

The Aging Physician

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The practice of medicine, perhaps the noblest of professions, can be one of extremes. Daily in the clinical spaces where we engage in our art, matters of life, death, joy and sadness are common. As we reflect on our career, perhaps another extreme is the anxiety, excitement and expectation of the first day of medical school contrasted with the anxiety, excitement and expectation of the last day we engage in this noblest of arts.

We are all getting older and leaving our profession is a difficult and emotional topic to address. Some of us look forward to retirement, some of us can not envision retirement at all, yet all of us want to leave this profession on our own terms. No one wants to be removed from this profession due to quality of care concerns, competency issues or health issues.

Rhode Island like other states has a physician population that is getting older. Data from the Rhode Island Department of Health reveal 16% of physicians are older than 60.

Data from the 2012 AMA Masterfile report certain specialties in Rhode Island have >40% of its physicians over 60 including; Anatomic and Clinical Pathology, Endocrinology, Diabetes and Metabolism, Otolaryngology and Radiology and Diagnostic Radiology.¹ The Federation of State Medical Boards reports in a 2014 census of physicians that nationally, 31% of physicians are older than 60.²

Aging is normal and quite frankly preferred. Aging has attributes that are expected and physicians are not exempt from normal aging. There are cognitive implications and declines in certain abilities such as processing speed, visuospatial orientation, language, some types of memory and executive functions.³ Normal aging is distinct from dementia and Alzheimer's disease which is associated with a progressive functional cognitive decline and also increase in prevalence with age.⁴

There is another side to aging, particularly in physicians, which reflects the profound wisdom, experience and clinical judgement that come from years of practice. There is no substitute for the presence of a sage wise physician in every practice and the patient benefit and safety that flows from their accessible consultation. The practice of medicine has a well-established tradition of physicians training physicians and sharing our wisdom and knowledge benefits everyone.

Professional societies have not been silent on the issue of the aging physician and agree the time has come for

this issue to be more thoroughly addressed. The American Medical Association (AMA) is exploring the possibility of competency testing for older physicians.⁵ *"Physicians are professionally obligated to continually assess their own physical and mental health, even though there is no national standard for screening physicians who have reached a certain age. But a number of other professions that can impact public safety do have age-related cutoffs in place. Commercial airline pilots, for instance, must be regularly screened beginning at age 40 and must retire at 65."*

The American College of Surgeons (ACS) has also explored the issue of the aging physician and issued a statement in January of 2016.⁶ The ACS statement encourages surgeons to maintain a healthy lifestyle, recognize they are not immune to the changes of aging and also that the surgeon might not recognize their own deterioration of skills.⁷ The ACS took their recommendations further and recommended between the age of 65 and 70 surgeons voluntarily have physical and visual health evaluated as a baseline as well as ongoing. Additionally, ACS states: *"Colleagues and staff must be able to bring forward and freely express legitimate concerns about a surgeon's performance and apparent age-related decline to group practice, departmental and medical staff, or hospital leadership without fear of retribution."*⁸

It is evident that these two professional organizations recognize the gravity, complexity and emotional aspects of this issue. It is also evident no simple solution is apparent to such a complex issue. The issue of the aging physician is complex and does require engagement from several stakeholders regarding a way forward. Issues surrounding employment, regulatory responsibility, patient safety, physician autonomy, right to work are just a few that need to be explored. We have before us an opportunity to work together on this important public health, physician wellbeing and patient safety issue.

All of us are reminded we are able to practice this profession for a season of our life and our time in this season is an opportunity and a gift. This is a gift that should be treasured and yet we do need to plan for a lifetime after our season of service has concluded. It would be ideal to arrive in our golden years with both the gold and the years to enjoy them, and do so our own terms.

References

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