

FEATURE



TRANSITION TO RETIREMENT

Since 1970, the percentage of the population below 14 has dropped over 30%, while the percentage of the population between the ages of 65 and 85 has increased by 50%, writes Clin Assoc Prof David Sainsbury (FANZCA).

In Victoria, almost one in six registered medical practitioners are over 60 years of age¹.

The Global Financial Crisis and subsequent collapse of superannuation funds have delayed our plans for retirement. This has provided a convenient excuse to postpone that uncomfortable retirement day—that day we contemplate with trepidation—when we give up the purpose and social circle provided by the most rewarding career we could have imagined.

But our cognitive clocks are ticking. How can we be sure that we do not outstay our welcome? To answer this question we need to know how cognitive function and performance change with age. We should

consider our responsibilities to our patients, our colleagues and the law. Then we will be better placed to incorporate age-related changes into our own life plans.

Only one of the ten broad stratum cognitive abilities improves with age. It is referred to as 'crystallised intelligence' and encompasses verbal skills, long-term memory and the implicit memory necessary for intuitive or expert problem-solving.

Four mental abilities decrease with age. They are fluid intelligence, processing speed, short-term memory and its related working memory². Their loss affects planning, abstraction and cognitive flexibility. This leads to a tendency to rigid and concrete thinking. There is also a decreased ability to react quickly in unfamiliar circumstances or emergencies. This is made significantly worse when our reserve is diminished by the HALTS factors: Hungry, Angry, Lonely, Tired and Stressed. Fatigue can be compounded by the decrease in sleep efficiency with age.

The challenge is to find a balance between reducing hours and maintaining standards. Strategies include avoiding night shifts (alone and tired) and avoiding weekend shifts (alone). There are opportunities to expand interests that benefit from 'crystallised intelligence': administration, research or teaching.

Senior doctors may exercise the wisdom of time and experience in support of their profession through their colleges or broader medical organisations such as medical unions and associations. The Welfare of Anaesthetists Special Interest Group provides a useful document on retirement and late career options for the older professional³.

The overwhelming majority of doctors self-determine the end of their career before their practice is compromised. For those who continue to work, memory failure is often the first sign that alerts the individual, their family or colleagues that it is time to go.

The Australian Health Practitioner Regulation Agency mandates the disclosure of any impairment or restriction of practice rights resulting from health, conduct or performance issues. Patient complaints may also lead to a doctor's referral to a medical board or council for assessment of health and performance. These institutions are primarily for the protection of the public, although they do provide a point of contact with potentially impaired doctors.

What do medical boards uncover? Between 2000 and 2006, there were 70 notifications to the health committee of the New South Wales Medical Board concerning doctors over the age 60. Forty-one of these doctors were determined to have impairment affecting their capacity to practice as defined by the Act. As in younger groups, the three Ds of depression, drugs and drink were found in the majority of cases. This older group added the fourth D of dementia, with

21 (54%) demonstrating mild cognitive impairment. Five doctors (12%) were still practising with frank dementia⁴.

A smooth transition to retirement requires more than simply setting a date and obtaining sound financial advice: it requires intentional planning of future life goals and roles. Successful transition will also include the development of broader interests outside medicine. Strategies that include cognitive, physical and social activities may slow cognitive decline. It is important to control vascular risk factors, in particular through diet. Finally, every doctor should have a general practitioner skilled in looking after doctors. This independent practitioner is more likely to recognise and treat depression, which can enter by stealth or in times of change and mimic or worsen cognitive decline.

Retirement should provide the opportunity to engage Erikson's eighth stage of development, 'Late Adulthood', with integrity rather than despair. This

involves reflecting on a world that has meaning and on our contribution through career and family⁵. Then our perspective may broaden and attachments may loosen their grip as we prepare for the next transition⁵.

REFERENCES

- 1 Adler RG, Constantinou C. Knowing—or not knowing—when to stop: cognitive decline in ageing doctors. *Med J Aust* 2008; 189:622-624.
- 2 Christensen H. What cognitive changes can be expected with normal ageing? *ANZ J Psychiatry* 2001; 35:768-775.
- 3 Anaesthesia Continuing Education Coordinating Committee. Welfare of Anaesthetists Special Interest Group Resource Document 4: Retirement and Late Career Options for the Older Professional. From <http://www.acecc.org.au/Welfare.aspx>. Accessed January 2013.
- 4 Peisah C, Wilhelm K. Physician don't heal thyself: a descriptive study of impaired older doctors. *Int Psychogeriatr* 2007; 19:974-84.
- 5 Erikson EH. *The Life Cycle Completed*. Extended Version with New Chapters on the Ninth Stage of Development by Joan M. Erikson. New York, USA: W. W. Norton 1997.

MEDICAL BUSINESS SYSTEMS

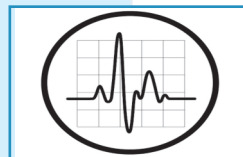
Appointment, billing, Eclipse and in-theatre system.

Don't miss seeing Australia's most advanced web-based and smart client software for anaesthetists.

See our ASA2012 presentation at www.anaesthetics.com.au

PC or Mac, iPad or Android, Windows or AppleOS ... the choice is yours.

More than 900 doctors across Australia use MBS software.



IN THEATRE
on an iPad or tablet



AT HOME OR OFFICE
on a PC or Mac



IN A CAFE
on an laptop/MacBook



MEDICAL BUSINESS SYSTEMS
(02) 4321 6611
info@medbussys.com.au
www.anaesthetics.com.au