

Retirement of the General Practitioner

by Dr HP Botha

It is really only logical that people (and even medical doctors) should be prepared and trained to complete the last lap of life successfully.

To a large extent, everyone is responsible for his own wellbeing and welfare during his lifetime. It follows that each one of us has the ability and also considerable opportunity to prepare him or herself both physically and mentally for old age.

I believe that this preparation should follow a specific plan.

Of necessity this plan must make provision for what is for us all the ultimate fate. It is in fact unnecessary to search further than Ecclesiastes Chapter 12 in which there appears the poetic description of the darkening of the sun and the light and the moon and the stars. This almost certainly refers to the loss of mental faculties and the impairment of sight in old age.

Ultimately the silver cord that is loosened or the golden bowl which breaks may be something such as a cerebral haemorrhage or one of the other terminal processes or conditions.

In the past there have been many attempts to learn more about the process of ageing in order to design a relevant preventive programme. Researchers have gone so far as to spend long periods in remote communities in South America and the U.S.S.R. where quite a number of the local inhabitants reach the age of 150 years and more.

Although the results of research have been scanty, we have learned a few things. Between the years 30 to 75 the body mass decreases by 12% and the brain mass by 46%. By the age of 75 years about half the vitally important nephrons have ceased functioning and lung function has also more or less halved.

One can actually say that the

elderly become as fragile as porcelain as so many of their vital functions begin to deteriorate. In the words of C Louis Leipoldt it brings "death's shadow to the face of the old person near the end of his journey".

We must consider both the expected and the unexpected changes which await us in the years to come. Such knowledge is essential for a sensible/meaningful health programme.

During the past a number of surveys have been conducted to investigate the health status of people in the last half of their lives.

Authorities have postulated that 25% of all people in their sixties who are presently in good health may expect to suffer from one or more chronic illnesses in the next five years.

It is further predicted that three quarters of those over 65 years of age have to cope with one or more health problems. It is therefore not unusual for a 70 year old to suffer from congestive cardiac failure and also need attention for serious digestive tract pathology.

Many will age without ever developing signs of any illness. Those of us who feel that we are therefore being deprived of attention can rest assured that some or other complaint will come our way for us to pamper. There are complaints like giddiness, hiccoughs, coughing and, who knows, a dozen or so more.

Our own pre-retirement patients often wonder which diseases or health problems that they had in the past or are suffering from at present are likely to reappear, get worse or cause further problems.

Often we as doctors tend to forget these possibilities:

- high blood pressure may lead to heart failure;
- rheumatic fever in childhood may

later contribute towards heart failure or stroke;

- chronic bronchitis may be accompanied by emphysema;
- diabetes can lead to impaired vision;
- recurrent urinary tract infections may result in permanent kidney damage;
- an overactive thyroid can lead to heart problems.

One would be foolish to ignore the "hidden pathology of retirement". We are so well aware of the many theories and schools in cancer aetiology.

Prof Strachan, one of the greatest teachers of Pathology we have ever had in this country, once made the observation that unhappiness is often present in patients in whom cancer is finally diagnosed. Even before symptoms appear they become not so much depressive, as that they feel unhappy for no obvious reason.

Some even go so far as to label cancer as a reaction to losing a battle in life. I met one author who wrote that Napoleon, Ulysses S Grant, Robert A Taft and Hubert Humphrey have had their cancers diagnosed as the reaction to political defeat and the curtailing of their ambitions.

The same author went on to quote from a poem written about 50 years ago by Auden:

*Doctor Thomas sat over his dinner,
Though his wife was waiting to ring,
Rolling his bread into pellets;
Said, 'Cancer's a funny thing,*

*'Nobody knows what the cause is,
Though some pretend they do;
It's like some hidden assassin
Waiting to strike at you.*

*'Childless women get it,
And men when they retire;
It's as if there had to be some outlet
For their foiled creative fire.'....*

(1)

Sir Richard Livingstone once said that one of the great problems of the age is *how to keep the middle-aged young*. In the physical realm medical scientists have done a great deal to solve this problem. Our attention now needs to be given to the even more important question of preserving *intellectual vitality* in good repair.

