Retirement: When, Why, and How?

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ABSTRACT

Retirement from a career in Colon and Rectal Surgery is usually a personal decision. The details of when, why, and how are individually specific and are shaped by life experience, desires, personal and family commitments, as well as financial considerations.

KEYWORDS: Retirement, practice limitations

Objectives: Upon completion of this article, the reader should be familiar with the nonfinancial aspects of retirement from colon and rectal surgery.

For many young physicians, retirement goals are limited to financial planning and retirement accounts (e.g., 401K, 403b, etc.).¹ As the years pass, we become consumed with our careers and assume that retirement is far in the future and will take care of itself. This cannot be farther from the truth. There are numerous resources from which we can get information on the financial aspects of retirement; however, the questions of when, why, and how is more individual specific and are shaped by our life experience, desires, personal and family commitments, as well as financial considerations. This article is not intended to be a reference for how to plan your retirement, but rather to highlight questions to ponder as you plan for or approach retirement. How, when, and why you choose to retire is a personal and individual event. A previous issue of *Clinics* (Volume 19, Number 3¹) contained two personal reflections on individual colorectal surgery careers and how each surgeon modified his or her career nearing retirement. Review of these perspectives will be helpful to the reader. Some stop patient care completely and others choose to limit their career as described below. It is hoped that the information presented in this article will help the reader begin to think about a comprehensive retirement plan

that meets his or her goals that are beyond financial considerations. This should start early in one's career and should be reevaluated on a regular basis.

Life has a beginning, a body, and an ending. Colon and rectal surgery careers are no different. They begin, develop into a body of service to our patients, and they end. This process is full of happiness, grief, sorrow, joy, regret, satisfaction, and anger with the only constant being change.¹ Change in career status is easier if you have thought about it ahead of time. Speaking with senior surgeons is an excellent way to begin to approach your career choices. Humility, compassion, consistence in purpose, and steadfastness are admirable characteristics of our best colorectal surgeons and can make change exciting and not dreaded. Colon and rectal surgeons always try to do what is best for their patients. Sometimes this means gearing down or even stepping aside. Howard Robertson described in his article on retirement:

"We have learned well from shepherds of old who would pass on their skills to younger shepherds and then turn the care of the flock over at an appropriate point. The old shepherd could then stay near the sheep pen and help out or step away to give attention to other aspects of

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life he did not have time for while shepherding. The heart of a colon and rectal surgeon (humility, compassion, consistency in purpose, and steadfastness during troublesome times) is the same heart found in the shepherd and can be applied to all beginnings and endings. The decision to end a career or redirect a career is complicated and very personal. All careers will end, so the key question is when is it time to retire or redirect. This question is only answered by asking and honestly answering a series of other questions.”¹

He also proposed several questions to help guide one in deciding when it is time to slow down or stop.¹

1. Have I stopped having “fun”? Do I dread going to work? Do I find patients a burden? Do I enjoy my colleagues and coworkers?
2. How much money do I really need versus how much money do I want? What are my financial obligations (college, home, lifestyle)?
3. Have I established a life to retire to or redirect toward? When I don’t go to work, where will I go and what will I do?
4. Are my patient care abilities mentally and technically up to par? Would my colleagues seek me out to care for them or their families?
5. Do I have physical or emotional limitations? Would continuing my pace cause me harm?
6. What does my spouse think about this?
7. Have I accomplished my career goals?
8. Is there another colon and rectal surgeon available to care for my patients?

When you have honestly answered these questions, you will have the answer to when should you should retire or redirect your career. An excellent option to many colorectal surgeons is to limit their practice to anorectal surgery and colon cancer prevention (e.g., colonoscopy). Or as Howard said, “to stay around the sheep pen and help out.”

Colon and rectal surgery grew out of a need for well-trained individuals who would devote their attention to diseases of the colon, rectum, and anus. Our present position as colon and rectal surgeons was birthed out of expertise in anorectal surgery. Our specialty lends itself to contracture of a practice to anorectal work. In fact, an anorectal surgeon with years of experience is indeed a valuable asset to a community. Limiting yourself to anorectal work can also allow for more timely patient visits as well as decreased physical demands, such as long abdominal procedures and intense call schedules. A side benefit of limiting your practice to anorectal surgery is that it allows for closer ongoing patient/physician relationships. Shifting to colon cancer prevention as a colon and rectal surgeon means shifting from taking care of one cancer at a time to preventing numerous cancers. This prevention can be one-on-one

personal colonoscopy as well as teaching large groups of people about the need for colon cancer screening and prevention.

Humility comes in handy when you switch from doing it all to limiting your practice. A person who has created a haughty persona and ties his or her selfhood to this finds it difficult to be anything less. If you decide to limit or redirect your practice and you are within an organization, the next decision is whether to stay or change location. Usually, this is answered when you and your partners or group can agree on two items:

1. What patient service is needed that you can provide?
2. Are the finances okay, i.e., will the institution and you each make sufficient funds to proceed with the service?

Even when one focuses on the patient as the number one priority in deciding whether your new service is needed, it will be surprising how your new niche must not infringe on other colleagues within your department or institution. The finances may be easier than you think. Dr. Robertson¹ suggests that you approach the finances from a neutral standpoint. By neutral, he means that you should probably divest yourself from partnership status and not suggest there be a guaranteed minimal salary. This neutral standpoint shows that you really do want to invest your time and effort into a service you feel can benefit patients, your institution, and yourself. All three entities have to win. When everyone wins, it is easier to come up with an overhead percentage and a take-home percentage. This process will require compassion. As you start your new venture, always keep the patient’s needs first. This attitude will help you be available to see that “add on” with rectal bleeding or anal pain. This consistency in purpose will be evident to your colleagues, patients, and coworkers. Purpose in life is very important—actions should reflect your purpose. The same steadfastness during troublesome times that got you through the difficult pelvic dissection or bleeding from the liver during hepatic resection for metastatic colon cancer will get you through the process of redirecting your practice. I wholeheartedly agree with Dr. Robertson’s advice to direct the heart of a colon and rectal surgeon with humility, compassion, consistency in purpose, and steadfastness in troublesome times. This heart will embrace change, whether to end your colon and rectal practice, redirect your practice, or even redirect your life.

CONCLUSIONS

My advice to the reader is to think about how, why, and when you wish to retire. If you know someone that has retired from medicine in the capacity that you are

interested in pursuing, talk to that person and discuss the benefits and potential pitfalls. Just as we read and prepare for every surgery we perform, it is important for us to prepare for the major life decision of retirement.

DISCLOSURE

The author has no conflicts to disclose with respect to this manuscript.

REFERENCE

1. Hambrick E, Robertson HD. Retirement: a personal perspective of when, why, and how. *Clin Colon Rectal Surg* 2006; 19(3):172–175