

Musings on the Tall Poppy Syndrome in Medicine

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Abstract

Excluding the United States, the Tall Poppy Syndrome (TPS) is well known in Anglophile nations with Australia taking the lead. The medical and psychosocial literature are meager in detailing medical TPS. Is it unrecognized or non-existent in the medical profession?

Examples of medical TPS have been identified recently in historical texts and in the present. The most common behavior of the doctor cutter is bad envy wherein the Tall Poppy Medical Doctor (TPMD) is cut down in size because of their superior surgical skills or intelligence. Egregious acts by a TPMD such as exaggerated outcomes or abilities, as well as hubris are causes or justification for the cutter, which may include an institution or agency, to reduce the TPMD's stature to include their license.

Keywords: *Tall Poppy Syndrome; Tall Poppy; Bad Envy; Near Enemy; Far Enemy*

Introduction

Medical TPS may have been introduced to the medical public in this journal when an arthroscopist's journey was detailed at the time surgical arthroscopy was in its infancy [1]. A newly trained arthroscopic surgeon was cut down by peers without his skills which prevented the surgeon from obtaining hospital privileges and professional memberships.

Since then examples of medical TPS in various countries, specialties and periods have been documented [2-6]. Also, a book containing the original description of TPS as well as a brief world view of TPS in various countries and eras was published [7]. This information plus an excellent summary article by one of Australia's noted TPS researchers on the subject, Dr. Norman Feather, permit the doctor to understand people's behavior regarding TPS including their own [8].

Case Studies

The following are examples of medical TPS that were encountered during my routine activities without any specific TPS agenda:

1. Due to a cancerous lesion on my forehead I underwent Mohs micrographic surgical procedure (MMS). The surgical foundation for this surgery was Dr Frederic Mohs's discovery that zinc chloride paste could fix skin tissue for microscopic examination in 1933. Later he applied the paste prior to surgical excision of a tumor which permitted mapping out slices according to their anatomic locations. If tumor was noted at the edge of the excision site, the process was repeated and more specimen was removed. The technique was rejected by the medical community. The Dane County Medical Association accused him of quackery and attempted to nullify his medical license. There are now 900 members in the American College of Mohs Surgery [9,10].

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2. A member but not an acquaintance of the same gardening club, Dr. Donald Pinkel, died on March 9, 2022 at age 95. His obituary, however, is very illuminating. Dr. Pinkel was the founding medical Director of St. Jude Children's Research Hospital (1961-1973). Acute lymphoblastic leukemia was the most common form of childhood cancer in the mid-1900s with almost 100% mortality. Dr. Pinkel and his team developed Total Therapy - radiation therapy with cancer drugs injected directly into the patient's spinal column. In 1962 he introduced the plan to a cooperative research group sponsored by the National Cancer Institute. The Group rejected his plan. St. Jude's left the association and soon had a 50% cure rate (1967-1968). With time and refinement the cure rate grew to 94% survival [11].
3. While reading the *Journal of the American Medical Association* I noticed that Dr. Howard Bauchner, their visionary editor, had made a "difficult decision" to resign his editorship [12]. Further investigation identified a podcast and tweet, albeit short lived, had been published by *JAMA* deputy editor Edward H. Livingston, MD, regarding the concept of structural racism in medicine (the podcast questioned some postulations of structural racism). The tweet went viral. A group called The Institute for Antiracism in Medicine called for an investigation into the podcast by initiating a change.org petition which eventually had more than 9000 signatures. Dr. Livingston was asked to resign after the podcast while Dr. Bauchner was placed on administrative leave while an internal investigation took place. Dr. Bauchner was not involved in the production of the podcast nor the tweet but his "lapses" allowed their publication [13].
4. While reading my daily edition of *The Wall Street Journal* an editorial tweaked my interest [14]. A registered nurse of 39 years was required by her employer to take a training module titled "Overcoming Unconscious Bias" (implicit bias training). She asked for a meeting with the chief nursing officer and the human resource director to seek an exemption. After two meetings she knew she was not going to receive an exemption. The price for not taking the course was her termination.

Discussion

It is my contention that medical TPS is not uncommon in our profession but remains largely unrecognized. Today's physicians are burdened with too many non-medical issues so why encumber them with another tribulation? The answer is that by knowing and understanding TPS a tribulation might be turned into a triumph. Every Tall Poppy (TP) that I studied had been tall popped and grew from the experience [15].

TPS may be easier understood if it is divided into "private" or "peer to peer" TPS which rarely makes widespread discourse and "public" TPS. The private group may not even be a (TP). They belong to your tribe - family, school or workplace (medical office). This is in contrast to public TPS wherein a famous or infamous TP is implicated and gains national media attention [16].

TPS is driven by emotions, namely the dark emotions. Many psychologists merely call the emotions a functional state. Others say emotions have a negative and positive component (my preference). Good envy would be to emulate someone who has desirable traits thus improving oneself; bad envy would be coveting someone's desirable trait but cutting them down or trying to destroy their happiness (Case 1) [17].

Peer to peer TPS is usually driven by a low self esteem cutter who is harbors bad envy or anger and indolence. Public TPs may execute an egregious act driven by pride (hubris), greed or lust and the cutter feels "justified" in cutting the TP down because they do not "deserve" their status. It is common and natural for a doctor to be prideful because of our efforts and achievements. We may have a head start for being cut down. For convenience sake, these six emotions are part of the seven deadly sins or vices which may serve as aid-memoire. In Christianity (specifically Catholicism) there are contrary virtues to these vices which serve as a cure. Instead of thinking positive and negative envy, negative envy would be neutralized by the virtue of kindness [17].

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The world seems awash in movements. Movements give the long suffering a voice and may effect positive change. Movements are emotional events and often cause TPS as intended or collateral events (Cases 3 and 4). Buddhist psychology has a concept of near and far enemies. Near enemies are emotions that are mistaken for positive virtues; far enemies are real opposites. Near enemies are difficult to identify because they are so close to the emotion or virtue to which they are aligned [18]. Although hate, fear and anger are commonly found in movements it is Feather's righteousness (true injustice) or righteous indignation that justifies cutting someone down. Unfortunately, righteousness has the near enemy of self-righteousness and these types believe their behaviors and beliefs are primary which are often not verifiable.

Conclusion

Medical TPS is more ubiquitous than its recognition. Emotional intelligence is necessary for diagnosis and cure. Emotional dysfunction may be found in the cutter and/or TP. By identifying the context and negative emotion, the perpetrators may move towards resolution. The people in the situation improve their emotional intelligence and so does the observer (self). The self grows emotionally which permits understanding the dynamics in peer to peer situations and well as public TPS, both nationally and internationally.

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IRB

All information herein is a matter of public record. The diagnosis of TPS and roles of various dark emotions are part of an international observational study undertaken to write a book on the TPS.

Conflicts of Interest

The author declares no conflicts.

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