

Amar Rughani, with whom I shared a practice for a quarter of a century, writes movingly and perceptively about his own transition from incredibly busy GP into retirement.¹

A feature of getting older is that you have more opinions and are convinced that others want to hear them: I write in this spirit. In truth, I suspect I am not unusual, and trust that my thoughts will find some resonance in others. Whatever, writing it down has helped me come to terms with my own journey into dotage and oblivion.

In many respects the work of a GP has changed unimaginably over the years, even though in an equal number of important respects it has changed not at all. But GPs also change as they get older and approach retirement, and it is these later attributes, opinions, and attitudes which are carried on after work ceases, a sort of ‘peridoctorpause’.

The retirement process might be regarded as characterised by a re-invention of existing mental traits. I want to describe what happened to me as I got nearer to retiring, with the totally unreasonable assumption that others are the same.

CHANGING PRIORITIES

It took me a lot of years to appreciate the importance of care continuity, teamworking, and the consultation-as-therapy. I knew about this stuff because it is in the textbooks, but it had not really sunk in. When I joined the practice, I wanted to be the ‘people’s doctor’, bringing evidence and enthusiasm to create a healthy community, and put my dodderly predecessors to shame. That idea did not last very long.

My predecessors were children of their times, but they were not fools (with only a few exceptions). I wonder if having more time to brood after I went part-time helped with this realisation.

Or perhaps it is just when the clinical material becomes a bit routine that you start looking around for another focus for your attention.



Ed Warren

HISTORY

When you have had time to learn about the patients who come to see you (the ones you deserve) then you get more insight into the way people tick and behave. This may explain the research data about how GP effectiveness improves with experience.² A second historical aspect is watching practice developments unfold, not only because new solutions are constantly being sought (or imposed), but also because you remember the passion and emotional investment that advocates displayed, and also what happened to those initiatives. Since in broad terms the problems don’t change very much, then resentment can ensue — *‘Don’t you think we considered that years ago?’*

SCLEROSIS

Older people tolerate change less. I am compelled by the notion of neuroplasticity here³ — un-remembering old habits and behaviours takes as much effort as learning new ones, so that old people must work harder when confronted with change. There is also a cognitive barrier where you can start thinking that a desire for change implies that what you have done in the past was sub-standard and culpable.

For those ideologically committed to the work, job satisfaction and patient wellbeing merge to the extent that they

become almost identical. Also, it takes a level of altruism rather higher than I can muster to be enthused by a change, with all its attendant unlearning, learning, and teething needs, to secure a benefit which may not be apparent for many years, long after you have retired.

LEGACY

Which of us does not wish to look back on a life well spent? We want to be recalled as clever and talented, and to be remembered fondly by those we have met and interacted with. But when you leave an intensive job, the work rapidly moves on. You were once relevant, but you are not anymore, and that hurts.

I don’t think for a moment that those of us who have recently retired are unusual. Each generation of GPs thinks in the beginning that they are going to change the world. By the end they are equally convinced that their treasured occupation is going to wrack and ruin, and they are probably right. But there are ageing mental processes also going on that make this perception more pertinent.

However wonderful general practice becomes — and I am not holding my breath — anyone leaving the GP trade will have similar feelings. The job moves on, and so do we.

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