

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Sheri Mila

2. Surname (Last Name)  
Gerson

3. Date  
23-April-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Assisted Dying and Palliative Care in Three Jurisdictions: Flanders, Oregon, and Quebec

6. Manuscript Identifying Number (if you know it)  
APM-2019-HD-06(APM-20-632)

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Gerson reports grants from Wellcome Trust, during the conduct of the study; .Dr. Gerson has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Gitte Hanssen

2. Surname (Last Name)  
Koksvik

3. Date  
11-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Sheri Mila Gerson

5. Manuscript Title  
Assisted Dying and Palliative Care in Three Jurisdictions: Flanders, Oregon, and Quebec

6. Manuscript Identifying Number (if you know it)  
APM-2019-HD-06(APM-20-632)

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Dr. Koksvik has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Naomi

2. Surname (Last Name)  
Richards

3. Date  
24-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

5. Manuscript Title

Assisted Dying and Palliative Care in Three Jurisdictions: Flanders, Oregon, and Quebec

6. Manuscript Identifying Number (if you know it)  
APM-2019-HD-06(APM-20-632)

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Dr. Richards has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Lars Johan

2. Surname (Last Name)  
Materstvedt

3. Date  
21-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Sheri Mila Gerson

5. Manuscript Title

Assisted Dying and Palliative Care in Three Jurisdictions: Flanders, Oregon, and Quebec

6. Manuscript Identifying Number (if you know it)  
APM-2019-HD-06(APM-20-632)

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Dr. Materstvedt has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
David

2. Surname (Last Name)  
Clark

3. Date  
23-April-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Sheri Mila Gerson

5. Manuscript Title  
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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Wellcome Trust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Clark reports grants from Wellcome Trust, during the conduct of the study; .

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