

EPV0841

Euthanasia for psychic suffering: the psychopathological (f)lawM. Calmeyn^{1,2,3}¹private practice, Loppem Zedelgem; ²Superior Health Council, Brussels and ³Postuniversity Center KUL, Kortrijk, Belgium
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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?

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EPV0842

Assessment of Medical Decision-Making Competence in Emergency Settings: Application of a Validated Scale in a Case StudyV. Del Rio Peña^{1*}, A. Pegleri¹, M. Boadas i Gironés¹, A. Barnés Andreu¹, D. Vegas Renom¹, C. Fernández Alcobet¹, M. Aparicio Muñoz¹, C. Tablero Nadal¹, Á. Ferrer Alberti¹, F. Estrada Coma¹, E. Aguilar Morales¹, V. Soria Tomás¹ and D. Palao Vidal¹¹Consorci Corporació Sanitària Parc Taulí de Sabadell, Sabadell (Barcelona), Spain

*Corresponding author.

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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 reviewC. Diefenbach¹¹Department of Psychiatry, Psychosomatic Medicine and Psychotherapy, Goethe University Frankfurt, University Hospital, Frankfurt am Main, Germany
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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).

Objectives: The review examines the infringement of RAS' right to health, focusing on the mental health consequences of post-migration stressors faced upon arrival in the EU and the UK. It analyses how these post-migration stressors reflect a violation of human rights (HR), tracing the evolution of human rights theory from natural law to contemporary universal principles. It investigates how post-migration stressors exacerbate psychiatric symptoms in an already vulnerable population present in the EU and UK. It seeks to understand whether the EU faces a moral cosmopolitan duty of humanitarianism towards RAS, exploring the ethical and legal obligations of the EU and UK under key international HR frameworks.

Methods: A systematic search was conducted across several databases, including PubMed, ScienceDirect, and GoogleScholar. The search comprised keywords such as human rights, cosmopolitanism, health justice, post-migration stressors, refugees and asylum seekers, common european asylum system and mental health. Boolean Operators AND and OR were applied. Exclusion criteria included non-English/German/Italian publications, papers focused on non-european asylum policies or refugee populations outside the EU and UK, and study protocols. Studies were synthesised to provide a comprehensive overview of post-migration stressors in the EU and UK and a philosophical deduction of human rights.

Results: Both the EU and UK violate international HR law by failing to ensure the right to health for RAS. Empirical studies from Greece, Italy, and Germany document that post-migration stressors—such as inadequate housing, poor living conditions, and delays in asylum procedures—exacerbate mental health conditions like depression, post-traumatic-stress disorder, and anxiety. The recent reform of the Common European Asylum System (CEAS) demonstrates the gap between legal commitments in international law and current migration policies. This further restricts access to asylum and (mental) healthcare, subjecting RAS to violence and inadequate care.

Conclusions: The EU's and UK's political and legal responses violate basic human rights of RAS, particularly their right to health, despite legal commitments to international HR treaties. This further exacerbates mental health conditions in RAS. A human rights-based approach, integrating mental health into migration policies, is crucial to protecting RAS' dignity and mental health. Until then, the EU and UK will continue to fall short of their moral and legal obligations.

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EPV0845

Perceived stigma in AI-generated mental health imagery: an online study

J. Grimmer^{1*}, N. Khorikian-Ghazari¹, L. Schoch¹, N. L. Hartmann¹, A. Hasan^{1,2} and I. Papazova¹

¹Department of Psychiatry, Psychotherapy, and Psychosomatics, University of Augsburg, Medical Faculty and ²DZPG (German Center for Mental Health), partner site München/Augsburg, Augsburg, Germany

*Corresponding author.

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Introduction: Artificial intelligence (AI) has enriched the everyday lives of many people and is used in a variety of ways, i.e. as a

resource of medical information. One of the most popular AI functions is the generation of images of real-world settings. Recent research (Mei et al. ACM FAccT 2023; 1699-1710) has shown, that AI could reinforce prejudice and can be biased in its answers leading to stigmatization in the online world as well. This has dramatic consequences as stigma is known to affect mental health negatively (Pérez-Garín et al. Psychiatry Res. 2015; 228 325-331). Little is known, however, if and to what extent AI generated images reveal bias towards people with mental illness or corresponding institutions such as psychiatric clinics.

Objectives: The aim of this exploratory study is to investigate whether AI-generated images of psychiatric institutions, scenes, and severe mental illnesses are perceived as stigmatizing compared to other hospital scenes and severe illnesses from patients, mental health experts, and the general population in Germany.

Methods: Two researchers prompted three different AIs to generate various realistic medical scenes (prompts: person suffering from a severe mental illness, person suffering from a severe illness, mental health institution, hospital, psychiatric ward, hospital ward, incident in a mental health institution, incident in a hospital, electroconvulsive therapy session, cardiopulmonary resuscitation session). For each chatbot, one image per prompt was selected randomly for the following online survey. In a mixed subject design, participants were randomly assigned to one of three groups displaying the generated images of one AI. Then, they were asked to rate the images on SAM rating scales, adjective scales, to provide a title for the image, and to decide whether the image stigmatizes specific groups. The survey starts on November 2024 and a total sample size of 100 subjects is aimed for.

Results: Preliminary results will be presented at the congress.

Conclusions: This study examines the effects of AI-generated images on patients, experts and the general population. It attempts to find out whether and to what extent AI-generated images stigmatize people with severe mental illnesses and to what extent psychiatric institutions are portrayed realistically compared to general medical institutions and severe illnesses.

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A correlational study of Greek therapists' responses to sexual and erotic feelings during psychotherapy

M. Lazaridou^{1*} and I. Sofroni¹

¹ICPS, Athens, Greece

*Corresponding author.

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Introduction: Erotic and sexual feelings within therapy are complex phenomena which provide important information on aspects of both the client's and the therapist's relational self and hence bear great significance for the outcome of the therapy. The present correlational study examined Greek therapists' responses to sexual and erotic feelings during psychotherapy.