The Tall Poppy Syndrome in Orthopedics: A Case Report

Douglas E Garland*

Clinical Professor of Orthopedic Surgery, University of Southern California, Los Angeles, CA, USA

*Corresponding Author: Douglas E Garland, Clinical Professor of Orthopedic Surgery, University of Southern California, Los Angeles, CA, USA.

Received: April 02, 2018; Published: May 24, 2018

Abstract

The Tall Poppy Syndrome (TPS) is a relatively well known entity in the United Kingdom and other Anglo-sphere nations except the United States. The medical field seems to be excluded from its existence, for reasons unknown, in spite of its medical appellation.

This case report describes an orthopedic doctor who has knowledge and skills his orthopedic colleagues do not possess (tall poppy) which prompts them to denigrate (cut down) him by various methods. Their motivation, often driven by envy, is to reduce the doctor’s achievement to their own status which levels the competitive field for orthopedic care in their area. This may be the first recognized description of TPS in the orthopedic literature and perhaps the medical literature.

Keywords: Tall Poppy Syndrome; Tall Poppy; Envy

Introduction

The Tall Poppy Syndrome (TPS) is a metaphor which portrays a poppy field wherein one poppy is taller than the others; to maintain uniformity, the tall poppy is cut down. In Australia, where usage is common because of its egalitarian culture, tall poppies are individuals who amass fame, fortune, achievement or skills but for various reasons, frequently envy, become targets for criticism and are cut down. The Australian National Dictionary defines a tall poppy as “a person who is conspicuously successful; freq. one whose distinction, rank, or wealth attracts envious notice or hostility” [1].

Key words in the definition include “conspicuously” and “envious”. Australian egalitarianism tolerates a tall poppy but only if the tall poppy remains inconspicuous amongst the others.

Should the tall poppy become conspicuous for any reason, the tall poppy becomes fair game to be cut down to size.

Envy is a complex emotion-mental activity (sometimes leading to physical action) which occurs when a person lacks another’s superior quality or achievement and desires it (good or benign - non-malignant, admiring, emulate) or wishes the other lacked it (bad or malignant). Benign envy pulls the envier upward making the envier a better person while malignant envy pulls the envied downward frequently by nefarious methods [2]. The possessor of malignant envy often has low self-esteem. Malignant envy could be classified as one of the seven deadly sins.

Case Report [3]

Dr. L. J., age 84, with no doctors in his family nor money for college, attended a state college on an athletic scholarship. He was denied admission to a prestigious medical college and attended a medical college which became state chartered in 1956 graduating without honors. He did attend a prominent residency program.

The Tall Poppy Syndrome in Orthopedics: A Case Report

Dr. J. was interested in the nascent field of sports medicine but lacked specific training. He took part in the relevant, although limited in scope and number, continuing medical education courses. Arthroscopic surgical equipment was inadequate (necessity is the mother of invention) which led to his development of motorized instrumentation including a shaver and other manual instruments. He began his career as a solo practitioner in a remodeled student-rental house across from a corn field (Could he have been any more inconspicuous?). However, his colleagues (malignant envy and cutters) stated he was performing unethical and immoral operations.

Dr. J. was rejected for membership in the Michigan Orthopedic Society for 11 years but was recently awarded their inaugural Lifetime Achievement Award. His application, in each instance supported by an AAOS president, for the American Orthopaedic Association (AOA) was turned down four times before he was accepted at age 60 years. Although the president and the secretary of the American Orthopedic Society for Sports Medicine (AOSSM) performed a site visit to his office and submitted an application for AOSSM membership on his behalf, it was turned down. Three years later, he presented a course on arthroscopy at an AAOSM national meeting and was offered membership. Finally, he submitted manuscripts to the Journal of Bone and Joint Surgery (JBJS) at the editor’s request but all were turned down since one of the reviewers from a prestigious university stated Dr. J. was a known liar.

In spite of early professional envy, Dr. J. would eventually enjoy a very rewarding and illustrious orthopedic career.

Discussion

The eye sees only what the mind knows. A diagnosis cannot be made unless the doctor knows or researches the disease. The fact that TPS is relatively unknown in the scientific and medical professions does not mean it does not exist. Most likely, the entity is relatively unrecognized and under-diagnosed, especially in American medical and scientific communities.

The TPS has been around since antiquity. Philip II, king of Macedonia (reigned 359 - 336 BC) and father of Alexander the Great, was tall poppied as was his wife. Julius Caesar (100 - 44 BC), a hero for the next one thousand years, was tall poppied by none other than young and envious Brutus, the son of Caesar's mistress. Sir Thomas More, high chancellor of England, was tall poppied on July 6, 1535, (literally and figuratively) by order of Henry VIII, who executed more people than any other English monarch [4]. By the 17th century the meaning of TPS was mostly figurative. Albert Einstein was tall poppied before coming to America whose countrymen, he once described, were without envy [5].

