# FOMO: A Force to Be Contained in Urology

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I was at an international meeting of urologists and researchers in the past year when I heard the term FOMO ("fear of missing out") for the first time. The person using the term was Dutch, so I of course had to verify that this was indeed a mainstream term in the English language. I quickly recognized that I had somehow missed what had become a common term in many circles (ie, I was living under a rock).

The context of the FOMO conversation was to describe how one urologist, who was not at this meeting, would almost certainly come to the next meeting because of his FOMO. That concept immediately resonated with me—a term was being applied to something that I also routinely perceived. I started thinking: how does FOMO shape our behaviour as practising urologists, especially in the academic setting?

FOMO as a term has risen in prominence in the current era of ubiquitous social media. It was first coined in 2004[1] and was adopted into the Oxford Dictionary in 2013[2]. It typically refers to the perception that one is missing out on activities that one observes on social media, and it drives an unquenchable desire to be connected on social media or in person2. As Mark Morford phrased it[3], FOMO is "the overwhelming feeling that you are, right now, missing out on some miraculous experience that is quite possibly the coolest thing ever to happen to anyone ever." In this context it is associated with sensations of apprehension, anxiety and even depression.

The general concept of FOMO, however, regardless of terminology, certainly pre-dated social media, and its implications go well beyond social media. It is also not by necessity linked to mental health concerns. As with my introduction to the term FOMO, the obvious expression of FOMO in urology relates to the insatiable desire to attend every meeting. Social media allows us to get a glimpse into the proceedings of meetings that we cannot attend, which may in fact attenuate the sensation of missing out in this setting. Going to meetings could be a full-time job if we let it—and indeed there are often overlapping meetings that would prevent us from going to all meetings, even if we dedicated all our time to it. It is worse if we are invited to speak at meetings, because the potential FOMO is then compounded by the need to say "no"—another concept with which some of us struggle even more. ITSN (inability to say no) should be another term in our field. Is an excessive travel and meeting schedule the hallmark of someone with combined FOMO and ITSN? There is surely more to it, but these are contributing factors.

I recently took a full month of vacation to travel through New Zealand. It was a much appreciated, prolonged break, and it afforded me a good opportunity to come to terms with some FOMO. Not only did I miss one of the key bladder cancer meetings of the year, I also missed the European Association of Urology meeting in Milan, a regional genitourinary cancer meeting, and two additional invitations to speak. To some degree, however, I enjoyed the opportunity to break the cycle, and I recognized that missing out some of the time is not such a bad thing. The biggest conference of the year—the annual meeting of the American Urological Association—is looming in the very near future, and I am again unable to attend because of on-call obligations. Another hefty dose of FOMO...

We all have our own academic priorities and strategies for achieving these priorities, but there is a lesson to be learnt around FOMO—and one to be passed on to trainees and young colleagues. We need to plan carefully and determine which meetings mean the most to our own development, whether we are attending a meeting to learn, to educate, to network, or to exercise a leadership role. Hopefully we are not attending meetings regularly just for fear of missing out, or because we feel that others expect it of us. As they say in German, we cannot dance at all weddings ("man kann nicht auf allen Hochzeiten tanzen"), and we sacrifice productivity in research and clinical practice, not to mention home life, if we succumb to the pressure and desire to attend every meeting.

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FOMO may sneak into other aspects of urology as well. For example, fellowship training after residency is intended for the acquisition of subspecialty skills, yet in the Canadian environment it is pursued frequently by those headed to a community practice in general urology. There is a perception that fellowship is needed to obtain a job—but there is also an element of missing out for those who do not do a fellowship. FOMO may also affect research. In bladder cancer, for example, almost all major researchers have gravitated to studying tumor immunology. It is undoubtedly a critically important field of research, but there is a definite sense that if you are not studying bladder cancer immunology you are missing out. A potential example in clinical care is the adoption of intravesical treatment with sequential gemcitabine and docetaxel. This has evolved as a standard treatment for non-muscle invasive bladder cancer in North America even though the evidence to support its use is limited. The reasons for this are manifold, including especially the lack of efficacious and cost-effective alternatives, but there is also a sense that its use has been disseminated by something akin to a peer-pressure. If you are not offering gemcitabine/docetaxel, you are missing out.

Overall, FOMO can be a motivator for urologists to stay engaged in their clinical, research, and academic practices, but it can also lead to stress and burnout if not managed appropriately. It is critical for us all to recognize the force of FOMO and prioritize own well-being to strike a balance between our academic pursuits and our personal and professional responsibilities.

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