**Results:** The ethical debate appears to rest between the pillars of first, do no harm, the principles of beneficence and nonmaleficence and aut. Here, the conflict between the first and last appear, where the killing of any patient, whether directly or indirectly is clearly contrary to the principle of primum non nocere. However, the prolonging of suffering in a terminal patient, appears to contradict the principles of nonmaleficence. The Psychiatrist is called to evaluate competence to choose, which is allied to autonomy. Other sources explore the role of the Psychiatrist in permitting a suicide to occur, when the profession is dedicated to the prevention of suicide. From the literature, the psychiatric evaluation is rarely regularly carried out, usually being solicited in cases where mental illness which might compromise the capacity to choose is suspected.
**Conclusions:** In ethical debates, clear cut answers are rarely every developed, with the nuance and greyscale of difficult topics usually dividing those that ferverantly champion each cause. Psychiatric evaluation is usually invoked when patient autonomy, especially in terms of capacity, is called into question. Questions remain as to whether the presence of the psychiatrist should be a regular one in these procedures or if it should be carried out in a selective manner. There is little consensus in regards to this role, which merits further conversation in the various forums of medical and ethical communication.

**Disclosure of Interest:** None Declared

## EPV0515

## Attitude of tunisian psychiatry residents toward internet searches for patient informations

Y. Ben Youssef, M. Lagha, S. Boudriga*, M. Methni, I. Ben Romdhane, W. Homri and R. Labbane

Department C, El Razi Hospital, Mannouba, Tunisia
*Corresponding author.
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**Introduction:** In the age of digital information, the volume of personal information available online continues to grow. Examining patients' online profiles has become common for various reasons especially in psychiatry, despite ethical concerns. Therefore, it is interesting to explore the attitudes of tunisian psychiatric residents in this regard.
**Objectives:** This study aimed to identify the purposes that make psychiatry residents consult their patients' profiles on social media and to evaluate the consequences of being friends with them or following them on the treatment course and on the doctor-patient relationship.
**Methods:** This was a cross-sectional descriptive study from August to September. A questionnaire on Google form was distributed to psychiatry Tunisian residents.The study evaluated the frequency and causes of patient profiles consultation on social networks, its role and impact in the doctor-patient relationship
**Results:** The study population included 53 psychiatry residents with a mean age of 28 (+-5) years and a sex ratio of 0.127. Among the responders, 53 % were in their first or second year of residency. And the predominant workplace was El Razi Hospital : a university hospital.

For the frenquency of patient profiles consultation on social networks : 87% of treating psychiatrists declared consulting their patients' profiles on social media at least once. The purposes of consulting patient's profiles noted in our study were: looking for signs of pre-morbid functioning (n=32), looking for clinical features of the current episode (n=30). They do it also to verify the informations provided by the patient (n= 18) ,have an idea of their private lives (marital status ,employment, hobbies,..)(n=11) , or locate a family member (n=5). It can be also out of curiosity (n=21). And this made the psychiatry residents empathetic towards the patient (n=10) .
But, in 91% of cases, patient's permission was not taken .
Moreover, 4 of treating psychiatrists declared being friends with their patients or following their profiles on social media. Two of them regret it. The friend or follow request was an initiative from the patient, in all cases.
**Conclusions:** The attitudes of psychiatry residents regarding the consultation of patients' profiles on social networks were not clear. However, as the boundaries of the digital doctor-patient relationship remain undefined, it is imperative to develop clear guidelines and educational resources.

**Disclosure of Interest:** None Declared

## EPV0516

## Psychiatric premises for abortion in Poland - ethical, legal and clinical issues

W. E. Kosmowski

Department of Psychiatry, Nicolaus Copernicus University, Bydgoszcz, Poland
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**Introduction:** After judgment of the Constitutional Tribunal of 22.10.2020, there are two premises for abortion: when pregnancy was caused by rape or pregnancy is the threat for health and life of a mother. Then some people indicated that the latter should be interpreted more broadly. So far, jurisprudence has interpreted health threats only in relation to physical health, currently – cases classified as mental health threats are included.
**Objectives:** The aim of this paper is first to analyze different aspects of this phenomenon: clinical, philosophical, including ethical and legal. The second goal is to point out the best actions for psychiatrists.
**Methods:** The methodology of this paper corresponds to the pastoral paradigm: diagnosis, reflection, action. At first, the arguments of opponents and proponents of the concept of psychiatric premises for abortion were extracted. Then they were assessed from a logical and essential point of view. Finally, some conclusions and guides were included to enable psychiatrists to act appropriately, including ethical, clinical and legal aspects.
**Results:** Statements and letters from various institutions and societies were analyzed, including the Presidium of the Supreme Medical Council, Polish Pediatrics Society, the Expert Team on Bioethics of the Polish Bishops' Conference, the Bioethics Committee of the Polish Academy of Sciences, Patient's Rights Ombudsman, Commissioner for Human Rights. The key arguments for psychiatric premises are presented in the Table 1.

**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

L. Rossini Gajsak[1]* and L. Zibar[2,3]

[1]Department of Integrative Psychiatry, University Psychiatric Hospital Sveti Ivan; [2]Department for Nephrology, Internal Clinic, Clinical Hospital Merkur, Zagreb and [3]Faculty of Medicine, Department for Pathophysiology, University Juraj Strossmayer, Osijek, Croatia
*Corresponding author.
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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

A. Touiti[1,2]*, C. Ben Said[1,2] and N. Bram[1,2]

[1]Forensic Psychiatry Departement, Razi Hospital, La Manouba and [2]Faculty of Medecine of Tunis, Tunis El Manar University, Tunis, Tunisia
*Corresponding author.
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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.