

# Should older family physicians retire?

Gordon L. Dickie MBChB FCFP

## NO

I suppose *old* is a relative term. The notion of retiring at age 65 is attributed to Otto von Bismarck who, in an early version of risk management, estimated that his country could afford to superannuate those older than 65. (At that time the average age at death in Prussia was 45.) As we know, the age of retirement is beginning to creep upward as the elderly population increases and governments are more profligate with the earnings of their citizens.

There is no requirement to retire on reaching a certain age. Indeed, experts in most fields achieve wisdom with increasing experience and continue to have much to offer their professions. In family practice, in which continuity of care and long acquaintance with patients is a mainstay of practice, early retirement surely deprives both doctor and patient of this trusting relationship, which is treasured by each. Often, the older the patients are, the more they rely on the trust and familiarity of their doctor of many years.

Here are a few reasons that I think older physicians should not retire.

**Finances.** Most family physicians do not have pensions as part of their remuneration. The notion of a superannuation indexed to the cost of living or to inflation is essentially unknown in Canada but well established in the United Kingdom and other jurisdictions. Here doctors have to save for retirement and, until recently, this has certainly been difficult. Now with newer payment initiatives and with the ability for doctors to incorporate, the possibilities increase. Many senior family physicians continue in practice because they simply cannot afford to retire.

**Professional ego.** Some older physicians (mainly men, I believe) are loath to shrug off the cloak of their profession. Without the daily stroking by patients and colleagues, they might feel unfulfilled and empty. Long years of constant work have left little time for the development of hobbies, avocations, or other interests, and, without work, life might seem to be without purpose.

**Altruism.** Duty is an aspect of all professions. With the shortage of family physicians in present-day Canada, those in practice find it difficult to retire, as this abandons their patients who cannot find successors. Some

physicians continue to practise owing to a sense of responsibility, although really they wish to retire.

**Volume of work.** Cynics might say that the most recent graduates should not retire as soon as the older generation because they have not worked so long and have not yet helped enough people. This criticism is especially leveled at those who take off long periods for child rearing and for recreation to a far greater extent than previous generations. In defence of a more varied and balanced lifestyle, it might be that as this next generation ages, physicians who have made time for leisure and family throughout their careers might be happy to devote some time to patient care as they age.

**Slowing down.** Rather than retire, many family physicians choose to change their modus operandi. Some reduce hours in practice to allow younger colleagues to become established. Others might leave the ranks of full-service family physicians to concentrate on special interests in practice (eg, care of palliative patients or patients in long-term care), while others choose to relinquish aspects of practice they find onerous, such as taking emergency calls or doing intrapartum obstetrics. Older physicians might indeed be able and more willing to care for older patients. Those patients who have had the longest association with their physicians will especially feel the loss when their physicians retire, and this feeling is reciprocated. The complexities of caring for the older person with multiple comorbidities are challenges that the older and less-rushed family physician might enjoy.

**Remaining in the medical community.** Another reason not to retire in the later years is to remain visible to younger colleagues. On the one hand this serves to remind the young and enthusiastic of what has been tried and found wanting in the past and need not be repeated. Also, the wisdom of years gives a clearer view of the fashions in practice and the changes that occur over time. Recently the enthusiasm for evidenced-based medicine and the associated clinical guidelines demonstrates how ephemeral are our concepts of the ideal ways to treat patients. The unchanging aspects of practice are the personal relationships and the patient-centred approach to caring.

Another reason to remain visible might be to be known to those who potentially might be your own physicians and providers when you are in need of medical care. Those who have cared for elderly colleagues know

Cet article se trouve aussi en français à la page 27.

continued on page 24

∴ **YES** *continued from page 22*

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.<sup>12</sup>

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**

None declared

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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.

∴ **NO** *continued from page 23*

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.<sup>1</sup>

**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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