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Perspective

Meritocracy to Mediocracy: Shifting the Focus of French Laboratory Medicine Appointments

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Abstract

In France nowadays, public managers are free to promote almost whoever they like, or love. Though at times unscrupulous managers may be hindered by the fact that, before they can be promoted, their friends, or relatives, or serfs, have to pass examinations, and obtain diplomas, the "cleverest" public managers somehow even manage to find ways around that problem.

Keywords: Allocation of Health Care Resources; Applied and Professional Ethics; Competence/incompetence; Distributive Justice; Education for Health Care Professionals

Let us imagine a clinical laboratory in a university hospital in France. The big boss decides to appoint a new "praticien hospitalier" to serve as a "medical laboratory specialist". As they both have the same names, some employees in the hospital may suspect that this new "praticien hospitalier" is a relative of the big boss, but they cannot be sure of that, and it is after all normal in Public administrations in France that the big bosses hire family members. A few days later in the same hospital, but in another department, another "praticien hospitalier", serving as an internist, asks for clinical advice to this new "medical laboratory specialist". Soon the internist discovers that this new colleague doesn't know anything about blood cell counts, ionograms, drug screens, or other basic laboratory tests. In fact the only thing is this new "medical laboratory specialist" seems to know anything about are tests for diagnosing Cadmium poisoning. Suddenly, the more senior medical laboratory specialists in this laboratory realize to their horror that their newly appointed colleague will never be authorized to work during the week-ends, or during public holyday. His only duty it seems will be to accredit, and validate/ authorize Cadmium tests. Thus the son of the big boss (for the news has now spread that the new "medical laboratory specialist" is in fact his son) will have plenty of time for research and publication, uninterrupted by tiresome night and weekend calls. Unfortunately a few months later (just after the big boss has retired) it is decided by the new senior manager that all Cadmium tests will be centralized in another regional laboratory. Meanwhile the appointment of the son of the former big boss has been made permanent: he will be paid for not doing Cadmium tests until his retirement, around the year 2057-2060. Anecdotes like that one can happen in current day France.

Allow Us Explain Why

In France in order to be authorized as a medical specialist in laboratory medicine one usually had to pass a Doctorate in Medicine, or in Pharmacy, and then a "D.E.S. (Diplômed' Etudes Spécialisées) de biologie médicale" (meaning: "Diploma of Specialized Studies in Laboratory Medicine"), thus passing two very select contests, and spending respectively at least 10 or 9 years as a university student, including the four final years as a hospital resident (Figure 1). Fortunately for senior management, a new law was been published in 2013, to make this original rule applicable to private laboratories only. Those managing laboratories in public university hospitals are free to ignore this original rule. In the Public university hospitals therefore the numbers of medical specialists in laboratory medicine who do not have a "D.E.S.de biologie médicale" now frequently exceed the number of those who have this "unnecessary" diploma. One unforeseen problem is that, according to the very same law published in 2013, clinical laboratory results can only be validated and authorized under the supervision of those who have a "D.E.S. de biologie médicale" and the same strict rules apply regarding the accreditation of laboratories. Those who do not have the right diploma, therefore, are able to spend all their time and energy on research and publications, whereas the fully certified medical specialists in laboratory medicine do not have any time and energy left for research once they have accredited their continuously increasing quota of laboratory tests, and validated/authorized clinical results on a 24/24 hours, and 7/7 days, basis (work that would normally be shared by all the specialists). In these circumstances the pure researchers are likely to be the managers' favorites, and for reasons that have been explained more in detail elsewhere [1] these favorites are likely to be promoted for long periods of time in these organizations. For the same reasons, after a few years, the fully certified medical specialists in laboratory medicine will have becomes couraged and move elsewhere (mostly in private laboratories where equal qualifications ensure that the work is more likely to be fairly distributed). In these circumstances will it be necessary for university hospital laboratories to maintain clinical activities in the long term? Or will their "distracting" clinical activities be ultimately transferred to private laboratories?

Perhaps the awkward period of history where sincerity, diligence and real facts were important, is finally coming to an end? Who is going to want to spend all those years studying for extra exams and diplomas when it is far easier to get a leg-up from a friendly manager, or a family member?

