



Documentation Guide

for students and faculty

APA

This is a condensed guide to the mechanics of research writing, based on guidelines determined by the American Psychological Association. For more thorough and detailed instruction, refer to the *Publication Manual of the American Psychological Association* or go to <http://www.apa.org>.

All materials are available at the FLCC library and The Write Place.

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About This Guide

The FLCC Documentation Guide is an on-going collaborative project of the Write Place, the Charles J Meder Library, and many academic departments.

Our goal is to provide students and faculty with a simple, comprehensive resource for research writing in MLA, APA and CSE formats.

**This guide was made possible by
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FLCC STYLE SHEET — APA GUIDELINES

PREFACE

The American Psychological Association (APA) has an established (but evolving) set of guidelines intended to create a standard of practice in scientific journal and certain types of academic writing. Like the MLA and CSE formats, its purpose is to provide a uniform method of clear communication and accurate documentation for readers to follow. APA is the style most commonly used in the fields of nursing, education, and the social sciences; and provides a platform of shared knowledge and results in the spirit of scientific and unbiased discussion. The APA defines its elements of documentation, organization, and writing style as outlined below.*

*The following are introductory guidelines; more useful detail is provided in guides such as the *Publication Manual of the American Psychological Association* (APA, 2010).

FORMATTING YOUR PAPER

- Papers should be typed or word-processed on standard white 8.5” x 11” paper.
- Set the margins to 1” on all sides.
- The entire paper (all parts) should be double-spaced.
- Use 12-point Times New Roman.
- A page header with the title of the paper and page number should appear on the upper right-hand corner of every page, with 5 spaces between the two. If a paper has a long title, use an abbreviated form (still in complete words) as the page header (ex: Assisted Suicide 1).
- Number all pages with a header, from Title page to References.
- Indent the first line of every paragraph using the tab key (5 to 7 spaces, or ½”).
Important exception: Do not indent the abstract
- Long quotations (those exceeding 4 lines) should be written as block quotations.

CONVENTIONS

The *Publication Manual of the American Psychological Association* emphasizes the following stylistic methods for expressing ideas:

- **Aim for clear, logical communication in an orderly sequence.**
Creative writing conventions intended to heighten drama, suspense, or poetic delivery are not appropriate for scientific writing.
- **Use precise word choice, avoiding wordiness.**
- **Define important terms, acronyms and abbreviations.**
- **Refer to all tables as *tables* and all graphs, pictures, or drawings as *figures*.**
- **Generally, do not write in the first person (“I” or “we”).**
However, it is appropriate to use the first person when reporting your own participation in a study. Use “we” to refer only to yourself and coauthors (or “I” if you are the sole author). If referring to a broader population, substitute an appropriate noun.

- **Use the active voice.***

The active voice delivers strong and direct communication:

Passive Voice	Active Voice
<i>The participants were seated in comfortable chairs.</i>	<i>The participants sat in comfortable chairs.</i>
<i>The experiment was designed by Morrissey (2001).</i>	<i>Morrissey (2001) designed the experiment.</i>
<i>The survey was conducted in a controlled setting.</i>	<i>We conducted the survey in a controlled setting.</i>

***Exception:** The passive voice is appropriate to focus on the object or recipient of the action rather than the actor. For example, “The baby was born at noon” emphasizes the importance of the baby born.

- **Use scientific, unbiased language.**

Always choose words that are accurate and clear, but be sure to avoid replacing people with labels and stereotypes. Problems arise when differences in gender, age, ethnicity, faith, marital status, sexual orientation, and ability are identified when not relevant.

To describe individuals or populations of people, use language that is both **emotionally neutral** and **free of perceived value or bias**:

Biased	Unbiased
<i>manpower</i>	<i>workforce, workers, personnel</i>
<i>schizophrenics</i>	<i>people diagnosed with schizophrenia</i>
<i>stroke victim</i>	<i>individual who had a stroke</i>

DOCUMENTATION

As with any form of research, keep track of all sources from the very beginning. Useful information on any source you refer to, summarize, paraphrase, or quote will be cited in two places of the paper:

- throughout the text of the paper, as **in-text citations**;
- in the corresponding list of sources at the end of the paper, entitled **References**.

