

Should older family physicians retire?

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YES

Many physicians continue to practise past the usual age for retirement. According to a recent national survey,¹ 3100 family physicians older than 65 years of age continue to practise medicine (ie, 9% of the 34500 family physicians surveyed in Canada). Moreover, most are practising full-time,¹ including several octogenarians and nonagenarians. In Quebec, for example, some 30 family physicians older than 80 continue to practise and 1 physician is older than 95!²

These numbers are somewhat puzzling and they raise the following question: shouldn't elderly family physicians be thinking about retiring? This line of thinking is not well received in today's society, and anyone who raises the issue of retirement for physicians runs the risk of being accused of ageism. It is a taboo subject that is best avoided.

However, there are many good reasons for a family physician to retire.

Because we all have to retire eventually. I think that I have given a lot and received a lot. But I think that it is time to hang up the stethoscope. I can continue to add "MD" after my name, but probably no one will call me "Doctor" anymore. In terms of my life expectancy, I don't necessarily want to live longer: I want to be younger for longer. I view retirement as a transition from one positive life experience to another, not as the last stage before death.³

Because there is more to life than work. Our life expectancy has increased, and most of us are spending the last quarter of our lives in good health.⁴ Retirement is more palatable for those who are able to choose when they retire. Having interests, good friends, a pet, social or charitable activities, and a sport is useful and, ideally, we should begin developing these interests before retirement. Retirement should be a progression.⁴

Because as we age, we inevitably lose some of our vitality. As we age, our strength and vitality decrease; it is simply the order of things. An older person cannot run as fast or jump as high and does not have the same level of energy he or she had 20 or 25 years earlier. So the same must be true for higher mental functions, memory, the ability to learn, and clinical reasoning. Some believe that the experience that we acquire over the years makes up for everything. Come on! Of course our experience contributes to

our understanding of situations and our ability to handle clinical situations that we have already experienced, but the same cannot be said for new complex situations. Several studies have demonstrated that a decline in cognitive ability is associated with aging.⁵ Recent data from on-site surveys conducted by the Collège des médecins du Québec demonstrate a relationship between continuing education and practice quality. Unfortunately, the rate of participation in continuing medical education activities decreases with age.⁶

Because we are not going to live forever! Unlike most people who generally retire at age 60 or 65,⁷ physicians tend to retire later because they can. For example, data from the Collège des médecins du Québec indicate that general practitioners retire around age 68 whereas specialists wait until age 72. These data also indicate that, on average, general practitioners die at age 74, while specialists die at age 78 (ie, 6 years after retirement). Clearly, retirement can be short-lived. To paraphrase Georges Clemenceau, cemeteries are full of irreplaceable people, all of whom have been replaced.

Because it is often difficult to reconcile work and aging. Often, a request to cut back on professional activities is not well-received: "What would happen if we all wanted to reduce our hours at the same time?" Yet there are benefits: retention, postponing retirement, making room for the next generation, etc.⁸ Many young physicians feel that they have to carry older physicians, and maintaining the services of a senior physician can be more of a burden than a benefit.³

Because retirement can be a happy time. Paradoxically, while physicians tend to retire later in life, several reports indicate that they are happy once they retire. According to a study of 1834 retired physicians and their spouses conducted in the United States in 2003, most (88%) said they were happy and had a high level of satisfaction with life.⁹ Another US study published in 2001 showed that most said they were happily retired. The physicians' health seemed to improve after retirement, most reported better relationships with their spouses, and a third of physicians said that their retirement years were the best years of their lives.¹⁰

Because it is time. Is there an age at which physicians should retire? Some countries have repealed laws requiring physicians to retire because of the shortage of physicians in rural areas and small towns.¹¹ We talk about a

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lack of family physicians, but at the same time we are aware of the perception of a decrease in services and in access owing, in part, to an increased demand for new technologies and more intensive delivery of care.¹²

I continue to enjoy working on 2 teams, but I am starting to think about giving up my position to allow a young physician to begin the same wonderful journey that I have experienced in my career. By staying on with the power that we have, older physicians are preventing changes that could benefit everyone: our colleagues, our patients, and our administrative staff. Personal interests and even conflicts of interest can prevent a workplace from evolving. Some of us have monetary benefits or other interests that exceed the services we are providing to the group. We have to be honest and know when to step down. If we are not finding physicians to take over the care of our patients when we want to retire, the solution might be to develop a succession plan.

We need to grieve this. I, and other family physicians my age, have invested so much and given so much. But, I feel as though I have already won. I will keep using *Doctor* and continue to sign my name adding *MD*. 🍁

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Competing interests

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∴ **CLOSING ARGUMENTS**

- Retirement represents the last quarter of our lives and we have earned it.
- Aging brings with it a decrease in both our physical and intellectual abilities. We need to retire before health or competency issues arise.
- Retiring means making room for new, younger physicians who will renew and revitalize our profession.

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it is a privilege and honour to help our seniors, teachers, and mentors. Thomas Sydenham, the father of modern medicine (1642-1689), said the following:

It becomes every man who purposes to give himself to the care of others, seriously to consider that the doctor being himself a mortal man, should be diligent and tender in relieving his suffering patients, inasmuch as he himself must one day be a like sufferer.¹

Mental and spiritual stimulation. The practice of family medicine is a challenge to the intellect and to the soul of the physician. To continue to be curious about the troubles and triumphs of our patients and the details of their illnesses keeps the doctor interested in determining how best to be of service to them. This stimulates reading and study and also reflection on the human condition, and such reflection changes in the individual with the passing years.

These are the reasons that I think older family physicians should not retire. This topic lends itself to debate, as surely there is no universal answer to the question. Perhaps the debate will stimulate discussion, but above all I hope it will cause a few more family physicians to seriously examine the possibilities for the second half of their professional lives. 🍁

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∴ **CLOSING ARGUMENTS**

- Continuity of care is a mainstay of family practice. A physician's early retirement deprives both the doctor and the patient of this trusting relationship, which is treasured by each.
- Owing to the shortage of family physicians in Canada, retirement would mean abandoning patients who will not be able to find successors.
- Older physicians have an important role to play in the medical community. It is important that they remain visible to younger physicians who can learn from their experience and knowledge of family practice.

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