EDITORIAL

We'll meet again, some sunny day

Michael Leveridge, MD, FRCSC

Department of Urology, Queen's University, Kingston, ON, Canada, and CUAJ Editor-in-Chief

Cite as: Leveridge M. We'll meet again, some sunny day. *Can Urol Assoc J* 2020;14(12):369-70. http://dx.doi.org/10.5489/cuaj.7054

Sometime in the late morning of June 25, 2006, I decided I didn't care for medical conferences. I was a resident in the plenary hall at the CUA Annual Meeting in Halifax, stifling a hot burp of donair vapour, muttering dolefully to myself and listing in my chair like a looted schooner. Sometime in the very *early* morning of June 25, 2006, I had decided that I loved medical conferences. I was in the Liquor Dome in Halifax watching Dr. Paul Johnston tear his shirt off (in fairness, it may have simply immolated in the white-hot masculinity) while moving impossibly up-register at the end of a note-perfect karaoke rendition of "I Believe in a Thing Called Love." The room was erupting, my screaming voice was failing, and to my left two prominent urologists clasped hands overhead in a *bros fidelis* high-five unmatched since Skid Row's "18 and Life" video. It was very good.

A year later, I presented my first academic poster and stickhandled questions from Dr. Michael Jewett; in subsequent conversations, he agreed to take me on as a fellow. This was a bit less electric, but also very good.

My point about meetings is not just to celebrate bacchanalia, nor to imply they must be high-stakes and transactional, but to eulogize what we lost in 2020 and to hope for the return of these edifying and educational weekends. It seems obvious to click our heels and pine for before times, but it is more complicated under examination. Dr. John Ioannidis succinctly, if dryly, suggested in 2012 that medical meetings served to "disseminate and advance research, train, educate, and set evidence-based policy," but claimed that almost none of these goals required the massive migration of thousands to the "artificial cities" of conference centers.[1] Similar commentaries have reasonably bemoaned the enormous carbon footprint involved in conference travel, inaccessibility to many interested would-be attendees, and even perversions of quality science through dilution and of prestige through manufactured celebrity.[1-3]

"Networking" is the ever-ready answer to the doubters —the meeting of like minds to open new doors and collaborations, an annuity that will bear fruit at next year's meeting and the one after that in a virtuous cycle. Good science resulting in good medicine and good education is of extremely high value. Perhaps Twitter or other virtual technologies can serve as backchannels for conference discussion and foster new collaboration, but is there any replacement for unhurried and spontaneous banter in real life, the shared experience of a new city and new experiences lubricating new friendships more authentically than *in silico* connection? Keep them both for sure, but I wouldn't declare a winner just yet.

It also just feels so *casual* to draw such crisp lines when thinking about meetings. A quick brainstorm elicits any number of knock-on effects to a meeting's structure (I'll leave you to think on which are wins and which are losses). Less emissions from travel. Less grant money funnelled to airlines and hotels. Cities and communities where conference activity is a linchpin of employment and the economy. Fewer spoils for the conspicuous baggage tag set may disincentivize participation of thought leaders. Flaky or absent Wi-Fi determining go/no-go status for participation. Access by attendees who are remote/on call/caregivers. Lost links between meeting sponsors and clinicians (that is, the exhibit hall). Universal video capture for post-session broadcast to increase reach. Differences in the type and number of abstract submissions. You may have others, but surely it is not a winner-takes-all equation.

From an educational and content standpoint, the CUA and other organizations deserve immense credit for navigating the stress and logistics of cancellations and for the huge amount of work in composing and delivering virtual meetings this year, and have learned many lessons about what works and what suffers online. I submit that among the most important may not be first to mind — the captivity of the audience. In-person meetings carry a number of sunk costs; the participant has paid in time and

money and is thus invested in participation. They will sit in the plenary and poster room and pay attention in part because they paid to be there.

At home or in the office, we are *seconds* away from our whole lives, the joys, routines, and obligations (and the fridge ;). The bar for non-participation gets lower, and consequently the expectations for engagement and quality are higher. Some may view this as distilling audience quality, others as closed-loop preaching to the converted; in either case, knowledge translation is at risk. Thus, a higher burden falls on organizers to engineer "sticky" programs with the attendee as the focus. High-value education expertly delivered, well-curated scientific sessions with a forum for robust discussion and interaction and a reasonable facsimile of space to interact socially and conversationally. This will feel different, but the CUA membership is flexible, understanding, and engaged.

The short answer is that it's not obvious how or if we go back. The pandemic changed our outpatient clinical lives in less than a week, and most of us would choose some integration of the new telehealth models in the future.[4] So too can we use the lessons learned to make sure that every opportunity to meet, learn, and interact is treated as the good-fortune event that it is. Maybe we will have less tolerance for crunching shoulder-to-shoulder in cavernous plenary rooms in favor of smaller, more curated settings with opportunities for deeper discourse. Maybe we will come to value investment in presentation quality, and the democratization and diversity of presenters when our attention is at stake. One thing I do know is that CUA members love to get together. Roaming Canadian cities, pouring in and out of podium sessions, exhibit halls, and taverns may not be explicit in the mission of the Association, but they are very good, and feeling good while in-bounds at the meeting is a feeling we chase.

Onward to 2021; see you soon.

References

1. Ioannidis JPA. Are medical conferences useful? And for whom? *JAMA* 2012;307:1257-8.
2. Liu G. The surprising advantages one virtual conferences. Scientific American, Aug. 21, 2020. Available at: https://www.scientificamerican.com/article/the-surprising-advantages-of-virtual-conferences/. Accessed Nov. 2, 2020
3. Villaneuva Almanza L. Virtual scientific conferences open doorstop's researchers around the world. Science, Sept. 25, 2020. Available at: https://www.sciencemag.org/careers/2020/09/virtual-scientific-conferences-open-doors-researchers-around-world. Accessed Nov. 2, 2020
4. Turcotte B, Paquet S, Blais A-S, et al. A prospective, multisite study analyzing the percentage of urological cases that can be completely managed by telemedicine. *Can Urol Assoc J* 2020;14:E402-6. http://dx.doi.org/10.5489/cuaj.6862

Correspondence: Dr. Michael Leveridge, Department of Urology, Queen's University, Kingston, ON, Canada; Michael.Leveridge@kingstonhsc.ca