

While some associations were found, it did not match our literature findings. For future investigation, epidemiological and pathogenetic biological psychiatric research should be aimed at identifying biopsychosocial factors that frustrate the natural recovery process.

Disclosure of Interest: None Declared

EPV0528

Grief reaction, Depression, anxiety, and coping of relatives after palliative patients' death in Thailand

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Introduction: Grief is a normal psychological response in relatives after the loss of their loved ones, which has shown to be associated with psychological reactions like depression, anxiety, and significant stress that many relatives have to cope with. In Thailand, there are limited research studies on grief, especially in palliative settings.

Objectives: To examine grief reaction, depression, anxiety, and coping of relatives after palliative patients' death.

Methods: A multi-method design was applied. The authors completed the demographic data questionnaire, and the participants finished other measures which included the Hospital Anxiety and Depression Scale (HADS), the Inventory of Complicated Grief (ICG), and the Brief-Coping Orientation to Problems Experienced (Brief-COPE). The qualitative data from the focus group interview was analyzed with thematic analysis.

Results: From the quantitative study, the mean scores of HADS for anxiety and depression subscales were 5.05 and 6.34, respectively, which indicated no anxiety and depressive disorders. The mean score of ICG was 19.51 with highest score on acceptance coping subscale. In contrast, the lowest score was on dealing with the substance subscale. There were significant correlations between anxiety subscale from HADS and ICG ($r=0.73$), depression subscale from HADS and ICG ($r=0.85$), and anxiety and depression subscale from the HADS ($r=0.79$). From the qualitative study, the factors associated with grief reaction could be thoroughly explained according to the perceived character of deceased, perceived character of relatives, relationship characteristics, disease, medical care, and support systems.

Conclusions: The correlations among grief reaction, depression, and anxiety of relatives after palliative patients' death were high. The grief reaction was associated with many factors, including communication from medical personnel. This finding emphasized the importance of assessing the reactions after loss and associated factors in the relatives after palliative patients' death. Also, evaluating the ways that the relatives use to cope with their loss, expressing empathy, and supporting the relatives to cope with loss in an adaptive way were recommended.

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Ethics and Psychiatry

EPV0529

Unethical psychiatrist's communication toward patients serving a prison sentence – a case report

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Introduction: An institutional ethical committee receives patients' complaints regarding ethical side of physicians' work, behavior and communication.

Objectives: This case report presents an example of unethical communication by a psychiatrist toward patients serving a prison sentence, who sought a psychiatrist's examination. The main objectives were to evaluate the physician's insight into objections as well as adherence to ethical rules and regulations defined by ethical code, law and other related acts. Identity and other identification data have been modified in relation to the real case for confidentiality.

Methods: The case of a written anonymous complaint to the institutional ethical committee and the psychiatrist's statement on the patients' accusations were taken as data source.

Results: Prisoners seeking psychiatrist's help complained about the behavior of their attendant prison psychiatrist and stated that he insulted and humiliated them, shouted at them, was telling them horrible things (like "you are going to dye slowly"), was talking about them behind their back, ignored their disturbances, listened to several patients at the same time and revealed their diagnoses in front of other patients. The physician denied all the accusations in his feedback report, but stated that there have been conflicts with these patients. He concluded that he wondered why he could not communicate with them more roughly, that there was too much work to do and a lack of time. Furthermore, he worked too much for a small fee and he did not respect their problems while they constantly asked for something, and thus that they made a burden to the health system. Finally, he would not have even respond to an anonymous report.

Conclusions: In the presented case, there were many violations of ethical regulations and legal provisions. The psychiatrist made serious mistakes and misjudgments about numerous regulations of the Law on medical practice's Article 21 regarding medical confidentiality ("Official Gazette" no. 117/08), Physician's Oath Latest Version 2017, amended at the 68th Assembly of the World Medical Association as well as the Croatian Code of Medical Ethics and Deontology („Official Gazette" no. 55/08, pages 1-7, Article 1, paragraphs 1,2,3,4,5,6, Article 2, paragraphs 1,2,14, Article 8, paragraphs 1,2, Article 9, paragraph 12, Article 10, paragraphs 1,2) regarding obligation to preserve the noble tradition of the

medical profession by maintaining high standards of professional work and ethical behavior toward the patient, respecting the patient's rights in physical and mental aspects, taking care of his personal dignity and securing a medical secret. Additional efforts must be made by various stakeholders in health care so that ethical postulates are more strongly embodied in everyday physician's work, without arbitrary interpretations.

