

medical profession by maintaining high standards of professional work and ethical behavior toward the patient, respecting the patient's rights in physical and mental aspects, taking care of his personal dignity and securing a medical secret. Additional efforts must be made by various stakeholders in health care so that ethical postulates are more strongly embodied in everyday physician's work, without arbitrary interpretations.

Disclosure of Interest: None Declared

EPV0530

Emotional difficulties in older patients with hemodialysis treatment - decision opportunity

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Introduction: Rapid increase in the number of elderly patients in the world who need dialysis treatment. High age with dementia depression and anxiety negatively affects the outcome of hemodialysis patients on (HD).

Objectives: The goal is that patients get the ability to choose by themselves will they start HD treatment or not. The old population is often exposed doctors, family or guardian's decisions that are against their wishes, either due to a lack of communication or lack of knowledge of working methods and procedures. Procedures can leave mental and physical consequences (suffering), no matter they were all done professionally.

Methods: We analyzed old (70-75 years) and very old patients (over 80 years). Cross-sectional analysis of survival of patients at the Hemodialysis (HD) Center with standard methods.

Results: For patients who started hemodialysis at the age of 70 or more, the average survival was: 20.27±18.62 months, those who died 15.54±17.35, and living ones 30.29±17.85. 35% of the patients survived up to one year, two years 18%, and 3 or more 8%.

Most of old people that started dialysis treatment afterwards complained and concluded that it wasn't necessary mostly because of the lack of communication, or simply it wasn't their own decision. Based on these facts, and knowing that these procedures can leave mental and physical consequences subjective assessment about starting dialysis treatment should respect, in the first place, patient's decision.

The plan for medical procedure involves great ethical, legal and psychological engagement. It often occurs in people who, for some reason, are not in contact and do not adequately test reality.

Conclusions: We are of the opinion that it is, therefore, important that every person, while in mental, physical and social well-being, makes a decision about his medical treatment and communicates it to his family, but it is also very difficult because it touches on his own mortality and helplessness.

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EPV0531

Assisted suicide is a critical problem in psychiatry

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Introduction: Active euthanasia is currently permitted in Netherlands, Belgium, Colombia, Luxembourg, Canada, Australia and India. Assisted suicide is allowed in Switzerland, Germany, South Korea, Japan, as well as in the states of Washington, Oregon, Colorado, Hawaii, Vermont, Montana, California of the USA.

The right to die is considered to be a basic human right. In 2018, 2,357 euthanasia procedures were carried out in Belgium, most of them for the elderly. Factors that contribute to the decision to euthanize older people are: existential crisis; loss of autonomy, dignity and control; worry about future loss of autonomy, dignity, and control; lack of understanding of the processes of dying; concerns about medical intervention and treatment at the end of life; increasing disunity between generations; decline of people's spiritual culture and religious faith. In the Netherlands, euthanasia is allowed from the age of 12, sometimes for infants up to two years old. Some countries allow assisted suicide of the mentally ill. The possibility of suicide for people «who are tired of life» is discussed.

Objectives: Investigation of the ethical aspects of the role of a psychiatrist in the commission of assisted suicide

Methods: In order to study ethical aspects of the role of a psychiatrist in assisted suicide, the materials of the Department of bioethics of UNESCO and the positions of the legislation of a number of countries were studied.

Results: The decision about euthanasia is taken by a commission of 3 doctors, one of whom is a psychiatrist.

According to psychiatrists, the desire to die in a patient with a mental disorder should be considered the same as the desire of a patient with cancer.

The role of psychiatrists in euthanasia and assisted suicide is reversed. These are: the study of assisted suicides, assistance in their implementation and popularization, determination of legal capacity to permit suicide, creation of a psychotherapeutic space and providing psychological assistance to patients in the process of dying, writing of a prescription for a lethal drug, consulting patients and their families.

Conclusions: The role of psychiatrists in Russia is to prevent suicides and treat patients with suicidal tendencies. Assistance by a psychiatrist in the suicide is a critical problem in psychiatry.

