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The Graying of Ophthalmology

Ophthalmology is graying. The Academy's biennial membership survey shows the average age of practicing ophthalmologists in the United States has increased by almost three years since 2013, presumably because physicians are working longer. This reflects a broader trend. According to the American Medical Association, the number of physicians 65 years and older has quadrupled since 1975, and nearly 40% of these physicians are actively engaged in patient care.¹

I'm wondering what factors might motivate our older colleagues to continue to work. So I asked Robert Stamper, MD, who was my program chair more than 30 years ago and is now director of the Glaucoma Clinic at the University of California, San Francisco, why he's still working.

Bob replied, "I like what I do. I truly help people, and that provides a satisfaction that can't be replaced. My 90-year-old patient recently lost his vision from glaucoma, but he had four decades of vision under my care. That's a victory against a chronic, progressive disease." Bob also teaches residents and glaucoma fellows, and he loves being around young people who "ask good questions and make me reevaluate my assumptions." He also mentioned the camaraderie of his colleagues: "The ophthalmology department is kind of like a family. They know me, they accept my foibles, and they show up every day." When I asked him about retiring, he noted that he has other interests, especially skiing, hiking, and fly fishing, but none of those are things he'd like to do full time. Right now, he said, "I get to do all those things, and I get to practice ophthalmology. I get to do all the things I love."

While Bob is still doing surgery, he's planning to stop later this year, "while I'm still facile and skilled." Is that necessary? Do surgical skills decline with age?

It's difficult to assess ongoing surgical competence, but several studies have taken a look at the issue. Recently, a population-based cohort study of nearly 500,000 cataract surgeries found that late-career surgeons are performing a significant percentage of cataract procedures (28.6%) with low adverse event rates. Importantly, complication rates were similar when mid-career surgeons were compared to late-career surgeons.²

Outside of ophthalmology, several years ago, at the annual

meeting of the American College of Surgeons, attendees were given computerized cognitive tasks that measured three functions: reaction time, visual learning, and visual sustained attention and memory. Practicing surgeons aged 60 to 64 scored well compared to younger surgeons aged 45 to 59, with no senior surgeon performing below the younger surgeons on all three tasks.³

But measuring cognitive skills on a computer is not surgery. Mark Daily, MD, a respected retina surgeon and the most senior ophthalmologist in our practice, pointed out that ophthalmic surgeons consistently self-assess regarding their surgical skills—and that the best time to retire from surgery varies greatly among individuals. "The right time to stop surgery is when you are still doing superb work," he said. "Don't wait for your colleagues to tell you it's time or wait for a bad outcome to occur; make the decision yourself."

Like Bob and Mark, many ophthalmologists will be able to work well into their Medicare years because they love what they do and are still good at it. And Bob cited another—and somewhat intangible—benefit of keeping our senior ophthalmologists in the workplace: "They add gravitas." He said, "Our most experienced physicians provide perspective for young and mid-career physicians, especially when a case is unusual. They also can give wise career advice." As it turns out, wisdom and experience can benefit patients and younger colleagues alike.



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1 Competency and retirement: Evaluating the senior physician. Chicago: American Medical Association; June 23, 2015. www.ama-assn.org/practice-management/physician-diversity/competency-and-retirement-evaluating-senior-physician. Accessed Feb. 22, 2019.

2 Campbell RJ et al. *JAMA Ophthalmol.* 2019;137(1):58-64.

3 Drag LL et al. *J Am Coll Surg.* 2010;211(3):303-307.