

Should I Stay or Should I Go? Federal Health Care Professional Retirement Dilemmas

The uselessness of men above sixty years of age and the incalculable benefit it would be in commercial, in political, and in professional life, if as a matter of course, men stopped working at this age.

Sir William Osler¹



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The first time I remember hearing the word retirement was when I was 5 or 6 years old. My mother told me that my father had been given new orders: either be promoted to general and move to oversee a hospital somewhere far away, or retire from the Army. He was a scholar, teacher, and physician with no interest or aptitude for military politics and health care administration. Reluctantly, he resigned himself to retirement before he had planned. I recall being angry with him, because in my solipsistic child mind he was depriving me of the opportunity to live in a big house across from the parade field, where the generals lived or having a reserved parking spot in front of the post exchange. As a psychiatrist, I suspect that the anger was a primitive defense against the fear of leaving the only home I had ever known on an Army base.

I recently finished reading Michael Bliss's seminal biography of Sir William Osler (1848-1919), the great Anglo-American physician and medical educator.² Bliss found few blemishes on Osler's character or missteps in his stellar career, but one of the few may be his views on retirement. The epigraph is from an address Osler gave before leaving Johns Hopkins for semiretirement in Oxford, England. The farewell speech caused a media controversy with his comments reflecting attitudes that seem ageist today, when many people are active, productive, and happy long past the age of 60 years.³ I do not endorse Osler's philosophy of aging, nor his exclusion of women (if I did, I would not be around to write this editorial). Not even Osler himself followed his advice: he was active in medicine almost until his death at 70 years old.²

Yet like many of my fellow federal health care practitioners (HCPs), I have been thinking about and planning for retirement earlier than expected, given the memos and

directives about voluntary early retirement, deferred resignation, and reductions in force.^{4,5} The COVID-19 pandemic sadly compelled many burned-out and traumatized HCPs to cross the retirement Rubicon far sooner than they imagined.⁶

A Google search for information about HCP retirement, particularly among physicians, produces a cascade of advisory articles. They primarily focus on finances, with many pushing their own commercial agenda for retirement planning.⁷ Although money is a necessary piece of the retirement puzzle, for HCPs it may not be sufficient to ensure a healthy and satisfying retirement. Two other considerations may be even more important to weigh in making the retirement decision, namely timing and meaning.⁸

For earlier generations of HCPs, work was almost their sole identity. Although younger practitioners are more likely to embrace a better work-life balance, it is still a driving factor for many in the decision to retire.⁹ It is not just about the cliché of being a workaholic, rather many clinicians continue to enjoy lifelong learning, the rewards of helping people in need, and professional satisfaction. HCPs also spend a longer time training than many other professions; perhaps since we waited so long to practice, we want to stay a little longer.¹⁰ For those whose motivation for federal practice was a commitment to service, these may be even more powerful incentives to continue working.

When a nurse, physician, pharmacist, or social worker no longer finds the same gratification and stimulation in their work, whether due to unwelcome changes in the clinical setting or the profession at large, declining health or emotional exhaustion, or the very human need to move onto another phase of life (what Osler likely really meant), then that

may be a signal to think hard about retiring. Of course, there have always been—and will continue to be—professionals of all stripes who, even in the most agreeable situation, just cannot wait to retire. Simply because there are so many other ways they want to spend their remaining energy and time: travel, grandchildren, hobbies, even a second career. Because none of us knows how far out our life extends, it is prudent to periodically ask what is the optimal path that combines both purpose and well-being.

All of us as HCPs, and even more as human beings with desires and duties far beyond our respective professions, face a dilemma: a choice between 2 goods that cannot both be fulfilled simultaneously. This is likely why HCPs frequently do what is technically called a phased retirement, a fancy name for working part-time, or retiring from 1 position and taking up another. This temporizes the decision and tempers the bitter-sweet emotional experience of leaving the profession in one way, and in another, it delays the inevitable.

Over the last few years, I have learned 2 important lessons while watching many of my closest friends retire. First, for those who are still working and those who are retired may seem to inhabit a separate country; hence, special efforts must be made to both appreciate them while they are in our immediate circle of concern and to make efforts to stay in contact once they are emeriti. It is almost as if after being a daily integral aspect of the workplace they have passed into a different dimension of existence. In terms of priorities and mindsets, many of them have. Second, what makes retirement a reality with peace and growth rather than regret and stagnation is owning the decision to retire. There are always constraints: financial, medical, and familial. However, those who retire on their own terms and not primarily in response to fear or uncertainty appear to fare better than those feeling the same pressures who give away their power.¹¹ Having

read about retirement in the last months, the best advice I have seen is from Harry Emerson Fosdick, a Protestant minister in the early 20th century: “Don’t simply retire from something; have something to retire to.”¹²

I have not yet decided about my retirement. Whatever decision you make, remember it is solely yours. After a lifetime of caring for others, retirement is all about caring for yourself.

Disclaimer

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