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## Does the Additional Protocol Concerning Biomedical Research of the Oviedo Convention Protect Psychiatry Subjects From Therapeutic Misconception?

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The term therapeutic misconception was coined by P. Applebaum, C.Lidz and L.Roth in 1982, who found that study participants tended to believe that medical therapy and research were actually governed by the same goal - the beneficence of the patient. There are two main responses to therapeutic misconception: to accept it as an inevitable consequence of clinical trials, or to implement measures whose purpose is to reduce it, including the use of the "neutral discloser" (Applebaum), rewriting the informed consent forms, changing the information algorithm used by physicians when trying to enroll a patient in a clinical trial, changing monetary rewards or research advertisements. The Additional Protocol to the Convention on Human Rights and Biomedicine, concerning Biomedical Research contains in chapter V a series of specific guidelines regarding the protection of persons not able to consent to research, that are applicable to psychiatry research. I will argument in this presentation that the safeguards implemented in this chapter are not enough to protect psychiatry patients from therapeutic misconception, and give some suggestions about the ways this issue could be minimized.