

Other depot treatment alternatives would have been aripipazole or risperidone. However, the duration of the depot treatment is shorter than in the case of paliperidone, since today the presentation formulas are monthly and quarterly, respectively.

Conclusions: Long-acting antipsychotics are an effective alternative for the treatment of patients with Schizophrenia, especially for those in whom we can not ensure good therapeutic adherence. In addition, the induction regimen allows treatment to be administered more quickly than that carried out in Mental Health outpatient programs, thus reducing the average hospital stay.

In recent years, great advances have been made in the treatment of psychotic symptoms thanks to depot drugs, which allows for numerous effective alternatives for the treatment of these patients. The figure of the Social Worker for the evaluation of the patient and subsequent follow-up is essential in this case.

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Ethics and Psychiatry

EPV0513

Euthanasia and assisted suicide in people with mental disorders: a case report

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Introduction: Until 2020, only Belgium, Luxembourg, Switzerland, and the Netherlands legalized euthanasia and assisted suicide in Europe. Spain joined this list in March 2021 with the Euthanasia Regulation Law. However, the practice of euthanasia and assisted suicide in individuals with severe mental disorders is complex due to potential cognitive and decision-making challenges. Psychiatrists play a vital role in evaluating such requests.

Objectives: The case of a patient with recurrent depressive disorder requesting euthanasia is presented, followed by a theoretical review of the subject.

Methods: A case is presented with a bibliographic review.

Results: An 89-year-old man with a history of one prior brief psychiatric hospitalization for depression three years ago was admitted after attempting suicide with an overdose of medication. He reports depressive symptoms of several years of evolution. Medical tests came back normal, but he had a urinary catheter due to voiding issues. He was initially on a medication regimen of amitriptyline, clomethiazole, and fluvoxamine. Despite his depressive state, he maintained his cognitive and decision-making abilities. Medication adjustments were made, including discontinuing amitriptyline and switching fluvoxamine to amitriptyline. His depressive symptoms worsened after three days, leading to the addition of trazodone to his treatment. He also developed urinary symptoms and was diagnosed with a urinary tract infection and metastatic prostate cancer during urological evaluation. Emotionally, he became more apathetic,

anergic, and anhedonic, frequently expressing a desire for euthanasia, even with medication changes. Hyponatremia led to the discontinuation of duloxetine and the introduction of venlafaxine. To address anxiety and sleep problems, clomethiazole was replaced with mirtazapine. Upon learning of his cancer diagnosis, his mood deteriorated further, along with increased anxiety and continued mentions of euthanasia. Lorazepam was introduced, and he was informed of his right to request euthanasia after discussing therapeutic options with urology. Following this consultation, the patient became calmer, stopped expressing thoughts of death, and began making short-term plans, including the possibility of receiving palliative care at home upon discharge.

Conclusions: Euthanasia and assisted suicide in severe mental disorders are complex due to ethical and medical challenges. Patients must understand their condition, prognosis, and have decision-making capacity. Assessing their suffering is crucial. Coexisting mental and organic issues complicate the request's origin. In SMD, determining irreversibility is tricky, as these are often chronic, non-terminal conditions. Exhausting treatment options is essential before considering euthanasia, despite patient treatment refusal. Limited research underscores the need for more studies.

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EPV0514

An ethical dilemma: the role of the psychiatrist in physician assisted suicide and/or euthanasia

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Introduction: Questions regarding death have generated debates and art since the dawn of civilization. These themes permeate through various areas of study, including religion, philosophy, ethics, medicine and humanities. Various countries have been revising their laws regarding the end of life, especially on the right to aid and choice in the end in the context of medical and psychological suffering. Physician-Assisted Suicide (PAS) and euthanasia are methods by which people, mostly terminal patients, seek to end their lives with the help of medical professionals. PAS and euthanasia have been the target of heated debates in politics and in medicine, with the question of ethics centering most of these.

Objectives: The authors aim to explore PAS and euthanasia in the context of the ethical debate. Based on the pillars of ethics, based on the principal of do no harm and beneficence, the authors explore the role of the Psychiatrist, if any, in these end of life issues.

Methods: The authors performed a brief narrative review of the available literature, with recourse to various databases such as PubMed and Scopus. The search terms utilized in isolation or combination included: *physician assisted suicide, euthanasia, psychiatry, mental illness* and *ethical issues*. Taking into consideration the widespread discussion of these themes in the public forum, news articles were included based on their merit and relevance to the explored topic.

