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CRITICAL THINKING

Matt Morgan: Bursting FOAM's bubble

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A decade ago, the confluence of technology, internet access, and passionate people led to the explosion of free open access medical education—FOAM. Why read dull academic textbooks, outdated before the ink even dries, when you can listen to experts' experiences of how best to care for patients? And it's entirely free. Blogs, podcasts, and tweetorials soon poured out, promising to democratise medicine, dragging it by its stethoscope into the 21st century. Despite voices warning of the “personality-isation” of medical evidence, FOAM has largely worked. Many medical podcasts have audiences larger than local TV networks, and the reach of a well crafted social media thread from a conference often outstrips the number of bored delegates shuffling in their overpriced seats, desperate for the lunch break to arrive.

Yet, a change may be afoot. One of the most successful podcasts in emergency medicine will soon move to a paid subscription model. FOAM will become POAM—paid open access medical education. In many ways, this is overdue. I have long argued that medicine fails to value time spent away from patients and activities that staff pursue in their free time. A “quick” 10 minute presentation at a virtual conference translates to 20 emails, a bio, learning outcomes, three trial runs, logging on an hour before, and staying an hour afterwards. That's before the time spent preparing and delivering the “quick talk.” This is often done in free time, on birthdays, over school holidays, or in the recovery gaps between intense clinical periods.

Few other industries ask highly trained professionals with demanding full time jobs to provide expertise with little or no expectation of being paid—either in financial terms or with time. Yet in medicine it is par for the course. I will continue to say yes more often than no because I enjoy it and because it's important to me and to others. But organisers and speakers do need to balance this work done in free time and the costs incurred financially, physically, and psychologically.

For FOAM to live up to its promise of making education accessible to all, I hope POAM remembers its founding principles. While I will happily reach straight into my pocket and pay for such valuable content, I hope providers think about others with no pockets at all. Differential fees or free access for developing countries, low income groups, and even patients should be a default if these new models are to weld together valuing people's time with the democratisation of knowledge.

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