De Gaulle, whose incorruptibility was probably genuine, created the French Fifth Republic in 1958. He would not have been capable of imagining that, in the space of less than half a century, his political descendants would be enthusiastically using their influence as a privilege to promote family members. A basic principle of meritocratic democracy, and a corner stone of De Gaulle's ethics, is that any employment in the government, or in any public administration, has to be based on merits, not on the influence of family or friends, or as a reward for more or less occult services [1].

In recent years, France has increasingly outgrown these basic democratic and ethical principles. It is now estimated that at least 15% of French MPs hire family members and there is evidence that those 15% of French MPs produce less work than other MPs [2]. This figure of

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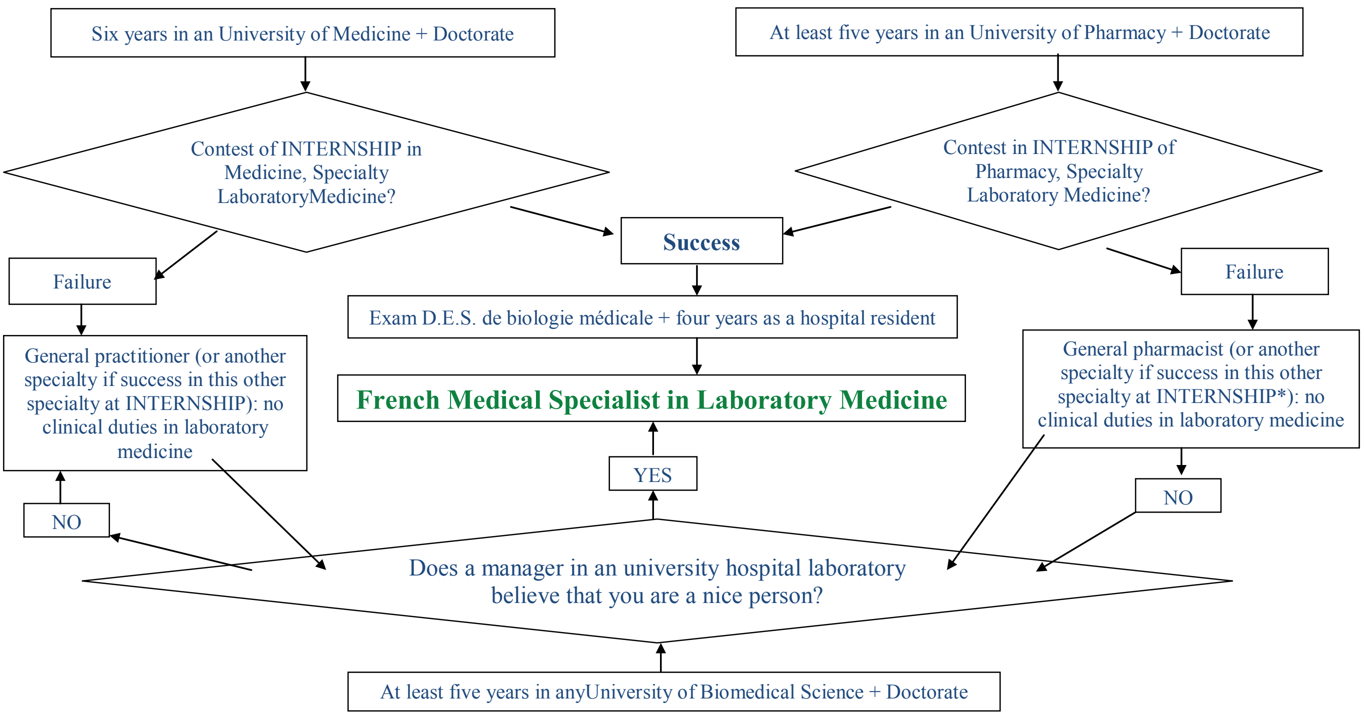
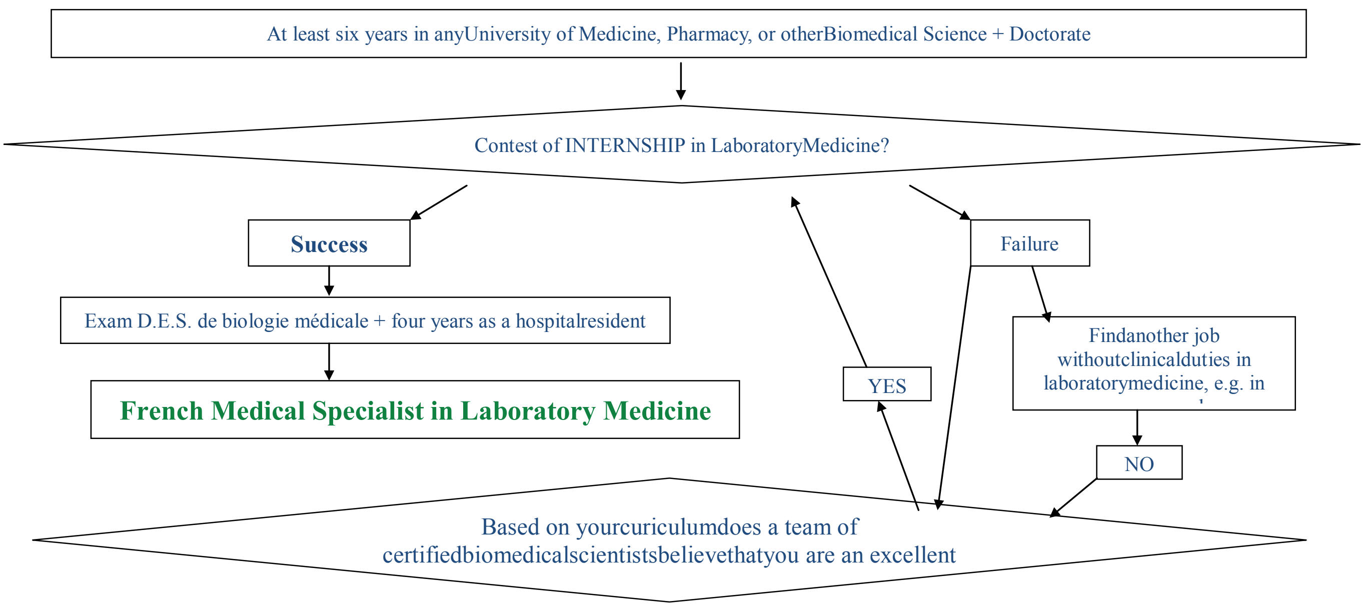