Results: The ethical debate appears to rest between the pillars of first, do no harm, the principles of beneficence and nonmaleficence and aut. Here, the conflict between the first and last appear, where the killing of any patient, whether directly or indirectly is clearly contrary to the principle of *primum non nocere*. However, the prolonging of suffering in a terminal patient, appears to contradict the principles of nonmaleficence. The Psychiatrist is called to evaluate competence to choose, which is allied to autonomy. Other sources explore the role of the Psychiatrist in permitting a suicide to occur, when the profession is dedicated to the prevention of suicide. From the literature, the psychiatric evaluation is rarely regularly carried out, usually being solicited in cases where mental illness which might compromise the capacity to choose is suspected.

Conclusions: In ethical debates, clear cut answers are rarely every developed, with the nuance and greyscale of difficult topics usually dividing those that fervently champion each cause. Psychiatric evaluation is usually invoked when patient autonomy, especially in terms of capacity, is called into question. Questions remain as to whether the presence of the psychiatrist should be a regular one in these procedures or if it should be carried out in a selective manner. There is little consensus in regards to this role, which merits further conversation in the various forums of medical and ethical communication.

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EPV0515

Attitude of tunisian psychiatry residents toward internet searches for patient informations

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Introduction: In the age of digital information, the volume of personal information available online continues to grow. Examining patients' online profiles has become common for various reasons especially in psychiatry, despite ethical concerns. Therefore, it is interesting to explore the attitudes of tunisian psychiatric residents in this regard.

Objectives: This study aimed to identify the purposes that make psychiatry residents consult their patients' profiles on social media and to evaluate the consequences of being friends with them or following them on the treatment course and on the doctor-patient relationship.

Methods: This was a cross-sectional descriptive study from August to September. A questionnaire on Google form was distributed to psychiatry Tunisian residents. The study evaluated the frequency and causes of patient profiles consultation on social networks, its role and impact in the doctor-patient relationship

Results: The study population included 53 psychiatry residents with a mean age of 28 (+-5) years and a sex ratio of 0.127. Among the responders, 53 % were in their first or second year of residency. And the predominant workplace was El Razi Hospital : a university hospital.

For the frequency of patient profiles consultation on social networks : 87% of treating psychiatrists declared consulting their patients' profiles on social media at least once. The purposes of consulting patient's profiles noted in our study were: looking for signs of pre-morbid functioning (n=32), looking for clinical features of the current episode (n=30). They do it also to verify the informations provided by the patient (n= 18) ,have an idea of their private lives (marital status ,employment, hobbies,..)(n=11) , or locate a family member (n=5). It can be also out of curiosity (n=21). And this made the psychiatry residents empathetic towards the patient (n=10) .

But, in 91% of cases, patient's permission was not taken .

Moreover, 4 of treating psychiatrists declared being friends with their patients or following their profiles on social media. Two of them regret it. The friend or follow request was an initiative from the patient, in all cases.

Conclusions: The attitudes of psychiatry residents regarding the consultation of patients' profiles on social networks were not clear. However, as the boundaries of the digital doctor-patient relationship remain undefined, it is imperative to develop clear guidelines and educational resources.

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EPV0516

Psychiatric premises for abortion in Poland - ethical, legal and clinical issues

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Introduction: After judgment of the Constitutional Tribunal of 22.10.2020, there are two premises for abortion: when pregnancy was caused by rape or pregnancy is the threat for health and life of a mother. Then some people indicated that the latter should be interpreted more broadly. So far, jurisprudence has interpreted health threats only in relation to physical health, currently – cases classified as mental health threats are included.

Objectives: The aim of this paper is first to analyze different aspects of this phenomenon: clinical, philosophical, including ethical and legal. The second goal is to point out the best actions for psychiatrists.

Methods: The methodology of this paper corresponds to the pastoral paradigm: diagnosis, reflection, action. At first, the arguments of opponents and proponents of the concept of psychiatric premises for abortion were extracted. Then they were assessed from a logical and essential point of view. Finally, some conclusions and guides were included to enable psychiatrists to act appropriately, including ethical, clinical and legal aspects.

Results: Statements and letters from various institutions and societies were analyzed, including the Presidium of the Supreme Medical Council, Polish Pediatrics Society, the Expert Team on Bioethics of the Polish Bishops' Conference, the Bioethics Committee of the Polish Academy of Sciences, Patient's Rights Ombudsman, Commissioner for Human Rights. The key arguments for psychiatric premises are presented in the Table 1.