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EPV0530

Emotional difficulties in older patients with hemodialysis treatment - decision opportunity

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Introduction: Rapid increase in the number of elderly patients in the world who need dialysis treatment. High age with dementia depression and anxiety negatively affects the outcome of hemodialysis patients on (HD).

Objectives: The goal is that patients get the ability to choose by themselves will they start HD treatment or not. The old population is often exposed doctors, family or guardian's decisions that are against their wishes, either due to a lack of communication or lack of knowledge of working methods and procedures. Procedures can leave mental and physical consequences (suffering), no matter they were all done professionally.

Methods: We analyzed old (70-75 years) and very old patients (over 80 years). Cross-sectional analysis of survival of patients at the Hemodialysis (HD) Center with standard methods.

Results: For patients who started hemodialysis at the age of 70 or more, the average survival was: 20.27±18.62 months, those who died 15.54±17.35, and living ones 30.29±17.85. 35% of the patients survived up to one year, two years 18%, and 3 or more 8%.

Most of old people that started dialysis treatment afterwards complained and concluded that it wasn't necessary mostly because of the lack of communication, or simply it wasn't their own decision. Based on these facts, and knowing that these procedures can leave mental and physical consequences subjective assessment about starting dialysis treatment should respect, in the first place, patient's decision.

The plan for medical procedure involves great ethical, legal and psychological engagement. It often occurs in people who, for some reason, are not in contact and do not adequately test reality.

Conclusions: We are of the opinion that it is, therefore, important that every person, while in mental, physical and social well-being, makes a decision about his medical treatment and communicates it to his family, but it is also very difficult because it touches on his own mortality and helplessness.

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EPV0531

Assisted suicide is a critical problem in psychiatry

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Introduction: Active euthanasia is currently permitted in Netherlands, Belgium, Colombia, Luxembourg, Canada, Australia and India. Assisted suicide is allowed in Switzerland, Germany, South Korea, Japan, as well as in the states of Washington, Oregon, Colorado, Hawaii, Vermont, Montana, California of the USA.

The right to die is considered to be a basic human right. In 2018, 2,357 euthanasia procedures were carried out in Belgium, most of them for the elderly. Factors that contribute to the decision to euthanize older people are: existential crisis; loss of autonomy, dignity and control; worry about future loss of autonomy, dignity, and control; lack of understanding of the processes of dying; concerns about medical intervention and treatment at the end of life; increasing disunity between generations; decline of people's spiritual culture and religious faith. In the Netherlands, euthanasia is allowed from the age of 12, sometimes for infants up to two years old. Some countries allow assisted suicide of the mentally ill. The possibility of suicide for people «who are tired of life» is discussed.

Objectives: Investigation of the ethical aspects of the role of a psychiatrist in the commission of assisted suicide

Methods: In order to study ethical aspects of the role of a psychiatrist in assisted suicide, the materials of the Department of bioethics of UNESCO and the positions of the legislation of a number of countries were studied.

Results: The decision about euthanasia is taken by a commission of 3 doctors, one of whom is a psychiatrist.

According to psychiatrists, the desire to die in a patient with a mental disorder should be considered the same as the desire of a patient with cancer.

The role of psychiatrists in euthanasia and assisted suicide is reversed. These are: the study of assisted suicides, assistance in their implementation and popularization, determination of legal capacity to permit suicide, creation of a psychotherapeutic space and providing psychological assistance to patients in the process of dying, writing of a prescription for a lethal drug, consulting patients and their families.

Conclusions: The role of psychiatrists in Russia is to prevent suicides and treat patients with suicidal tendencies. Assistance by a psychiatrist in the suicide is a critical problem in psychiatry.

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EPV0532

Development of ethical competences in mental health and psychiatry: simulation with nursing students

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