(a) In-Text Citations

In-text citations serve the purpose of keeping the reader informed of the writer’s sources with minimal interruption, corresponding directly to the more detailed source information in the list of References. For those reasons, the information offered in the text will be easy to locate in the References. In-text citations must briefly provide the reader with the following bits of immediate information about the source cited:

- the last name(s) of the author (or authors)
- the year of publication

and, when quoting directly from the source,

- the page number.

In-text citations are provided at the appropriate point before the period at the end of the sentence, either in the actual text or in parentheses (parenthetical citation).

Important exception: When including a block quotation, place the in-text citation in parentheses after the period.

(b) References

The Reference list identifies, in detail, all the sources used in the paper. Each reference cited in the text must appear in the list of References, while each reference cited in the Reference page must be cited in the text. In-text citations directly correspond to entries on the Reference list, enabling the reader to retrieve sources through the detail provided.

Each entry of the Reference list

- provides the author, year of publication, title, and publishing data.
- is listed alphabetically by author (or title, if no author is given).
- has the first line flush against the left margin; subsequent lines are indented 5 spaces.
- is accurate, complete, and up-to-date.

To ensure accuracy, check each entry against the source, and retrieve the source through each entry.

DIGITAL OBJECTIVE IDENTIFIER

The biggest change in the new APA guidelines involves citing a periodical article retrieved from the Internet in the reference section. New guidelines have added the **digital objective identifier** (DOI) to the citation. A DOI is a unique string of numbers assigned to an article to identify its content and provide a persistent link to its location on the Internet. New format states:

- ✓ when DOI is present, no longer have to include URL
- ✓ when DOI is not present, include URL

ORGANIZATION OF THE PAPER

Papers are organized in a uniform manner, with definable parts. Below is a list of widely-used sections, where they appear in the paper, and an explanation of each.

- **Title page** (page 1)

The following elements identify the paper and comprise the title page:

header, running head, title, byline, and institution.

- **Abstract** (page 2)

The specifics of the abstract may vary per assignment, but generally, the abstract is a concise, accurate summary of the contents of the paper, and should be one paragraph (double-spaced) of no more than 150-250 words. The abstract reports factually, and is not the place to evaluate or provide commentary.

- **Text** (starting on page 3)
Also referred to as the “body” of the paper, the text comprises the paper’s contents. When writing an Empirical Paper in APA Style headings are **BOLDFACE**. For certain assignments, the instructor may require that the text contain the following elements:
 - **Introduction**
Introduce the problem or hypothesis, state the purpose in the study, and explain the approach to solving the problem or testing the hypothesis.
 - **Method**
This section describes in detail how the study was conducted. Because this has occurred already, use past tense to describe the methods. Identify subjects, participants, and materials involved in the study, and describe the procedure followed. Clarity is important to allow the procedure to be replicated.
 - **Results**
This section summarizes data collected and reports in the past tense what has already occurred. Sometimes data can be shown through tables and figures, if appropriate. If using tables and figures, always refer to them in the text and explain their context in the study.
 - **Discussion**
Once you have presented the results, evaluate and interpret their implications, especially through the context of your original problem or hypothesis. Use present tense when providing a general discussion.
- **References** (follows the last page of the paper)
See section *(b) References* above and the attached APA Reference List Examples sheets

Running head: THE ETHICS OF ASSISTED SUICIDE

Flush to left margin

Title in All Caps

Flush right

1

The Ethics of Assisted Suicide

Elizabeth M. Rogers

Finger Lakes Community College

Centered:

Title

Author

Institution

Note: Omit Running Head as found on title page

Center label

Abstract

Ethical considerations and the pros and cons of assisted suicide (AS) will be examined. Concepts related to AS, such as withdrawing and/or withholding life-sustaining therapy, advance directives, and the rule of double effect will be analyzed. Alternatives to AS, including hospice care, palliative care and various forms of pain control will be proposed. Reasons why nurses should refrain from participating in assisted suicide will be discussed. Also noted are ways in which the nurse can compassionately care for, support, and ease the suffering of the patient who cannot be healed. Patient involvement in their own end of life decision making will also be explored. Another important consideration of assisted suicide is the patient’s religious beliefs. Laws relating to AS vary from state-to-state and country-to-country. In addition to controversial legislation, there are also societal consequences that divide proponents and opponents of AS. The role of the nurse is to act as the patient’s best advocate in determining end of life care.

