Ever since paediatrics emerged as a separate medical specialty in the 19th century, paediatricians and allied health care professionals involved in paediatric care have regularly gathered at meetings or conferences (1). The key goals of paediatric conferences are to share clinical observations and experience, to disseminate, advance and discuss research findings, to improve and harmonize approaches to paediatric care, and to train, educate and set evidence based policy (2), with the overall aim to improve the quality of care for infants, children and adolescents. Such meetings generally are organized by national and international paediatric organisations with a non-profit status. From the second half of the 20th century onwards, the increasing dimensions of conferences and the greater availability of significant financial support from industry in the fields of pharmaceutics, medical devices, dietetic products, and health care related services, have led paediatric organisations to appoint professional congress organisations (PCOs) to undertake the complex organisation and management of their meetings. However, the responsibility for the educational and scientific content of the conference rests entirely with the hosting medical-scientific society. Under these conditions, any net profits made by such conferences after covering the costs incurred can be used by the hosting society for educational and scientific purposes that serve to promote the quality of care for sick children.

In the 21st century a disturbing new trend has emerged which raises major concerns: scientific and medical conferences are now organized purely for commercial reasons without the backing of an established learned society – ‘Fake Meeting Society’ conferences (3). Unfortunately, this development has now spread to international paediatric meetings. PCOs that have previously organized national and European conferences for paediatric organisations and thus have gathered extensive knowledge and experience on the needs and expectations of paediatricians, and also have established strong networks both among key people in paediatric specialties and among sponsors and exhibitors, have moved to develop a new business model. Several commercial organisations now organize their own paediatric congresses without the mandate or supervision of a professional society, presumably with the expectation of significant financial profits.

We believe these developments are not in the best interest of paediatric health care, of paediatricians, and of the rights of children (4,5). The fundamental principals of integrity of research, i.e. honesty; accountability, professionalism, and stewardship, (6) should also be applicable to research conferences. We feel strongly that the implementation of educational and scientific paediatric conferences should be
guided and monitored by scientific societies that are not driven by a profit-making interest.

Based on experience from attending some commercially-driven conferences, we conclude there is a very real danger that the contents of meetings organized without the guidance of an independent medical or scientific organisation may be markedly influenced by economic interests. These would include the expectations of sponsors and exhibitors to create an environment favourable to supporting their products and services. Such developments can undermine the credibility and integrity not only scientific congresses, but also of paediatrics as a medical specialty, and of the companies supporting such congresses, both in medical circles and in the general public. Of additional concern, profits gained from commercial paediatric conferences are intended to serve the business interests of the organizing company and will not be invested to any major extent for purposes that are in the general interest. In contrast, profits from meetings organized by non-profit paediatric organisations are used to support research, collaboration, new investigators, guideline development, clinical pathways, quality standards, improvements in training, and continuing education; essentially the promotion of better care of sick babies, children and adolescents.

It seems important that national and international paediatric organisations raise the awareness of these independent commercially driven developments and communicate their concerns to their membership. Paediatricians should not be indifferent towards these developments but rather make it a rule to examine the conditions of the organization of meetings, the use of any profits made, and the related ethical issues prior to deciding to register for and participate in a conference. Companies in sensitive business areas related to child health, such as the marketing of drugs, of medical devices, of dietetic products and of infant formula realize that they are confronted with very high expectations regarding their social responsibility and ethical behaviour. Therefore, such companies should critically reconsider whether they wish to support conferences that are organized only for commercial, profit making purposes.

CONFLICT OF INTEREST

All authors serve as officers in European paediatric non-profit societies that regularly organise conferences for paediatricians and allied health care professionals.

References