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EPV0532

Development of ethical competences in mental health and psychiatry: simulation with nursing students

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Introduction: Simulation as a pedagogical strategy contributes to improving the acquisition, consolidation and retention of knowledge and is very attractive for students.

In simulation learning, students come into contact with real clinical practices, allowing them to develop personal, psychosocial, ethical and clinical skills, facilitating learning for decision-making.

The creation of different and complex simulation scenarios within the scope of Mental Health and Psychiatry (MHP) allows the empowerment of nursing students, through the anticipation and prevention of errors and the creation of training opportunities, which culminate in the development of critical thinking and reflective on the ethical dimension of caring for people experiencing mental illness.

Objectives: To analyze the simulation as a strategy to develop ethical competences in MHP; To reflect on respect for autonomy, capacity for self-determination and dignity of the person; To reflect on care practices that promote respect and dignity for people experiencing mental illness.

Methods: After the careful design of the situation simulation scenario in MHP, the steps are as follows:

Prebriefing - transmit generic information about the scenario to the participants/students; request the participation of some students to assume the role of actors in the context they will encounter and prepare to start the case; explain to observers what will happen and the goals of the scenario.

- Scenario development.
- Debriefing - ask observers to analyse and reflect on positive aspects of performance; lead participants to analyse and reflect on their actions; investigate the basis of gaps/errors.
- Reflection - facilitating students' structured thinking (reflection-in-action and reflection-on-action); review learning.
- Assessment - focus group interview; observation and/or filming.

Results: The evaluation revealed that the use of a simulation scenario allows the connection between the theoretical contents of ethics (principles, dignity of the person, human rights, informed consent, ...) with what they saw and experienced in the scenario; facilitates understanding of concepts, helps to internalize knowledge and retain information; favors reflection, development of critical thinking through discussion and argumentation; makes it easier to understand the relationship between the subject taught and reality; and the discussion of the situation helped to structure the thought.

The diversity of scenarios is interesting and useful, it allows understanding the different role of nurses in the hospital context and in the context of primary care.

Conclusions: It is concluded that the use of a simulation scenario in MHP is of great interest and usefulness for the development of ethical competences, allowing reflection on care practices that promote respect and dignity of the person with experience of mental illness.

Disclosure of Interest: None Declared

Forensic Psychiatry

EPV0533

Sexual aggressors with mental disorders: characterization of a Tunisian sample

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Introduction: Sexual violence is a worldwide public health concern. Nevertheless, the psychopathology of perpetrators of sexual assault still nowadays poorly documented.

Objectives: The aim of this study was to assess the characteristics of sexual aggressors with mental disorders.

Methods: It was a retrospective study that included a series of sexual aggressors examined in forensic psychiatric assessment in the psychiatry C department at Hedi Chaker university Hospital in Sfax, from January 2010 to December 2021. Data were collected from psychiatric expert reports.

Results: The sample was exclusively composed of men with an average age of 37 years and 07 months (± 12.75 years). 54.4% of sexual aggressors suffered from mental disorder. Personality disorder was the most prevalent psychiatric disorder and the antisocial type was noted in 23.9% of cases.

Sexual aggressors suffering from mental disorder were more likely to commit rape followed by murder ($p=0.05$). They used physical violence far more than the others did ($p=0.007$) and they were more apt to threaten their victims with weapon during the assault ($p=0.038$). They were also more likely to abuse the power given by their professional roles (15,2 % versus 5,6 %; $p=0.07$). They more frequently attacked unknown victims ($p=0.019$).

Conclusions: More than half of sexual aggressors suffered from psychiatric disorder. Therefore, the detection and treatment of psychiatric morbidity among sexual aggressors may minimize the risk of recidivism.

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EPV0535

Criminological characteristics of sexual assault perpetrators: a Tunisian study

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Introduction: In Tunisia, Sexual assaults constitute a pervasive problem that concerns the health care system and the country's judicial authorities alike.