

# Alberta Doctors' Digest

## How do physicians view the prospect of retirement?

Quite a few of us these days are negotiating the twilight of our medical careers. According to the Canadian Medical Association Physician Data Centre, 40% of Canadian physicians are over the age of 55. That's more than 32,000 doctors.

A colleague in the OR change room tells me he's reluctant to let his medical license lapse, despite being in his early 70s. "I worked too hard to get my license. I'm not ready yet to just let it go." In the latter part of his specialist career, he had added some part-time administrative work. Not so long ago, he trimmed his work to surgical assisting only. Another surgical colleague did resign from her group before she turned 65 but continues most weekdays to assist them in the OR.

A doctor friend faced a life-threatening health crisis in his early 60s, survived it, and has subsequently reorganized his work to half-time in his main specialty, while doing a second part-time job in a different area of medicine. A rural family doctor I know retired on three different occasions over 10 years. Recruitment efforts to replace her were intermittently successful and she was unwilling to abandon her patients or her community.

We all know physicians who do step away completely from medicine – some in one day. I think of a colleague who closed his family practice and spent the first few months of his retirement preparing for and then walking the Camino de Santiago. I think of a family doctor who didn't take long to make the switch to devoted grandmother and a 55-year-old specialist who retired "to the coast" where he initially immersed himself in home renovations and now pursues, among other activities, online courses, automotive repairs and sailing.

Most doctors stopped talking about Freedom 55 years ago. It's not about freedom or some arbitrary number. According to MP Silver, AD Hamilton et al, the doctors retiring early these days are doing so because of excessive workload, low job satisfaction and poor health.

Many of us talk about retiring "in a few years." Those few years go by quickly, and, lo and behold, most of us are still around, doing some kind of medical work.



Sharing the road: Many physicians reduce their hours of work in the years leading up to retirement, sharing the workload with others (photo credit: Dr. Vincent Hanlon)

### **Putting away the stethoscope for good? Not just yet.**

At the heart of a recent article in *The Guardian Weekly* is the question, “What would you like to do after work?” Andy Beckett’s essay examines the central role work plays in shaping our lives, and how the nature of employment is changing, especially among millennials. A few of those millennials are under-employed and unemployed physicians. According to Patrick Sullivan’s CMA report in October 2013: “More than one in six new specialists can’t find work: Royal College.”

Many physicians of so-called retirement age would answer Beckett’s question in this way: “*After work?* Actually, I’d like to continue working, but narrow my scope of practice.” Many physicians do reduce their hours of work in the years leading up to retirement. Hedden et al report that among a group of BC doctors, “About 40% of physicians (440/1,107) reduced their activity levels by at least 10% in the three years preceding retirement.”<sup>4</sup>

It’s not only doctors who want to continue working – but differently. The aging Roger Federer says he will play tennis professionally for as long as he can, maybe until the advanced age of 40. He chooses these days not to play tournaments on clay – his least successful surface. Apparently he loves his job.

Related to Federer’s approach to extending his career is a commentary on the aging physician in the *Canadian Family Physician* in 2012. Lee and Weston highlight the need

for many older doctors to reconcile their desire to continue working with the physical ability and cognitive capacity necessary to sustain high-intensity medical work as one ages. Competence is a career-long requirement.

RW Pong looked at attrition in the physician workforce between 2005 and 2007. A large group of physicians were asked about their intentions to retire in two years. At the end of that two-year period, less than one in three of the physicians who had expressed the intention to retire had actually done so.

#### **Why the discrepancy between intention and action?**

In 2012, Lynda Buske examined data from the (now defunct) National Physician Surveys of 2007 and 2010 Cohort Analysis. “It would appear that neither self-reported intention to retire nor intentions to reduce workload are particularly strong indicators of a physician’s future behavior.” She also concluded that “delaying retirement has not seemed to cause embitterment or resentment. Despite having to push back their date of retirement, this group of physicians remains happy with their profession and their patients.”

Physician satisfaction with current professional lives is generally greater than satisfaction with the balance between personal and professional commitments. These findings temper the idea that large numbers of physicians are keen to retire, have not been able to and are frustrated that they still have to work.



What keeps physicians from retiring? Could it be a tough facade hiding fundamental fears? Fear of not having enough money? Fear that the days will be long and lacking in stimulation? Fear about the

loss of community and a lack of social interaction? Fear that no one will care who we are? (photo credit: Dr. Vincent Hanlon)

In *A systematic review of physician retirement planning*, MP Silver et al lists the following reasons for physicians delaying retirement:

1. being satisfied with their career
2. institutional flexibility [regarding on-call, job sharing and other accommodations]
3. a feeling of responsibility for their patients
4. a desire to be healthy and keep active
5. financial reasons
6. a lack of interests outside of medicine

I asked my colleague, Dr. Lil Miedzinski, what prevents some physicians from retiring. She is a retired infectious disease specialist who works part-time with PFSP. She mentions factors like debt, the loneliness of widows and widowers without family and blows to the ego through loss of income, identity and status.

She thinks physician fear is a big factor. Fear of not having enough money. Fear that the days will be long and lacking in stimulation. Fear about the loss of community and a lack of social interaction. Fear that no one will care who we are.

One more potential reason for delaying retirement is captured in the title of a recent *Canadian Medical Association Journal* article: *Doctors who retire early often met with scorn*.

#### **Some considerations near and far as you continue your retirement planning**

- One in six Canadians in 2018 is over 65.
- The boomer demographic bulge is flattening as these physicians age, retire and die.
- Gender equity in medicine is not far off – quantitatively, if not qualitatively. There are more women than men currently enrolled in Canadian medical schools. Women and rural doctors retire a few years earlier than their male colleagues.
- Financial considerations remain and economic downturns will continue.

Psychologists Dr. Judith LeFevre and Dr. Mihaly Csikszentmihalyi concluded from a study in 1989 that many people have “an inability to organize [their] psychic energy in unstructured free time.” A generation later, some physicians’ attitudes about leisure and work-life balance are changing. “Leisure is a capacity,” according to David Frayne, a Welsh academic who wrote *The Refusal of Work* (2015). To enjoy leisure time, sometimes you have to work at it.

A few unknowns lurk down the road. It is hard to predict how our golden years will be affected by extreme weather events, environmental degradation, food and water insecurity, unimagined technological change, terrorism, the rise of ultra-nationalism and global insecurity.

Enjoy the journey. May we all arrive at our chosen retirement destinations.

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