

Annual Luncheon Table Discussion Summary: Thoughts and Advice from the “Retirement Planners”

By Susan Watts, MD

The accommodations for ‘older’ physicians recommended by ACEP and others DO work to help keep valuable senior faculty healthy. A little extra time goes a long way toward reducing fatigue and aiding with recovery from a long shift. Time to sit and eat; time to take a bathroom break; time to sit down and chart; extra time to recover from overnight shifts.

At some point, the ED shifts become too physically and/or mentally demanding. When is the appropriate time to walk away from clinical practice? What are the options? Those in academic centers may be able to shift to increased administrative or educational duties to offset fewer ED shifts. For others the best option may be to take a non-clinical, but still medically related, job; with an insurance company for instance. These kinds of changes may result in reduced income however. So see your financial advisor. When can you afford a decreased income?

Whatever your specific life situation is, it is useful to think of retirement as another periodic reinvention of yourself. This happens to us every 5-10 years, and retirement is just the next one. But it takes a plan and practice to taper off from work, just like any other learning situation. If your goal is to travel in retirement, you have to practice traveling now. You have to learn how to block out the time on your calendar and learn how to relax once you get there. Since we’ve been driven by external forces for so long (patients in the waiting room; manuscript revisions due yesterday), we have to practice going at our own pace. A ‘mental health sabbatical’ can be very helpful way to practice for retirement. Take time to just sit and think. Find ways to be creative. And stay connected to a group of supportive friends!

