

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.

**Disclosure of Interest:** None Declared

## 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,

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.