

Are the Doctors Prepared to Retire?

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The American Medical Association Council on Medical Education reported in 1975 that more than 50000 doctors were still working with an age of 65 years or more, a figure that increased to 241,000 in 2013, which represented an increase of 374%.

We have all met colleagues of medical profession who are in physical and mental plenums to overcome the border of 65 years, and even the increase in longevity and life expectancy in the population suggests that in a few years there will be doctors with 70 years or more exercising their profession.

However, really, is it healthy to continue acting as responsible for the health of the population if the health of the doctor can be endangered?

Literature describes many physicians, who became prominent figures and who exercised a long time after becoming dangerous in old age. The question is how to respond to those elderly colleagues who progressively lose their judgment and dexterity.

Governments try to establish proposals that contemplate a mandatory retirement at a certain age, although sometimes this entails the protests of the medical guild itself.

In November 2015 the AMA-CME issued a report on "Competence and the aging physician" in which it is required that the medical community should be inclined to accept that competency assessment is necessary from time to time, and this should be Compulsory for both young doctors and those who exceed the retirement age.

It is not established that doctors such as surgeons should stop operating at a certain age, but if their ability to concentrate, fatigue in an operating room or the procession of manual dexterity is not in line with minimums, it may be time to move away side, which does not mean that you should stop working because they are those doctors who treasure the greatest knowledge and especially an experience that the young man lacks. The public expects and deserves that doctors carry out a more intense examination of aging.

There are many professions in which these controls exist, so airline pilots must pass a medical examination once a year and flight skills every two years, air traffic controllers, police officers, firemen, etc. are risk professions. Is it that we doctors should consider ourselves different? Or play to be gods?

There is a lot of literature that addresses the effect of age on the professional activity of doctors. Thus, aging is associated with a decrease in the speed of ideas processing, which limits the ability to complete complex tasks, increases the difficulty to inhibit irrelevant information, reduces visual and auditory capacity and decreases manual dexterity and skill, visual and spacial.

There are works in which there is inconclusive evidence that the clinical results may be associated with the age of the doctor, and thus there is a higher mortality rate in cardiovascular surgery if the surgeon is older, while in young people it is accentuated in surgery digestive and even anesthetists over 65 years old present a 1.5 times greater risk compared to those under 50 years of age.

However, age is not the only factor that influences the decrease in cognitive activity, other factors such as not being updated or even acting individually without interacting with other partners.

Therefore, most of the recommendations for evaluating aging physicians are based on two components: physical state that would include cognitive function, and competence, which should also apply to other health departments such as operating room supervisors, nurses or managers on call.

Although a mandatory retirement age would have the appeal of maximizing patient safety, several factors mitigate that approach, especially as doctors become employees. Even if age discrimination is ignored, the data that exists and relates the physician's competence and age show great individual variability to support the idea of a retirement age based on obvious data.

Institutions of great international relevance, such as Stanford, advocate local policies that verify the physical condition and competences of physicians from an age, with peer evaluation, and whose benefit would potentially identify physicians whose competence diminishes before patients they are damaged, allowing establishing programs that restore the ability of those doctors to exercise safely.

Adopting compulsory tests to determine the physical condition and competences of physicians would suppose at the first step of a new evolution of medicine towards a more regular evaluation of physicians during their professional life, and it would be important to develop protection mechanisms for those physicians submitted to mandatory evaluations, with confidentiality of these data so that they cannot be used against them by plaintiffs.

Finally, governments must focus the same attention to improve the ability to exercise safely for aging physicians and adapt their environment to facilitate their practice benefiting from their wisdom and experience.

Instead of fighting against these evolutionary changes, doctors should undergo these tests when the time comes. For many, the result will be a confirmation that they can continue to exercise with confidence, for others it will mean modifying their daily practice or even stop attending to patients.

So, if we are the doctors who take the initiative, we would show the public that we are worthy of the trust that underlies the practice of medicine.

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