

## S17-04 - AGEING, CARE WITH OPTIMAL QOL AND END-OF-LIFE ISSUES

**N. Tataru**

*Psychiatry, Forensic Psychiatric Hospital Stei, Bihor, Romania*

After a conceptual definition of normal ageing and of active and successful ageing and their differentiation from morbid ageing, we try to consider not only the presence or absence of a disorder but also its impact in someone's quality of life. Impact of mental disorders on quality of life is one of the changes in criteria for public health priority. Nowadays, it is difficult enough to talk about quality of life of elderly with mental disorders. The psychiatrists and other health care providers have to face at serious medical and ethical challenges in caring the elderly mentally ill at the end-of-life, assuring them the best quality of life as it is possible. Knowledge of the persons' past experiences and their current abilities could be used as a guide for making decisions affecting their QoL and also their end-of-life.

Following the principles of Declaration of Paris, 2005, we can discuss about the quality of end-of-life of elderly mentally ill and stigma against them, in term of: the right to live versus the right to die; the right to be treated versus the right to refuse the treatment; the right to know versus the right to refuse to know the diagnosis; the valid consent of the person with the capacity to consent and the patient without this capacity. Respect for the individual's expressed wishes and interest, should guide all end-of-life care decisions. The aim of any mental healthy intervention for older adults is to preserve the human rights and patient best interest.