

By Dr Wong Chiang Yin, SMA President

Excellence, Merit and Uncertainty

NOTIONS OF EXCELLENCE AND INDIVIDUAL MERIT

When was the last time you saw an academically brilliant person appointed to lead a clinical department only to see the department disintegrate? Or the last time you saw a brilliant doctor walk the hospital corridors being shunned by his or her own medical colleagues?

We live in a meritocracy where the worthy are deserving of reward; the best are rewarded the most and given the highest leadership positions. Our education system is based on meritocracy. We are told that the best and the brightest become doctors. Only the best and the brightest can enter our medical school in Singapore.

Excellence is the basis for meritocracy and in turn, meritocracy is the basis for leadership.

But what defines excellence and what is the end of meritocracy? Let us start with the end in sight: The end of meritocracy is efficiency in allocation of resources to maximise output and welfare for the society, assuming that the meritorious will achieve maximisation of welfare for the rest when they are made to lead the organisation and society they are in and they are showered with rewards. There is no other reason for a society to support meritocracy if meritocracy only benefits the able to the detriment of the rest. The basis and allure of meritocracy is that society must benefit as a whole: most people must benefit to some extent while society accepts that the best benefits the most. So a society's adoption of meritocracy is always conditional upon the best and ablest maximising welfare for the rest as well.

Day in day out, every so-called "high achiever" lives to justify one's own merit through achieving notions of excellence. But what are our notions of excellence? More

research papers in high-impact journals? Securing more research dollars? Better grades in school, from secondary to medical school? Highest earner in a department or a hospital? Eloquence and personal grooming are sometimes used as a proxy for excellence. Even one's skills in producing a snazzy powerpoint presentation is taken into consideration.

The other issue about meritocracy is fairness. There must be a fair yardstick to justify individual merit and quantify excellence. A necessary presupposition of excellence is that some are, well, less excellent than others. And an easy yardstick is always a measurable one. Nevermind if this interventionist has a temper from hell, he is the department's highest earner and he is therefore excellent. A surgeon who can perform the most complex surgeries can do no wrong – nevermind if he does not give any time to training his juniors or throws temper tantrums at his scrub nurses and junior doctors. This clinician-scientist has the highest number of publications in high-impact journals (journal impact factor being another quantitative measure), therefore he must be good – nevermind if he does not see his patients regularly and ignores all departmental meetings and responsibilities. Is it fair that we reward such persons even when the rest of the crew grows disenchanted, if not disillusioned?

Our preoccupation with numbers means that excellence is often emptied of its moral content. Excellence has become seemingly less abstract but in reality, our understanding of what constitutes excellence has just become colder. We forget that what is not easily measurable, what we cannot easily attach a number to, is often the most important in our pursuit of true fairness and real excellence.

The problem is "smartness", rewards and



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maximising welfare for others often do not go hand-in-hand. The key lies in how we define excellence and consequently who we label as meritorious. Intelligence or ability does not necessarily lead to virtue, probity or even an ability to win followers. Intelligence and ability alone seldom generates sincere respect, and at best only engenders grudging acknowledgement. The clever are not any less inclined to lie than the stupid, the difference being that the clever are less likely to be discovered to be lying. Academic brilliance does not necessarily lead to more empathy or more moral decisions.

The smart need not be good and the good are not always smart. The gap between our expectations of how much good the smart should do and our experience of what they actually do is especially jarring in medicine. This is because medicine cannot be divested from its humanitarian values (unlike say corporate raiders, Forex traders and computer programmers); and as such, virtue and probity – when missing in those we have labelled excellent and meritorious – are viscerally painful.

A MERIT GOOD AND A MERITORIOUS PROFESSION

A “merit good” is defined as a service or commodity that is regarded by society or government as deserving of public finance. And by logical extension, there must be an element of public service and virtue if something or someone is deserving of public finance. National security and education are examples of merit goods. And medical education is one particularly expensive example.

For academic year 2006/2007, the price of tuition fees in the National University of Singapore’s (NUS) medical faculty was valued at S\$82,120 for one year. The student pays S\$17,520 and the government subsidises with a tuition grant worth S\$64,600. Multiply that by five years and the amount is S\$323,000. In other words, each doctor we produce from NUS is a very costly merit good. In fact, going by the size of the government grant, doctors are the most expensive merit goods produced by NUS.

So how do we justify ourselves not just as individual persons of merit, but as a profession that exists largely as a consequence of public financing or philanthropy, that is, a merit good and a meritorious profession?

The disjuncture between our measures of

individual merit and the profession’s aggregate merit needs to be addressed before the profession is seen to be an indulgent waste of public resources. If we continue to empty our notions of individual excellence of their moral content, then the profession will likewise slowly but surely lose its pre-eminent status as the most meritorious of professions.

Indeed, society continues to heavily finance the training of doctors only if they perceive that doctors are men and women of probity and they exist for public good. At the same time, doctors of today are continually bombarded with the notions of what constitutes individual excellence: “How many papers have you published?”; “How many private patients have you seen?”; “Were you on the Dean’s List?” And somehow we think that by rewarding people who do well in these quantifiable elements, we have assembled a system that ensures immeasurable qualities such as virtue and leadership are to be found in abundance.

Meritocracy is only a good system to adopt if it is based on correct notions of what constitutes excellence.

UNCERTAINTY

On a more mundane note, I do not usually read *The Straits Times’ Urban* supplement published on Thursdays. But on 21 September 2006, I read it because the cover page caught my eye. It had a photograph of four doctors about my age and the headlines read: “Hot Docs – young, rich and beautiful, these doctors who make people look gorgeous are everything their patients aspire to be”. One of them was noticeably brandishing a mesotherapy gun. Since the publication of that cover page (which referred to an article within the supplement that included, in addition to interviews with the four aforesaid doctors, some pretty sound advice from a plastic surgeon), a GP has called me up to comment about it. A neurologist has also written quite a lengthy email to me about it. I will not discuss their comments here, which were made in confidence. Suffice to say, I valued their comments.

Nonetheless, I could not help but wonder: many medical students and young doctors would have seen that cover page of *Urban* and would have read the interviews – what would their reaction be? I could not help but feel a tinge of worry about this uncertainty.

I also felt more than a passing flicker of sadness. ■