Keywords: Assisted suicide, euthanasia, nursing, hospice care, palliative care

Single paragraph, double-spaced, Times New Roman font, 1 inch margins, flush left, between 150-250 words

Brief summary of paper, containing key phrases, abbreviations, and definitions

Provide up to five keywords that describe paper

Text begins on page 3

The Ethics of Assisted Suicide

Nurses are often confronted with many decisions regarding the end-of-life care for their patients. They must be prepared to respond to questions about pain control and comfort measures for the terminally ill patient as well as requests by the patient or his family for assisted death.

The purpose of this paper is to discuss the ethics of assisted suicide(AS),the pros and cons, as well as the clarification of the confusing terms related to AS. In addition, alternatives to AS will be proposed, and the reasons why nurses should refrain from participating in assisted suicide will be explored with an outline for the role of nursing while caring for the terminally ill patient.

Spell out the first time; then use abbreviation

To begin, it is necessary to examine the terms associated with the topic of AS, defined as the act of enabling a patient to commit suicide by providing the patient with a means to do so.

AS usually involves a lethal dose of barbiturates, which the patient administers to himself.

Assisted death includes AS and active voluntary euthanasia. Active euthanasia is the administration of a lethal dose of a drug to a patient, which benefits them by ending their suffering; this can be voluntary, involuntary, or nonvoluntary. Voluntary active euthanasia is initiated at the patient's request, with the nurse or doctor administering the lethal dose.

Involuntary euthanasia is the taking of the life of a patient who has not requested death.

Define important terminology

Nonvoluntary euthanasia is killing a person who cannot express his wishes one way or the other.

Withdrawing/withholding life-sustaining therapy (WWLST) is the discontinuing of treatments that would prolong life. The patient may have indicated that they do not always want such treatment, because it merely prolongs pain and suffering when there is no hope of recovery.

Patients can let their wishes be known with the use of advance directives (AD). AD spell out

which measures the patient wants (cardio-pulmonary resuscitation, artificial ventilation, artificial nutrition) if the patient can no longer communicate his wishes. WWLST is considered a morally and ethically acceptable alternative to AS by most because it is a means of letting nature take its course.

Rule of double effect (RDE) refers to medical treatments that can have both good and bad effects. Should the ultimate unintended, negative result of death occur, the treatment remains morally acceptable because its intention was for the relief of pain. An example that highlights RDE is administering to a terminally ill patient a dose of morphine large enough to relieve intractable pain, but the patient stops breathing as a result of the depression of the central nervous system caused by the morphine. The nurse who administered the morphine is not guilty of wrongdoing because she was acting to relieve the patient's pain (American Nurses Association, 1994). If the nurse's intention had been to cause the patient's death, then many people would find this ethically and morally wrong.

Finally, palliative sedation is the use of medications to cause various levels of unconsciousness in order to relieve intractable pain associated with terminal illnesses such as cancer (Ersek, 2005).

When considering the morality of nursing actions in relation to the terminally ill patient, one must examine the intention of the nurse, the requests and desires of the patient, and what actions are actually taken. This is one reason advance directives are so important because they take the guesswork out of the end-of-life wishes of the patient.

In-text citations

- (author or name of authoring organization, year)
- period comes after parentheses

Let us examine now the viewpoint of those who feel AS is acceptable and ethical (proponents). Arguments about AS traditionally have been centered on the same bioethical principles of autonomy, beneficence, nonmaleficence, and societal consequences (Ersek, 2005).

