

Meritocracy, Populism and the Hellenic Cardiology Society

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Meritocracy requires that the worthy be rewarded and the undeserving penalised. The application of this doctrine is the principle motivation for improvement within a system. Scientific societies, such as the Hellenic Cardiological Society, are (or should be) meritocracies *par excellence*. However, the practical application of meritocracy presents serious problems that, not infrequently, may lead to results opposite to those which are sought. In extreme cases, a Lilliputian kind of logic may apply: to encourage all their citizens to become rich, the state rewards the rich with money raised by taxing the poor - thus whoever wants to escape the tax and be rewarded merely has to become rich in order to do so!

At the other extreme there is the "populist" view. Here the law shares out goods assigning equal amounts to everyone, regardless of their worth. It is clear that the lack of any connection between work and reward does not promote qualitative improvement in a society that follows the populist dogma.

In what way, however, can each person's worth be compared objectively? Obviously on the basis of the value of his contribution, that is, the scientific output he produces in the case of a scientist. And at this point the positive feedback begins, but it may become a vicious circle and vicious circles tend to be destructive. The prize awarded may (perhaps even should) be translated into material means of producing further output. Now the sci-

entist, with greater means but the same effort and the same worth, can carry out more and better scientific work, which will naturally be rewarded "on merit". The new reward becomes new means, and so *ad infinitum*. Now, though, we are not just rewarding human worth, but the available means, however these were acquired. This vicious circle cannot be considered always reprehensible, even if it foreshadows a deviation from pure meritocracy. It is not reprehensible because when gold pieces are handed out they should not be buried in the ground, but should be invested wisely. And whoever has the means has more potential to translate the gold pieces he has been given into good work.

There is, however, another less benign vicious circle. The reward and the material means acquired may be translated into power. And power, as we know, corrupts - even when accompanied by the best intentions. The rewarded individual who wields power influences, even without meaning to, the reviewers who hesitate to withhold recognition even from his most undeserving efforts. The vicious circle, unlike the stabilising negative feedback, promotes inequality, inhomogeneity, and can lead to the breakdown of the system.

The perspicacious, precise and swingeing criticism of cardiology congresses that appears in this issue of Hellenic Journal of Cardiology¹ zeroes in on a specific target; the appearance at a recent congress of presentations with a

multitude of authors (up to 17) and the inclusion of one author in 109 presentations. Indeed, at the 23rd. Panhellenic Cardiology Congress around a quarter of the papers presented were from one research centre and the number of authors in a large number of presentations reached double figures. One wonders what so many authors could have contributed to one piece of research. International organisations have provided definitions of who is and who is not an author². The problem of the number of authors has been examined before³. The proposed solution was to require a description of each author's precise contribution to a study.

The problem facing the Hellenic Cardiological Society is not, of course, how to reduce the output of research centres and authors with high productivity, but rather how to increase the research activities in centres with fewer publications. Another goal of our Society could be to provide motives for the quantitatively high production of the more active centres to be condensed into quantitatively smaller, but qualitatively superior research.

The Hellenic Cardiological Society has taken a number of steps in recent years to promote the scientific progress of its members outside the main, established centres. It has encouraged research activity in provincial regions, organised the output of the Working Groups, made the elections more democratic by holding them during the annual Congress so that members from all over Greece can participate - or at least, those who are interested in the Society's scientific events. It has backed the organisation of multicentre studies and improved communication between all members through the publication of the Newsletter and by promoting the use of the Internet.

At the last Panhellenic Cardiology Congress the Society tried not to be limited to a "one-dimensional" review. Each submitted abstract was graded blindly by three reviewers on a scale of 20. All with an average grade of 14 or over were accepted; all with a grade below 12 were rejected. Thus the basic criterion of merit was observed. The abstracts in the "grey zone" between 12 and 13.7 underwent a second grading by the Organising Committee, not so much on the basis of merit; the submissions in the "grey zone" were approved for inclusion in inverse proportion to the total number of submissions from each centre. The result was as described above.

