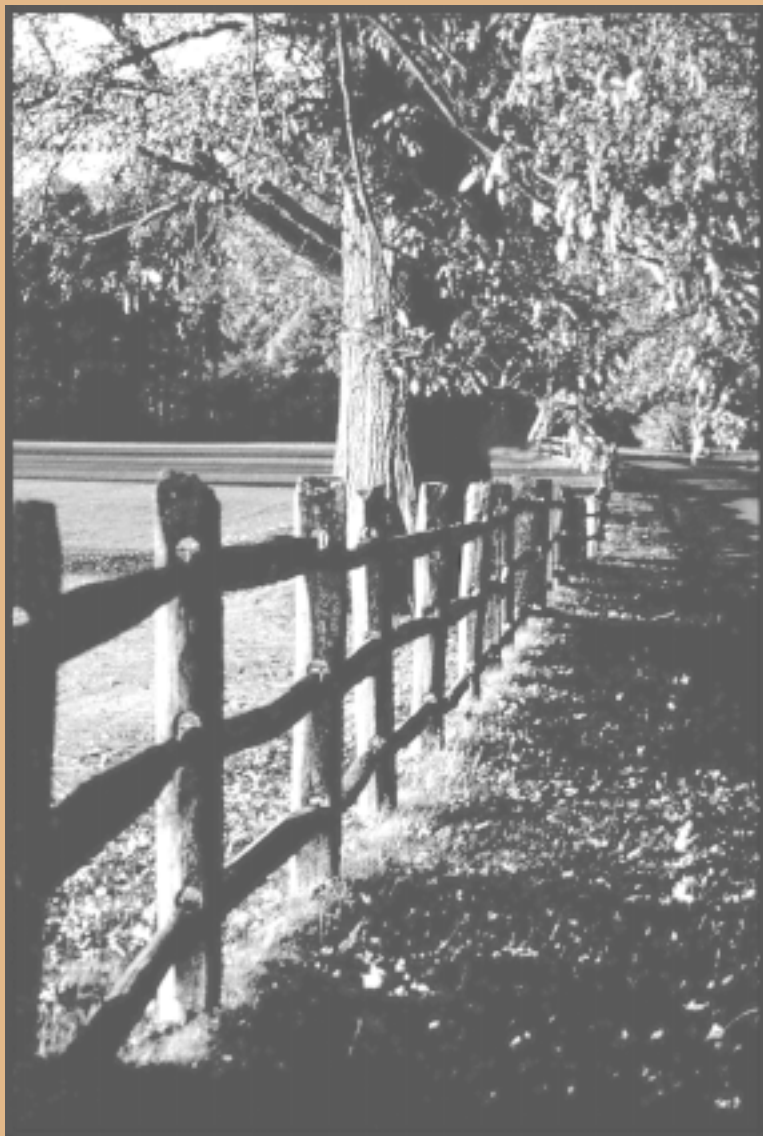


Retirement:

*An opportunity to revisit
“the road not taken”*

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If you had asked me 30 years ago what I would be doing on October 31, 2003, delivering the presidential address to the Wisconsin Surgical Society would have been an unimaginable response. In October 1973, I had just returned from a summer of hitchhiking and backpacking across Canada because my mother had refused to let me work for the Forest Service as a smoke jumper in Oregon. Although I was in my second month of my first year of medical school, I was still working as a disc jockey two nights a week from 2:00 to 6:00 am. I was born, raised, and educated in New England. I had never been to Wisconsin, nor did I ever think of going to Wisconsin. How has all of this happened? The answer is, I do not really know.