If we as practitioners can master for ourselves the regimen for preserving this vitality, we can be of great assistance to our patients in an often neglected field which is real promotive health.

Such a regime must be worked out long before we have to, or are forced to retire.

"Success in life consists of getting what you want and being satisfied with it".

(Sir William Osler)

Such inspiring thoughts may be much more beneficial to some of our patients than the prescription of tranquilizers etc.!

According to Dean Inge, the man of fifty has usually come to terms "with the world and the Devil". He is suffering at this stage from "fatty degeneration or sclerosis of the conscience".

This pathology of the conscience of a busy doctor can perhaps be avoided by sitting down in a comfortable chair at the end of a day's work, allowing one's thoughts to encourage independent criticism. This is the key to the dictum "to the thine own self be true".

This is why Robert Louis Stevenson equates a man's good conscience to the flame one has to carry in life and if it is still burning at the winning post "...why, take it how you will, the man's a hero".

Doctors often fail to keep on enjoying their work. May I remind you of Sir Bland Sutton who found the following formula for plentitude of life:

"I divided my life into three parts: in the first I learned my profession, in the second I taught it, in the third I enjoy it".

The proper use of leisure time is a must in our pre-retirement plan, even if there are people who seem to be a little bit "envious" about the doctors' hobbies.

Pre-retirement planning

During the last stretch before retirement you must begin to free yourself from your commitments and your work and to those dependent on you at work.

You must also think about the possibility of severing what may be long links with a particular hospital, societies, many of your patients, colleagues and others.

This period is also an opportunity even for a medical doctor to consider various conditions that may be treated more easily before retirement when circumstances may be more difficult. Treatment could vary from minor to major surgery.

It is also important to prepare for loss. To condition oneself for the possible loss of a loved one in the future. Your partner in life is also ageing and may already be as fragile as porcelain.

You may also have to free yourself of a variety of responsibilities.

It is as well to bid farewell to certain life-styles which up till now you have had good excuse to pursue. Stopping smoking can delay or perhaps prevent respiratory pathology.

Overweight becomes a greater risk factor as one grows older and thus a change in eating habits must be considered.

You should also plan an explanation for the bottle store owner who may think you have stopped supporting him as a result of his service. Explain that it is for health reasons that you will not be seeing him as frequently in the future. Drink less and enjoy it more!

"The surest way to be happy is to get so busy that you have no time to be unhappy".

(Lord Dewar)

It is logical that even we should have a personal programme. I am doubtful if one out of seven doctors obey the so-called Seven Health Commandments:

- to have eight hours sleep per night
- to drink seven glasses of water per day
- to take alcohol with caution
- to exercise regularly
- not to smoke
- to have healthy eating habits
- to keep your mind and memory active

It is also advisable to apply some of the advice we readily give to our patients:

"It is important to have regular tetanus immunisations every three years and, when necessary, to have influenza injections at the beginning of winter."

"Regular medical check-ups are of increasing importance and if you transfer to a new doctor or hospital, remember to take along your previous records."

*"Grow old along with me!
The best is yet to be..."*

(Robert Browning)

"You must seek out specific information regarding particular health problems. Pay attention to preventing accidents in and around the home and also take care in the kitchen to avoid food poisoning, unhygienic conditions and spread of disease."

"It is advisable to learn a little more about first aid and treatment of minor ailments. This is very handy for yourself and your spouse."

It has been said that the human body can lose a lung, a kidney, half stomach, several feet of intestine, four-fifths of the pancreas, three-quarters of the liver and two pints of blood and still function normally.

But all normal functioning ends when you lose your interest, your grip on life, your goal in life. Some of us get disillusioned, already during the formative years: "Being a doctor wasn't a bit like I'd thought it would be".

It is therefore obvious that we must work out a strategy — a life-long one, from enthusiasm to resignation!

However, we must remain realistic. Vedder et al made the observation: "if you are between the ages of 40 and 60 and have a chronic feeling that things are closing in on you, you probably are right".

