

Learning to retire gracefully

The doctor's office contained one telephone, a relic with a rotary dial. The furniture in the room was old and tattered. There was no nurse, no receptionist. The staff numbered in the low single digits — one, to be precise. That being Dr. Leila Daughtry-Denmark, a pediatrician in Alpharetta, Georgia.

No surprise, though, that she ran an old-fashioned practice, delegates to Family Medicine Forum 2011 in Montréal, Quebec, were told Nov. 3. When Daughtry-Denmark retired in 2001, after all, her 100th birthday was already three years behind her.

She may be an extreme example of a physician for whom “retirement” is a bad word. Many doctors tend to consider themselves on the job until they're in the ground, and while some physicians continue to function well into old age, others, like many aging mortals, suffer cognitive decline.

It would be better for those doctors, not to mention their patients, if they learned how to retire gracefully instead of pushing on until their skills degrade to the point of incompetence, argued Dr. Linda Lee, director of the Centre for Family Medicine Memory Clinic in Kitchener, Ontario, during a session on “The Aging Physician.”

“I think physicianhood is unique in the sense that much of our identities are entwined with our work,” Lee says.

There's no question that retirement is a touchy subject among physicians, and some are prone to respond to suggestions that they are losing their skills with countercharges of ageism.

But everyone ages, no matter their profession, and ignoring that fact helps no one, Lee told delegates.

Among the issues are the extent to which the practice of medicine, aging or

experience have on ability to practise.

An older physician may be better equipped than a young whipper snapper with respect to crystallized intelligence — the ability to draw upon



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knowledge and experience to make quick decisions, Lee said. But younger physicians will likely have more fluid intelligence, which means they are better at thinking logically and solving novel problems. “It takes twice as long to complete a task in your 70s than in your 20s,” she added.

And though an abundance of crystallized intelligence can help older physicians recognize patterns and diagnose illnesses quickly, it can also lead to trouble, Lee noted. Older doctors approach problems less analytically than their younger colleagues. They are more likely to stick to initial diagnoses even if contrary evidence emerges, and are less likely to ask themselves a very important question: What else could this be?

“That's how we run into trouble with

errors, with misdiagnoses,” she added. “In the end, experience becomes a double-edge sword.”

Determining when a physician lacks the cognitive ability to do the job is prob-

lematic because the job itself is complicated and the signs of decline are not always obvious. Aging experts have suggested that the skills and cognitive abilities of older physicians vary widely, and that the negative relationship between age and clinical performance in some studies may be the result of impaired doctors dragging down an entire cohort (www.cmaj.ca/lookup/doi/10.1503/cmaj.080470).

What is clearer, though, is that more doctors would successfully transition into retirement if they prepared for it.

Unfortunately, beyond financial planning, most don't and often find retirement to be a major disappointment. “Our reason for getting up in the morning is connected to our jobs,” Dr. Wayne Weston,

a “failed” retiree who is now a consultant in medical education and leadership, said during the session. “That is very difficult to give up.”

Lee noted that many doctors fail to prepare psychologically for the dramatic turn their lives take after they stop practising medicine. Their sense of identity may be threatened. Gone are intellectually stimulating conversations with like-minded colleagues. Even their standing in the community will likely diminish. They must also learn to re-structure their lives, which will no longer follow the hectic cycle that once filled their days.

But physicians shouldn't have to make that effort alone, Lee said. “We need to develop plans to help us retire gracefully.” — Roger Collier, *CMAJ*

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