EV0965

Client versus patient – The clinical. Economical, moral, legal and other implications of a choice

B. Latecki
LIfe Empangeni Private Hospital, Psychiatric private practice, Empangeni, South Africa

The presentation discusses the overt and hidden meaning of the terms between "patient" or "client" regarding persons undergoing psychotherapy and implications of using these terms. Some historical and recent opinions and points of view are presented. As the outcome of the discussion, it is concluded that to weigh pros and cons and to decide on which name would be more appropriate, one must resort to taking into consideration the definitions of therapy, suffering, and healing. It is suggested that the criterium should be the level and nature of suffering experienced by the "taker" and the level and nature of care performed by the "giver" (provider). The relations between both parties are also discussed in terms of existential phenomenology–as opposed to dualistic approach – and holism versus atomism. It is the intention of the author to deliver some practical and not only theoretical contribution to clinical practice.

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I choose, therefore I am. The Jaspers concept of choice and implications on the ability to act

A. Riolo, F. Babici, F. Tassi*
ASS 1 Triestina, Department of Mental Health, Trieste, Italy
* *Corresponding author.*

Introduction According to Jaspers, with the term of choice you should not be understood the possibility to choose between objects but freedom as a choice for themselves. Because I choose, then I am; in fact, I feel my freedom in my mind. Choose what is best for the psychiatric patient in different contexts (relational, occupational, social, therapeutic) is the ability to act. The best practices provide that psychiatrists, nurses, social workers, rehabilitation professionals are committed to enhancing the capacity to choose but the legal protection measures are likely to be a contradiction.

Objective We try to explore the theme of choice based on the capacity to act or failure to act from a phenomenological approach.

Method Through some concrete cases, extrapolated from clinical practice, highlight the contradictions between enunciation of principles and procedures for responding to the problems of psychiatric patients who are not able to choose.

Conclusions Protections of health and individual freedom are the weights of a balance poised, since there is uncertainty about the anthropological paradigm of the mentally ill.

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Challenging patient-doctor interactions in psychiatry – Difficult patient syndrome

M. Roque Pereira*, A. Fornelos, A.R. Figueiredo
Centro Hospitalar Trás-os-Montes e Alto Douro, Departamento de Psiquiatria e Saúde Mental, Vila Real, Portugal
* *Corresponding author.*

Introduction The factors contributing to a challenging interaction between the roles of patient and physician may come from several sources. Each interrelation has its own modus operandis in which one of the individuals may not condone the persona the other individual is portraying. A mental illness or diagnosis is often stigmatised by the burden of stereotypical bizarre associations. That means the patient is generally not guilty and this is not another label they should carry. Though the mental health professional should be impervious to this, some degree of discomfort may throw some shadow on the clinical mediation of the interview and management of the pathology.

Objective To provide an overview of what is beyond the label "difficult patient" in mental health care.

Aims Evaluation of conflicts inside the patient-illness-physician triad.

Methods Search for articles in Pubmed, Athens, Google Scholar databases, along with the hospital library.

Results Characteristics of problematic interactions in psychiatric care were described consistently across our references. Causality for these difficulties is vast and surpasses the patient's behaviour. Plus they are not unique in psychiatry. They can be explained by individual, interpersonal, and social factors.

Conclusion Situational issues, along with patient and physician characteristics, modulate and frame what should potentially be a productive encounter. To become aware of what contributes to difficult clinical encounters and to be prepared to address them while cultivating good interpersonal communication skills is fundamental.

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Mental illness is an inevitable consequence of the singular diversity of human beings

M. Schwartz[1,*], M. Moskalewicz[2], E. Schwartz[3]
[1] *Texas A&M Health Science Center College of Medicine, Psychiatry and Humanities in Medicine, West Lake Hills, USA*
[2] *University of Oxford, Philosophy, Oxford, United Kingdom*
[3] *George Washington University School of Medicine, Psychiatry, Washington DC, USA*
* *Corresponding author.*

Nowadays, we increasing value the broad physical, ethnic, racial, and cultural diversity of human beings. "How wonderful that humans come in all sorts of sizes, shapes, colors, ethnic groups and cultures." So long as we conduct our behaviour within sanctioned norms. This presentation will focus upon the above paradox: In stark contrast to our delight in the physical, ethnic and cultural expressions of human diversity, there is, at the same time, a perhaps increasingly narrow tolerance for a variety of behavioural and experiential human differences. In such human realms, present-day cosmopolitan societies increasingly call for behavioural and experiential conformity rather than diversity. And if we cannot conform? We propose that the phenomenon of mental illness arises as a consequence of the phenomenon of human diversity coming up against constraints and limitations in expressed and experienced mental and behavioural realms. This presentation will focus upon the primary role that human diversity plays in mental illness. We will discuss adaptive strengths associated with the extraordinary diversity of humans (and our pets and domestic animals) as well as vulnerabilities accompanying this diversity. For example, diversity associated with skin pigmentation has enabled humans to extend across the globe. A consequence, however, is an enhanced vulnerability to skin cancer for some with fair skin and to Vitamin D deficiency for others with dark skin. Psychological diversities can be viewed in an analogous, pervasively more problematic man-