

P02-45 - FACTITIOUS DISORDER: A RELATIONAL ETHICS PERSPECTIVE IN CONSULTATION LIAISON-PSYCHIATRY

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Factitious disorder confront the consultation liaison psychiatrist with (self)destructive behaviour and some lies from the patient trying to involve the physician in this behaviour. There is always a difficult balance between patient autonomy, open communication and the promotion of patient health, doctor integrity and maintenance of the constructive doctor/team-patient relationship.

Consultation liaison psychiatrists are more and more requested to accomplish a role of "clinical ethicists" and they are really well prepared to that propose because they usually cope by means of the biopsychosocial model with clinical, legal, social, economic, religious and institutional problems.

Common ethical principles (beneficence, autonomy, justice, vulnerability, dignity, responsibility) are referential tools on clinical decision making. However, in psychiatric ethics we feel the need to construct a more clinical model: relational ethics. Its main references come from a dialogical, hermeneutical and pragmatic ethics based on an intersubjectivity perspective of human development which can deal with the practical rationality in clinical psychiatry faced with complex but concrete situations. It recognizes interpersonal and intrapsychic conditions of authenticity, a process of mutual reciprocity in order to allow psychic growth.

We describe the way this theoretical and deliberative proposition can be easily applied to a particular case of a young man with factitious disorder admitted to the dermatological department of a University Hospital.