



Thoughts on Jim Flaherty. When should physicians retire?

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As I reflect on my almost two decades in politics, I am proud of the accomplishments of the governments I was part of.... Now, I will focus on life beyond.

— The Honourable James Michael “Jim” Flaherty, March 18, 2014

Since the untimely death of former finance minister Jim Flaherty, considerable attention has been paid to the brevity of his retirement. Indeed, a large number of people, in politics and beyond, have questioned the issue of when one should retire.

Medicine, like politics, is associated with long hours, sleepless nights, frequent absences from home, and career unpredictability. It also has in common with politics the sense of reward that many of its practitioners feel from serving the public. Many commentaries in social and more mainstream media have focused on Mr. Flaherty’s lifetime of hard work and dedication, followed by an all-too-brief period of retirement, poor health, and untimely death. Hence, this commentary on the issue of timeliness of physician retirement is relevant to us all.

He and I had talked for years about him stepping down and spending time with his family ... and I truly believe that’s why he stepped down. It wasn’t health reasons. He had accomplished what he wanted.

— The Honourable Michael Deane “Mike” Harris, April 9, 2014

So when should physicians plan to retire? Physicians, perhaps more than most, should be aware of their own mortality and the unpredictability of life. Consideration should be given to the timeliness of retirement. Picking the right time to retire or semi-retire is not easy, and little practical guidance for a successful transition into retirement is available. Data from the National Physician Surveys (<http://nationalphysiciansurvey.ca/>) indicate that only 20%

of respondents in the 60–65 age group and just over one third of those aged 66–70 said that they would retire in the next two years^{1,2}, suggesting that many physicians work beyond the traditional retirement age of 65 years.

This is not to say that continuing to work beyond 65 is a bad thing. Experience is one of the great things that come with age! There is, however, a cautionary point relating to burnout. Burnout is more common as one ages, and it is indeed associated with earlier retirement^{3,4}. Given that the risk factors for burnout include sleep deprivation, excessive work and patient demands, the potential for litigation, and being witness to trauma and human suffering, a regular review of personal work–life balance is essential^{3,4}. Continuing to enjoy work is the fundamental principle of maintaining a healthy balance.

Another important and practical question concerns what has to be in place for retirement. We previously published an article on the financial requirements for a successful retirement⁵, the fundamental principle being having the funds available to afford the lifestyle you desire. Minimizing debt early in one’s career, maximizing retirement savings by sound investment, and diversifying one’s portfolio to minimize risk are common recommendations. But financial needs are not the only needs of the soon-to-retire; a successful retirement has many more aspects.

I think it’s a cautionary tale for all of us in public life. You’re going like he was—100 miles an hour year after year after year, with such massive pressure—to suddenly slow down.

— The Honourable Jason T. Kenney, April 10, 2014

It is difficult to know if Jason Kenny is referring to what one does once retired or how one actually retires. With respect to what one does once retired,

it has to be remembered that retirement comes with the loss of many aspects of self. A large part of the identity of many physicians is tied to being a doctor⁶. The physician whose predominant source of satisfaction is the workplace is much more likely to suffer acute psychological, intellectual, and emotional distress at the time of retirement. It is not known if physicians feel the loss of self at retirement more than other professionals. However, given that we spend our working lives in a job that often involves interruptions of personal time by telephone calls, e-mail messages, and pages urging a return to work, it is likely harder for a doctor to detach from work in down time. Indeed, up to 27% of physicians exhibit some signs of depression during the first year of retirement⁷.

The physician who has nurtured a well-rounded life before retirement—such as involvement with family, hobbies, community life, and other activities—is likely to transition more easily, replacing the satisfactions of a medical career with those found elsewhere⁸. For others, freed-up time opens opportunities for all those “if only I had more time ...” scenarios and a chance to focus more on personal desires. There are also documented benefits: health and spousal relationships can actually improve, and one third of physicians agree that the retirement years are the best of their lives⁷. It might also be that the transition into retirement will be easier for future generations of physicians. Physicians who are currently at retirement age are more likely to have spent many 70- to 80-hour weeks at work; newly qualified physicians have much stricter limits on working hours, and so are more “programmed” to have diverse work–life balance^{9,10}.

With respect to how one should retire, the best of the many paths to retirement will likely be a highly personal decision. Some people like to retire “cold turkey.” Others prefer a gradual de-escalation of clinical duties. The idea of a seamless transition into retirement might seem straightforward, but is, unfortunately, not always the case. A number of media commentaries after Mr. Flaherty’s death raised the issue of whether retirement itself is bad for you. Indeed, one study showed that people who give up work completely are less healthy than those who carry on in a part-time job. It appears that, compared with people who stop working altogether, those who carry on part time experience fewer serious diseases and are able to function better day-to-day—a finding confirming the previously held view that people who give up work after a lifetime of toiling can die soon after retiring¹¹. Transitioning from full to part time to semi-retired and, eventually, to full retirement allows physicians to extend their careers and to continue to contribute. This transition model requires adequate planning and support, with explicit attention to issues such as remuneration and on-call duties.

The untimely death of Jim Flaherty should be an opportunity for all of us to reflect on our life. It is evident that, as during all phases of a medical career, retirement requires a degree of planning and forethought, often best started many years in advance. Creating balance in life before retirement can therefore be beneficial. Even with planning, many questions will remain. For example, do physicians—who often have dedicated a large proportion of their lives to their vocation—consider retirement something to look forward to and enjoy, or something to avoid and delay? Having devoted a life to medicine, does retirement lead to a path of desolation or of new fulfillment?

Life is short. Many of us dream of an idyllic retirement ... whatever that means. But just like our patients, we are vulnerable to life and to the fact it doesn’t always go as planned. For example, who could have forecast the financial losses of 2008 that had such a negative effect on many people’s ability to retire? Despite all the planning, we need to look after our own health, and at the risk of being cliché, we need to enjoy and to make the most of every day. The latter phrase is common for those entering the last phases of life, but it is perhaps one that we should all embrace a little more often.

CONFLICT OF INTEREST DISCLOSURES

The authors have no financial conflicts of interests or disclosures to make.

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