

Opinion

Perfection or Excellence: Which Is Your Quest?

Of- tener as I get older, I read something written by a nonophthalmologist physician that gets my juices flowing. Edward R. North, MD, a surgeon in my community whom I have never met (mea culpa; I know I should be mixing more with my medical brethren¹), wrote a presidential piece for the county medical society a few years back.² Since plagiarism is said to be the sincerest form of flattery, I'm driven to restate some of his ideas in an ophthalmological context.

Perfection is a goal we are all trained to seek. To score 100 on the test, to win the spelling bee, to date the most popular kid in class, to be captain of the state championship team are the kinds of aspirations that students the world over are conditioned to cherish. As ophthalmologists, we adore patients who think we are the best, we revel in having the busiest surgical practices, and we pride ourselves on having the shortest phaco times. In this context, perfection is not judged against an absolute standard, it's just relative to everybody else we know, and many we don't. It's about being the best.

When you think about it, being the best is not a bad thing. It gets you recognition if not adulation, inflates your self-image to a reasonably stable but highly pressurized orb, greases the skids of life. But perfection has its downsides. Mainly maintenance. Perfection is terribly hard to sustain. In fact, convincing yourself that you are still perfect

requires a boatload of denial. A mistake is always either somebody else's fault or the result of an aberration of the normal order of the universe. Errors known only to the perfectionist are kept that way, successfully concealed from public, but not personal, awareness. To the perfectionist, new situations create fear of being wrong or imperfect. So perfectionists avoid risks and they exert control to avoid risky situations entirely. They are highly judgmental of alternate approaches, since there is only one path to perfection. They are usually highly stressed, since their goal is unachievable, and all the cover-up consumes a lot of energy.

Excellence, on the other hand, is not only achievable, but sustainable. Mistakes are not viewed as failures, but as opportunities to learn. The pursuit of excellence is a process of continuous improvement. Changes and new situations are not avoided out of fear, but welcomed as exciting opportunities to broaden competence. The seeker of excellence knows there are many pathways to the goal, so he or she is much more tolerant of others and their ways of doing things. Collaboration and teamwork are the techniques to optimize continuous improvement, not only for the ophthalmologist, but for all the team members. In the abandonment of perfection, the physician's humility supplants arrogance, thus improving his or her ability to listen to patients, staff and colleagues. Commu-

nication improves across the board as a result.

The fascinating thing to me is how differently I feel about perfection since I read Dr. North's editorial four years ago. Perhaps my altered mindset has also improved my acceptance of continuous quality improvement. Not that I like it much, mind you, because improving practice requires painful introspection. It's no accident of etymology that questing for excellence entails hard questioning about what we do. Still, I hope you agree, excellent is better than perfect.

1 Schwartz, G. *EyeNet* 2006;10(8):15.

2 *King County Medical Society Bulletin* 2003; July:5.



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