

# Conference Fatigue or Academic Fuel?

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## Learning Point of the Article:

The pros and cons of attending scientific orthopaedic conferences.

### A Surgeon's Honest Take on Where We Spend Our Weekends

I still remember my first IOACON as a resident. I was broke, nervous, and slept four to a room with my co-PGs. But I came back with a notebook full of diagrams, two new mentors, and the phone number of a professor who later guided my first publication. That conference changed my career.

Twenty years later, I open my phone every Monday to three new conference invites. Chennai this weekend, Delhi the next, and Dubai in March. My wife jokes that I'm married to academics. My junior consultants ask me straight: "Sir, which ones are actually worth going to?"

Let's take a harder look!

### You Can't Replace the Coffee Break

Let's be honest. We didn't survive COVID because of webinars. We survived despite them. I watched 200 lectures on Zoom in 2020. I remember maybe three.

However, I still remember a debate I saw at Agra IOACON in 2018 between two legends arguing over medial pivot versus cruciate-retaining total knee replacement. The hall was packed. Voices were raised. Someone from the back row shouted a

question that changed the whole discussion. You don't get that on a mute button.

The real stuff happens outside the hall. It's the conversation with a colleague over chai where he tells you how he handled that nasty periprosthetic fracture last month. It's your peer telling you, "Don't buy that new implant, the company support is terrible." You can't download that from YouTube.

### But Let's Admit It: We've Gone Overboard

There are too many meetings. Period.

Last year, I counted 11 "national" spine conferences alone. Add trauma, arthroplasty, arthroscopy, pediatrics, and every state chapter meet, and you could spend every weekend in a hotel lobby if you wanted.

Each trip costs us. Let's not sugarcoat it:

For a young surgeon building a practice, saying no to a weekend conference can feel like career suicide. Saying yes to all of them feels like financial suicide. We're stuck.

### The Subspecialty Trap We Built Ourselves

Here's my other worry. I'm a spine surgeon. If I'm honest, a session on pediatric elbow fractures doesn't help my Wednesday

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### Author's Photo Gallery



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clinic. Hence, I pick subspecialty meetings. Most of us do. It makes sense.

However, here's the problem we don't talk about: If all of us knee, spine, and shoulder folks stop going to general conferences, who teaches the PGs and the general orthopods?

India still runs on the MS Ortho, who handles everything from a distal radius to a dynamic hip screw. He comes to the general conference hoping to learn something that makes him better on Monday. If we abandon those halls, the academic quality there drops. Moreover, then we complain that "the standard is falling." Well, we left.

### So What's a Surgeon's Real Duty?

I think we have two jobs. One is to our patients – stay updated, stay sharp.

That second job is the one that hurts. It means taking a Friday off, flying to Raipur or Madurai for a state conference, and giving a talk on "Five mistakes I made in my first 100 discectomies" to an audience of 40 people. You don't get paid. You lose money. However, one guy in that room might avoid your complication next month.

Is that worth it? I think so. However, I also think we can't do it every weekend.

### My Personal Rules for 2026

After a lot of wasted Sundays and angry phone calls from home, here's what I follow now. Maybe it helps you too.

1. The 3+1 rule: I pick three conferences a year max. One big general meet to stay connected. One subspecialty deep-dive. One skills course where I'm learning hands-on. The +1 is optional, only if I'm speaking or teaching
2. If I go, I give: No more passive attendance. I'll present a paper, take a case, or moderate. If I'm just sitting in the audience, I'd rather be in my operative theater (OT)

**Declaration of patient consent:** The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given the consent for his/ her images and other clinical information to be reported in the journal. The patient understands that his/ her names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

**Conflict of interest:** Nil **Source of support:** None

3. Support local first: My state chapter needs me more than Dubai does. The PG in my medical college benefits more from my talk than an international delegate

4. Ask the outcome question: Before I register, I ask, "What will I do differently on Monday because of this meeting?" If I don't have an answer, I don't book the ticket.

### A Request to Organizers and Seniors

- To associations: Please talk to each other. Do we really need four knee meetings between January and March? Can we merge, alternate years, or go hybrid for some sessions? Delegates are tired and broke
- To my fellow subspecialists: I get it. Your time is precious. However, give one weekend a year back to the general pool. Take a "How I Do It" video to a district conference. Do a cadaveric demo for MS students. The system that trained us needs us to show up.

### Final Word

Conferences aren't the enemy. Mindless conferencing is.

Fellowship is real. Learning is real. But so is burnout, and so is the financial hit.

The future of Indian orthopedics won't be decided by how many stages we build. It'll be decided by whether we still bother to sit in the audience, and whether we still bother to teach when we're on stage.

I'd love to hear how you're handling this. Drop a letter to the editor. Or better yet, tell me over coffee at the next meeting – if we both decide it's worth attending.

– A surgeon trying to balance his OT list and his continuing medical education list, just like you.

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