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Conference design

Dear Sir,

One hundred years ago, a psychiatric conference was a necessary forum for presenting novel scientific data. Journal outlets for publishing were more restricted. Today, following the electronic revolution, with on-line publishing and self-publishing, conferences have become a less essential outlet. They still perform a very useful role vis-a-vis networking. Investigators and authors gain and regain contact and can press the flesh.

Where does this leave the ordinary, non-presenting attendee, the participant who simply wants to contribute his or her knowledge and experience? The present format for college and subsection conferences gives far too little opportunity for such attendees to participate. The same repeating format of endless ultra-specialised brief presentations substitutes for genuine professional and scientific communication.

I am currently attending a college conference. Its traditional format must have discouraged fellows from attending, because the sessions are half-empty rather than half-full. Last night, a plenary talk given by an eminent researcher was heard by around 30 people in an auditorium capable of holding 500. It was a sad show. Had the presentation been interactive, more people might have been encouraged to participate.

I suggest that the college take bold steps and provide guidelines for conference design that makes all those attending 'presenters'. Additionally, virtuality as a conference 'spatial' format should be explored. This has the potential advantage of netting a much larger number of participants. Further, the time dimension can be made more flexible. It would be less reliant on sponsorship at a time when pharmaceutical support is at a very low ebb. The drug companies have yet to get on board with epigenetics and its pharmacological applications. We cannot wait.

Both virtual and face-to-face sessions can range from group discussions to fishbowls and panels. The time is ripe for change. Just as publishing has changed to accommodate modern advances, so too must conference design move with the times.

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Should psychiatrists support the availability of nicotine e-cigarettes in Australia?

Dear Sir,

I wish to comment on the article by Scott et al. on the RANZCP Position Statement on electronic cigarettes.[1]

The authors correctly state that tobacco smoking is associated with some mental health conditions. However, the claim that nicotine may have adverse effects on mental health is not supported by the evidence. Indeed, nicotine is largely positive for people with schizophrenia.[2] It is also beneficial for Attention Deficit Hyperactivity Disorder and is protective for Parkinson's disease.

The limited studies so far suggest that vaping can help people with mental illness to stop or substantially reduce their smoking without serious, adverse effects.[3]

Further trials in patients with mental illness are needed, but there is a growing body of research supporting the effectiveness of vaping in the general population. The randomised controlled trials, better quality observational studies and population studies suggest that vaping is more effective than nicotine replacement therapy, especially with modern devices and daily use. There is no reason to believe that similar outcomes would not apply to smokers with mental illness.

Concerns about the uptake of vaping by young people are legitimate. However, the empirical research shows that most use by young people is experimental and short lived and regular use is mostly confined to existing smokers or ex-smokers. In the study referenced by Scott et al. of young Australian women, only 1.7% of the sample had used an e-cigarette and had never smoked and most of these are likely to have vaped only once or twice.[4]

It is correct that there is currently insufficient evidence to accurately assess the risk of vaping. However, while the exact level of risk is unknown, the overwhelming scientific evidence is that vaping is far less harmful to health than smoking. The UK Royal College of Physicians estimates that long-term vaping is likely to be no more than 5% of the risk of smoking.[5]

The RANZCP Position Statement is pragmatic, compassionate and

evidence-based. Based on the evidence, it is arguably unethical to withhold a safer alternative for continuing smokers in this disadvantaged group who have been unable to quit with approved treatments.

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