Easing the transition to retirement:

When, where, how?

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Most retirement planning guides are issued by stockbrokers or mutual funds. As a result, they are all about money and nothing else. While money obviously is an important consideration when planning for retirement, it's not the whole package. There are a number of other factors to weigh in planning your retirement. Because money issues are unique to each individual, I'll leave advice about this aspect of retirement to you and your financial consultants. I offer only this caveat: the notion that living expenses decrease after retirement just isn't true; an unchanged lifestyle probably will require just about as much money after retirement as was coming in before.

Some of the other topics to consider during the transition into retirement include when to retire, retirement locale, and health insurance. However, the most important questions to consider are: Who will you be, and what you will do in retirement? This article is intended to offer some guidance on these issues before surgeons walk out of their offices for the last time.

When to retire

The short answer is to retire before you start making uncorrected mistakes in the operating room. We all make mistakes—it's part of being human. And, nearly always we quickly recognize our mistakes and correct them before there are any adverse consequences. But as we get older, our ability to recognize errors in a timely way diminishes. Greenfield and colleagues are working on the development of a psychomotor test that will help to identify when a surgeon's capacities are no longer up to par.* But the conclusion of that quest may come far in the future.

In the meantime, remember that even your best friends may be unwilling to tell you when you start slipping. It's embarrassing and disconcerting to see a great surgical reputation tarnished by a bad end. So, plan to quit while you're ahead, while still in top form. Don't wait to be told it's time to go. Choose a date that's a lot sooner than you think it needs to be.

* Greenfield LJ: Cognitive changes and retirement among senior surgeons. *Bull Am Coll Surg*, 87(6):19, 2002.

Where to live

The choices are staying put, moving, or doing a bit of both. Like money, this is a very personal issue. The decision will be based on individual views about summer and winter weather in various parts of the country, as well as plans for activities in retirement.

In considering this issue, remember that moving is very stressful. On the other hand, a move can also be useful because it usually forces people to get rid of accumulated junk. Moving to a new locale where you are unknown means some time will pass before making new social acquaintances, so loneliness may be a problem. If moving seems necessary, try to develop contacts in the desired community by living there a few years before really retiring.

Health insurance

If you're over 65, you can't avoid Medicare. It's illegal for any insurance company to issue to a retiree any sort of health insurance policy except for one of the congressionally mandated Medicare supplements. These "Medigap" policies may or may not fit an individual's circumstances, but you have no other choices. The Medigap law was passed because some elderly people were being victimized by unscrupulous insurance carriers that were selling them multiple "cancer" policies, and Congress wanted to stop this abuse. Unfortunately, the result is that no one may buy a non-Medicare-affiliated health insurance policy, such as a high-deductible major medical policy, that is better tailored to the individual's needs. It's Medigap or nothing.

Be very careful about entering a so-called Medicare+Choice HMO or PPO plan. If one of these plans drops out of Medicare, or a beneficiary later decides to quit the plan, standard Medicare will be reinstated, but, depending on timing and other circumstances, the choice of Medigap policies may be restricted or coverage may be denied. This area is a real minefield, so be careful what you do.

Once you're 65 and are covered by Medicare, be prepared for the blizzard of notices that will arrive in the mail. A notice is sent every time any claim, however small, is processed. These notices

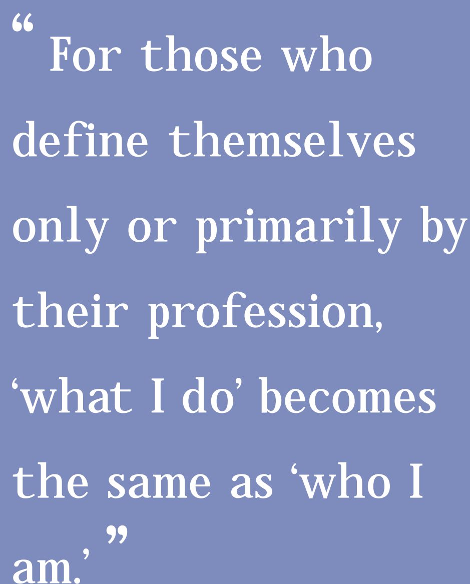
carry a prominently displayed reminder, right at the top of the page in bold type, about reporting fraud. Further down the page, in less attention-getting type, are the numbers indicating how much was billed, what Medicare "approved," and what was actually paid to the providers of the medical care. Additionally, the insurance carrier of the Medigap policy may pay only what Medicare approved but didn't pay. Your physicians will never receive a reasonable and customary fee under Medicare. If you think this situation is inappropriate and try to pay the difference yourself, the physician may not accept the check—that's illegal!

Long-term care insurance is expensive, but it brings some peace of mind. More than half of women and one-third of men over 65 years of age can expect to need long-term care either at home or in a nursing home. One-fifth of these folks will need care for at least five years. Nursing home care can be fiercely expensive, eating up all of one's financial resources in a relatively short time. For individuals who need these services, long-term care insurance is probably the only way to keep your savings and your home, and leave anything for the kids.

