



# The Aging Neurosurgeon: When Is Enough, Enough? Attitudes Toward Ceasing Practice and Testing in Late Career

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## Abstract

**Objective:** To present the first wide-scale survey to assess perceptions of testing the aging neurosurgeon. **Patients and Methods:** This study included 4899 neurosurgeons, 2435 American Board of Neurological Surgery Diplomates participating in Maintenance of Certification (MOC), 1440 Diplomates certified before 1999 (grandfathered), and 1024 retired Diplomates. We developed an online confidential survey conducted from March 1, 2016, to May 31, 2016. We received 1449 responses overall (30% response rate). **Results:** Most respondents (938; 65%) were aged 50 years and older. Overall, most respondents (718; 50%) believe that the aging neurosurgeon (65 years and older) should undergo additional testing, including cognitive assessment or a review of cases, in addition to a standard (MOC) examination. Nine hundred fifty-six (67%) respondents believed that there should be no absolute age cutoff at which neurosurgical practice is forced to end. Six hundred six (42%) respondents believed that MOC should be tailored to accommodate the aging neurosurgeon. Most respondents (766; 59%) believed that MOC should consist of a review individual case logs and patient outcomes for the aging neurosurgeon. **Conclusion:** Appropriately assessing the aging neurosurgeon is important to protect patient safety and also maximize the capacity of an aging neurosurgical workforce. This first of its kind survey of neurosurgeon diplomates of the American Board of Neurological Surgery provides important information as to what mechanisms can be created to fairly evaluate aging neurosurgeons. Although this is a study of neurosurgeons, the implications of these findings are widely applicable across specialties, and additional research on testing for aging and competency is needed across specialties.

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The topic of aging and its effect on professional careers ranging from flying to politics has garnered much public attention in the lay press. In medicine, it has been the responsibility of licensing boards and of other colleague professionals to help police older physicians who may be dying of advanced age, as manifested by memory deficits, diminished vision, declining technical facility, or physical impairment limiting activity. With more attention by organizations focused on patient safety, the desire for guidelines and processes to be developed within and by the profession has intensified. The American College of Surgeons (ACS) and the American Medical Association have released documents to clarify their stance on the topic.

One challenge is that patients want “experienced” surgeons operating upon themselves

and their family members. With the length of training in the surgical subspecialties (7 years in neurosurgery, not accounting for fellowships), the likelihood that a newly minted neurosurgeon is in his or her 40s is high. The notion of mandatory chronological age cutoffs, whether 65 or another age, seems to limit not only the length of time during which an operating surgeon can practice and help provide access to care but also seems arbitrary, divorced from the context and the particular attributes of the individual. Although some may develop a disease affecting their abilities in young age, it would seem that there might be those in their 70s who remain spry and facile. Thus, firm age cutoffs do not seem appropriate.

According to the American Medical Association, many surgeons continue to practice beyond the “standard” retirement age of 65.<sup>1</sup>

The number of general surgeons in the context of an aging population has been decreasing.<sup>2</sup> Mandatory retirement ages will likely worsen these workforce constraints. The ACS includes a category for surgeons aged 70 years and older who are “actively practicing but no longer required to pay dues” and has 5763 surgeons within this membership bracket. Because approximately 30% of surgeons are designated as a Fellow of the ACS, the number of surgeons older than 70 years is likely closer to 20,000. According to the Association of American Medical Colleges, more than 40% of the 800,000 actively practicing physicians in the United States were at least 55 years of age in 2010. The surgical specialties with the most substantial numbers of practitioners aged 55 years and older were thoracic surgery (51.6%), orthopedic surgery (49.7%), and urology (49.3%).<sup>3-5</sup> Many surgeons surveyed who were older than 65 years and working beyond historical retirement age cited financial and personal reasons for doing so.<sup>6</sup> The ACS has stated that numbers of newly minted surgeons do not keep up with the numbers of retiring surgeons.<sup>7</sup>

It is assumed that the aging process diminishes technical skills and clinical judgment.<sup>8</sup> One study discovered that for physicians who had graduated 40 years ago from medical school, the rate of disciplinary action was 6.6%; the rate was only 1.3% for physicians who had graduated 10 years ago.<sup>9</sup> The explanation for this was that newer physicians tended to be better versed in the current clinical practice standards as compared with more senior physicians. The Age Discrimination in Employment Act of 1967 prevents forced retirement based on age. This law is enforced by US Department of Justice’s Equal Employment Opportunity Commission. The United States Congress has approved mandatory retirement ages for several professions citing the effect on public safety, including commercial airline pilots (65 years), National Park Rangers (57 years), Federal Bureau of Investigation agents (57 years), air traffic controllers (56 years), and lighthouse operators (55 years).<sup>5</sup> Some would argue that medicine is different. The rate of cognitive and physical decline that affects the practice of medicine varies among individuals. For example, 1 study exploring aging physicians and cognitive

processing found that “one of the more robust findings in aging research is that the variability across the scores individuals receive tends to increase with age.”<sup>10</sup> Further, only 7 of 108 senior surgeons performed markedly below younger surgeons on more than 1 of the 3 skill tests used by another.<sup>11</sup> The authors of this study concluded that “age alone is not a sufficient predictor of cognitive performance.” Some have also stated that there are potentially addressable causes of poor performance, including medication adverse effects, depression, and vision issues that should not be confused with normal aging.<sup>11</sup>

Can the detrimental effects of aging on surgical capabilities be tested? This question does not solely revolve around age, as the question of how skills can be assessed throughout the continuum of a career of an operating surgeon is important for academic testing boards. Several institutions offer cognitive assessments for older faculty, but there are no studies to date of physician cognitive function in relation to performance.<sup>12</sup> Surveys of surgeons suggest a lack of consensus on a mandatory retirement age.<sup>13</sup> Surgeons nearing retirement cite “having a sense of value” and “satisfaction during clinical practice” as reasons why continued practice is desirable.<sup>14</sup> Some surgeons also note a lack of nonsurgical interests and a paucity of retirement planning as reasons to continue beyond retirement age.<sup>11</sup>

In the present study, we surveyed all American Board of Neurological Surgery (ABNS) Diplomates on their perceptions for mandatory age cutoffs, whether additional testing should be required of the aging neurosurgeon, and if so, what types of testing would be optimal to assess the aging neurosurgeon.

## PATIENTS AND METHODS

A focus group involving clinicians, the Board Directors of the ABNS, and psychometric trained staff developed a 29-question multiple choice and free response survey deployed through the online tool SurveyMonkey. This survey did not collect any personally identifying information, and the answers were anonymous and confidential. A sample size analysis at a 99% confidence level with a 3% margin of error yielded a minimum number of respondents of 1343. We assessed content validity by vetting each survey question through

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