“The Road Not Taken”

Several weeks ago, I read the excellent convocation address that Susan Dentzer delivered to Dartmouth College freshmen this fall. Ms. Dentzer is a 1977 Dartmouth graduate with a degree in English who now works as a health correspondent for PBS’s *News Hour*.¹ Her address focused on interpretations of Robert Frost’s poem “The Road Not Taken.” This poem has always been one of my favorites, but like nearly everyone, I remembered only the last three lines: “Two roads diverged in a wood, and I—I took the one less traveled by, and that has made all the difference.” These lines are often quoted out of the context of the entire poem as an expression of self-congratulation, Ms. Dentzer said, not unlike a precursor to Frank Sinatra’s rendition of “My Way” or Jon Bon Jovi’s “It’s My Life.” The phrase “the road less traveled” has become an American trademark expression for independence and individuality. But is this interpretation the only one possible? Certainly not—after all, the poem was entitled “The Road Not Taken,” *not* “The Road Less Traveled.” Reading the entire poem gives a clearer view of Frost’s intended themes.

Two roads diverged in a yellow wood,
And sorry I could not travel both
And be one traveler, long I stood
And looked down one as far as I could
To where it bent in the undergrowth;

Then took the other, as just as fair,
And having perhaps the better claim,
Because it was grassy and wanted wear;
Though, as for that, the passing there
Had worn them really about the same,

And both that morning equally lay
In leaves no step had trodden black.
Oh, I kept the first for another day!
Yet knowing how way leads on to way,
I doubted if I should ever come back.

I shall be telling this with a sigh
Somewhere ages and ages hence:
Two roads diverged in a wood, and I—
I took the one less traveled by,
And that has made all the difference.

The narrator describes each of the roads and concludes that they look nearly the same—neither is well-traveled. He looks carefully down each one, realizing that it is not likely that he will ever be able to come back to go down the road *not* taken. His final statement declaring that he took the road less traveled is uttered with a sigh. Ms. Dentzer feels that Frost was telling us that our choices viewed retrospectively seem more clear and correct than at the time we are actually making them. The roads that we do not choose to go down are just as important in shaping the course of our lives as the ones we do choose, and Frost laments what might have been had he traveled the road *not* taken.

Finding my path

My career path decisions have never been easy or straightforward. I am not one of those people who always wanted to be a physician or knew that he wanted to be a surgeon. After getting into medical school, I struggled to decide whether to attend. Once in medical school, I was convinced that I would be an old-time general practitioner until the third-year surgery rotation at Denver General Hospital knocked my socks off. After completing my surgery residency at the University of Colorado, I agonized over whether to take a more traditional university academic track or join a group practice with a small surgery residency at Gundersen Clinic in La Crosse, WI. As Robert Frost said, “way leads on to way.” In retrospect, I am absolutely convinced that each road less traveled that I selected was exactly the right choice for me, and I have been lucky to have had a very fulfilling career in surgery—regardless of what may have occurred on the roads *not* taken.

The last year has been very challenging for me with the arrival of several significant milestones—my 50th birthday, 25th wedding anniversary, 20th year at Gundersen, and, most significantly, the departure of our youngest child, Allison, to attend college in Maine. The profound effect of these changes caught my wife Jan and me by surprise. The inescapable realities are that we are growing older and we are not immortal.

As a result, I have begun to think a great deal about the next significant career decision—when to retire from surgery. Talking with others about their views on this topic has produced a wide range

of opinion. When I was in my third year of practice I ran into a close friend who had just completed his training. He asked me whether I'd still be doing surgery in five years, because he was already prepared to quit! I was dumbfounded because I truly loved surgery and still do. Equally disturbing, in a different way, was a recent conversation with a friend who has been in practice for over 30 years. When I asked him when he thought he would retire he replied, "Oh, never. What else would I do?"

When to retire

Just as important as how one begins his or her career and builds a practice is to know when to quit. This decision is a very personal matter, and the correct time most definitely differs for each individual. Many factors play a role in this decision.

Age 65 has obviously become the artificial standard for retirement because that's when people become eligible for Medicare, retirement plans, and Social Security benefits. Interestingly, the designation of 65 as retirement age dates back to the time of Otto Von Bismarck's Germany in the early 1900s, when the average life span was only 60 to 62 years. There has been discussion in Washington recently about raising the ages for eligibility for government retirement programs to 68 or 70.