Who will you be?

Surgeons work in a meritocracy, a world in which recognition and reward go to those individuals who perform in superior fashion. One characteristic of a meritocracy is that participants identify who they are by what they do. Think of the common cocktail party conversational gambit between strangers: "What do you do?" For those who define themselves only or primarily by their profession, "what I do" becomes the same as "who I am."

For surgeons who define themselves only as surgeons, and who have not developed any other major interests, retirement implies the end of surgical existence. It is a kind of death that is very difficult to accept. After all, who wants to be dead? So, surgeons who can't really give up their surgical role feel uncomfortable not being addressed as "doctor," continue to go to the office, and sometimes keep operating beyond when they should. Such surgeons have no idea how to fill up their days except to keep doing what they no longer do as well as they once did.



Hence, an unhappy "retirement" becomes inevitable. And then the supposedly "retired" surgeon, with nothing else to do, hangs out in the hospital coffee shop just to "stay in touch." It's a little desperate and pathetic. It's certainly a sad way to end a great surgical career.

Such individuals need to accept that surgery is a wonderful career, but it is not their only life. They need to get a new life, to develop new interests and activities, to create a new persona that makes them satisfied, even enthusiastic. If they can't succeed in doing so by themselves, they should seek counseling early in the process of planning their retirement.

What to do?

There's a lot of time available in retirement, and some activity needs to fill that void. Otherwise, too much time will be spent sleeping, and then, with no great purpose or involvement in life, the retiree will become depressed. Also, at this stage of life it's "use it or lose it" time; it is very important to keep your mind as well as your body active.

The availability of time and of much more control over how it is spent provides an opportunity to fulfill ambitions that may have been deferred while engaged in an active surgical practice. For those so inclined, retirement brings a chance to lend their surgical skills and knowledge to a variety of volunteer programs—to share their expertise and their time helping others. The College is in the early stages of organizing a register of such possibilities.[†]

Many surgeons find that their transition into retirement is eased by a period of a year or two during which they continue to assist their associates in the operating room, and sometimes do some informal consulting of the "curbstone" variety, but not take call or otherwise assume primary responsibility for patient care. Even so, in the end, every surgeon who retires has to accept that his or her role as a surgeon has to come to an end.

Doing things together with one's life companion is a common romantic goal, and it is possible to do this for some of the time. Activities that have been shared together for years before retirement are easily continued. Travel is the obvious togetherness route, but it's impossible to be on the road all of the time. And the challenge of golf only lasts so long.

Many retired surgeons find they can start a new career by expanding a hobby into an occupation. It need not produce income; in fact, it may be a bit of an expense. What's important is that the activity provide real satisfaction and a sense of accomplishment. A new "career" obligates you to get out of bed and to work at it nearly every day. It should be something enjoyable and that brings, at the end of the day, the reward of having done something worthwhile.

More importantly, the new career should be something that gets you out of the house. The major unspoken fear of spouses is that the retiree will be in their space all the time, trying to reorganize things his or her way. Remember that your spouse had an independent life and managed the household or a job without your presence much of the time. Your spouse will ask for your help when needed, but most of the time will get along very well without your assistance. As retirement looms, especially if you are not seen to be developing plans for other activities, your companion will be terrified that you will try to invade his or her domain. This is the short road to a late-life divorce.

In my own case, I continue to do a little teaching and consulting, but I'm now primarily a gardener and a cook, a continuation of lifelong hobbies. In retirement, I've finally had the time to do something I had wanted to do for years: take the required course and become certified as a master gardener. I have about a third of an acre in a cutting garden and find great satisfaction in helping things grow. Then, in the evening, I turn my attention to the kitchen. I have a terrific collection of recipes that would be a well-received cookbook if I could find a willing publisher! My wife does what she does best, leading educational tours at a nearby art museum. We both enjoy travel with groups and now have time for the symphony and the theater. We are doing what we enjoy and remind each other daily that "life is good!"

Retirement takes a little planning and some adjustments, but it can be a wonderful, fulfilling time of your life. So get another life before quitting surgical practice. If you do, you'll find retirement as enjoyable, or even more enjoyable, than your previous surgical career. Ω

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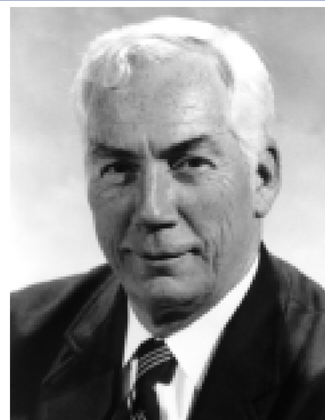

[†]Warshaw AL: Study of volunteerism among surgeons. *Bull Am Coll Surg*, 87(1):40, 2002.