EV0542

Decisional capacity in patients with acute delirium. A Rawlsian approach

S. Hostiuc[1], I. Negoi[2], E. Drima[3,*]
[1] *Carol Davila University of Medicine and Pharmacy, Legal Medicine and Bioethics, Bucharest, Romania*
[2] *Carol Davila University of Medicine and Pharmacy, Surgery, Bucharest, Romania*
[3] *Clinical Hospital Of Psychiatry "Elisabeta Doamna", Psychiatry, Galati, Romania*
* *Corresponding author.*

Delirium is characterized by a temporary, usually reversible, cause of mental alteration; it can occur at any age, but affect most often the elderly. Delirium patients may also present acute psychotic episodes, which might make them decisionally incompetent. In order to assess decisional capacity, Fan et al developed a two-stage approach, which tries to analyse:
– the presence of delirium, using the Confusion Assessment Method;
– a proper analysis of the decisional capacity.
Often, in patients with decreased decisional capacity, physicians must assess which ethical principle should respect first – the principle of autonomy, whose practical implementation is informed consent, or beneficence – the good of the patient, irrespective of the its declared wishes. In this poster, we will look at the issue of decisional capacity in patients with acute delirium from a Rawlsian point of view, and will try to give an answer based on what is just – to respect the autonomy of the patient, or the moral duty to do good to the patient.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.872

EV0543

Fitness to practice and fitness to regulate

R. Kurz
Cubiks, IPT, Guildford, United Kingdom

Introduction In 2012, forensic psychology Professor Jane Ireland published initial research claiming that two third of psychological assessment reports sampled from UK family courts were 'poor' or 'very poor'. 'Fitness to practice' concerns were raised by vested interest and dismissed after a 1-week hearing – four years later.
Objectives The presentation outlines the nature of various UK institutions, such as family courts, HCPC and GMC as well as their practices which raise questions about their fitness to regulate.
Aims Delegates will start to learn how institutions that purport to serve public interest yet can be easily exploited by vested interests.
Methods Case studies are used to illustrate how extremely serious concerns were ignored but persecution concerns upheld.
Results In one case, four courts appointed experts ignored an obvious child trafficking process where a toddler was raped to cover up birth and disappearance of a newborn baby that succeeded from incestuous rape. In spite of a clinical psychologist failing to cover the two index incidents, the concerns did not meet the HCPC 'Standard of Acceptance'. A 'revenge concern' was raised by vested interests. In another case, the GMC refused to investigate a psychiatrist who had lied and rather absurdly claimed that repeatedly seeking return of her children was evidence for a mother's personality disorder. In a widely publicized case Psychiatrist Dr Hibbert accused of unnecessarily, breaking up families was investigated but cleared of misconduct by the GMC.
Conclusions Institutions tasked with protecting public safety and fairness appear to be unduly biased towards shielding inadequate professionals and persecuting whistle-blowers.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.873

EV0544

On purpose of multiple cases: Quaternary prevention on mental health – "Primum non-nocere"

K.L. Lazo Chavez
Hospital Universitario Principe De Asturias, Psychiatric, Alcala De Henares, Spain

Introduction Quaternary prevention, concept coined by the Belgian Marc Jamoulle, are the actions taken to avoid or mitigate the consequences of unnecessary or excessive intervention of the health system. The concept alludes to actions to avoid the overdiagnoses and over-treatment, trying to reduce the incidence of iatrogeny in patients, which is a serious public health problem and even more in mental health.
Methods Systematic review of bibliography.
Objectives Do a systematic review of bibliography and through the results invite to the analytic and critic reflection of our professional activities and the current situation of mental health.
Results There is not enough studies about quaternary prevention in mental health.
–Some studies found that about one-third of diseases of a hospital are iatrogenic, most of them for pharmacological causes.
–There is iatrogeny at different levels of the attention of mental health: primary prevention, diagnosis and treatment.
–Non-treatment indication avoids in multiple cases iatrogenesis and contributes to the correct distribution of the economic and care resources.
Conclusions Since one of the fundaments of medicine is "primun non nocere" that means "first do no harm" and one of principles of bioethics is "non-maleficence", quaternary prevention should prevail over any other preventive or curative option.
–We should define in a more realistic way the limits, benefits and damages of our interventions in order to not promote a passive and sick role.
–Must be recognized the non-treatment intervention as a therapeutic and useful intervention, and one of the best tools of quaternary prevention.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.874

