Knowing our "best before date": Developing an exit plan

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The CUA exists to promote the highest standard of urologic care for Canadians and to advance the art and science of urology.

As I contemplate stepping down from the presidency of our association, I feel like I am now looking at my end game, wondering who or what I will become. At about the same time as I will be finishing up my stint as Past President of the Canadian Urological Association (handing over the reins in Halifax, June 2018), I will be crossing the line into the grey zone of my urological career. I will be joining the 18% (2015 Royal College statistics) of my fellow licensed urologists who are 65 years or older. For the past decade, I have observed with great interest as my older colleagues have held on (sometimes desperately and occasionally by their fingertips) to their active practice, as if their life depended on it (and I suppose for many, they really believed that to be true). I told myself I was not going to be one of those older surgeons, daily trying to convince myself, my colleagues, my hospital, and my patients that my experience more than made up for the inevitable age-related cognitive and surgical skill deteriorations. But I, personally, am ready for my future. I have something most of my older colleagues did not. I have an exit plan.

My observations have indicated that there are four ways to leave the profession: 1) throw your office keys on the desk, close the door without looking back, and start writing a new chapter in your life; 2) strategically reduce your workload, perhaps discontinuing or slowing down overnight call, clinic, and operating room schedule, along with a change in mix of complicated cases, and depart gradually at your own pace; 3) be forced out by your colleagues, the hospital, or ill health; and 4) die on the job. I chose (2), and I can tell you that I am professionally content (my biggest worry) and certainly happier than many of my colleagues who have followed the other three alternatives. The key to (2) (slow down option) is to park your ego (a few more cystectomies after 30 plus years of cystectomies will not complete you), cease the endless billing game (the end-of-career high-billers never seem to be happy), and develop interests, hobbies, and friends outside the urology bubble.

Being indispensible should not be an argument to hang on beyond our "best before date." We are not essential cogs in the medical wheel (as we would like to believe) and the gap from our immediate departure will be filled within weeks and forgotten within months. There is an altruistic reason to choose options (1) or (2). We are training more urologists than we presently need and if the older generation decides to not let go, we will be creating great disservice and harm to the younger generation of urologists and ultimately our profession. We need to celebrate our time as urologists and not fall prey to our fear of letting others take over. Remember that we were at the height of our abilities and potential from our 30s to our 50s. We should depart our profession with pride and on our terms. We should all have an exit plan. Mine will gradually take place from 2017–2021. See you on the grey side!