Disclosure in scientific meetings: should we take any steps further?

Disclosure of commercial relationships of a speaker before providing scientific information in written or spoken format has brought transparency to science. Today, one can listen to a speaker and decide how much his or her presentation is influenced by the source of funding and potential conflicts of interest such as commercial employment, speaking fees, or board memberships. This has introduced an appropriate level of transparency after decades during which too many speakers have provided their data without full intellectual disclaimers.

To improve transparency and facilitate learning, we should consider another common phenomenon that it is not disclosed: a limited range of knowledge or only specific abilities in a particular field or topic, often resulting in heated discussions among experts promoting varied approaches to the same clinical condition. Particularly in a session organized as a debate, speaker might defend a position based on their own familiarity and expertise—without disclosing to the audience that their knowledge and expertise are limited to a single treatment approach. Granted, speakers generally do not provide a comprehensive curriculum vita, and such information would be too cumbersome to provide. However, are speakers prepared to cover multiple aspects of a given topic? Should the audience/readers be made aware of which specific experience/knowledge a speaker has regarding the topic at hand? With many controversial topics, the lack of such transparency leaves the audience without the proper perspective to learn more about or discuss various valid approaches to the same clinical condition.

For example, today one of the most debated topics is the role of surgical or medical approaches in the management of endometriosis. Both approaches to endometriosis are accepted worldwide after appropriate evaluation of individual patients on a case-by-case basis (1, 2). Both approaches to treatment are well known and have been described in the literature. But not all authors are fully capable of deciding the most appropriate therapeutic option. In fact, many times authors and speakers have been tasked with presenting a particular option without having sufficient knowledge to discuss the potential alternatives. Excellent speakers have promoted the efficacy of hormone treatments without knowing the benefits of surgical approaches; talented surgeons are explaining the benefits of a radical removal of lesions without any experience with the medical treatment options. It can hardly be justified to hear about the lack of efficacy or suitability of surgical treatments from gynecologists who do not practice surgery on a regular basis. The objective should not be to convince the audience to use a specific treatment; rather, after acknowledging their own clinical expertise, speakers should explain one or more alternatives. Endometriosis is a complex disease that may require different specialists employing a global approach, so appropriate disclosure is mandatory for promoting optimal patient care.

Another example is the debate over assisted reproductive technology (ART) and surgery in women with endometriosis. After the physician has considered the age of the patient, the partner’s sperm quality, and whether previous ovarian surgery has compromised ovarian function, ART may be an appropriate treatment for infertility. However, many times couples are routed directly to in vitro fertilization (IVF) without ever considering the chance of a spontaneous pregnancy after a minimally invasive surgical approach to diagnose and treat minimal/mild endometriosis, a condition that may expose patients to ART-related maternal and perinatal risks. At the same time, recommending repeated surgeries in the absence of comprehensive knowledge of the potential benefits of ART could lead to potentially damaging the patient’s ovarian reserve and childbearing potential. Hence the saying from Abraham Maslow: “I suppose it is tempting, if the only tool you have is a hammer, to treat everything as if it were a nail” (3).

We feel that financial/commercial conflicts of interest should be disclosed, but we also strongly believe that an “intellectual disclosure” is needed in the interests of transparency. That is, in the future we would love to hear or read before every presentation disclosures such as “I strongly believe in A as the best approach, but you should be aware that I don’t have experience and knowledge to treat this condition using B or C.”

We are trying to limit contributions by those who do not have enough expertise in the assigned topic, remembering that a recommendation or a consensus is only related to the participants who attend the meeting (4). Understandably, speakers are prone to attempting to convince the audience to follow their suggestions, so each speaker should be required to disclose in advance his or her specific knowledge of the potential treatment options. This will leave the audience with comprehensive knowledge of all valid alternatives so that the best choice can be chosen based on a thorough discussion with the patient.

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