It is very likely that a one-dimensional "meritocracy", with the selection of papers based solely on the grades given by the reviewers, could have results

opposite to those desired. Honest researchers from regions with meagre resources could be discouraged, rather than stimulated to try harder. The Congress' Organising Committee has already been the recipient of negative criticism concerning the unequal distribution of awards. The reviewers for full-paper awards were chosen on as equal a basis as possible, from many centres, and they judged without knowledge of the papers' authors. However, the distribution of the awards was not geographically uniform. There was no way it could be, since it was not possible to give awards to papers from regions that had not submitted any! Furthermore, awards were also given to the presentations whose abstracts had accumulated the highest review scores. There were geographic regions none of whose submissions received an award. This could be considered unfair. However, it would have been unfair to ignore the verdict of the reviewers, among whom were many from these "unfairly treated" regions. These reviewers graded the submissions from their own regions quite poorly. Finally, it is obvious that if one centre submits a hundred abstracts and another ten, even if all the latter are accepted and only half the former, the ratio will still be an "unfair" fifty to ten.

The problem and the danger described above have been a matter of concern to the Board of the Hellenic Cardiological Society. The selection process for papers submitted to a Congress involves three stages. First is the receipt and registration of an abstract with authors' names and institution. Second is the blind grading by the reviewers. Third is the acceptance or rejection by the Organising Committee, who now know both the authors and the source of the submission, as well as the reviewers' grades. It is clearly impossible for the Organising Committee to read all of the more than 600 abstracts in order to judge the value of their content.

The second stage is based on merit as far as possible. No constraints can be applied since the reviewers are blind to the source of each submission. In the first, administrative stage it would be possible to apply constraints. For example, a "ceiling" could be specified for the total number of submissions per author or per centre, or for the number of authors per submission. At this stage the administrative staff could summarily reject any submissions that do not follow the rules. Similar constraints have been applied in the past at international congresses and as a rule they were abandoned because of practical difficulties. For example, if the maximum number of sub-

missions per author is set at ten, what should the administrators do if they receive eleven submissions from the same author? Reject them all? Keep ten and reject one? Which one? And what happens if someone submits a paper and adds the name of some other author without informing him? Even though this measure is hard to implement, I nevertheless believe that some variation on it should be considered by the Organising Committees of future Panhellenic Cardiology Congresses.

The third stage, the final selection of papers by the Organising Committee, perhaps lends itself more readily to a –not perfect, for who is to decide what is perfect?– but a compromise solution. A widening of the “grey zone” referred to above could be applied. For example, from 12-13.7 the “grey zone” could be widened to 11-15.7. Thus, more papers with intermediate grades could be assessed using a criterion such as “the fewer the submissions by an author, the lower the threshold of acceptance”. At the same time it would be possible for this subset of abstracts in the “grey zone” to be re-evaluated based on their content. An increase in the number of reviewers for these submissions would increase the likelihood of more objective grading. It would thus be an indirect motive for moving from quantity to quality.

The Organising Committee, therefore, should probably vary the threshold of acceptance based on certain “political” criteria, as well as that of merit (i.e. the grades given by the reviewers). One such

“political” criterion has already been mentioned; the scientific productivity of a researcher. Another might be based on the wish to give emphasis to a particular branch of cardiology (for example, one considered to be very modern), where the Committee would be more lenient to submissions falling into that category. Of course, there are other criteria apart from the “objective” grading by the reviewers. In any case, the criteria should be accepted by cardiologists’ public opinion, decided upon in as democratic a way as possible, and, most importantly, known in advance by the cardiological community. One of the characteristics of meritocracy is the strict application of criteria and procedures that are known in advance to those who undergo judgement.

I believe that the discussion sparked by the letter sent by Professor Mouloupoulos¹, a distinguished former President and authorised member of our Society, will be fruitful, and I hope that the new Board of the Society will pay heed to the ideas that have already arisen and will continue to arise from many sides.

References

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