

**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.