

Should there be an age of retirement for the doctors? A matter for debate

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There may be concise definitions of 'retirement' but for medicos it is the determined age at which there is a cessation of formal work commitment. This involves provision of pension and other prescribed perks with freedom to either relax or schedule own work commitments. In Pakistan, the mandatory retirement age is determined at age '60' while the government is considering a rise to age '62'. Once retired from government services, there are few who would get an extension for a year or two but the recent trend is to join a private medical institution with lucrative packages. There appears to be plenty of room in private medical sector with mushrooming of such institutions. The Pakistan Medical and Dental Council (PMDC) has set a limit for re-retirement at age '70'. Upon attaining such an age, either the individual doctor should retire altogether or can continue contractual work with the respective institution but in a different capacity like: educational supervisor, researcher or just a teacher but should not continue the clinical practice in the concerned institution. The planning by the government to increase the age limit is for possible reasons of heavy pension burden on exchequer and the increase in life expectancy. The PMDC has shown a lenient view for the reason of shortage of qualified clinicians-cum-teachers to cater the needs of a large number rather ever increasing number of medical students in private sector. Looking at an international perspective: many provinces of Canada are doing away with the idea of 'mandatory retirement' in view of shortage of medical practitioners and number of people needing medical care. In Austria, retirement age for women will be gradually raised from 60 to 65 between 2024 and 2033. Germany is increasing the age for men and women from 65 to 67 between 2012 and 2029. Australia is contemplating setting the age of retirement to a standard 65. US is gradually raising the age to 67 while the British government is planning to raise it to 68. Mandatory retirement is something that also comes into conflicts with the human rights and this was also a crucial point for the local Ontario government to abolish the rule for 'mandatory retirement'. The question is: why should there be an age of retirement at first place? Critically viewing the human development cycle, there is an individual threshold in terms of physical and mental well-being. After a certain age, ofcourse, with individual variations, the brain function declines. This manifests itself in short-term memory deterioration affecting the ability to learn new material, decline in verbal abilities and some motor skills. Blood flow

to brain decreases by 20% with advancing age, this gets further compounded if the individual suffers from high blood pressure, diabetes or high cholesterol that are not controlled with medications or life style changes. The vertebral discs becoming harder, thus causing more pressure on the cord through the emerging branches of the nerves affecting the spinal cord. Similarly, peripheral nerves conduct impulses more slowly, thus decreasing sensation and slowing reflexes. There may be other problems like: depression, hypothyroidism and Alzheimer's disease. It is estimated by the American Psychological Association that the number of older adults with mental and behavioural health problems will almost quadruple, from 4 million in 1970 to 2030. With more than 157 million population of Pakistan, we have 137790 doctors as per PMDC list updated in January 2008. This figure is still grossly low for such a big population, does this mean that there should be no retirement age or are we optimistic that with large number of medical colleges and subsequent production of doctors this issue will be addressed? Going back to the aforementioned factors related to aging, this matter equally applies to doctors in Pakistan. Physical ailments like heart diseases, hypertension, diabetes and arthritis are continuously on a rise. Mental illness like depression, anxiety, dementia and others are in evidence among the medical practitioners that are compounded or precipitated by stresses of daily life in the face of violence, competition, breakdown of civic amenities, pollution, corruption and the constant threat of impending doom. All these factors are liable to affect the competence and skills of doctors along with the aging process. It is also interesting to look into the aspect of post-retirement period. Does retirement cause any effect on health of the doctor? Generally, it is said that as retirement is a major life event, it can cause ill health and depression owing to the fact that the activity, productivity, monetary incentive and work related socialization has gone. Empirical findings have consistently indicated that health of most people is not adversely affected. Other argument is about the protective effect on health if the retirement was from a stressful work environment. Adequate financial support is essential in order to meet the living expenses post-retirement in order to prevent any adverse health consequences. Keeping in view the large population and existing number of doctors, should we do away with mandatory retirement age? The answer can be complex; if the answer is negative, that means the policy of retirement should

continue. Under these circumstances, we would need more and more doctors in the working age range in order to match the resulting shortage of doctors by virtue of retirement. There will be a financial burden on exchequer in view of pension expenses. The retiring doctors will not have a structured commitment if they are not accommodated in private sector, in addition, there will be a substantial loss of income, there may remain a possibility of developing depression and precipitation or exaggeration of existing physical ailments. This fact appears contradictory to the evidence from studies but we should also bear in mind that those studies were not free of methodological flaws and hence cannot be hundred percent conclusive. On the other end, if we do away with mandatory retirement at prescribed age, then, we may come across problems with 'burn-out', age related loss of skills and its consequences upon the patient health care, emergence of illnesses affecting work productivity, no quality time for the families of doctors resulting in social monotony, less opportunities to progress on hierarchical ladder by the relatively junior medicos and less opportunities for recruiting younger doctors in public sectors. What should then be the 'middle-ground'? From the angle of 'Human Rights', the policy makers should abolish the 'Mandatory Retirement Age Limit' of course, with the provision of voluntary retirement at age 60-62. However, this should not be a 'blanket arrangement', that means; after attaining the current age limit for retirement, if the doctor

wishes to continue working, then, he or she should be subjected to health screening. This screening should be both for physical and mental well-being and this exercise should be repeated after every two to five years. There should also be a provision for practice limitation and ease back retirement program. Ideally, these senior doctors should step down from the chairperson or chief's position for their successors and continue advising, supervising and training the subordinates and junior doctors. The proposition is tricky but appears feasible in the given circumstances. What do you think?

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