending		
0		N.	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_xNone	
10	-	x None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_xNone	
12	Receipt of equipment,	x_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	x_None	

Please summarize the above conflict of interest in the following box:

none

Please place an "X" next to the following statement to indicate your agreement:

__x_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.