Personal financial situation clearly affects the decision of when to retire and depends upon investments, ongoing expenses, and sound planning. I will leave this discussion to individuals more knowledgeable about these subjects.

Each of us ages at a different rate, but physiologic changes will eventually and inevitably affect everyone's ability to practice, especially in a specialty like surgery, which depends so much upon motor skills. Significant impairments in eyesight—presbyopia and lens opacification—are evident in nearly all of us by age 50, requiring us to rely on brighter lights and corrective lenses. Although changes in fine motor and cognitive skills can be demonstrated through objective testing by age 45, these characteristics are usually well preserved through age 60.² Simple endurance for long cases or long clinic days, especially modified by night call, probably plays a greater role than most of us would like to admit.

Do not depend upon other people to tell you that

it is time to quit. Even a trusted colleague or close friend is rarely able to make this sort of suggestion. One's personal health or a spouse's health problem may precipitate an earlier than expected career change or retirement.

Another factor that may influence the decision to retire is family medical history—one's own, and one's spouse's. This issue has clearly affected Jan's and my decision about timing our retirement. Jan's parents died at ages 56 and 69. The availability of affordable health insurance also may force an individual to continue employment, especially in the setting of serious health problems for themselves or their family.

Satisfaction with one's current job is multifactorial depending upon case mix and continued love of surgery. These are often modified by outside influences, such as government regulation, compliance programs, insurance and managed care issues, and reimbursement. An individual's ability to adapt to evolving techniques by acquiring new skills will often affect the decision to quit or change jobs. An adverse medical malpractice environment based upon expensive premiums or personal experience with a painful lawsuit has led many surgeons to "hang up their spikes."

Finally, a person's interests outside of work or even a desire to pursue another career altogether may prompt the decision to retire from surgery. Equally influential would be if the individual had a lack of any other serious interests. This list of factors affecting the decision about when and how to retire is far from comprehensive, and there are many other factors at play.

A study

The Wisconsin Surgical Society is a unique blend of young surgeons, established surgeons, and retired surgeons. Through scientific and social interactions we have been able to learn from one another. Many of my thoughts concerning retirement have been formulated after talking with members of this group. Capitalizing on the diversity of our society, I sent a survey to each active and senior member this fall to solicit opinions and information pertinent to retirement issues. I would like to publicly thank Richard B. Windsor, MD, FACS, and his wife Mary Anne for their assistance in designing the questions that were included.

A total of 163 members completed and returned

their surveys for a surprisingly good 54 percent response rate. Surveys were received from 113 active and 50 retired surgeons. Of them, 36 (22%) have participated in medical missions, most frequently in Central America, Africa, and Southeast Asia.

The 113 active surgeon respondents covered a wide range of ages. Fifty percent of the active surgeons said they planned to retire before age 65. Activities and interests outside of medicine that are of the highest priority to our members who are currently in practice include family (86%), followed by travel and active sports (see Table 1, right). The most popular participant sports mentioned were golf, running, cycling, and skiing. Finally, it was heartening to see that 92 percent of active surgeons would choose surgery again for their career (see Table 2, right). However, equally interesting were responses from seven (6%) surgeons who might have taken another road for a variety of reasons, ranging from the regulatory atmosphere, reimbursement, and lifestyle issues to other overriding interests.

The 50 retired surgeons left practice between the ages of 48 and 80, with a mean of 64.3 years old. Of the retired surgeons 80 percent said that the timing of retirement was just right for them, but 12 percent indicated that they either elected to leave practice or had to quit too soon. Retirees said they devote much their time to family, travel, and church activities (see Table 1). More retirees are spectator sports enthusiasts than active sports participants; golf is their most popular active sport. Finally, 88 percent of retired surgeons would choose surgery again for their career but 8 percent would have considered something else (see Table 2). One member would rather have been an architect, two others would have pursued a different branch of medicine, and two felt that the work was too hard or disruptive for the rewards obtained.

