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The coming of age of paediatricians: Life after retirement

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Three of us Malaysians woke up early for this Meet the Experts (MTE) session. One did not fit the age bill because she had loads of paediatric years ahead unlike us who were inching to the finishing line. Surprisingly, the more elderly amongst the Malaysian contingent were absent! Either they have plotted their retirement plans well in advance or were not planning to retire until they drop.

The presenter from my calculations was in her mid 70s, was chair of paediatrics in the University of British Columbia. By the way, Vancouver is the next host of IPC 2016. When she took office, five were close to retiring. Three retired angry and were lost in the wilderness. One wrote 35 papers prior to retirement. The fifth, spent his last few months writing a history of the department. This last bit we have been urging the "seniors" in Malaysian paediatrics to pen but to no avail! But we've had some historical gems from the likes of Datuk Sham, Datuk Param et al. By the way "less senior" colleagues, kindly now pen you moments of joy and pain in paediatrics for our MPA archives, lest Alzheimers overtakes you!

Back to the MTE! She actually did a survey of the senior's perspectives of retirement in the North American paediatric fraternity and the response rate from her survey was 30-40%. Way to go seniors!

Three patterns appeared:

1. Like our parents 1/3 chilled out, did travels, played golf and engaged in some form of community work
2. 1/3 used their skills to undertake other forms of works eg consultation to businesses
3. 1/3 kept active work in academia, doing rounds etc though not being paid

The rule of 10 probably applies:

10 years to acquire training

10 years to establish oneself in the fraternity

10 years to engage fully in the professional community, national, regional and international

10 years mentoring

10 years winding down, shifting gears to pursue ones heart's desire!

Apart from doing the 50 things before one turns 50, a 50 something paediatrician needs to begin to plan for the next 30-40 years! So guys who survived WW2 and the baby boomers generation needs to begin to pause and reflect! Quite obviously our lady paed in the MTE was precocious!

A few reminders worth noting in your retirement plans. Stay healthy – unlike the young paediatrician who took the escalator, take the stairs! In DSH, the senior paediatricians only do lifts when a bone is broken or excess uric acid deposits in the joints. At the Melbourne Convention Centre it was like 1,000 steps!

An active social life amongst family, friends and the fraternity is crucial for normality, sanity, rationality and slows the progression of aging and dementia. It is important to maintain contact with your previous institution of work or paediatric fraternity (MPA Ia). Many when surveyed enjoyed doing pro bono work in their faculties. Teaching, doing clinical rounds, mentoring, helping with research networks, editing scripts being their second love (for one senior it is jaga kambing). Present Chairs/Deans/HODs only require to provide them/us with office space, access to computers, libraries and the ward and they/we are ready to do national service pro bono. Rehiring certainly helps with economic add-ons, but more importantly a big plus for clinical teaching, mentoring and rewards loyalty to the department. Seniors notably the post WW2 genre, with hierarchical work mindset needs to realise they are up with probably 4 generations of clinical colleagues. Gen X and Y have work ethics which contrasts sharply with survivors of the Japanese occupation and it would be tough coping with their set of working values. Stay cool and put up with them because they are our future and we have to mentor our future.

Stay hip with your progeny by acquiring new technologies (No! grandma it's the F3 button Ia). Unlike one of my oncology colleagues, I'd have to begin to consider a change of my lifestyle wardrobe. Consider up-scaling your contribution to the community as you have done in your professional career because paediatricians are by definition advocates and champions of others- since many have tasted the joy and sweetness of giving and service before self.

The sisterhood is already dominating the paediatric landscape. In North America it is somewhere between 58-70% monopoly of the paediatric specialty. In the allergy symposium, which was oversubscribed and had to be relocated to the plenary hall, all three presenters were lady professors. More women, working fewer hours (but spend 30% more time with patients than their male peers) , many opting for part time employment and often retiring younger would similarly colour Malaysian paediatrics.

Seniors love attending conferences. Especially the likes of IPC where there is relatively little in the way of hard core paediatrics and more in the form of social paediatrics, international child health, advocacy and championing themes, networking and of course the camaraderie. For me it was a break from being burnt out in the NICU. Simply disappear and delegate the 450gm 22 weeker twins to the young, energetic and enthusiastic 30 something neonatologist- heavenly! Sort of short sabbatical to block out routines, to stop and think and reflect on the here and hereafter.

God bless our seniors and our "less seniors" wherever you may be and to the former may you all live happily ever after ... except for the aging!

PS Recommended reading- Aging Well. Vaillant GE. Little Brown & Company. 2002