

IS THERE AN END-POINT TO AN ORTHOPAEDIC SURGERY CAREER?

The practice of medicine can seemingly be carried out over one's entire adult lifetime. As a result the common man's perception, and presumably that of medical doctors too, is that doctors do not really retire. There are records of doctor's who have practiced medicine well past their eighties like the prominent cardiovascular surgeon, Michael DeBakey, enjoying a productive and fulfilling career (1,2). Physicians who have been in public/government practice easily transition to or continue to be active in private practice, providing much needed clinical care. Surgeons have been known to say "I will die standing with the surgical knife in my hand". This is akin to the farmer and business owner who continues to take care of his farm/business for the whole of his life; and is a demonstration of the passion that surgeons have for the work they do. Granted, a successful, well executed, surgical procedure is a gratifying and thrilling experience. This may be similar to physical exercise, which is mildly addictive, probably due to release of endorphins or endocannabinoids (3-5).

However, not all surgeons follow the above course in their careers. Early voluntary termination of a surgical career may occur due to a change in interest or priorities. Clearly, only a minority of applicants comprehensively understand what a doctor's life entails prior to joining medical or surgical training. Female doctors have to make tough decisions when caught in between the demands of a young family and those of the profession. Many have tempered their practices to accommodate these demands and others have given up their careers altogether. Perceived more attractive career options have led some into politics, sales, writing, real estate, administration and large scale farming. This may be related to subtle or overt dissatisfaction with the surgical career choice. A specific event or experience, usually at the workplace, can be a significant demotivator, precipitating an adverse decision, thus becoming the last straw that breaks the camel's back (6).

For most orthopaedic surgeons, their careers are long, spanning several decades. The phases of a career include exploration, establishment, mid-career, late career and decline (7). At mid-career, the surgeon is a "master" in his profession in terms of decision making and surgical proficiency. This stage is marked by significant growth. Strictly speaking, the surgeon's career consists of serial 'micro-terminations' in the sense that every surgeon does a personal appraisal of the

previous case and decides which procedures or steps of a procedure did not give the expected optimum result. The latter are abandoned, thus fine tuning the next procedure and hence ensuring a continuous improvement of results. This in essence embodies experience. However, for some, the mid-career period may be a period of stagnation or early decline. Late-career may be characterized by yester-year ideas, in the face of advances in surgery and new techniques, that the older surgeon cannot humanly keep up with or learn. The final stage of decline is inevitable with diminishing surgical prowess.

Super described five career development stages: growth (age 4 to 13 years), exploration (age 14 to 24 years), establishment (age 24 to 44 years), maintenance (age 45 to 65 years) and disengagement (over 65 years). These stages of a person's career choice are guided and constrained by various factors such as autonomy/independence, security/stability, technical/functional competence, general managerial competence, entrepreneurial creativity, sense of service/dedication, pure challenge and lifestyle, as discussed by Edgar Schein (8). These career anchors also determine whether the individual continues or ends that professional career.

Late termination usually occurs due to official retirement, disease, old-age-related frailty, death or less commonly, just a feeling of having done enough. Academic departments thrive on a balance between younger faculty bringing in energy, new ideas and excitement; and the older faculty providing experience and reputation (9). It is, therefore, necessary for retirement to occur at some point so as to allow new scholars to come in. Official retirement allows surgeons to leave active academia and it may not be that bad. Physical and social engagement coupled with ability to meet personal needs seems to be key. A life of fun and travel only, post-retirement, does not seem to be consistent with a long post-retirement life. On the contrary, a meaningful approach to life; where a person feels their life is purposeful, as shown by religious communities seems to accord this. Neurologic disorders affecting cognition and manual dexterity can easily sabotage an orthopaedic surgeon's career. Death is the ultimate terminator, of not only the surgical career, but of life itself and has no recourse.

Certainly, there is an end-point to the individual orthopaedic surgeon's career, whether by design

or default. The exact timing of this end-point in life is variable and the factors influencing this decision may be endogenous or exogenous to the surgeon. It is critical for the surgeon to be cognizant of this reality of life.

E.N. Muteti, MMed, FCS, Ortho, PhD, Department of Orthopaedics and Rehabilitation, School of Medicine, Moi University/Moi Teaching and Referral Hospital, P.O. Box 4606 –30100, Eldoret, Kenya. Email: enmuteti@gmail.com

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