



# VIEWS AND REVIEWS

## NO HOLDS BARRED

# Fear of missing out on conferences

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Fear of missing out (FOMO) is the experience, when on social media, of noting that other people are at a party, concert, or film when you aren't. They are having a better time than you; either you made the wrong choice or you weren't offered it. You missed out and your Instagram, Twitter, or Facebook feedback is not as beautiful—and you missed out. That may not be important in the grand scheme of things, but what about fear of missing out on conferences—maybe we should call it FOMOOC?

Sometimes I scroll through Twitter and see hashtags furiously churned out from conferences that look brilliant. There are people tweeting whom I like but have never met, or I have met and very much like. These people post selfies of themselves giving keynote speeches, writing notes, looking at interesting posters, or drinking cocktails after an evening session. I am lonely and not there. We onlookers—we easily outnumber the attendees—are all missing out.

While I feel that I am missing out, I'm also acutely aware that conferences are inefficient, there are already too many of them, and they are breeding. We who do clinical work can only manage, maybe, one or two a year. One trip is likely to eat up half a month's part time pay cheque. If you have any caring responsibilities it becomes even more complicated, and you still may need to find a locum.

Some people clearly don't have such problems as they tweet endlessly from conferences. It seems to me that there are some people employed by the NHS whose entire job is to go to conferences and to tweet meme-ish management tips in between times. Even when you get to a conference you may go to the "wrong" session, and then see the people you saw at breakfast tweeting from the "better" session next door.

Conferences are where people meet each other and where private conversations happen; and where power, in invisible networks, is laid and strengthened. In this way, conferences are anti-democratic—healthcare professionals who aren't there miss

out and probably don't know they are missing out. The Manel—the all male panel—is, however, well represented at medical meetings and is emblematic of the under-representation of minority groups and women at conferences.

Many conferences are key money earners for organisations, often through sponsors or advertising stands. This may or may not bring problems, depending on what is being presented.

Many conferences don't pay their speakers for preparation or presentation. This is fine if the speaker is one of those employed by the NHS to go around giving talks. But for many other doctors this means using up holidays or days off. This could be fair and good fun in a gift economy but, when it's not, it rankles.

Many patient speakers, who are expected by organisers to be delighted with an invitation, have talked about the difficulties of going to conferences when there are also wages that need to be earned. Then there is the thundering carbon footprint of conferences, whether reckoned in hotel sheets, airplanes, cars, or taxis.

We could reduce FOMOOC by having fewer conferences. We could have whole conferences by video link: what is the point in one speaker giving the same talk to 10 meetings when it can be online forever? But then, most of the allure of conferences is not really the speakers but in seeing people and having time to share and gather our thoughts. Maybe a little more time day to day in our own workplaces to see our colleagues might help?

Competing interests: See [www.bmj.com/about-bmj/freelance-contributors/margaret-mccartney](http://www.bmj.com/about-bmj/freelance-contributors/margaret-mccartney).

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