# Patients in the room

**This summer saw the 106th Annual Meeting of the British Association of Dermatologists (BAD). The BAD is the professional body for hospital dermatologists and the wider community of skin specialists, including many of the clinicians who readers will meet in outpatient clinics. The purpose of these meetings is to educate and update healthcare professionals, supporting their development and, more importantly, helping them deliver best-practice care based on emerging research and the latest medical advances.**

As a charity working in this area, or Patient Advocacy Support Group (PASG), as BAD describes us we are offered a free exhibition space to promote our work. "Free" does not mean cost-free: this year's meeting was in Manchester, so travel and overnight accommodation had to be weighed carefully, and we chose to attend for a single day to keep costs down. That decision is typical of patient organisations: every event is a balance between the value of being there and the reality of limited resources.

Other exhibitors include commercial companies who provide the medicines and services that support clinicians to deliver care. There are also clear constraints on what exhibitors can do, particularly pharmaceutical companies. They are bound by UK law on the promotion of prescription medicines and by their own industry body code of practice, which is produced by the Association of the British Pharmaceutical Industry (ABPI). The code includes specific requirements for how they work with clinicians, the public and of course patient organisations. In simple terms, companies can support patient groups through grants, sponsorship or contracted services, but they must not use that support to drive the group's agenda or turn patient-facing information into branded advertising. For PAPAA, that means any support we receive must be transparent, documented and independent of the content we produce.

For patient organisations, that creates a distinctive role at meetings like BAD. We are there partly to provide balanced information on treatment options – including biologics, oral therapies and other approaches – but also to represent what living with psoriatic disease actually feels like. That combination of evidence and lived experience is what makes our presence useful.

Attending the BAD AGM gives us several things in return. We see first-hand how clinical practice is evolving, hear directly about new research and therapies, and understand what dermatologists are most concerned about in their day-to-day work. We also have informal conversations at our stand that reveal where patients feel well supported – and where the system still falls short. All of this feeds back into our educational materials, our advocacy priorities and the way we support people who contact PAPAA. It helps ensure that the information you read in this journal and on our website is grounded both in current evidence and in real-world experience.

Patient organisations exist because lived experience matters. The deeper question is why that still needs to be said. If healthcare were consistently joined-up, respectful and genuinely responsive, patient-led organisations would have far less reason to exist. Their presence is not a weakness in the system; it is evidence of the distance still to travel.

Over many years in patient advocacy, we have learned that progress is rarely blocked by a lack of goodwill. More often, it is slowed by habits: hierarchy, assumptions and the tendency to speak about patients rather than with them. Events like the BAD's are valuable precisely because they give us a chance to challenge those habits in constructive ways – by being in the room, asking questions, and offering a patient-centred lens on the same evidence clinicians are discussing.

It is also worth remembering that people are "patients" only for a short time during an appointment; the rest of the time they are simply people with lives to live. The most meaningful work happens when they are treated not as an add-on, but as a source of insight, challenge and partnership. The key question is not whether patient voice is valuable; it is whether we are willing to let it change how healthcare thinks, behaves and improves. We should not just ask patients to share their story. We should ask what the system – including those of us who attend meetings like BAD's – are prepared to do differently because of it.

To learn more visit:

**BAD: www.bad.org.uk**

**ABPI: www.abpi.org.uk**