

## A footnote on conferences

I recently attended a conference in Toronto that got me thinking about medical conferences in general. Like, why do we attend? Education? To enhance travel plans? To mix with colleagues? Or just to get away from the office for a few days? Conferences seem to be improving with time as quality education becomes more of a priority in our profession. However, conferences do seem to share many similarities.

It all starts with the registration process—hey, why do paramedicals get a break on conference fees? Don't they take up the same amount of room and fill a seat? Maybe doctors aren't as smart and pay more because we need more education. And how about those "special" conference hotel room rates? I find if I reserve on my own without the Dr attached to my name I often receive a cheaper rate. Has anyone else ever noticed that booking conferences always seems like a good idea until the time actually comes to do so? You have two equally unappealing choices. Book locally and either miss a day in the office, aggravating your staff and patients, or give up part of your precious weekend. Or else, travel with the misguided idea you are getting a vacation until you find yourself in a nondescript room

listening to Urinary Incontinence in the Elderly<sup>1</sup> while your spouse/partner frolics in the pool or lies on the beach sipping one of those little drinks with umbrellas in them.

When registration morning finally arrives you are handed your package and name tag. Why the tags? Speakers seldom make us stand up after reading our name and say, "Bobby, would you like to share that with the rest of the conference?" I mean really, the people you know, you know, and those that you don't know, you can choose to meet. For a while now I have been suspicious that the tags are to alert hotel staff to raise prices when they see you coming.

And why do some doctors have a stethoscope around their neck during the conference? I know what you are going to say: they might have to leave to attend to urgent serious doctor business.<sup>2</sup> That's all well and good, but their name tags usually indicate that they are from out of town. The jig is up.

How about the obsessive compulsive note takers who write everything down on the syllabus page, which contains that exact information?

And don't you love question period, where some physicians<sup>3</sup> ask questions motivated by an inflated sense of self-importance? "Do you think it is

relevant that while I was moving my Nobel Prize the other day I discovered that I have extensive notes on this subject and know more than you do?"

I often feel sorry for the first speaker after lunch. I think conferences should take a page from preschool and give us a mat to nap on while someone is droning on about lipid metabolism.<sup>4</sup>

As the afternoon wears on there is the inevitable door prize draw to look forward to. Why does everyone clap? Are they happy that the textbook or gift basket went to a nice home?

Finally, what conference would be complete without the course evaluation—score between 1 and 100, where 1 equates to a hemorrhoidectomy without anesthesia and 100 if you got lucky.<sup>5</sup>

Conferences, of course, are an invaluable way of learning about new studies, diagnostic tests, treatments, clinical pearls, and more. Mixing with your colleagues during breaks often allows you to catch up on their professional and personal lives. Opportunities to network often present themselves and one might even take the opportunity to solicit articles for a famous provincial medical journal. Speaking of the *BCMJ*, our conferences<sup>6</sup> are entirely different from those referenced here—we don't have door prizes. —DRR<sup>7</sup>

### Footnotes

1. I have nothing against the elderly.
2. I don't know what that is because I am just a GP.
3. You know who you are.
4. In referring to preschool, I meant the nap, not a talk on lipids.
5. This is up to your interpretation.
6. Our second incredibly popular sold-out conference is a Galapagos cruise in April.
7. Yes, I recently discovered footnotes in Word.

## Cruising

**W**ell, another *BCMJ* cruise conference is approaching, and once again I've been conflicted. I'll be going, but is it for selfless or for selfish reasons? Going on the Caribbean cruise in 2007 could have been rationalized at the time as public-spirited and courageous, as indeed it was, but in 2009 things are different. We have financial and political uncertainty, climate change, and changes in systems of communication, all of which can provide persuasive reasons to stay at home.

But, I rationalize to myself, these reasons mostly target big conferences in fancy places. The carbon footprint of thousands of conference attendees, through energy expenditure in travel, and the consequences of hotel and convention centre maintenance is enormous—it has been estimated at 600 000 tonnes of carbon for worldwide medical conferences alone. Most of these mega-conferences comprise presentations given by august speakers in large, darkened halls, a smattering of questions that may or may not receive direct answers, and a feeling that little will change in your practice as a result of attending. In fact, after decades of attending such conferences, the key concern for older attendees is to ensure the continuation of regular bowel activity. So far as meaningful transfer of knowledge is concerned, journals (such as *BCMJ*, of course), computers, web sites, and videoconferencing do a better job—in my opinion—than attending a mega-conference.

