

**Table 1.**

Argument	Description
Etiological	the only cause of mental disorders during pregnancy is the pregnancy itself or fetal diseases
Therapeutical	abortion is a method of treating mental disorders during pregnancy
Prognostic	possible long- and short-term complications after the abortion procedure do not pose a significant threat to the woman's life and health
Consultation-Liaison	the task of the consultant psychiatrist is to indicate what actions other doctors should take
Ethical	the value of the fetus's life is negligible compared to values such as the mother's mental state or well-being
Political	such conduct is beneficial to state policy and the good of society
Legal	such procedures are legal

According to opponents, using the premise of mental health risks to terminate a pregnancy would be an example of the psychiatrization of life and the abuse of psychiatry for political purposes. There would be a danger of associating psychiatry as a tool for performing abortions, which would perpetuate the phenomenon of stigmatization – of both doctors and patients. Each of the arguments for this has been negated.

**Conclusions:** This problem illustrates an attempt to replace the paradigm of traditional personalistic ethics with utilitarianism. The concept of psychiatric premises for abortion is contrary to the principles of double effect and proportionality. It is also against the Polish Code of Medical Ethics: art. 39 and art. 54.

**Disclosure of Interest:** None Declared

## EPV0517

### Non-compliance as ethical dilemma for kidney transplantation

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**Introduction:** Allocating a kidney transplant to a non-compliant recipient could present a triple damage: to the donor (and family of a deceased donor), for the recipient (who will experience rejection) and for another potential recipient on the waiting list (who missed the chance for the transplant). Having in mind that kidney transplantation (TX) is the best choice of renal replacement therapy, a thorough individual endeavor to predict the outcome of a TX in a non-compliant candidate is necessary to avoid a worse option. Non-compliance could origin from maladaptation, psychological limitations or a psychiatric condition.

**Objectives:** Here we present a 46 years old male patient on chronic hemodialysis (HD) for 4 years due to end stage diabetic kidney

disease. He is extremely non-adherent to HD related recommendations, occasionally skipping the sessions, gaining up to 10 kg weight overload between the sessions and avoided visiting psychiatrist, so far. Our objectives were to explore the presence and severity of non-compliance as ethical dilemma for kidney transplantation.

**Methods:** Reviewing the patient's medical data.

**Results:** Unlike to non-obedience to dietary and behavioral medical advice, this patient is very much adherent to pharmacological medication. Staying on HD he is constantly on the edge of vital danger, risking pulmonary edema or hyperkalemia related cardiac events. The most important compliance in a kidney transplant patient is adherence to immunosuppressive therapy. In this particular patient we could predict adherence to immunosuppressive medication after a TX and getting rid of volume overload and hyperkalemia once restoring kidney transplant function.

**Conclusions:** Pretransplant non-compliance in kidney transplant candidate is not always an obstacle for kidney TX. In some cases, as in the one here described, a TX is better option than staying on HD, avoiding the previously described triple ethical damage - to the donor, the recipient and patients waiting on list, while we could predict a good outcome of the TX. Including psychiatrist into the work up and management should not be skipped.

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## EPV0518

### The attitude of Tunisian medicine resident toward euthanasia

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**Introduction:** Euthanasia is the active deliberate ending of life by another person at the explicit request of a patient who is suffering from an incurable condition deemed unbearable by him or her. young doctors in tunisia might be exposed in their daily practice to a request of (E). In some countries the procedure is regulated by law while in others the issue has not been discussed. Before assessing the public opinion the medical core has to be implicated in the debate about the subject. Within the limits of our knowledge this is the first study on the subject in the countries of North Africa

**Objectives:** To describe the attitudes of tunisian medicine resident toward euthanasia

**Methods:** The validated questionnaire of physicians' Attitudes and opinions on assisted suicide and euthanasia was distributed via mails addresses to 50 tunisian resident. The participation was entirely voluntary and anonymity was guaranteed.

**Results:** Thirty seven medicine resident participate to the study the response rate was 74%. The average age of participants was 28.2years old. The majority; 23 were female and 29 had religious beliefs. The most represented speciality was family medicine with 6 participants. Only 2 of doctors were practicing in Europe. About 8 of young doctors were requested for (E). Tunisian medicine residents are generally supportive of the legalization of euthanasia (29), but many have concerns about their own participation in the procedure.