Autonomy is the right to make choices. Proponents believe the patient has a constitutional right to choose AS if suffering without hope of cure has greatly diminished quality of life. Related to autonomy is the right to self-determination. Patients have the right to make health care decisions regarding refusal or acceptance in all but termination of life (Catalano, 2006). Supporters of AS believe self-determination remains intact if the patient can choose when and how to end life.

Beneficence is defined as the duty to contribute positively to the patient's welfare (Ersek, 2004). Healthcare workers who support AS believe that it is beneficial, ethical and compassionate to hasten the terminally ill patient's death because it ends their suffering.

Nonmaleficence is avoiding harm, an important principle for nurses discussed in the American Nurses Association (ANA) Code of Ethics (Ersek, 2005). Supporters of AS believe that allowing a patient to continue to suffer intractable pain is more harmful than hastening their death. Indeed some *patients* feel that death is preferable to continued pain.

The final argument in defense of AS involves societal consequences. Proponents believe that if AS were legal, it would lessen chances of AS abuse. It would not have to be done secretly and would be monitored by strict, specific laws and regulations.

How do the opponents of AS defend their views? Using the same criteria, let us examine their concerns. Autonomy is valued in the United States as a right granted by the Constitution (Ersek, 2005). The sanctity of life and respect for human dignity is also important. Our

forefathers came here seeking religious freedom and believed that life is precious and is to be respected. No one has the authority to take life except God.

Beneficence, or the duty of the nurse to help heal and to do good toward patients prevents nurses from participating in AS. The ANA Code of Ethics for Nurses (ANA, 2001) exemplifies

this belief:

In block quotations, omit quotation marks

The nurse in all professional relationships practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual. . . . The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient. . . . Nurses have an obligation to provide comprehensive and compassionate end-of-life care which includes the promotion of comfort and the relief of pain, and at times, foregoing life-sustaining treatments.
(p. 7)

Ellipses - 3 points are used, with a space before and after each point.
When omitting material between sentences, use 4 points; the 1st is the period ending the sentence, followed by 3 ellipses.

End block question with a period, followed by the page number in parentheses.

Nonmaleficence is the duty to do no harm. Nurses and doctors take Hippocratic oaths promising they will help their patients, so opponents of AS believe that this is reason enough to refrain from participating in AS. Assisting a patient to die is professionally unethical for nurses.

This belief is emphasized by the ANA Ethics and Human Rights Position Statement (1994) which clearly states, “Nurses should not participate in assisted suicide.”

To name author in the narrative, follow with publication year in parentheses.

When quoting a complete sentence, capitalize first letter

period inside quotation mark

Perhaps the one issue that divides opponents and proponents of AS the most is that of societal consequences. Opponents believe that once our society allows the assisted suicide of terminally ill patients, it is only a matter of time before voluntary and nonvoluntary euthanasia of the elderly, disabled, mentally ill, and financially disadvantaged will occur. Some patients may feel pressured or duty-bound to choose AS. Instead of using expensive palliative care, AS could be used because it is cheaper, easier, and quicker. This is where the “Slippery Slope” argument takes root.

Who then would be given the power to decide if the terminally ill or elderly or disabled should live or die? One could hypothesize that in this day of managed health care, money would enter the equation and ultimately be the motivating force. Surely, it would be less expensive to end a patient’s life with a single dose of barbiturates than to offer palliative end-of-life care. Already insurance companies are denying patients medications prescribed by their primary care doctors based on cost.

Helping a patient die is not beneficence. People fear death because they do not know for sure what lies beyond. It does not benefit the patient to hasten death prematurely because of the uncertainty that it contributes positively to the patient’s welfare.

In the Netherlands, euthanasia has been legalized. Each year 1,040 people die there of involuntary euthanasia. One individual arguing against legalized euthanasia in the Netherlands stated that “Their physicians were so consumed with compassion that they decided not to disturb the patients by asking their opinion on the matter” (Hentoff, *The Slippery Slope of Euthanasia*, *The Washington Post*, October 3, 1992, as cited in *End-of-Life Medical Care*

When citing a source within a source, provide the full reference in the text only, “as cited in” the main source that is provided on the list of references.

