

Medical conferences: Limitation or liberal escalation

“Combined wisdom is always better than an individual wisdom”

Conferences are an important and integral part of scientific networking and exchange of ideas, while simultaneously providing an opportunity to showcase scientific work and staying abreast with technology and trade. Of late, the number of medical conferences being held has increased exponentially, seemingly outgrowing their need and demand. Herd mentality seems to have engulfed the society from its highest echelons to its lowest levels, each organizing a multitude of conferences in various forms. But, as a responsible society, should we be concerned? We need to understand the needs of students, practicing urologists, teachers, institutions, and the society at large and how conferences may help fulfill these needs before we draw any conclusion about limiting or escalating the number of conferences. For each of these elements of the society, the ideal conference would vary not only in terms of numbers but also their nature, content, mode, and delivery. For a senior urologist, a conference every weekend is unlikely to be of any benefit professionally or otherwise, particularly when the same set of individuals are involved as the core group.

Before we assess the efficacy of conferences, we should first assess their safety. Does the excess of conferences cause harm? Each physical conference entails a huge financial and time burden on the members apart from its organizers and sponsors. The carbon footprint of mega-conferences has also been questioned.^[1] Air travel, promotional activities, food, garbage, and plastic waste are all components of a conference. Inequitable access and the development of a personality culture are other issues which are sources of angst among members. Opportunities and representation may be deemed unjust in many ways including gender, ethnic, racial, socioeconomic, age, institutional, networking, and geographical backgrounds. With increasing numbers of conferences, there is undeniable overlap of topics, reduction in participating attendees, poorer content quality, and propagation of personal biases rather than scientific scrutiny. All these are absolute anathema to what a scientific conference should aim for. Thus, unprincipled and absolutely liberal escalation in the number of conferences is not desirable. To what extent, we as a scientific community are willing to accept these drawbacks, should be the limiting factor guiding the society in this regard.

The trend toward increase in the number of conferences and workshops has been in vogue for long. Programs held directly under the Urological Society of India (USI) over the past 5 years are illustrated in Figure 1 (Data source: USI Office). With the addition of six subsections, the number of activities has further increased steeply. The establishment of new state sections, new association of persons, institute-specific activities, industry-sponsored activities, webcasts, social media live streaming, and international collaborations have all resulted in a pandemic of sorts of these meetings. The COVID pandemic led to a deluge of virtual conferences, catalyzed by lockdowns providing surplus time. Post-pandemic virtual conferences have been projected as an environmentally more sustainable alternative with greater outreach to its intended audience at the cost of being technology intensive (excluding less tech-savvy ones), lack of socialization, and very limited networking.^[2] However, after the pandemic, most attendees have gone back to preferring the physical format over the virtual one.^[3] Continuing with the same number of conferences in a physical format is physically, mentally, and philosophically unsustainable.

The efficacy of conferences is another major concern. This aspect remains poorly studied because the educational impact of conferences is difficult to quantify due to heterogeneity in every aspect of the conferences. Propagating knowledge, skill improvement, and networking are important objectives. However, with increasing numbers, doubts remain about the upkeep of these stated objectives.

The development of new knowledge is a continuous process. But can, or should, its dissemination also be a continuous process? Intermingling leads to exchange of ideas but continuous mixing leaves no room for novelty or purity of thought process, and mixing of biases as well. Further, the propagation

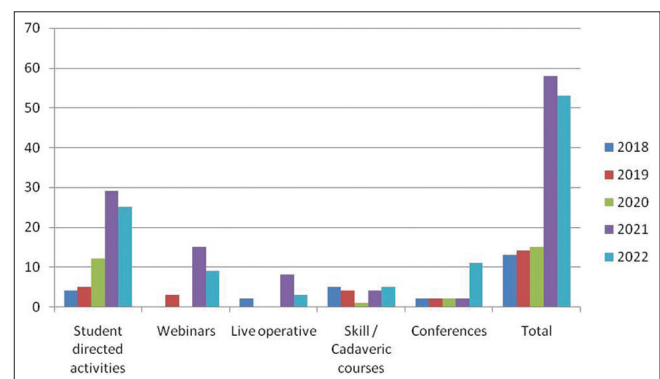


Figure 1: Number of programs held directly under the Urological Society of India over past 5 years showing a rapid uprise of activities

