

## Physician aid-in dying and mental disorders

### S0110

#### Pad, psychiatry and stigma

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In 2018, the Swiss Academy of Medical Sciences (SAMW) published a new guideline on physician-assisted dying (PAD). In line with the SAMW guideline published in 2004, the patients' ability to judge, their self-determination, careful consideration and permanence of their wish to die as well as the lack of therapeutic options were set as necessary conditions. However, while the previous wording considered assisted suicide to be ethically justifiable if the patient's condition is terminal, the new guideline requires that it is unbearable. This difference has been the subject of intense discussion in Swiss health-care professionals and the population alike. This controversy is particularly important for those affected by mental illness who have a persistent desire to die. This is because mental disorders cannot usually be classified as terminal illnesses, but they can certainly lead to suffering that is perceived as unbearable. Furthermore, it is known that persons with mental illness are subject to stigmatization. It is therefore likely that there is a connection between the stigmatization of mentally ill people and the position on PAD for this group. This talk provides theoretical background on this discussion and proposes a study protocol to investigate the acceptance of PAD in relation to the type of illness as well as the factors of unbearable suffering and terminality. It will furthermore look into the criteria of the 2004 and 2018 guidelines and will explore if there is a connection between stigmatization and the assessment of whether a person should be granted access to assisted suicide.

**Disclosure:** No significant relationships.

**Keywords:** physician-assisted dying; Mental illness; suffering; terminality

### S0107

#### Pad in forensic psychiatry

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**Introduction:** A recent court decision in Germany defined assisted suicide as a basic human right. Consequently, the discussion regarding PAD needs to be extended to people who are in forensic/secure psychiatric hospitals or prisons, sometimes without any prospects of release. Several studies have shown that long-term hospitalization and detention are associated with feelings of hopelessness, depression and suicidal ideations. Moreover, the resources for adequate therapy are often rare. This results in complex moral challenges for mental health care.

**Objectives:** To review current practices in countries that allow PAD and to discuss ethical conflicts.

**Methods:** Literature review; international comparison of current regulations.

**Results:** A majority of the literature on PAD in detention refers to prisoners with terminal medical conditions. Single case reports of PAD-requests of mentally disordered offenders aroused great public interest. The resulting ethical conflicts are similar to those issues regarding PAD and mental disorder in general. However, in secure treatment settings and detention additional aspects such as adverse living conditions and inadequate access to mental health care need to be taken into account.

**Conclusions:** If unbearable pain is not a precondition for assisted suicide, then mentally disordered and healthy offenders have a right to request PAD, provided they have medical decision-making capacity. Considering the common insufficient mental health care for people in detention, policy and law makers need to ensure that access to PAD will not replace therapy. Professionals involved in PAD evaluations need support by specific guidelines.

**Disclosure:** No significant relationships.

**Keywords:** PAD; prison psychiatry; ethics; decision-making

### S0108

#### Ethics of pad in mental disorders

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Involuntary psychiatric hospitalization for suicide prevention and physician assistance in dying (PAD) for patients with severe and persistent mental illness (SPMI) combine to create a moral tension. Switzerland has the longest history of non-medicalized assistance in dying, considered as a civil right even beyond pathological situations. The debate in Switzerland centers on the notion of suffering in the context of PAD. In 2018, the Swiss Academy of Medical Sciences revised their end-of-life policy stipulating intolerable suffering due to severe illness or functional limitations and acknowledged as such by the physician as a core criterion for PAD. However, we argue that suffering is a necessary but insufficient condition for PAD, the other criteria being decision-making capacity (DMC) and refractoriness of the suffering. Moreover, we hold that suffering is a subjective experience that can only be quantified by the patient and cannot be compared between two persons in an objective way. According to this concept, however, some patients with SPMI, refractory suffering, and preserved DMC will meet the criteria for PAD. Therefore, we call for palliative care approaches in psychiatry which includes relief of suffering as much as possible, but also accepting PAD after a conscientious assessment of the criteria.

