



Berkshire

davidoliver372@googlegmail.com Follow

David on Twitter @mancunianmedic

Cite this as: *BMJ* 2022;376:e0412<http://dx.doi.org/10.1136/bmj.o412>

Published: 23 February 2022

ACUTE PERSPECTIVE

David Oliver: Has covid killed the medical conference?

David Oliver *consultant in geriatrics and acute general medicine*

Healthcare conferences in real life venues, with presenters and delegates physically present, have been cancelled or moved to online since the pandemic started. I loved these events. I miss them. And I worry that they'll never return.

I suspect that some readers will share my sense of loss, but others won't be mourning. They might even be celebrating the demise of conferences or warmly embracing their new virtual form.

The opportunity to interact, socialise with, and learn from peers or meet professional leaders and experts throughout an event is immersive and enriching. Being just one of hundreds of people watching an online talk or panel discussion on a screen, with a couple of online questions thrown in, is very different from being in the hall with those speakers and colleagues. Likewise, wandering among conference posters, discussing them with their authors or other attendees, is much better than reading online abstracts.

The skills and confidence gained—especially early in a career—by speaking to a live audience and gauging the reaction in real time, or by explaining and defending your poster, are different from those required online. Some readers might say, “So what? If the future is virtual, it's the virtual skills we now need.” But when a whole peer community of practitioners make their way to a particular town and venue for a festival of learning it provides a concrete break from work or home obligations, and a high quality conference can send us back to our workplace enthused.

The move to virtual events is understandable. The colleges, societies, charities, think tanks, or academic institutions organising conferences have to assess the risk of financial losses. The uncertainty of the pandemic makes it hard to insure against cancellation. Without enough actual attendees, conferences become financially unviable. And covid-19 aside, people are increasingly conscious of environmental sustainability and reducing unnecessary travel, which could make conferences unfashionable and anachronistic. Domestic conferences accessible by public transport aren't necessarily bad for environmental sustainability, but ones involving mass air travel are increasingly hard to justify.

Study leave budgets have also been cut. Online events are cheaper for delegates. Commercial sponsors might prefer delegates in the hall, but healthcare workers are increasingly conscious of work-life balance. People with parenting or childcare responsibilities can't easily afford two or three nights away and may now feel enabled to use conferences in a way they

couldn't before. I know several UK medical organisations that have seen far higher numbers attending their educational events and research updates than they ever had in conference venues. And if meetings become “hybrid,” the reduced number of delegates on site can make venues unaffordable.

Online technology has improved, as have people's access and confidence—although I suspect I'm not the only participant who doesn't really enjoy using it, and I can find it a rather sterile and disconnected experience. Even more so when I'm delivering a talk into the ether, with no real idea about reactions or engagement. It may well take another year before organisers have the confidence to put on major events in live venues again. By that stage—after three years—will we be so used to online learning that there'll be no going back, not least with a generational shift in attitudes?

I've gained a huge amount in terms of learning, experience, and professional networks from medical conferences throughout my career. I've had so much fun attending them that they've often been among the highlights of my year. Increasingly, I wonder if what I feel now is nostalgia, rather than anticipation. I'd love to know what the rest of you think.

Competing interests: See bmj.com/about-bmj/freelance-contributors.

Provenance and peer review: Commissioned; not externally peer reviewed.