

# “Academic Overdose” among Healthcare Professionals

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## ABSTRACT

**Introduction:** “Academic overdose (AO) leads to a state of mental and emotional saturation with constant academic input, to the point that learning and productivity decline and may lead to mental exhaustion and burnout, affecting quality of life (QOL).” Medical conferences (MC) are essential for knowledge dissemination, academic recognition, and professional transformation. This AO stems from the pressure to present research, networking, and demanding clinical and academic responsibilities. Adding to this are unlimited, exhaustive, and irritating queries from patients and attendants arising from internet searches.

**Discussion:** In recent years, the frequency of MCs and continuous medical educations (CMEs) has increased across local, national, and international levels. While this growth offers educational opportunities, it has also led to content redundancy, extended sessions, and a lack of audience engagement. The healthcare professionals (HCPs) have high academic expectations to be achieved in multiple domains, such as position, sustainability, promotions, and excellence in clinical practice; they also maintain scholarly, educational, and administrative responsibilities, and balancing these is highly challenging and may lead to emotional exhaustion and burnout, exacerbated by academic preparation for MC presentations. MCs have various advantages and disadvantages and require structural reforms to attract more participants and to be recognized as being of very high standards. Restructuring of MCs seems logical, and MCs must remain accessible, affordable, and academically oriented.

**Conclusion:** MCs offer learning, innovations, professional networking, and knowledge and experience sharing, while at the same time needing to be more inclusive, ethical, cost-effective, and image-building opportunities. Associated risks of exhaustion, sleep deprivation, burnout, and financial constraint necessitate restructuring of MCs.

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## INTRODUCTION

“Academic overdose (AO) leads to a state of mental and emotional saturation with constant academic input, to the point that learning and productivity decline and may lead to mental exhaustion and burnout, ultimately affecting quality of life (QOL) and productivity.” Medical conferences (MC) are essential for knowledge dissemination, academic recognition, and professional transformation. However, the overwhelming volume of content may lead to cognitive overload among healthcare professionals (HCPs), including students, postgraduate trainees, early researchers, and faculty educators.

This AO stems from the pressure to present research, networking, and demanding clinical and academic responsibilities. Adding to it are unlimited, exhaustive, and irritating queries of the patients and attendants arising out of internet search.

Key sources of AO among HCPs are MCs, continuous medical education (CMEs), research publications, teaching responsibilities, administrative duties such as committee work, curriculum planning, and compliance with institutional standards, grant and funding applications for research demand

detailed proposals and follow-ups, academic monitoring such as publications, citations, and teaching evaluations, credential maintenance, certifications, and documentation, mentoring, and peer reviewing of papers and evaluation of others’ academic work, occurring in isolation or in combination. There are many reasons for AO, but the most common is MC, which attracts because of academic glamour and recognition; therefore, we are discussing MC in detail.

## DISCUSSION

In recent years, the frequency of MCs and CMEs has increased across local, national, and international levels. While this growth offers educational opportunities, it has also led to content redundancy, extended sessions, and a lack of audience engagement.<sup>1</sup>

Healthcare professionals have high academic expectations to be achieved in multiple domains like position, sustainability, promotions, and excel in their clinical practice, maintain scholarly, educational, and administrative responsibilities, and balance among these is highly challenging and may lead to emotional exhaustion and burnout exacerbated by academic preparation for MC presentations.

The AO not only affects HCPs’ physical, mental, and emotional well-being but also has implications for MC attendance and financial sustainability and interests of the organizers, usually HCPs and pharmaceutical companies (PC).<sup>2</sup>

Medical conferences have various advantages and disadvantages and require structural reforms to attract more participants and to be recognized as of very high standards.

## Advantages of Medical Conferences

- Medical conferences are full of academic glamour and provide important platforms for interactions, valuable professional connections, networking, and sharing knowledge and research, and making you visible and credible in the fraternity.
- Medical conferences are an integral part of academic career development and offer the opportunity for recognition, inspiration, orientation toward research, and connection with colleagues.
- Short sessions allow more presenters to be accommodated.
- Medical conferences abstracts may get published in indexed journals; an added advantage of presenting on these platforms.
- Awards and acknowledgments gained through these MCs boost reputation and academic standing.
- Workshops help skill development and improve public speaking, presentation skills, and critical feedback.