of knowledge cannot be seen in isolation from the assimilation of knowledge by the intended audience. Conferences and workshops may be good for quality improvement but also end up serving as avenue for unstructured learning for many, which may not always be desirable. Further, the same group of people attending conferences cannot achieve the goal of dissemination of knowledge.^[4] Surgical branches are further limited because skills cannot be disseminated by showcasing or witnessing one or two cases in a workshop. In addition, the propagation of technology intensive and technology-driven skills may not be in sync with the needs of the general public or nation at all. Skill improvement workshops therefore should be designed and directed at a very specifically defined audience with predefined goals. Networking is one important component of conferences that remains important for all levels of participants in different capacity. However, it may again be under influence of geopolitical biases besides an individual's own capabilities.

More than the objectives, the frequency of conferences in recent times is what concerns many. Attendees cannot attend all, presenters cannot present anything new every week, and organizers have no intention of auditing whether they achieved any of their slated noble objectives. With increase in the number of conferences, multiple presentations of the same work is also an issue. The consistency between trials presented at conferences and their subsequent publications is reportedly satisfactory with 75% consistently identifying safety end points, 62.2% consistency in sample sizes, 52.6% in effect sizes, and 89.7% reporting results consistently.^[5] While these may be acceptable for large and long-established conferences, the same cannot be extrapolated to newer and smaller conferences. Therefore, scientific rigors may get diluted with an explosion of conferences in the same field with overlap and repetition of content.

An important issue is the competitive rat race of 'me being smarter than you' and a propaganda war. We cannot afford to leave a psychological impression on young minds that conferences and workshops are the road to science, which they clearly are not. The only way to true science can only be in resolute practice, questioning, hypothesis generation, data generation, and proving or disproving a hypothesis.

The creation of business as an objective of true medical science *vis-à-vis* conferences is another debatable motive. However, increasing adoption of this objective has led to the development of pseudo-conferences. Many such 'conferences' pick any published paper and invite authors as faculty for the conference. Accepting poor-quality abstracts is another questionable way of sprucing up attendance. Among all this, we as a medical society should not lose focus that the prime goal of any conference should be scientific dissemination and the goals behind organizing a conference should be listed upfront, preferably avoiding repetitions and overlaps in terms of audience and content. Limiting physical

meetings to national and zonal society could be the way forward. A panel may be set up which may grade conferences on topic, target audience, and objectives and accordingly limit the number of conferences. With many subsocieties being formed at national, zone, subzone, state, city and individual institute level, peer pressure, and competitiveness to outshine each other is a factor driving uncontrolled growth of conferences. Whether a consensus can be achieved to limit conferences and whether this is even possible remains to be seen. Even though water will find its own level in the end, once the genie is out, control is no more than a wish.

Rishi Nayyar*

Department of Urology, All India Institute of Medical Sciences,
New Delhi, India
*E-mail: nayyarrishi@gmail.com

REFERENCES

1. Milford K, Rickard M, Chua M, Tomczyk K, Gatley-Dewing A, Lorenzo AJ. Medical conferences in the era of environmental conscientiousness and a global health crisis: The carbon footprint of presenter flights to pre-COVID pediatric urology conferences and a consideration of future options. *J Pediatr Surg* 2021;56:1312-6.
2. Sarabipour S, Khan A, Seah YF, Mwakilili AD, Mumoki FN, Sáez PJ, *et al.* Changing scientific meetings for the better. *Nat Hum Behav* 2021;5:296-300.
3. Falk MT, Hagsten E. Reverse adoption of information and communication technology among organisers of academic conferences. *Scientometrics* 2023;128:1963-85.
4. Mishra S. Do medical conferences have a role to play? Sharpen the saw. *Indian Heart J* 2016;68:111-3.
5. Rowhani-Farid A, Hong K, Grewal M, Reynolds J, Zhang AD, Wallach JD, *et al.* Consistency between trials presented at conferences, their subsequent publications and press releases. *BMJ Evid Based Med* 2023;28:95-102.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Received: 05.05.2023, **Accepted:** 26.05.2023, **Published:** 30.06.2023

Financial support and sponsorship: Nil.

Conflicts of interest: There are no conflicts of interest.

Access this article online	
Quick Response Code:	Website: www.indianjurol.com
	DOI: 10.4103/iju.iju_173_23

How to cite this article: Nayyar R. Medical conferences: Limitation or liberal escalation. *Indian J Urol* 2023;29:179-80.