Date: 16/11/2023

Your Name: Carole A Paley Manuscript Title:

Title: Narrative review: What constitutes contemporary, high-quality end of life care and can

lessons be learned from medieval history?

Manuscript number (if known): ID: APM-23-552

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.

		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
ر	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	None	
U	testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

N/A		

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.

Date: <u>16/11/2023</u> Your Name: Ash Paley Manuscript Title:

Title: Narrative review: What constitutes contemporary, high-quality end of life care and can

lessons be learned from medieval history?

Manuscript number (if known): ID: APM-23-552

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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

Date:	28/9/2023			
Your Name:		Lucy Ziegler		
Manuscript Title: medieval history?	What constitutes co	ontemporary, high-qual	ity end-of-life care and	can lessons be learned from
Manuscript number (i	f known):			

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
12	materials, drugs, medical	None	
13	materials, drugs, medical writing, gifts or other services Other financial or non-	None	e following box:

Date: 16/11/23

Your Name: Eloise Kane
Manuscript Title:

Title: Narrative review: What constitutes contemporary, high-quality end of life care and can

lessons be learned from medieval history?

Manuscript number (if known): ID: APM-23-552

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	A.1	
6	Payment for expert	None	
	testimony		
7	Company for attackling	Nene	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid	A1	
11	Stock or stock options	None	
12	Descint of actions ont	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the fo	ollowing 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. x

Date:	_21/11/2023
Your Name:	Iona McCleery
Manuscript Titl	e: What constitutes contemporary, high-quality end-of-life care and can lessons be learned from
medieval histo	ry?
Manuscript nur	mber (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.

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	√None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	√None	
	testimony		
7	Support for attending meetings and/or travel	√None	
	meetings and or traver		
8	Patents planned, issued or	√ None	
	pending		
	ParisP		
9	Participation on a Data	√ None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	√ None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√None	
12	Receipt of equipment, materials, drugs, medical	√None	
	writing, gifts or other		
	services		
13	Other financial or non-	√None	
	financial interests		
Dlas	sca cummariza tha abaya co	unflict of interact in the	s following how

None.			

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

Date:16.11.23	
Your Name:_Emma J	Chapman
Manuscript Title: medieval history?	_ What constitutes contemporary, high-quality end-of-life care and can lessons be learned from
Manuscript	number (if known): ID: APM-23-552

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events	NI			
6	Payment for expert testimony	None			
	testimony				
7	Support for attending	None			
	meetings and/or travel				
	,				
8	Patents planned, issued or	None			
	pending				
	Double in chiefe and a Doba	Name			
9	Participation on a Data Safety Monitoring Board or	None			
	Advisory Board				
10	Leadership or fiduciary role	None			
•	in other board, society,				
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Plea	Please summarize the above conflict of interest in the following box:				
	None.				

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