

Introduction: The idea that personality can influence our perception of ‘otherness’ is widely accepted within the literature of social sciences. Undoubtedly, the principle of dehumanization played an important role in genocides during the 20th and 21st centuries. In totalitarian or post-totalitarian regimes ‘otherness’ may present a challenge to the absolute power. Recent studies showed that negative attitudes toward ‘otherness’ – also known as xenophobia – are on a rise in the Czech Republic. A deeper analysis of the personality in relation with perception of otherness is still missing.

Objectives: The presentation analyse the personality variables associated with the perception of otherness and compare the differences between various age groups, genders, individuals with different levels of education, and above all, the differences between various groups. Several contrast groups are compared - general population, high neuroticism sample, personality disorder sample, xenophobic and xenophilic sample.

Methods: Bogardus Scale of Social Distance as a measure of perception of otherness is compared with in-depth analysis of personality functioning (Semi-Structured Interview for Personality Functioning DSM–5, STiP-5.1).

Results: We analyze the results of five samples with respect to demographic variables, variables of personality functioning and try to point out the relationship between more attitudes and underlying personality functioning. The importance of some demographic variables (as age) and connections between personality functioning (Self and Interpersonal) and social distance is emphasized and discussed.

Conclusions: The project help us to understand perception of otherness in light of demographic and relative power of personality factors.

Keywords: otherness; personality functioning; social distance

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Limitation of therapeutic effort in psychiatric patients about a case.

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Introduction: Thanks to advances in medicine, more diseases are being cured, but this benefit can become a problem when it causes a worsening of quality of life.

Objectives: The objective of this paper is to analyze, regarding the following case, the convenience of treating or to limit the therapeutic effort (LTE) in psychiatric patients who are in situations at the end of life.

Methods: 62-year-old woman begins with depressive symptoms from financial problems. In 4 months ago she makes four suicide attempts (drug overdose, cuts, self-stabbing, and precipitation), being hospitalized in ICU after latter because of multiple trauma and shock. During that time, she had a bad evolution with several complications that made LTE be evaluated. A bibliographic search was performed from different database (Pubmed, TripDatabase) about LTE and ethical implications.

Results: Trying to prolong life by disproportionate means in a patient with a poor prognosis or poor quality of life is bad practice. We must assess the severity, quality of life, capacity and preferences

of the patient to decide to treat or not, thus guaranteeing the principle of beneficence. It is also important to respect the principle of autonomy, accepting patients can refuse treatment. All this is equally applicable to psychiatric patients, whom we should not stigmatize but rather evaluate their ability to decide, as in any person.

Conclusions: In conclusion, in situations of high suffering and near death, it is necessary a complete evaluation of the patient (psychiatric or not) is carried out in order to act in the most ethical way.

Keywords: autonomy; limit the therapeutic effort; ethical; quality of life

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The right to die: Perspectives of mental health professionals in malta

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Introduction: In their professional work, mental health professionals are continually working with individuals in distress, who may express a wish to end their lives.

Objectives: To understand the perspectives of mental health professionals towards a person’s right to die.

Methods: A mixed-method technique was used: Stage 1 involved a validated online questionnaire sent to all professionals working within the public mental health services in Malta. Stage 2 consisted of a multidisciplinary discussion between six professionals asked to hypothetically manage a terminally ill patient requesting physician-assisted suicide. Thematic analysis was subsequently applied.

Results: The majority of mental health professionals disagreed with allowing a person to commit suicide, even in situations of crippling debt, overwhelming despair and family dishonour. Terminal illness elicited a varied response (Figure 1)

