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.

Conclusions: Ethical and legal complexities surround the topic of euthanasia.It is imperative to deepen our understanding of this practice within the context of the North Africa region,in order to formulate a comprehensive and well-informed policy.

Disclosure of Interest: None Declared

Forensic Psychiatry

EPV0519

Change in Quality of Life After the Relocation of a National Forensic Hospital: A Dundrum Forensic Redevelopment Evaluation Study (D-FOREST)

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Introduction: Forensic psychiatric services address the therapeutic needs of mentally disordered offenders in a secure setting. Clinical, ethical, and legal considerations underpinning treatment emphasize that the Quality of Life (QOL) of patients admitted to forensic hospitals should be optimised.
Objectives: This study aims to examine changes in the QOL in Ireland's National Forensic Mental Health Service following its relocation from the historic 1850 site in Dundrum to a new campus in Portrane, Dublin.
Methods: This multisite prospective longitudinal study is part of the Dundrum Forensic Redevelopment Evaluation Study (D-FOREST). Repeated measures were taken for all inpatients in the service at regular six-monthly intervals. The WHOQOL-BREF questionnaire was offered to all inpatients and an anonymised EssenCES questionnaire was simultaneously used to measure atmosphere in the wards. Data were obtained at five time points for each individual patient and ward. WHOQOL-BREF ratings were obtained across five time points with comparisons for four time intervals, including immediately before and after relocation. For 101 subjects across the four time intervals, 215 sets of data were obtained; 140 before and 65 after relocation with 10 community patients who did not move. Using Generalised Estimating Equations (GEE) to correct for multiple comparisons over time, the effect of relocation, with community patients as a control, was analysed by ward cluster and whether patients moved between wards. Observations were categorised according to security level — high dependency, medium secure, rehabilitation, or community — and trichotomised based on positive moves to less secure wards, more secure wards (negative moves), or no moves.
Results: The hospital's relocation was associated with a significant increase in environmental QOL (Wald X^2=15.9, *df*=1, p<0.001), even when controlling for cluster location, positive and negative moves. When controlling for ward atmosphere, environmental QOL remained significantly increased after relocation (Wald X^2=10.0, *df*=1, p=0.002). EssenCES scores were obtained within the hospital for three time points before relocation and two time points afterward. No significant differences were found in the three subscales before and after the relocation. All three EssenCES subscales progressively improved with decreasing security level (Patient's Cohesion: Wald X^2=958.3, *df*=1, p<0.001; Experienced Safety: Wald X^2=152.9, *df*=5, p<0.001; Therapeutic Hold: Wald X^2=33.6, *df*=3, p<0.001).
Conclusions: The GEE model showed that the hospital's relocation improved self-reported environmental QOL. The cluster location made significant differences, as expected for a system of stratified therapeutic security, with a steady improvement in scores on all three atmosphere subscales.

Disclosure of Interest: None Declared

EPV0520

The interplay of aggression and psychopathy in a correctional treatment setting

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Introduction: Aggression is a relevant risk factor for criminal behavior. Psychopathy is known to correlate with a higher risk for violent offenses and research suggests that successful therapy of psychopathy is complicated.
Objectives: Our goal was to explore the overlap between psychopathy and aggression and the specific influence of psychopathic traits on change in aggression during correctional therapy.
Methods: A pre-post-study rating psychopathy and aggression in men imprisoned for sexual and non-sexual violent offenses aged between 20 and 67 (M=37.6, SD 11.6) was conducted. The participants filled out standardized pre- and post-treatment ratings after admission and after an average of 16 months (n=144 for pre-rating, n=89 for post-rating). Psychopathy was measured via the PCL-R and aggression with the BDHI (Buss-Durkee Hostility Inventory).
We calculated two-tailed Pearson correlations for BDHI Pre-, Post-, and Change Scores and the PCL-R. Further, the BDHI pre-post-differences were compared using independent t-Tests, effect sizes were calculated using Cohen's d (small, medium, and large effect sizes are d = .20, .50, and .80). Also, unpaired t-tests were carried out to compare between participants with lower and higher PCL-R sum scores (median split, mdn= 16.8, M=16.8, SD=7.0).
Results: Psychopathy facets 3 and 4 (lifestyle, antisocial) and the sum score correlate significantly with the pre-, and post-BDHI total score and the subscale direct hostility but not with indirect hostility. Regarding BDHI change scores, only the interpersonal facet of PCL-R correlated significantly with direct hostility and the total BDHI score. In the whole population, a significant reduction of the BDHI was only found in the subscale indirect hostility (p=.015, cohens d= .26). In the subgroup of individuals with lower PCL-R (<16.8) showed a reduction of indirect hostility (p<.001, cohens