## Disadvantages of the Medical Conferences

- Extended hours of neck-to-neck sessions with limited or no discussion lead to decreased engagement of the audience.
- Studies indicate a high prevalence of stress and burnout among emergency HCPs<sup>3</sup> and medical students due to academic

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- demands, heavy workloads, exams, and the pressure to publish in journals.
- Burnout characterized by emotional exhaustion, depersonalization, anxiety, depression, other mental health issues, and reduced personal accomplishment negatively impacts students' ability to learn and perform well in their studies and clinics.
  - Overwork, sleep deprivation, and exhaustion do occur due to academic preparation, along with demanding clinical responsibilities and scheduling of the MCs.
  - Conflicting messages from prominent speakers, especially in pharma-sponsored content, and conflict of interest may blur the line between education and promotion.
  - Healthcare professionals working in emergency medicine, dealing with sick and dying patients, as well as the pressure to maintain personal, social, academic, and professional commitments, contribute to emotional drain out in 25–77.8% HCPs.<sup>3</sup>
  - There is a strong association between burnout and major medical errors (MME) among 7,905 members of the American College of Surgeons' survey of self-assessment of MME revealed that 8.9% HCPs made a major medical mistake in the last 3 months, and it remained a common reason for morbidity and mortality. About 70% HCPs accepted the MME to be individual rather than system related, and this had a statistically significant adverse relationship with mental QOL in all domains of burnout, that is, emotional exhaustion, depersonalization, and personal accomplishment, and symptoms of depression.<sup>4</sup> All the abovementioned factors are exaggerated due to frequent MC participation as a speaker or faculty.
  - Medical education should be free from any industry pressure, including pharmaceutical sponsorship. PC are

significant contributors to CMEs, and restricting them could affect CMEs financially, limiting educational opportunities. Adhering to transparent disclosures, ethics, and strict rules and regulations, HCPs and PC can work together to enhance CMEs without compromising its integrity.<sup>5</sup>

- Despite the importance of MC, attending MCs is not intuitive, as these are glamorous mega events. Attendees do enter with expectations, invest a lot of time, energy, and effort, and walk away with a feeling that they did not reap the benefits. This may lead some to avoid MCs and limits their ability to advance their own career and contributions toward medical education.<sup>6</sup>
- Hierarchical focus may marginalize early-career professionals and underrepresented but valuable contributors.
- Theoretical sessions may be irrelevant to clinical practice. Exhaustive, neck-to-neck sessions and information overload may lead to less retention and minimal long-term benefit if not reinforced, diminishing the overall value of the MC.

### Restructuring of the Medical Conferences Seems to be Logical in View of Academic Overdose

- Medical conferences organizers should consider more breaks, reduce the number of sessions, avoid repetitions, encourage authentic contributions and youngsters by listening to them, and offer alternative networking opportunities.
- Establish clear ethical guidelines for industry sponsorship and ensure transparency.
- Encouraging a healthy balance between academics and physical limitations and considerations is crucial.

- Ensuring a balanced, inclusive, and focused approach will sustain the educational and collaborative benefits of MCs.
- Glamour-driven elements such as celebrity dinners and elaborate mementos deviate from academic goals.
- Medical conferences must remain accessible, affordable, and academically oriented.

## CONCLUSION

Medical conferences offer learning, innovations, professional networking, and knowledge and experience sharing, and at the same time need to be more inclusive, ethical, cost-effective, and image-building opportunities.

Associated risks of exhaustion, sleep deprivation, burnout, and financial constraints necessitate restructuring of MCs. Balancing content delivery, interaction, and discussion with attendees is crucial for sustained beneficial impact, and the purpose for which these gatherings are designed is key to the success of MCs.

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