What is the message?

- Human faculties diminish with age
- But there is great variability
- Functional age ≠ chronological age
- No mandatory retirement age
- Evaluate functional age
- All present methods to judge competency inadequate
- Aging Surgeon Program is an option
- Comprehensive
- Multi-disciplinary
- Objective
- Confidential

Demographics

- Life expectancy increasing; number of older surgeons increasing
  - Faculty older than 55:
    - 9% (1967)
    - 19% (1987)
    - 29% (2007)
  - State medical board discipline rate 6.6% (>40 years after medical school) vs. 1.3% (<10 years out of medical school)
  - 17.6% practicing surgeons in Canada over 65 years in 2006
  - 19% of active surgeons over 65 in Australia
  - Up to 20,000 septuagenarian surgeons in U.S.
  - Age of retirement increased from 63 (2003) to 68 (2014) according to AAMC

Time Stands Still for No One...Even Surgeons

- Certain groups, including surgeons, fare better than general population in regards to the inevitable decline in cognitive and physical faculties that is associated with aging

Goals of Aging Surgeon Program

- Protect surgeons from arbitrary or unreliable methods of assessing competence or cognitive capacity
- Identify potentially treatable or reversible disorders that, if treated, could restore or improve functional capacity
- Aid surgeon in decision when to retire
- Protect patients from unsafe surgeons
- Protect surgeons and hospitals from liability risk
- Rely on existing structures for using results to make licensing and credentialing decisions
- Provide objective, comprehensive, unbiased evaluation

Retirement Axioms

- When your hospital has an older surgeon who is no longer competent, and there is no policy on aging, the hospital has a problem.
- If you are relying on a colleague to tell you when to retire, it is too late.
- You want to leave the stage while they’re still clapping. (Mark Katic, MD)