

## EV0542

**Decisional capacity in patients with acute delirium. A Rawlsian approach**S. Hostiuc<sup>1</sup>, I. Negoii<sup>2</sup>, E. Drima<sup>3,\*</sup><sup>1</sup> Carol Davila University of Medicine and Pharmacy, Legal Medicine and Bioethics, Bucharest, Romania<sup>2</sup> Carol Davila University of Medicine and Pharmacy, Surgery, Bucharest, Romania<sup>3</sup> Clinical Hospital Of Psychiatry “Elisabeta Doamna”, Psychiatry, Galati, Romania

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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.

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## EV0543

**Fitness to practice and fitness to regulate**

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*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.

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## EV0544

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

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*Introduction* Quaternary prevention, concept coined by the Belgian Marc Jamouille, 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 over-diagnoses 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.

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## EV0545

**Multidisciplinary approach in old aged dying patients**

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*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.