

While some associations were found, it did not match our literature findings. For future investigation, epidemiological and pathogenetic biological psychiatric research should be aimed at identifying biopsychosocial factors that frustrate the natural recovery process.

Disclosure of Interest: None Declared

EPV0528

Grief reaction, Depression, anxiety, and coping of relatives after palliative patients' death in Thailand

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Introduction: Grief is a normal psychological response in relatives after the loss of their loved ones, which has shown to be associated with psychological reactions like depression, anxiety, and significant stress that many relatives have to cope with. In Thailand, there are limited research studies on grief, especially in palliative settings.

Objectives: To examine grief reaction, depression, anxiety, and coping of relatives after palliative patients' death.

Methods: A multi-method design was applied. The authors completed the demographic data questionnaire, and the participants finished other measures which included the Hospital Anxiety and Depression Scale (HADS), the Inventory of Complicated Grief (ICG), and the Brief-Coping Orientation to Problems Experienced (Brief-COPE). The qualitative data from the focus group interview was analyzed with thematic analysis.

Results: From the quantitative study, the mean scores of HADS for anxiety and depression subscales were 5.05 and 6.34, respectively, which indicated no anxiety and depressive disorders. The mean score of ICG was 19.51 with highest score on acceptance coping subscale. In contrast, the lowest score was on dealing with the substance subscale. There were significant correlations between anxiety subscale from HADS and ICG ($r=0.73$), depression subscale from HADS and ICG ($r=0.85$), and anxiety and depression subscale from the HADS ($r=0.79$). From the qualitative study, the factors associated with grief reaction could be thoroughly explained according to the perceived character of deceased, perceived character of relatives, relationship characteristics, disease, medical care, and support systems.

Conclusions: The correlations among grief reaction, depression, and anxiety of relatives after palliative patients' death were high. The grief reaction was associated with many factors, including communication from medical personnel. This finding emphasized the importance of assessing the reactions after loss and associated factors in the relatives after palliative patients' death. Also, evaluating the ways that the relatives use to cope with their loss, expressing empathy, and supporting the relatives to cope with loss in an adaptive way were recommended.

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Ethics and Psychiatry

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Unethical psychiatrist's communication toward patients serving a prison sentence – a case report

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Introduction: An institutional ethical committee receives patients' complaints regarding ethical side of physicians' work, behavior and communication.

Objectives: This case report presents an example of unethical communication by a psychiatrist toward patients serving a prison sentence, who sought a psychiatrist's examination. The main objectives were to evaluate the physician's insight into objections as well as adherence to ethical rules and regulations defined by ethical code, law and other related acts. Identity and other identification data have been modified in relation to the real case for confidentiality.

Methods: The case of a written anonymous complaint to the institutional ethical committee and the psychiatrist's statement on the patients' accusations were taken as data source.

Results: Prisoners seeking psychiatrist's help complained about the behavior of their attendant prison psychiatrist and stated that he insulted and humiliated them, shouted at them, was telling them horrible things (like "you are going to dye slowly"), was talking about them behind their back, ignored their disturbances, listened to several patients at the same time and revealed their diagnoses in front of other patients. The physician denied all the accusations in his feedback report, but stated that there have been conflicts with these patients. He concluded that he wondered why he could not communicate with them more roughly, that there was too much work to do and a lack of time. Furthermore, he worked too much for a small fee and he did not respect their problems while they constantly asked for something, and thus that they made a burden to the health system. Finally, he would not have even respond to an anonymous report.

Conclusions: In the presented case, there were many violations of ethical regulations and legal provisions. The psychiatrist made serious mistakes and misjudgments about numerous regulations of the Law on medical practice's Article 21 regarding medical confidentiality ("Official Gazette" no. 117/08), Physician's Oath Latest Version 2017, amended at the 68th Assembly of the World Medical Association as well as the Croatian Code of Medical Ethics and Deontology („Official Gazette" no. 55/08, pages 1-7, Article 1, paragraphs 1,2,3,4,5,6, Article 2, paragraphs 1,2,14, Article 8, paragraphs 1,2, Article 9, paragraph 12, Article 10, paragraphs 1,2) regarding obligation to preserve the noble tradition of the