in physical health monitoring in the community.An ECG is required if psychotropic medication is initiated or changed. There is a need for greater awareness from both medical and nursing staff on the importance of relevant physical health investigations being completed following admission to the ward.

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"When Relief Becomes Release: Exploring Euthanasia Through a Psychiatric Lens"

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Aims: To illustrate the heterogeneity of drivers underlying wishes to die and to consider the implications for psychiatric practice, particularly in relation to transparency, ethical formulation, and end-of-life decision-making.
Methods: Four anonymised cases assessed within UK mental health services were selected for qualitative analysis. Each case involved a formal psychiatric assessment including mental state examination, capacity assessment, risk formulation, and evaluation of psychosocial context. Cases were examined thematically, with reference to the ethical principles of autonomy, beneficence, non-maleficence, and justice.
Results: Case one involved a 93-year-old widower who attempted suicide following profound loneliness and bereavement. He was cognitively intact and denied depression. His distress was primarily social and existential and improved significantly with psychosocial intervention, antidepressant treatment, and relocation closer to family.

Case two described a 62-year-old woman with terminal breast cancer who retained capacity and engaged with services but concealed ongoing suicidality, later dying by suicide. Loss of autonomy and fear of dependency were prominent drivers.

Case three involved a 72-year-old woman with severe depression and Parkinson's disease who deteriorated following her husband's terminal diagnosis. Despite compulsory admission and maximal treatment, including electroconvulsive therapy, she showed no meaningful recovery and died shortly after discharge, raising concerns regarding proportionality and dignity.

Case four described a 67-year-old man with mild cognitive impairment whose fear of future dementia drove concealed suicidality, culminating in suicide despite minimal overt psychiatric symptoms.

Across cases, wishes to die arose from heterogeneous and often non-psychiatric drivers. In several cases, concealment of intent appeared linked to fear of coercive intervention.
Conclusion: Wishes to die cannot be understood solely through diagnostic frameworks. These cases demonstrate the importance of distinguishing treatable distress from enduring suffering and recognising how legal and clinical contexts shape disclosure. Psychiatry has a central role in ethical formulation, safeguarding, and facilitating honest dialogue as end-of-life debates evolve.

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Audit of the Assessment and Documentation of Sexual Side Effects of Antipsychotic Medication in an Inpatient Rehabilitation Ward

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Aims: Sexual dysfunction (SD) is a common side effect of antipsychotic treatment, affecting desire, arousal, orgasm, and sexual pain, and may reduce quality of life and medication adherence. Despite this, it is often overlooked in clinical settings. NICE CG178 recommends annual review of antipsychotic side effects, including sexual side effects. Improving the management of sexual side effects has the potential to enhance both quality of life and medication adherence. This audit aimed to establish a baseline understanding of the documentation of sexual side effects in patients receiving antipsychotics in Meadowbank Ward (a 12-bed inpatient specialist adult male rehabilitation ward in Berrywood Hospital), assess adherence to NICE CG178 guidelines and identify areas for improvement.
Methods: A retrospective case notes review of all the patients admitted to Meadowbank Ward between 1st of January 2023 and 1st of January 2026. The collected data included age at discharge, length of admission to the ward, ethnicity, primary diagnosis, documentation of sexual side effects within the last 12 months of their admission, and subsequent actions.
Results: Twenty-two male patients met the inclusion criteria. Age at discharged ranged between 21-47 years-old. Primary diagnoses were schizophrenia (n=18, 82%), schizoaffective disorder (n=3, 14%) and delusional disorder (n=1=5%). Three patients (14%)had neurodevelopmental comorbidity (ASD or ADHD). Documentation of sexual side-effect discussion within 12 months was identified for 18 patients (82%). No patients declined discussion. Nursing staff authored for 14/18 patients in the trust's physical health monitoring and intervention template and medical staff documented entries for 4/18 patients in ward round notes. Four patients (22%) of those with documented discussions reported sexual side effects. Actions included physical health check with blood tests (n=1), reduction of antipsychotic dose (n=1), use of a herbal remedy (n=1), and no documented action (n=1).
Conclusion: This audit demonstrates that most patients (82%) had documented discussion regarding sexual side effects of antipsychotic medication, with nursing staff effectively utilising the Trust's monitoring template. However, the audit identified incomplete adherence to NICE CG178 standard (target of 100%) and inconsistent clinical responses when SD was reported. The plan includes conducting a staff survey to identify barriers to discussion and documentation of sexual side effects; developing a standardized pathway for the assessment and management of antipsychotic-related SD; providing targeted training for medical and nursing staff; presenting findings to the MDT and Trust's audit committee; and conducting a re-audit.

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