

# Updates and conferences: bane or benefit?

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It has been said that there have been more advances in medicine in the last fifty years than in all the previous millenia. There is no doubt that phenomenal changes have occurred in all branches of science and medicine since World War II. Many specialities in medicine developed after World War II and cardiology has been one of the most dynamic.

The significant advances have been in antibiotics, anaesthetics, surgery including cardiac surgery, development of extracorporeal circulation, defibrillators, pacemakers, heart transplantation, invasive cardiology techniques such as PTCA and allied procedures, radiofrequency ablation for arrhythmias and new life-saving drugs. There has also been dramatic improvement in miniaturisation of equipment, communication and transmission of data, thanks to the space programmes. Newer and better types of equipment appear every year and are becoming increasingly expensive.

## *Keeping abreast*

The 21st century cardiologist, who wishes to keep abreast of these changes, faces a difficult task. Important cardiac journals, the main source of information in the past, now feature Reviews and Digests to make the clinician's job easier. Video and audio cassettes from the ACC are excellent sources of new information. Continuing Medical Education (CME) programmes also earn credits in the USA for revalidation of diplomas, the last by itself a new feature. Then, of course there are conferences, usually held once annually and once mid-term by major cardiac societies in the developed countries. These highlight advances and enable research work to be presented. The busy physician is often hard put to make a judicious mix of these various sources of new knowledge. It is finally the individual who has to decide which of these is the most beneficial in his own setting.

In India, cardiology has advanced rapidly in the past 15 years or so, largely because of the younger generation of cardiologists, who have received part of their training abroad and are faced with a large population with an increasing incidence of ischemic heart disease (IHD), hypertension and as always, rheumatic heart disease (RHD).

The Cardiological Society of India (CSI) was founded in 1948 and a new Indian College of Cardiology started

in 1993. The All India Heart Foundation was set up in 1962 and is largely concerned with public health education and research. Eminent cardiologists from abroad are invited as guest speakers at the annual conference of the CSI and hold workshops in their specialities before or after the conference.

## *A glut of conferences*

Even granted that India is a large country and that there is need for regionalisation, the present scenario appears totally chaotic. There are regional chapters of the CSI but largely due to infighting or institutional rivalries, they seldom function in coordination. Each hospital, government or private, considers it a status symbol to hold an international conference in cardiology every year.

The *modus operandum* is the same: an exhibition (the biggest money spinner), a host of foreign speakers as invited guests (some do not show up but their names in the initial brochure are a big draw) and a CME programme. The invited foreign speakers are often mediocre and are invited because they are foreigners who usually reciprocate such invitations. Some come because of income-tax write-offs. The same subjects are covered, sometimes by different speakers, Indian and foreign. Five star hospitality adds to the glamour. A few sessions are good, but many are repetitious. The organising institution makes a lot of money and enough publicity is given in the lay press to enable a draw of patients. There have been 12 such conferences in Delhi alone since December 1994 when the annual CSI meeting took place in Jaipur.

Are so many conferences necessary or useful? Do they really contribute in improving the knowledge of cardiology and its new technologies when held in such rapid succession? The time taken away from quiet reading and actual work is tremendous. Some young doctors spend their time flitting from one conference to another and so do many speakers, giving the same lecture several times over.

I hope saner counsel will prevail.

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