*for exemple “industrie pharmaceutique et recherche” ; “D.E.S. (Diplômed’ Etudes Spécialisées) de biologie médicale = “Diploma of Specialized Studies in Laboratory Medicine”.

Figure 1: Hospital and University Pathwaysforbecoming a French Medical Specialist in Laboratory Medicine.



“D.E.S. (Diplômed’EtudesSpécialisées) de biologiemédicale = “Diploma of Specialized Studies in Laboratory Medicine”.

Figure 2: Trulymeritocraticpathwaysforbecoming a French Medical Specialist in Laboratory Medicine.

15% is just an estimated figure and the very fact that a precise figure is not possible to obtain adds some suspicion that De Gaule’s ethics are still trickling down.

This is one of many facts that probably explains why France ranks 23rd among 176 countries, according to a well-established “corruption perception” index [3]. In Western Europe, only Portugal, Italy, and Spain rank higher (more corruption), but many other countries including the US are also striving for higher ranking.

In France, it is not against law for MPs to employ family members. It is only against basic ethical principles of genuine, meritocratic democracies. This is probably why the “father” of the Fifth Republic did not even bother to elaborate a law that would have forbidden MPs to hire their relatives: De Gaulle believed that such basic principles would not need to be enforced by law. Times change however, and the old misguided principles have no place in the modern corporate management structure that has been the guiding force behind so many western and non-western governments. At the forefront of this exciting new modernization process are the managers of French public administrations; themselves often arisen from the generic managers caste that is so highly skilled and developed that they rarely require formal training or specific knowledge in the area they are overseeing. These Public managers, unhampered by archaic laws that in other countries first needed to be laboriously repealed, are now free to promote almost anyone they like or love. Top managers are now frequently generic managers who do not even need to hold academic degrees. Hindered at times only by the fact that, before they can be promoted, their friends, or relatives, or serfs [1], have to pass examinations and obtain tedious diplomas. But even this is aobstaclecan often be avoided by the "cleverest" Public managers [1], thus allowing anecdotes like the one above to become real (see Figure 1). Managers of that kind often feel that they can order their academic staff to be creative and publish by decree and threat of punishment.

As a more optimistic and positive alternative, we have developed in Figure 2, a clinical pathway for public managers to understand the basic processes of specialist appointment, though there is a very real risk that this knowledge may be misused "for the greater benefit and ultimately smoother functioning" of the state apparatus.

References

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