



Commentaries

Medical Conferences

I have had a long love-hate relationship with national and international neurology conferences and haven't attended any in a while. Of course they've become more expensive, at a time when money is tighter than it used to be, which makes the decision to not go easier, but I wonder how much I'm losing touch. I reviewed a list of fellowship programs in my subspecialty and realized that I didn't recognize almost half the names of the fellowship directors, and not because the number of programs has expanded. They've actually contracted as money has dried up. I used to know every director. Youth will be served, as it should be.

I read an article recently that was a complete surprise, reporting that one **Parkinson's disease (PD)** medication reversed a particular and vexing side effect of another PD drug from a different chemical family. Since I use a lot of both drugs, and there is no current theoretical rationale for thinking the first drug would "cure" the second's side effects, I don't fault myself for not thinking of this "off label" use of the drug, nor do I kick myself for not having observed this unexpected benefit. Once the side effect of drug two was recognized, I would have advised *against* adding the first drug, rather than advising to add it.

I then wondered how many of my colleagues had known of this potential benefit of the first drug, so I checked the paper to see if it had been presented at a conference I had missed. It hadn't, but nevertheless it may have been discussed at the many informal lunches, coffee clatches and other meetings that typically occur at these meetings.

I find that meetings are good for learning and making one feel more up-to-date.

An article published in *Neurology*, the most widely read journal in our specialty noted that chart reviews of epilepsy surgery showed that since official guidelines had been created and widely disseminated among neurologists and pediatric neurologists, no change had occurred in actual

practice. The guidelines were intended to increase the number of referrals for treatment of intractable epilepsy, since most patients had delays of over 10 years, many years after all reasonable drug trials had failed. It turns out that for those patients who are epilepsy surgery candidates the surgery is usually amazingly effective. People had been seizing daily while chronically intoxicated on multiple anticonvulsants become epilepsy free on a single medication. Of course they never get their wasted years back, but certainly there's good reason to encourage our colleagues to keep up on the guidelines to keep these missed good years to a minimum. I'll bet that the neurologists who did follow the guidelines were either epilepsy experts or attended the national meetings.

National meetings are good for these extremely important issues. It is important to get up-to-date. The problem I have, and I've never discussed it with my friends, is intimidation. I always return from a meeting feeling that I'm so far behind in my field and such an ignoramus that I'm dejected for weeks. A whole session will be devoted to some biochemical entity I've never heard of, an observation in genetics that seems to explain half the neurodegenerative diseases I'm familiar with and a good percentage of many I'd never heard of. My colleagues are presenting posters and platform presentations and I'm simply in the audience. The stuff I've just read in the recent journals is out of date by the time the conference takes place.

Of course things are supposed to change. And of course the rate of change is increasing with ever increasing speed. This is good. What is troubling is my relationship to it. I am much more commonly deflated than elated. I don't come back home saying, "Wow, is this field exciting. The developments are astounding. We're going to get to the bottom of Parkinson's disease soon. Things are really going to take off." No. I generally return glum, thinking not only that the situation is even

more complicated than it was last year, and that I not only don't understand last year's "breakthroughs" but I don't understand this year's any better. It's sort of like a fractal. The deeper you look, the more the complications don't change.

On the other hand, I'm a clinician, and one of the tenets I hold to is that although we don't get smarter with time, some of us do get wiser. We clinicians learn every day, even if we don't think too hard. How can we not learn from every story, from each time we review a topic to treat our last patient better? Experience touched with enthusiasm and inquisitiveness make for the best clinicians (leaving aside all aspects of humanism and compassion). This is what I tell myself.

Yet, while I think the clinical experience crucial, and I use it to buttress my ego, I wonder about all these colleagues of mine, and how much they understand. And if they do understand what I don't, are they better doctors than me? Do they provide wiser counsel?

I need to attend more national conferences. Perhaps it's not only good for the intellect but good for the ego as well. One popular motivational speaker at Parkinson patient support groups tells the audience, "Ask your doctor questions. Take charge. Too many doctors think that MD stands for "Medical Deity."

Well, a good conference makes me always doubt if I should even be a medical doctor, let alone a medical deity. Two weeks later though I think I'm better for it.

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Disclosure of Financial Interests

Joseph Friedman, MD, and spouse/significant other. Consultant: Acadia Pharmacy, Ovation, Transoral; Grant Research Support: Cephalon, Teva, Novartis, Boehringer-Ingelheim, Sepracor, Glaxo; Speakers' Bureau: Astra Zeneca, Teva, Novartis, Boehringer-Ingelheim, GlaxoAcadia, Sepracor, Glaxo Smith Kline, Neurogen, and EMD Serono.

Conflicts: In addition to the potential conflicts posed by my ties to industry that are listed, during the years 2001-2009 I was a paid consultant for: Eli Lilly, Bristol Myers Squibb, Janssen, Ovation, Pfizer, makers of each of the atypicals in use or being tested.