The art of medicine after retirement

Renate G. Justin, MD

Since giving up my practice 3 years ago, I have discovered that the skills I need as a retired physician include caution, honed tact, and giving conservative advice. Caution and tact are required to avoid undermining my friends' relationships with their primary care physicians: my questions about their medication, diagnosis, or treatment may be interpreted as criticism. I do not want to imperil the trust and confidence that exist between those who consult me and their doctors.

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On the other hand, there are times when I need to urge my former patients and friends to be more assertive about obtaining appointments or gaining a doctor's attention. Consider the case of my 78-year-old friend who calls me because he has a terrible headache, unusual for him. I am alarmed and say, "Call your doctor right away or go to his office now, whether or not you have an appointment." My friend's wife, speaking on an extension telephone, responds, "We saw Dr Jones yesterday and he gave us medicine for migraine headache, but it is not helping."

Quickly I review what little I know of my friend's medical history. I recall that some years ago he had to have an artificial valve implanted; therefore, it is reasonable to assume that he is taking coumadin. That could mean he is bleeding. Almost in a panicky voice, I tell him, "Go to the emergency room now and don't forget to take all your medicine bottles with you to show to the doctor, so she knows what you are taking."

Before I hang up I extract their promise to call me from the hospital. Later that day, when my friend's wife calls me, she tells me that her husband has been admitted to the neurointensive-care unit with bilateral subdurals and an elevated prothrombin time (or international normalized ratio).

Since I am no longer in active practice I have to remind myself constantly not to overstep the boundaries of my new status: retired physician. I cannot say, "Migraines? It would be most unusual to have new-onset migraines at age 78." Or, "You're taking coumadin, aren't you? When was your last blood test? You'd better get one." I am a friend, not this man's doctor, nor really anyone's doctor. On the other hand, when someone's life is in danger, I cannot stand by idly. So I choose my words carefully and avoid saying anything that could be interpreted as criticism.

Not infrequently I find myself in a group whose conversation turns to medicine: the relative with recently diagnosed multiple sclerosis; a new medication for hypertension. I try to keep quiet and hope no one asks my opinion about prognosis or side effects because I am not privy to what their physician told them. If asked, I say, "Why not discuss that with your doctor?," which creates resentment and may elicit the comment, "I can't get her on the phone."

I feel comfortable giving conservative advice such as, "Try a warm water bottle to help you sleep," or "Try eating your main meal at noon," or even, to a former patient who calls to complain at length about his wife, "Walk half an hour every day to help with your feelings of frustration and anxiety." None of this advice, linked to a willing, listening ear, will cause any harm and may help.

Correspondence: Renate G. Justin, MD, 900 Wild Cherry Lane, Fort Collins, CO 80521. E-mail: rjustin@greyrock.org.

Sometimes people apologize for asking "medical questions." The other day an acquaintance called, saying, "I am sorry to bother you, but I am so tired I can hardly maneuver." After a few questions I ask her about her medicines and to my surprise find out that she is taking 3 different antidepressants. I do not follow my impulse to tell her to stop one of them, but urge her to call her primary care physician and ask, "Is it OK to take the last medicine the specialist prescribed with what you gave me?" The phone call has the desired effect: the number and dosage of her medications are decreased and she starts to feel better.

When injuries come to my door, I have to be cautious and careful. What can I and should I take care of in my home, and what do I need to refer to the emergency room or the doctor's office?

One Sunday morning early, an elderly gentleman, my neighbor's father, visiting from New England, comes to my door. He has had inverted eyelashes in the past that have scratched his cornea and were very uncomfortable. He now has one of these annoying lashes again. Will I remove it for him, since his daughter is too squeamish to do it? I take care of the problem. He is grateful and leaves to enjoy the rest of the day with his grandson. For a delicious moment I feel like a doctor again.

My neighbors use me as an information center or mini-emergency room. Cut fingers, fractured clavicles, scraped knees all come to my doorstep. I wish I could still use my well-equipped former office: there I could neatly bandage and splint an avulsed nail and be proud of the job. In my home I have only makeshift equipment. Sometimes my neighbors consult me, asking whether a trip to the emergency room is indicated. They come to me, hoping to avoid a long wait and expense. I can help with this, but, again, I must be conservative with my advice, since I no longer carry malpractice insurance.

There are times when I will say a definite No to a request for help. Not long ago I received an emergency call to the goat shed and found the owner of the goats in tears. Two huskies had jumped across the fence and severely bitten the nanny goat but only scratched the kids. The goat lover wanted me to suture the wounds to avoid the expense of consulting

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a veterinarian. When I inspected the wound, however, it seemed foolhardy to do anything other than transport the bleating animal to the veterinarian hospital. I was able to persuade my neighbor to do this and was gratified to learn that after several days' stay, the goat recovered.

One of my former patients called a week ago to talk to me about her mother's decision not to have an angiogram. She felt her mother's stance might be an expression of depression. She was, however, determined not to pressure her mother into having the angiogram if depression was absent and the refusal represented a rational decision to limit treatment.

I have known and treated this family for many years. I thought I might be able to help clarify the situation without interfering with the cardiologist and his recommendation. I suggested a meeting in a downtown coffee shop to weigh the pros and cons of alternative pathways. An informal consultation, I thought, might help the family members to sort out their feelings. As a retired family physician and friend, I would bring to the table my long-time acquaintance with these people and knowledge of their family dynamics. Perhaps our talk would help not only the family but also assist the cardiologist in managing his patient with less conflict. The daughter was relieved and grateful for my willingness to talk with the family. She wanted to talk to her brother, who lives out of town, and include him in the conversation, which has yet to take place.

The art of medicine is not lost on retirement. I still have a duty to be responsive and compassionate whenever my former patients, my friends, or my neighbors call upon me. However, I must remember that as time passes, my knowledge of recent medical developments decreases. I must stay within the boundaries of a nonpracticing physician and give cautious, tactful, and conservative answers to pressing questions.

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