

The Aging Surgeon

Implications for the Workforce, the Surgeon, and the Patient



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KEYWORDS

• Surgeon • Aging • Retirement • Outcomes

KEY POINTS

- The surgical workforce is aging. Nearly one-third of currently active surgeons are older than 55 years.
- Surgeons undergo the same age-related decline in neurocognitive, sensory, and neuromuscular function as the remainder of society; however, this decline may have a negative impact on patient care.
- The complexity of surgical practice and the surgical literature is expanding at an exponential rate. However, the physiologic impairments associated with aging limit the aging surgeon's ability to keep up. As a result, older surgeons frequently have a knowledge deficit and do not fully adhere to modern standards of care.
- Although greater experience might be considered a benefit, an evolving body of literature shows that there is an inverse and paradoxical relationship between greater experience and quality patient outcomes.

According to the US Department of Health and Human Services, the expected lifespan of a baby born in 2010 is 78.7 years, and this life expectancy is anticipated to continue to increase.¹ Not only will the surgeon of the future care for a greater number of elderly patients, the number of elder surgeons will also increase. Surgeons are not immune to the age-related deterioration of neurocognitive, sensory, and motor functions. Likewise, medical and psychiatric conditions common in the elderly also impact aging surgeons. Although greater clinical experience may benefit patients, these age-related physiologic changes may also paradoxically result in poor patient outcomes. Because aging surgeons are reluctant to abandon their career, alternative pathways to contribute need to be considered.²

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THE AGING OF THE SURGICAL WORKFORCE

The surgical workforce is aging. According to the American Medical Association, 18% of practicing physicians are older than 65 years.³ It is estimated that in the United States, nearly one-third of surgeons currently in practice are older than 55 years.⁴ This same trend also being seen in other countries. In Australia, the average age of a surgeon is 52 years with 19% of active surgeons being 65 years or older.⁵ Not only are surgeons aging, they are doing so at an exponential rate, with the number of Australian surgeons age 65 years and older increasing by 11% between 2011 and 2012.⁶ Complicating matters further, the age at which surgeons retire is also increasing.⁷ The larger number of nontraditional medical students, increasing duration of residency training (ie, orthopedic surgery), and the exponential increase in fellowship training means those just entering practice are starting at an age much older than those in previous generations.⁸

The graying of the surgical work force is affecting different patient populations more than others. Using data from the 2009 American Medical Association Physician Masterfile and the American Board of Medical Specialties, Walker and colleagues⁴ studied 137,426 surgeons. They found that the specialties of urology and thoracic surgery had the oldest surgeons, with median ages of 52 and 51 years, respectively. Orthopedic, ophthalmic, and plastic surgeons all had a median age of 50 years or older, with 34% to 37% of surgeons older than 55 years. Across all subspecialties, rural surgeons are significantly older compared with their urban counterparts. Geographically, the Midwest has the lowest percentage of surgeons older than 55 years (32%), whereas the West has the highest proportion of older surgeons (35%).⁴

US medical schools have also experienced the impact of aging. In 1967, the average faculty age was 41.7 years; this increased to 44.7 years in 1987 and then 48.5 years in 2007. The percentage of all faculty members older than 55 years was 9% in 1967, 19% in 1987, and 29% in 2007.⁹ Between 1967 and 2007, there has been a 7-fold increase in the number of US medical school faculty; however, the starting faculty members are significantly older. As a result, the recruited faculty may not be young enough to offset the overall aging of the retained faculty.⁹ The rate of attrition for full professors, who would logically be older, is much slower than that seen for younger assistant and associate professors.¹⁰ Most National Institutes of Health-funded research occurs at medical schools; in parallel with the aging of medical school faculty, the age distribution of National Institutes of Health principal investigators is also increasing. In 1980, less than 1% of principal investigators were older than 65 years but in 2012 that number had increased to 7%.¹¹

SURGEONS AND RETIREMENT

The issue of when to transition from practice to retirement is not unique to surgeons. However, the physical and cognitive demands of surgical procedures and perioperative care make the timely retirement of an aging surgeon a public health concern. In the United States, mandated retirement on the grounds of age alone is illegal based on the Age Discrimination in Employment Act of 1967. Additionally, mandatory retirement based on age does not fit well with the universally accepted understanding that onset of cognitive or physical decline is a physiologic process occurring in different individuals at different rates, not a light switch that turns off at a specific age. In contrast, in the commercial airline industry, commercial pilots face mandatory retirement at 60 years of age; similarly, the retirement age of British Surgeons is 65 years from institutional practice and 70 years from private practice.¹²

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