## EPV0841

## Euthanasia for psychic suffering: the psychopathological (f)law

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**Introduction:** In countries where euthanasia is allowed it seems natural that it can also be applied to persons with psychiatric pathologies, euphemistically called 'psychic suffering'. Is it that self-evident? In society it still raises ambivalence. In court proceedings it's almost about psychopathological cases which can't be solved rightly in a judicial context. These examples are like seismographs detecting special vibrations. Metaphorically speaking several causes are at stake to explain those oscillations. One of them is discussed below. Psychopathology.
**Objectives:** Psychopathology as such is dynamic – not static. It is a self-organization of complex dynamic systems. The clinical reality and the theoretical grounds corroborate this assumption. This has consequences for the application of euthanasia in case of psychic suffering. Can it still be argued that a psychiatric disease is untreatable? That in the future no change is possible anymore? The objective is to explain that these questions are rhetorical.
**Methods:** The exploration of two theories leads to the understanding of the proposition, namely that psychopathology is a complex dynamic self-organization.
**Results:** First, anthropopsychiatry – an integrative theory and praxis of modern psychiatry, philosophy and psychoanalysis with the human(e) as the heart of the matter - states that the human being is intrinsically dynamic and unpredictable. So is the broken man lost in psychopathology. Second, complex living systems are dynamic, with coincidence and uncertainty – in present and future – as core of the systems themselves.
**Conclusions:** These findings are essential for the theory and practice of euthanasia for psychic suffering. The law only allows it when the psychiatric disease of a person is said to be incurable and not likely to change in the future. From the previous it is clear that this isn't the case. It's the flaw of the law in case of euthanasia for psychic suffering.
The importance is to realize these findings and acting accordingly. After all it is a matter of life or death, isn't it?

**Disclosure of Interest:** None Declared

## EPV0842

## Assessment of Medical Decision-Making Competence in Emergency Settings: Application of a Validated Scale in a Case Study

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**Introduction:** The assessment of competence for medical decision-making is a critical aspect in the care of patients with mental health disorders. Since patient autonomy is a fundamental pillar of medical ethics, evaluating their capacity to make informed decisions ensures respect for their rights while safeguarding their well-being. An accurate assessment of competence not only facilitates safer and more appropriate decisions for the patient, but also allows physicians to act ethically and legally. Understanding the tools and criteria for such assessments is essential to balance patient autonomy with the protection of their health.
**Objectives:** Identify factors that may influence a patient's competence for specific decisions.
Familiarize with validated scales for assessing patient competence. Identify strategies to improve competence in cases where necessary.
**Methods:** We present the case of a 65-year-old female patient without significant medical or psychiatric history, who was evaluated in the emergency department for cardiac tamponade, requiring urgent intervention via pericardiocentesis. At the time of the procedure, the patient refused the intervention due to severe pain, requesting voluntary discharge without undergoing further tests. Psychiatry was consulted to assess the patient's decision-making capacity. An interview was conducted using the MacCAT-T (MacArthur Competence Assessment Tool for Treatment) scale.
**Results:** A joint interview was conducted between the emergency medicine, intensive care, and psychiatry departments. The results indicated partial competence of the patient for this medical decision (understanding of the procedure and its impact on daily life, but high risk associated with the decision). The patient's family was involved in the decision-making process, and it was decided to extend the emergency department stay for two additional days to promote better patient competence.No psychopathology was found that impaired the patient's competence. Ultimately, it was determined that the patient had the necessary competence for this specific decision, and she was discharged home.
**Conclusions:** Interviews assisted by validated competence assessment scales, such as the MacCAT-T, can be a useful tool in challenging decision-making contexts in emergency situations, providing a more objective and ethical evaluation of patient competence.

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## EPV0843

## EU and UK migration policies impeding mental health justice - a critical review

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**Introduction:** Ongoing global conflicts have led to increasing forced migration and displacement. This rising numbers' trend has fueled discriminatory policies in the EU and UK, resulting in detrimental mental health consequences for refugees and asylum seekers (RAS) caused by post-migration stressors. These policies sharply contrast ratified treaties and conventions based on the Universal Declaration of Human Rights (UDHR).

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