One of the greatest rivalries in medicine occurred between Louis Pasteur (French) and Robert Koch (German) regarding the establishment and acceptance of the germ theory of disease. Their battle was more than a simple rivalry or feud which is how it is often described.

Nationalism was included because of the Franco-Prussian War (1870 - 1871). Colleagues were dragged into the conflict to defend their countries, medical leaders and research. Other countries, such as Britain and Italy, had a stake since they were colonizing Asia and Africa and “needed” to understand tropical medicine. Anthrax was rampant throughout Europe and the farming community had a vested interest in their work. American medical leadership, who were beginning to develop laboratories and medical schools, was not spared since they were trying to select the correct path to follow: Koch’s bacteriology as basic science to stop bacteria before they spread disease versus Pasteur’s applied science of attenuating bacterial virulence to develop vaccines preventing the disease once the disease was imminent (Koch initially won).

Their envious battles, which often involved others, spilled over at meetings and in their writings with attempts to cut each other down. Fortunately, they were not successful even after repeated attempts (they could have learned from each other) and each made valuable and complementary contributions to medical bacteriology (Koch won the Nobel Prize in 1905 for his discovery of the tubercle bacillus) [6]. This type of TPS is malignant just as the enviers can possess malignant envy.

The TPS need not be bad or malignant but may occur as a positive or good consequence since some tall poppies become conspicuous for a variety of egregious reasons. These people are thought to get what they “deserved”. Judgements, not envy, on the part of the cutter are included which center around the tall poppy’s “deservingness” to be cut down [7].
The Tall Poppy Syndrome in Orthopedics: A Case Report

Sam Waksal, PhD in immunology, garnered fame as founder of Imclone, 1984 and its drug, Erbitux, a genetically engineered treatment for colorectal cancer. The stock soared when the FDA placed Erbitux on fast-track approval. The company filed for approval but the FDA failed to approve the drug’s application. Waksal, as chairman and chief executive of Imclone, was barred by securities laws from selling the stock while possessing inside information or from leaking the information to anyone else. He did both. On October 15, 2002, he was convicted of securities fraud, bank fraud, obstruction of justice and perjury. He served 87 months in prison [8]. The more infamous aspect of this debacle was Martha Stewart’s involvement in insider trading of Imclone stock whereby she was cut down by then U.S. attorney, James Comey, who was later was cut down as FBI director by President Donald Trump.

Waskal had a checkered history before launching Imclone. He was terminated by 4 prestigious medical institutes but his status (tall poppy) plus not checking his past history had permitted selection for new positions until he was finally felled by federal prosecutors.

The TPS transpires at every level of society including the fields of medicine and science.

Mostly, the public becomes aware of a victim of TPS though media events of high profile poppies from sports (Lance Armstrong), entertainment (Martha Stewart), business (Bernie Madoff), and politics (Eliot Spitzer) who have been involved in egregious behavior, and are cut down by the public’s judgment of deservingness or even the law. On the local level (unknown and undiagnosed), TPS more commonly occurs when an individual acts (bad envy) to bring the tall poppy down to commonality.

Conclusion

The TPS in varying degrees may be an important aspect, although undiagnosed, of the medical profession. Undergraduate and medical schools may be important breeding grounds where good envy is encouraged by certain incognizant methods such as publicly posting test scores to encourage upward emulation although the malignant component is always available to bring the tall poppy down. Later, competition for patient care and “publish or perish” become the petri dish. Awareness or diagnosis of the syndrome is the initial component of a cure. After the diagnosis is established, emotional intelligence is necessary for both the cutter and victim. The victim requires reflection to be certain he/she did not become conspicuous from an pernicious reason. The cutter needs to address motives for behavior. Upward envy is the recommended treatment of choice enabling the envier to grow to become a tall poppy by behavior modification, attending continuing educational courses, reading journals and mentoring if available.

Acknowledgements

No financial support was received for this study.

IRB

All information herein is a matter of public record. The reference #3 (JBJS article) is the genesis of this report. The diagnosis of TPS and envy’s role in that article is my honest interpretation of events based on years of research and a forthcoming book on the subject.

Conflicts of Interest

The author declares no conflicts.

Bibliography

The Tall Poppy Syndrome in Orthopedics: A Case Report


Volume 9 Issue 6 June 2018
©All rights reserved by Douglas E Garland.