**Disclosure:** No significant relationships.

**Keywords:** physician assistance in dying; decision-making capacity; ethics; Mental illness

## Consequences of COVID-19 outbreak on mental health

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### S0110

#### Lessons learned from the coronavirus health crisis in the nordic countries

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**Abstract Body:** The COVID-19 pandemic has had an unprecedented influence on the global economy and population health. Vigorous, well-designed studies with complete, long-term follow-up of high risk groups including COVID-19 patients, their families and frontline workers are imperative for a comprehensive understanding of the mental health impact of the pandemic. The Nordic-Baltic national registries and biobank resources provide a unique opportunity to gain critical insight into the interplay between mental and somatic health during the COVID-19 pandemic. The COVIDMENT consortium leverages an extensive research experience and infrastructure from ongoing collaborations between four Nordic countries and Estonia, including national registry resources (est. >24 million individuals) and new COVID-19 cohorts with questionnaire data (est. > 220.000 individuals), to significantly advance current knowledge of mental morbidity trajectories in the COVID-19 pandemic. This program will address the following specific aims: 1) The role of preexisting psychiatric disorders in subsequent risk and progression of a COVID-19 infection. 2) The impact of COVID-19 on short and long-term psychiatric sequel among COVID-19 patients, their families and frontline workers. 3) The impact of the COVID-19 pandemic on population mental health by the varying mitigating responses and corresponding COVID-19 related mortality rates across 4 Nordic countries and Estonia. These data sources and research plan, along with preliminary results will be presented.

**Disclosure:** No significant relationships.

### S0112

#### Early findings from periscope (Pan-European response to the impacts of COVID-19 and future pandemics and epidemics)

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**Abstract Body:** The H2020/PERISCOPE project, including 32 partners from European universities & agencies, began 1st November 2020 and will last 36 months. The overarching objectives of

PERISCOPE are to map and analyse the unintended impacts of the COVID-19 outbreak; develop solutions and guidance for policy-makers and health authorities on how to mitigate the impact of the outbreak; enhance Europe's preparedness for future similar events; and reflect on the future multi-level governance in the health as well as other domains affected by the outbreak. During this session we will report about early lessons learnt from the mapping and assessments of the impacts of the COVID-19 outbreak on mental health at national and subnational level in the EU with respect to individuals, communities and societies. Further, we will comment on their comparability. The aim is to explore differences between countries regarding the occurrence of mental ill health, and especially the impact on vulnerable groups, and how this is related to exposure to SARS-CoV-2, differences in policies over time, and effects on the economy. We will reflect on the short- and long-term consequences on mental health and health inequalities, report on the ongoing development of holistic policy guidelines for health authorities & other authorities, and from the analysis of multilevel governance, at local, regional and national level, memberstate – EU-level, and EU - global governance level. PERISCOPE will continue collecting data and updating a common data "Atlas", which would lead the consortium to engage in modelling and experiments to provide "continuous nowcasting" of the outbreak.

**Disclosure:** No significant relationships.

## Epigenetics in mental disorders

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### S0119

#### Epigenetic association with environmental risk factors for mental disorders

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**Abstract Body:** Major mental disorders have typically a complex aetiology where both genetic and environmental risk factors have been implicated. It has also been suggested that these risk factors could be interactive rather than just additional. In the last decade, large genetic studies have begun to unravel the genetic architecture of several of these disorders. While the mechanisms of action of environmental risk factors are still unclear. At the molecular level, gene expression can be regulated at the epigenetic level, e.g. chromatin modifications or DNA methylation. Epigenetic modifications can be affected by both genetic variations as well as environment variations. In this presentation, we will review recent results either from literature or from own data on how several known environmental risks for mental disorders can be associated with modifications of epigenetic markers, especially in DNA methylation. We will for instance look at the modifications associated with smoking, alcohol, cannabis, childhood trauma or obstetric complications. We will discuss also the limits of these studies and how epigenetic modifications can be relevant for the onset of mental disorders and their treatment.

**Disclosure:** No significant relationships.