The citation of this source will only be in-text, not in the list of references.

website). Autonomy is a right granted to all. However, the rights of one person do not supersede the rights of others. When a person decides to commit suicide, he does not have the right to involve others in that act.

Nonmaleficence carries the same argument against AS as beneficence. Assisted suicide is harmful to the patient because it is the taking of human life. The practitioner who assists patients with dying runs the risk of losing the trust of his other patients. His support of AS could be interpreted by other sick and elderly patients as a lack of respect for their lives as well.

There are alternatives to AS. Hospice care and palliative care can help the dying patient face end of life in comfort. Doctors who prescribe controlled substances need to consider pain control of the dying patient the priority, not whether there will be drug abuse potential or legal fallout. Nurses should frequently assess nonverbal signs of pain and respond quickly to the patient's request for pain medication. Alternative measures to pain control can be used in addition to medications to make life more bearable.

The nurse can help the dying patient to have a more positive experience. This can be achieved by taking time to listen as well as including the family in the care of the patient. The patient should be encouraged to continue to hope as much as possible by suggesting he/she make plans for the future despite the diagnosis of a terminal condition. The nurse should inform the doctor if the patient develops depression so that it is treated promptly. This will help them deal better with pain. The nurse can involve the patient as much as possible in his care, so he has some sense of control over his life.

The patient's religious beliefs need to be considered, and used to help the patient cope. It is helpful to assist the patient to get rid of anger and guilt and regrets and to spend his remaining time in peace and happiness. If the patient is an atheist, he can still benefit from spiritual

guidance by ridding his life of anger and regrets, and reaching out to family and friends to resolve old conflicts. The nurse can help guide him through this.

The United States should not even attempt to legalize AS. If it were not legalized, there would be no chance of the “Slippery Slope” ever developing. Already in California there is a bill which would *require* Catholic nursing homes to permit AS if the bill were passed.

Instead of legalizing AS our medical communities should develop improved palliative care. Often a request for AS may surface because a patient is experiencing severe pain, is feeling alone, is feeling like a burden to others, and/or is depressed. Instead of simply giving such a patient a lethal dose of a drug, nurses and doctors need to determine the source of the patient’s anguish by determining why they want to die. Discussing a patient’s request for suicide can be therapeutic. Enlist the help of the family, pastoral care, friends, and volunteers.

The nurse must not let feelings about a dying patient affect clinical judgment. It is difficult to watch a patient suffer and die. It would seem merciful sometimes to grant a patient’s request for AS as opposed to witnessing their continual suffering. However, a nurse’s duty is to heal if possible, or to compassionately care for, support, and ease the suffering of the patient who cannot be healed. It is not the nurse’s obligation to grant the requests for AS.

Our society and our medical communities would better serve our terminally ill population by enhancing pain control and improving palliative and hospice care. There is nothing wrong with our doctors and nurses living up to the high ideals of their ethical codes. They can do this and still give compassionate care to those facing the end of life, and consequently retain the trust and respect of the patients who look to them for help and understanding.

First line of each entry:
flush left.

Center label

References

American Nurses Association. (2001). *Code of ethics for nurses with interpretive statements*.

Retrieved from http://www.nursingworld.org/ethics/code/protected_nwcoe303.html

American Nurses Association. (1994, December 8). *Ethics and human rights position statements:*

Assisted suicide. Retrieved from <http://ana.org/readroom/position/ethics/etsuic.html>

Catalano, J. T. (2006). *Nursing now! Today's issues, tomorrow's trends* (4th ed.). Philadelphia,

PA: F.A. Davis Company.

End-of-life medical care: Palliative care. Retrieved from

<http://www.euthanasiaprocon.org/slipperyslope.html>

Ersek, M. (2004). The continuing challenge of assisted death. *Journal of Hospice and Palliative*

Nursing, 6(1), 46-59.

Ersek, M. (2005, April). Assisted suicide: Unraveling a complex issue. *Nursing*, 35(4), 48-52.

