Finding Professional Satisfaction in Retirement

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(A Fam Med. 2017;49(10):812-3.)

Are you going to work until you die?”

A retired physician’s wife asked me this question about 2 years after my retirement while my colleague and I were having lunch with our spouses. I’d mentioned my 1-day-a-week teaching job at a residency clinic, which prompted the unsettling question. My decision to work as a retiree had been challenged. I thought again about my decision.

July 1, 2008 was my last workday after 34 years of caring for patients at a clinic. I enjoyed the challenge of dealing with each patient’s problems and treasured the long-standing relationships I’d built. I was reluctant to leave this satisfying work, but I was tired of the long working hours, and I was ready to focus on other activities that my wife and I had talked about for years.

I had also envisioned meaningful part-time work in retirement. My practice had been rewarding and I wasn’t sure I’d be happy without some of that work in retirement. During my last year in practice I searched for a position in fields where part-time work was available: urgent care, nursing home, and college health. I even considered being a family medicine advocate. But my search was unsuccessful until I was asked to precept. After a few sessions I was impressed with the residents’ enthusiasm as they cared for a challenging group of patients. They were doing comprehensive care at a pace that was slow enough to allow for teaching. I signed up!

At the residency, I enjoyed being part of a clinical team that addressed a broader range of medical issues than I’d encountered in my mainly geriatric practice. But, despite this, the intermittent residency work wasn’t as rewarding as my former daily work as a clinician. I did not feel that I had much to offer. I missed the challenge of caring for patients myself and the joy of seeing familiar faces I’d known for years.

As a retiree, I began tending a small garden. I had retained an interest in gardening from my father who was an avid gardener. My wife and I fulfilled a long standing ambition to visit India. I enjoyed reading World War II history, and our grandchildren visited more often. I was having fun! During the first year of my retirement I even considered giving up my residency work entirely. But then I remembered how much better my experience at my practice became after the first year. I realized it might take more time for me to fully appreciate the teaching experience, so I decided to stick with it.

This turned out to be a wise decision. Over time, as I gained more precepting experience, teaching became more rewarding. Residents began to give follow-up reports on patients that I’d precepted, and I realized that I had more knowledge to share than I originally thought. I observed remarkable learning, and I got to witness the positive effects of my teaching firsthand.

It was especially gratifying to share patient care strategies that were important to me in practice. One of these strategies was getting to know patients as individuals. A conscientious and empathetic first-year resident described her visit with a 95-year-old man with advanced prostate cancer, depression, and other complicated medical issues. He’d led an active lifestyle up until a month earlier, when he began to feel weak. This was her first visit with him, and she spent a long time evaluating him. She identified issues that could be contributing to his decline. She proposed medication changes and made other helpful suggestions, but the patient refused these treatments. She was surprised and disappointed, and wondered what else could be done.

We reviewed his care together. She had made an extensive effort to help him, but had not gained his confidence. Her assessment and treatment plan were sound. Also, over the course of our discussion I noticed that while she understood his symptoms, she didn’t seem to know him well otherwise. She didn’t mention his family, living situation, or...
interests at all. After talking it over, I suggested that she try to get to know him better as a person. With this new strategy in hand, we went to see the patient together.

“What kinds of activities did you do before your symptoms started?” she asked.

“I was helping my son in the business I started years ago,” the patient replied, “I was proud that I was still contributing.”

“You may be able to work for a few hours a day if you follow my advice,” she ventured.

The patient said nothing to this, and we sat in silence for a moment.

Finally, I said, “I also think this treatment plan will be helpful.”

More silence followed, then the patient turned to me and asked, “How old are you?”

“Seventy-four” I said. “I also work part-time, and I’m proud to be able to contribute too. In the past I was in practice, but now I help residents care for patients.”

The patient brightened. “My role has changed too. I still give advice to my son, but he runs the business now.”

He turned back to the resident and began discussing her proposed treatment changes. Eventually he agreed to follow her advice.

She turned to me and smiled as I left the exam room. “Thanks, Dr Pine,” she said.

I was elated. I’d helped a resident care for a challenging patient and I had connected with an older patient. I realized I still had much to contribute, not just for what I knew, but also for who I was. Like the patient, my role had changed, but I felt the same excitement and satisfaction that I did when I was in practice.

I thought about the question again.

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My new work had not only become an important part of my retirement, but also a new adventure. I had found great satisfaction that I hadn’t found elsewhere.