His reasoning is that middle-agers have to do most of the "brain-racking, decision-making, tax-paying, civic-improving, meeting-attending, office-holding etc."

Middle-agers are continuously warned to take it more easy, to exercise more, to eat less; but at the same time their telephones are constantly ringing with demands.

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Retirement financing strategies

One of the most attractive alternative options is to have a regular savings plan with a mutual fund.

Depending on your tax position, a mutual fund savings plan started now is likely to outperform an RA scheme, even after allowing for different tax treatment, over a period of plus/minus 20 years.

The explanation for this is that the capital growth of mutual fund units has exceeded that of even the best RA funds by a wide margin over the past ten years or so, and this trend is likely to continue, because mutual funds don't have to put a high proportion of their capital into dud investments — nonperforming fixed-interest stocks.

Even over periods significantly shorter than 20 years, mutual fund savings plans could be more attractive than RAs because, when you retire, you have all your resources available in cash to invest how you wish, instead of having most of them locked up to provide a pension.

My advice is to continue contributing to your RA the amount to which you are committed by your contract, but not to increase that

amount. Better to pay tax on your income 'surplus' and invest the balance in growth investments such as mutual fund units, shares, property, Kruger rands or collectables.

As you have probably read in the newspapers, the Bill that would have brought the protected annuity system into effect was withdrawn in November because of resistance by Black workers to some of its other provisions.

The concept seems to have been sufficiently accepted for it to be introduced as part of a revised Bill within the next two or three years.

If your retirement date is ten or more years away, I think you would be wise to assume that you will never see the full one-third of your RA benefits in the form of a lump sum, as you have been counting on, but a lesser proportion ... and plan accordingly.

The first principle of your alternative planning should be to swallow your medicine and pay full tax. At least you are then free to invest the balance in any way you want, without the many restrictions and limitations of an RA contract, and in in-

vestments likely to provide major tax benefits as well as high rates of return. □

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We as doctors know that the solution lies not in special foods and extra-powerful vitamins. The solution is a PLAN based on an exciting and challenging idea.

You're younger than you think

Ten or thirty years ago you were preparing for the role you play in medicine today. Are you preparing now for the role you will play ten or twenty or thirty years from now?

You cannot start fishing or collecting stamps or restoring furniture and old motor cars or investing your savings in the stock exchange the day after you retire.

Now is the time to make interest and participation in all phases of life a settled habit. Now is the time "to learn what is new is to remain ever young!" (Aeschylus).

Many middle-aged doctors feel like failures when they are not failures at all. They have built air castles of success and fame. They may have seen themselves as renowned neurosurgeons, as rich and powerful

surgeons, as reversed professors or microbe hunters swathed in acclaim.

Fortunately we know that the fame that meant so much is in itself no route to happiness; wealth and acclaim have little to do with the inner peace and self-realization. The mature person becomes aware of his own limitations, realistic about the goals he still would like to achieve.

Although we have the assurance of a number of "lekker-af-tree-jöppies" after 60, we as doctors must take note of the tremendous boom in adult education. The people who wish to grow mentally after 50, make use of tape-courses, correspondence courses and are even attending universities etc.

According to Vedder et al they fall into four groups:

A They take courses to make them more valuable in their work and make it possible for them to earn more money;

B this group consists of women (doctors' wives too!) who want new skills in home-making;

C they go in for cultural enjoyments — sculpting, painting etc;

D this group study difficult new subjects like law and foreign languages for mental stimulation and continued growth. Some of them even graduate at 70 and start a second career!

(What about giving the M. Prax. Med-another go at 80!).

I do not have to remind you that additional knowledge and qualifications make you less dependent on the so-called sheltered medical employment!

References

- 1 Susan Sontag: *Illness as Metaphor*. Allen Lane, London, 49, 1978.
- 2 Wedlake, R.: *The Vicious Circle*. Tegnikon, 29, 10 — 12, 1981.
- 3 Vedder, C.B.: *Problems of the Middle-Aged*. Charles C. Thomas, Illinois, U.S.A., 1965.
- 4 Coope, R.: *The Quiet Art*. E. & S. Livingstone, Edinburgh, 1952.