List entries
alphabetically

Indent
subsequent
lines of
each entry

APA Reference List Examples

Book with Single Author:

Gore, A. (2006). *An inconvenient truth: The planetary emergency of global warming and what we can do about it*. Emmaus, PA: Rodale.

In-text reference: (Gore, 2006)

Book with Two Authors:

Michaels, P. J., & Balling, R. C., Jr. (2000). *The satanic gases: Clearing the air about global warming*. Washington, DC: Cato Institute.

In-text reference: (Michaels & Balling, 2000)

Book with Editor as Author:

Galley, K. E. (Ed.). (2004). *Global climate change and wildlife in North America*. Bethesda, MD: Wildlife Society.

In-text reference: (Galley, 2004)

Brochure or Pamphlet:

New York State Department of Health. (2002). *After a sexual assault*. [Brochure]. Albany, NY: Author.

In-text reference: (New York, 2002)

An Anonymous Book:

Environmental resource handbook. (2001). Millerton, NY: Grey House.

In-text reference: (Environmental Resource Handbook, 2001)

Articles in Reference Books (unsigned and signed):

Greenhouse effect. (2005). *American heritage science dictionary*. Boston, MA: Houghton Mifflin.

Schneider, S. H. (2000). Greenhouse effect. *World book encyclopedia* (Millennium ed. Vol. 8, pp. 382-383). Chicago, IL: World Book.

In-text references: (Greenhouse effect, 2005)
(Schneider, 2000)

Magazine Articles:

Allen, L. (2004, August). Will Tuvalu disappear beneath the sea? Global warming threatens to swamp a small island nation. *Smithsonian*, 35(5), 44-52.

Begley, S., & Murr, A. (2007, July 2). Which of these is not causing global warming? A. Sport utility vehicles; B. Rice fields; C. Increased solar output. *Newsweek*, 150(2), 48-50.

In-text references: (Allen, 2004)
(Begley, 2007)

Newspaper Articles (unsigned and signed):

College officials agree to cut greenhouse gases. (2007, June 13). *Albany Times Union*, p. A4.

Landler, M. (2007, June 2). Bush's Greenhouse Gas Plan Throws Europe Off Guard. *New York Times*, p. A7.

In-text references: ("College Officials", 2007)
(Landler, 2007)

Journal Article with Continuous Paging:

Miller-Rushing, A. J., Primack, R. B., Primack, D., & Mukunda, S. (2006). Photographs and herbarium specimens as tools to document phenological changes in response to global warming. *American Journal of Botany*, 93, 1667-1674.

In-text reference: (Miller-Rushing, Primack, Primack, & Mukunda, 2006)

Journal Article when each issue begins with p.1:

Bogdonoff, S., & Rubin, J. (2007). The regional greenhouse gas initiative: Taking action in Maine. *Environment*, 49(2), 9-16.

In-text reference: (Bogdonoff & Rubin, 2007)

Journal Article from a Library Subscription Service Database with a DOI (digital object identifier):

Mora, C., & Maya, M. F. (2006). Effect of the rate of temperature increase of the dynamic method on the heat tolerance of fishes. *Journal of Thermal Biology*, 31, 337-341.
doi: 10.1016/j.jtherbio.2006.01.055

In-text reference: (Mora & Maya, 2006)

Website:

United States Environmental Protection Agency. (2007, May 4). *Climate Change*. Retrieved From the Environmental Protection Agency website: <http://www.epa.gov/climatechange>

In-text reference: (United States Environmental, 2007)

Gelspan, R. (2007). *The Heat Is Online*. Lake Oswego, OR: Green House Network. Retrieved from The Heat Is Online website: <http://www.heatisonline.org>

In-text reference: (Gelspan, 2007)

These are the MOST COMMON examples cited. For a complete list of examples please consult *Publication manual of the American Psychological Association*, 6th ed. (REF BF 76.7 .P83 2010). Feel free to ask for help at the Library's Reference/Information Desk (585-785-1432) or at the Write Place (585-785-1601).