The approaching *BCMJ* course in Ecuador and the Galapagos Islands will be far removed from a mega-conference, and much of the travel involved will be self-propelled. It will involve 100 delegates, including speakers, some of whom will not really be interested in the presentations at all. It will involve 2 days of presenta-

tions on an eclectic range of topics, and I anticipate that the lights will remain on and the audience will remain engaged throughout. The best part of small conferences, however, is that presenters have nowhere to hide, and direct questions require direct, practical answers. Some years ago a randomized trial of sorts in New Zealand explored the effectiveness of different methods of knowledge transfer at a medical conference and found that the most effective method—and the most sought after—was one-on-one time spent with an expert in an area in which the delegate felt uncertain. Intuitively, such a method seems ideal, but it is a labor-intensive format and the best substitute for it is the small-group session. The *BCMJ* conference will provide both kinds of sessions in spades.

Realistically, though, attendees will not be going primarily to hear the speakers—and that's okay. The Galapagos Islands are a full-time lesson in evolution, but more importantly, the number of threatened species of plants and animals provide lessons in the effects of environmental and climate change. Visiting the islands and viewing (from a distance) the enormous variety of birds, animals, and vegetation found only in the area will be, for virtually all attendees, a unique experience. But the knowledge that our grandchildren may never know of, let alone see, giant tortoises or Galapagos penguins may well make eco-warriors out of benign *BCMJ* readers. I think it is inevitable that we will come back changed and (speaking personally) no longer conflicted about *BCMJ* cruise conferences.

—TCR

## A whole new ball game

**W**e are currently in an era of worry for our economic future and for our children's future—and this holds for most everyone in BC, across the country, and indeed around the world. The length of time, breadth, and depth of this economic turmoil is something that, in our lifetimes, we have never experienced. Our political leaders tell us to brace ourselves, to protect ourselves, and to be mindful of our finances. They tell us that things will get worse before they get better.

Leaders, both here and to the south, are calling on their citizens to band together and work as partners to bring us out of this dire situation. Even our prime minister is appearing to be a team player, posing for photos

alongside various ministers, all with their sleeves rolled up ready to work on the nation's problems.

When attending medical meetings across the province, I'm often asked how my year is going or what it is like to be president of the Association. I've come to see the BCMA as a team, and my role as coach has been to guide us along, encourage us to work together, and improve the practice situation for each of our member sections. As on any team, it's not always easy for team members to get along, and problems will often arise. These problems are well known to those who follow the internal politics of the Association, who have kept current with the micro-allocation process, MOCAP arbitrations, and the PITO progression, and who are familiar with the government's proposed scope of practice legislation. But we are moving forward in a positive direction. The GPSC, the Specialist Services Committee, and the Shared Care Committee were developed to address a number of physicians' concerns, and their ongoing work is having success.

As political leaders in our nation's capital band together—as do the leaders of our neighbors to the south—and ask the citizens to do the same, so must we. The principles of team play are important. If we aim our hostility inward, we impair our ability to work together and achieve our goals. If we cannot get beyond our issues from the past, we cannot effectively prepare for the future. The motto often used in sport is, "It's a whole new ball game." Past enmities are forgotten—if not forgiven—and players start from scratch with each new game. We must do the same.

The election for BCMA Board members occurs in a few short months. It takes a special person to choose to

spend less time on clinical work, less time taking care of patients, and more time working to improve the profession as a whole so that in the end it's a better system for everybody. Our Board members deserve recognition and our thanks because of their diligence and their desire to work for our members, with various committee groups, with each other, and with individual members to get the job done. Three Board members of particular note are the BCMA's honorary secretary treasurer, Dr Lloyd Oppel, who has spent countless hours ensuring that scope of practice expansion for other health providers is done in a reasonable way; chair of the general assembly, Dr Ian Gillespie, who at every Board meeting strives to make certain moral justice and ethics prevail during all deliberations; and president-elect, Dr Brian Brodie, who has taken the lead on the PITO portfolio, ensuring steady progress to make it a reality.

It's not news that the Association has had its share of trouble in the past few years. I, along with past presidents, have called on members to find a way to work out our differences and move forward in a united fashion. During President Barack Obama's eloquent and inspiring inaugural speech, he stated, "On this day, we gather because we have chosen hope over fear, unity of purpose over conflict and discord," at which time the crowd cheered loudly in agreement. I'd like to think that the doctors of BC can overcome past differences and unite so that we too can achieve a common goal. Actually, it's imperative that we do.

—**Bill Mackie, MD**  
**BCMA President**