

level may impair the independence of psychiatrists' decisions towards the individual patient as well as that of his judgement both in clinical practice and in research. Ethical implications from this threat will be exemplified by i) educational grants, ii) research in developing countries, iii) publication bias, iv) cost-effectiveness analyses, v) placebo-control. Finally it will be recommended: you may dance with the porcupine, but you should read all contracts in advance and reflect their ethical implications with regard to published ethical guidelines.

### S-29-04

Forensic psychiatry: Two masters, one ethics

J. Arboleda-Florez. *Queen's University Dept. of Psychiatry, Kingston, Ontario, Canada*

The growth and impact of Forensic Psychiatry as an alternative to the general mental health system over the last fifty years has been quite well documented. Such growth even threatens funding for the general mental health system as more and more budgetary allocations have to be made to cover the large number of mental patients being processed by the courts or ending up in the correctional system. Mental Health Courts and a number of management initiatives have developed while larger number of forensic psychiatrists are required. Little has been written, however, about the ethical demands and moral extrapolations that forensic clinicians have to address in their day to day activities as they crisscross systems with antithetical demands and contrary aims and objectives. Serving two masters creates conflicts of double agency for the psychiatrist and cognitive confusion among patients. This presentation will review these ethical problems and will present guidelines for reconciliation.

Monday, April 4, 2005

### S-31. Symposium: Future of education in ethics in psychiatry: Evidence based medicine (EBM) or values based medicine (VBM)?

*Chairperson(s):* Paul Cosyns (Edegem, Belgium), Driss Moussaoui (Casablanca, Morocco)  
14.15 - 15.45, Gasteig - Lecture Hall Library

#### S-31-01

P. Cosyns. *University Hospital Ziekenhuis, Edegem, Belgium*

#### S-31-02

B. Fulford. *University of Warwick, Coventry, United Kingdom*

#### S-31-03

Teaching ethics in psychiatry to post-graduates

D. Moussaoui. *Centre Psych. Ibn Rushd, Casablanca, Morocco*

Ethics should be taught longitudinally across all stages and disciplines in psychiatry. The experience of the Casablanca center will be presented, highlighting a number of characteristics: - The

teaching cannot begin without starting implementing a number of practical measures to improve human rights of the patients - Theoretical teaching is based upon a number of classic philosophical texts on ethics, as well as on the Madrid Declaration and its appended guidelines, - The teaching should be highly interactive, based on actual cases, preferably known to everyone in the institution - The evaluation of the teaching is multiple, and might be based upon a research study conducted by the student under the supervision of the teacher(s) - The real aim of such teaching is to improve the daily practice of the entire team.

### S-31-04

J. Arboleda-Florez. *Queen's University Dept. of Psychiatry, Kingston, Ontario, Canada*

Tuesday, April 5, 2005

### S-56. Symposium: Added value? European multi-centre service studies

*Chairperson(s):* Stefan Priebe (London, United Kingdom), Thomas Kallert (Dresden, Germany)  
14.15 - 15.45, Holiday Inn - Room 2

#### S-56-01

The impact of outcome management in community health care - the MECCA study

S. Priebe, J. Bullenkamp, W. Rossler, L. Hansson, D. Wiersma, F. Torres Gonzalez. *Queen Mary, Univ. of London Newham Centre for Mental Health, London, United Kingdom*

**Objective:** For various reasons, there have been wide spread calls for routinely assessing individual outcome in community mental health care. This study tested whether repeated outcome management with a focus on patients' subjective views would improve outcome through more accurate treatment decisions or a more favourable therapeutic relationship or both.

**Methods:** The effectiveness and cost-effectiveness of a new intervention were compared with standard care in a cluster randomised controlled trial (i.e. randomisation of key workers to experimental or control condition) in community mental health services in six European countries (Germany, Netherlands, Spain, Sweden, Switzerland, United Kingdom). In the new intervention patients were asked by their key workers about subjective outcome every two months. The results were immediately displayed on a PC and intended to inform the therapeutic dialogue.

**Results:** At baseline a total sample of 500 patients with psychotic disorders in community mental health care were recruited to the study. The drop out rates were relatively low. Setting features and baseline characteristics of patients varied between centres. Preliminary results about effectiveness will be presented.

**Conclusion:** The new intervention has been shown to be feasible in different health care systems despite various practical problems. Preliminary conclusions for the effectiveness of the intervention will be discussed.