EV0545

Multidisciplinary approach in old aged dying patients

N. Ogando Portilla*, S.M. Bañon González, M.G. García Jiménez
Hospital Universitario Rey Juan Carlos, psychiatry, Mostoles, Spain
* *Corresponding author.*

Introduction Over centuries, clinicians have had the responsibility to take care of dying patients. Lately, the withdrawal of life sustaining treatments have assumed a main role in these patients because of ethical aspects. Competent patients have the right to refuse medical care but not always these rights are respected or even explained to them, especially if they are old or they don't have any close family. A multidisciplinary team should agree on how they think it is best to care for the patient and whether withdrawal of medical interventions is appropriate by using patient's wishes.
Objectives To identify the most relevant aspects to deal with in old aged dying patients.
Methods Systematic literature review in Up-to-date and Pubmed.

Clinical case 83 years-old-man with a gastric cancer state IV. Married with a woman with Dementia who is waiting for a long stay public residence. No children. No cognitive damage. Fatal prognosis with a need of permanent enteral nutrition, which, he doesn't want to use and clinicians strongly recommends. Great anxiety and suffering. Decision making capacity. Wish to die.

Discussion Patients with the capacity to make medical decisions can refuse medical care even if this refusal results in their death. Sometimes, a "comfort measures only" can be a better option than trying to keep life. Old people with no family are often less informed and taken in count in making decisions. A symptom management, good patient-clinicians communication, psychosocial, spiritual, and practical support and respecting patient's wishes and decisions is a main goal in any medical care.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.875

EV0546

Defensive psychiatry. An ethical perspective

A. Riolo , F. Babici , F. Tassi*
ASS 1 Triestina, Department of Mental Health, Trieste, Italy
* *Corresponding author.*

Introduction The legal dispute between doctors and patients is increasing. The "frivolous lawsuit" is spreading and the psychiatrist is being dragged to court in the dock. Guidelines and operational protocols become the bastions of the defensive psychiatry. Defensive psychiatry involves, for example, a larger number of hospitalizations, also involuntary admissions, and psycopharmacological prescriptions.

Objectives We want to see if the issue of defensive psychiatry is perceived by psychiatrists as a risk in their clinical practices and what consequences may result in the relationship with the patient.

Methods Through an audit and through a literature review get to define the defensive psychiatry.

Conclusions Though there is much confusions and uncertainty in this field, the defensive psychiatry distorts the relationship with the patients and proposes the questions of social control.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.876

EV0547

Whose insight is it anyway?

M. Sewell[1,*], V. Mondello[4], T. Styles[3], D. Paul[2], D. Vecchio[1]
[1] *Peel and Rockingham Kwinana Mental Health Service, WA, USA*
[2] *Aboriginal Health School of Medicine Fremantle, University of Notre Dame, USA*
[3] *Fiona Stansley Hospital, WA, USA*
[4] *Metropolitan Health Service, WA, USA*
* *Corresponding author.*

Introduction There is little research comparing patients' views with those of their treating psychiatrists. In a survey of patients' views conducted in 1993 for MIND (UK) by Rogers, Pilgrim and Lacey only 10% saw their problems in terms of mental illness. This highlights the tension between psychiatric codifications of mental abnormalities and explanations provided by patients themselves.

Aims This pilot project explores the perceptions of mental health issues in patients and their psychiatrists in a regional Western Australian setting.

Methods A mixed methods approach including semi-structured interviews of patients and their treating psychiatrists. Recruiting 5 consecutive people in the categories of involuntary in-patients, voluntary in-patients, patients on CTO, community patients and their psychiatrists.

Questions asked of the patients were:
– Why are you here?
– What problems do you have?
– What can be done?
– What control do you have?
– What control do other people have?

Psychiatrists were asked similar questions. Responses were recorded, transcribed and thematically analyzed to reveal key themes. Quotations are used to illustrate points participants wished to make.

Results We report on differences in understanding in both groups. This study reveals areas for further enquiry.

Conclusions Considerable diversity is revealed. A key conclusion is that insight is a concept relevant both for treated and treating.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2258