I learned a lot about retirement from this survey. We have a very responsive group of surgeons, and most of them have enjoyed or are enjoying their careers in surgery. Those surgeons who might have selected a different path can also teach us a lot about surgical careers. I wish that we had included a question about what career outside of medicine each member might have chosen if medicine had not been an option.

Table 1
Top priority activities outside of medicine

	Active surgeons (N = 113)	Retired surgeons (N = 50)
Family activities	97 (86%)	35 (70%)
Travel	83 (73)	33 (66)
Active sports	76 (67)	20 (40)
Spectator sports	51 (45)	25 (50)
Church	46 (41)	27 (54)
Educational courses	32 (28)	17 (34)
Service organizations	15 (13)	16 (32)

Table 2
“Would you choose surgery as your career again?”

	Active surgeons (N = 113)	Retired surgeons (N = 50)
Yes	104 (92%)	44 (88%)
No	7 (6)	4 (8)
Maybe	2 (2)	2 (4)

Finally, I feel that our group has managed to maintain many interests outside of medicine, including a wide variety of pursuits, and 22 percent have given back to more needy populations through outreach programs.

One more source of advice about preparing for retirement is an article written by former Wisconsin Surgical Society president Robert E. Condon, MD, FACS, entitled “Easing the transition to retirement: When, where, and how?”³ Three points in his treatise ring true for me:

- “For those to define themselves only or primarily by their profession, ‘what I do’ becomes the same as ‘who I am.’”
- “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.” In other words, go back and explore a road not taken.

- “So get another life before quitting surgical practice. If you do, you’ll find retirement as enjoyable, or even more enjoyable, than your previous career.”³

Final words of advice

Retiring from any profession is difficult, but retiring from surgery may be even harder for some of us because of its unique attributes. Do you ever look at yourself in the mirror and say, “I can’t believe that I cut people open for a living?” Believe me, they won’t let you do this after you retire.

I have learned a lot from my early investigations into the decision to retire. A happy retirement from surgery depends upon sound planning done well in advance of leaving practice. Although I am not yet ready to retire from surgery, and at the risk of sounding like a neophyte expounding on this topic, I have created a primer for retirement planning focusing on the nonfinancial aspects of this subject.

1. As the survey respondents reinforced, stay close to your family. The hospital and OR will go on without you and you without them; the same cannot be said for family.

2. As my grandfather would say, always have something to look forward to.

3. Be of some use. In John Irving’s *Cider House Rules*, Dr. Larch tells Homer Wells that he may stay at the orphanage indefinitely, but he must “be of some use.” Getting involved with medical mission, literacy, and other volunteer programs are all good examples of how to “be of some use.”

4. Take care of yourself. Although the dice do not always roll in our favor, staying healthy for retirement years is something to strive for, and obviously many of our members have made staying robust a priority.

5. Do not lose track of your closest confidants. Old friends are priceless commodities, and relationships may be difficult to reclaim if they are not maintained.

6. Do not forsake your favorite activities and interests during your busy practice years. Our survey demonstrates that most members of the Wisconsin Surgical Society have many interests outside of medicine. These are activities that can be expanded with more available time.

7. Philosophical and spiritual realms are also of great importance and often are put on the back

burner when running a busy practice. Retirement can be a great time to consider those questions you spent hours and hours discussing in college.

8. Do not forget all of those paths not traveled along the way. Retirement can be an extraordinarily valuable opportunity to go back and explore some of these roads not taken.

Thank you for your indulgence of my musings. I especially want to thank the members of the Wisconsin Surgical Society for the great honor of serving as their president. I am glad we came to Wisconsin. □

Editor’s note: This article is adapted from the presidential address that Dr. Cogbill delivered at the 2003 joint meeting of the Wisconsin Surgical Society and the Wisconsin Chapter of the American College of Surgeons in Milwaukee, WI, on October 31, 2003.

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