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## The Medical Menopause

**To the editor:** I have often pondered my role as a free-range doctor out there in society, asked for advice by a neighbour, "discovered" at your holiday hotel or during a flight. Now that I am retired this role has new and challenging dimensions. There is such a big difference between the protected territory of our professional lives, playing one-to-one with home ground advantage to the tune of our own agendas, and playing away in the open market of sitting-rooms and dinner tables, always outnumbered, just one voice among many. Although one inner voice says: Keep a very low profile, do not get involved, another ego-stroking voice says: Why **waste** all your hard won **experience** (what does that time-honoured word really mean?!).

Nowadays, out there, I listen to complicated stories, wide-ranging health beliefs, sorry accounts of health care manifestly gone wrong, inappropriate management, over-investigation, media-generated rumours and misunderstood statistics. Latter day issues such as patient-centred caring, communicating of benefit and risk, properly informed consent and shared management planning have only sensitised me the more to this social aspect of my life as a doctor.

How do I rise to this challenge? You sit there, with all your years of usefulness (at least that's how it

feels); you're sitting at the real coal face, where beliefs are delivered with all the confidence that consulting rooms destroy, where symptoms are described in the detail hitherto never granted. Is this not the time *par excellence*, and here the wider audience, for me to contribute to peoples' understandings and, above all, to influence behaviour – surely the holiest grail of health care? Yet, when I do try to make a constructive contribution (as the kind of information umpire I would like to be) only a momentary glance may be thrown my way, only the odd eyebrow may rise. How incidental they can make you feel! I saw in the BMJ that one hundred years ago "the public will never allow the doctor to divest himself of his professional character."<sup>1</sup> It's not like that anymore. Instead I am handicapped by discreditable images of our profession - too busy to listen, making mistakes and lacking the common touch.

Are these not opportunities more promising than the ten minute consultation? But oh! the skills and the style this new game needs! For, in this market place of give-and-take, these butterfly conversations, this landscape of alternatives and herbals, I want to communicate risks and benefits because I think they are basic to modern, shared decision making; I want to temper ill-directed internet enthusiasm. But I need refined skills of communication like never before.

My friends, as you prepare for life after your medical menopause, take Courage (as that brand of English beer advertised itself)! These are the very opportunities to contribute to the public health that you have for so long been urged, with such unlikelihood, to find time and skills for. Are we not, we the retirees, a new cadre of health worker – a commando, out there, skirmishing for our embattled colleagues who are still in their laager! Out of the frying pan into the fire, this should be part of retirement planning. I am getting dangerously low on CPD points – please rather register me in this new speciality of social medicine!

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## Reference

1. One hundred years ago. The doctor in his social aspect ( BMJ 1904;1:38). BMJ 2004;328:18.