

## COMMENTARY

### Medical hierarchy in professional ranking and its implications in China

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Medical hierarchy is a system where health professionals are ranked according to certain criteria. While hierarchy helps identify the seniority and mentorship to which junior practitioners can refer, it can also become a barrier in medical practice and sometimes lead to undesirable perceptions and consequences for both medical professionals and patients. Physicians in Denmark perceived the hierarchical position as a major determinant of influence on technical and ethical decisions.<sup>1</sup> German physicians complained about the monarchy-like system in clinical positions that led to a negative working atmosphere and reduced health-related quality of life among young physicians.<sup>2</sup> Srivastava<sup>3</sup>, drawing from the author's own medical practice in the US, showed that blind adherence to hierarchy defined by medical specialties could lead to disastrous outcomes.

Doctors' professional ranking in China presents another rigid medical hierarchy. Following residency, there are three steps in ranking ladder — attending physician, deputy chief physician, and chief physician. The ranking title is deemed to be more valuable in China, because it not only is linked with the physicians' basic salary, but also is the symbol of prestige and reputation. Thus, the ranking title is even used in preference to the designation of M.D.

Two questions can be raised here. One is the evaluation criteria for ranking that do not necessarily reflect clinical capability. The other is the perceived linkage between the ranking title and medical expertise that affects patients' decision on where and from whom to seek medical care.

The current ranking evaluation in China relies heavily on requirements regarding the number of publications and English-language skills. These do not necessarily translate to clinical capability, but rather deprive the time from clinical practice and may contribute to physicians' burnout. An assessment conducted among physicians in eight Chinese hospitals indicated that the professional ranking system was significantly related to physicians' job burnout.<sup>4</sup> The medical profession representatives at the National People's Congress and the National Committee of the Chinese People's Political Consultative Conference have advocated for a reform on the evaluation of medical professional rankings with more focus on clinical performance.<sup>5</sup>

The ranking title of a physician is the most visible information to the public. Patients in China usually perceive that the higher ranking the doctor and the larger the hospital, the better health care a patient can receive. Therefore, Chinese patients tend to seek care in tertiary hospitals and choose physicians based on their ranking titles, regardless the severity of the illness. In a system with a paucity of family physicians, the yearning for top-ranking doctors increases the difficulty in access to care in a sense of the ratio between the number of those doctors and the number of patients who seek specialty care with them. In the absence of triage, succumbing to ascribed medical hierarchy may affect quality of care as well given the ranking not necessarily reflect clinical capability so the appropriate care may be delayed and the inappropriate care-seeking behaviors of patients again may reinforce the difficulty in care access.

Hierarchy in professional ranking has its rationale, but the information asymmetry is attributing to patients' misperceptions towards the linkage between the quality of care and the ranking title among medical professionals. And the ranking criteria favoring the number of publications and English skills have become the contributing factor to physicians' burnout. To alleviate the perverse influence of medical hierarchy, the development of an integrated care and a reform

on the appropriate recognition of practitioners' clinical qualifications coupled with the standardized residency training are the possible approaches China's health system can take in pursuit of improving the access to care and the quality of care.

### **References**

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