Physicians' dignified retirement

Enrique Wolpert-Barraza,^{1*} Alejandro Alfonso-Díaz,² Juan Felipe Sánchez-Marle,³
Laura Elena Jáuregui-Camargo⁴ and Francisco Moreno⁴

¹Chief of Staff Director's Office; ²General Director; ³Surgery Division; ⁴Internal Medicine. Centro Médico ABC, Mexico City, Mexico

Abstract

Retirement of physicians from their professional activity is a subject of global interest. In Mexico, there is no official regulation that determines the age at which physicians should retire from their profession as in other countries. This symposium presents the measures implemented at the ABC Medical Center in recent years about physicians' retirement, with the establishment of a committee. This has been achieved in part also with the creation of group medical practices that integrate doctors in their different specialties, whose interest among other aspects of individual and collective interest, is the establishment of a retirement fund.

KEY WORDS: Self-esteem. Dignity. Retirement.

El retiro digno del médico

Resumen

El retiro del médico de su actividad profesional es un tema de interés global. En México no existe una regulación oficial que determine la edad a la que el médico debe retirarse de su profesión como sucede en otros países. En este simposio se presentan las medidas realizadas en el Centro Médico ABC en los últimos años en lo que al retiro médico se refiere, con el establecimiento de un comité. Lo anterior se ha logrado en parte también con la creación de prácticas médicas grupales que integran a los médicos en sus distintas especialidades, cuya intención, entre otros aspectos de interés individual y colectivo, es el establecimiento de un fondo para el retiro.

PALABRAS CLAVE: Autoestima. Dignidad. Jubilación.

Introduction

Retirement of physicians from professional activity is a subject of global interest. In Mexico there is no official regulation that determines the age at which doctors must retire from his profession, as it occurs in other countries. The Mexican Institute of Social Security, for example, in its Collective Bargaining Agreement states:

Workers with 30 years of service at the Institute, without age limit, who wish to retire, may do so with the maximum amount granted by the System. Female workers with 27 years of service will have three extra years accounted for retirement purposes.

In the Mexican Army, physicians' retirement is not only based on age but also on the military rank that has been reached, however, once retired from the army, physicians can continue practicing privately.

Correspondence:

*Enrique Wolpert-Barraza
E-mail: ewolpertb@abchospital.com

Date of reception: 18-09-2019

Date of acceptance: 30-09-2019

DOI: 10.24875/GMM.M20000372

Gac Med Mex. 2019;155:603-610

Contents available at PubMed

www.gacetamedicademexico.com

0016-3813/© 2019 Academia Nacional de Medicina de México, A.C.. Published by Permanyer. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

In the following works, we will describe the actions carried out by ABC Medical Center in recent years with the establishment of a committee for physicians' retirement. We have made sure that doctors, right from the start of their professional practice in the institution, consider the possibility of dedicating part of their income to retirement so that, when it arrives, it can happen with the same dignity. This has been achieved in part also with the creation of group medical practices that integrate doctors in the different specialties they practice and where, among other aspects of individual and collective interest, there is the establishment of a retirement fund.

In Mexico there are several articles on the subject, with Rafael Muñoz Kapellman publications standing out, with reflections like the following:

Surgery is science and art, which demands from the surgeon to have very special and well defined characteristics, such as vocation, character, intelligence, courage, audacity, judgment, determination, manual dexterity, physical strength, and love for learning, as well as very solid moral and ethical bases.

Muñoz also mentions:

[... in general terms, it is reasonable to assume that most surgeons' plenitude endures until 65 years of age and subsequently, and depending on the moment of each particular case, a progressive and persistent decrease of mental and physical faculties will inexorably begin, in a process that is impossible to avoid.

In the first 2018 issue of *Anales Médicos de la Asociación Médica del Centro Médico ABC*, Octavio Ruiz Speare published an article on why, when and under which conditions should the surgeon retire, where he poses the following questions: how is the surgeon's judgment and skills affected with aging? Is the change the same in all surgeons? It is important the evaluation a surgeon makes of himself, self-assessment and objectively knowing the surgeon's judgment and skills and, of course, the options available to them once they are retired.

In this symposium we present several topics with regard to medical retirement: identification of a real problem at ABC Medical Center, ABC Medical Center Physicians' Retirement Committee, education for the retirement of physicians and advances in planning a dignified retirement for the physicians at ABC Medical Center.

Identification of a real problem at ABC Medical Center

The problem of a dignified retirement is not exclusive to physicians (female and male doctors) or to

Mexico, but a problem that we find in other professionals and, of course, as a common issue among the population; it is generally a symptom of underdevelopment, and therefore it is also suffered by other countries.

Trying to reduce the problem of dignified retirement, either in medicine or any other profession, to an economic issue is a mistake, since it is a multifaceted problem. Once this is accepted, it is important to recognize that the other factors that involve the retirement decision cannot be carried out properly without an economically convenient and timely retirement plan.

I think the problem originates in a lack of culture and acceptance that consists in recognizing that the day will arrive when we will have to close a professional chapter in our lives, and that this inevitable fact, from the professional and personal point of view, both for the individual and for those who surround him or her, is transcendental.

In our early youth we have not been instilled that our productive life will come to an end and that, therefore, we must bear in mind that there will come the moment when we will face the retirement option, and the need to work in order to be prepared for that moment.

It is clear that the problem is generational in the sense that it becomes evident in a specific generation, and not because the previous ones have understood the meaning of a dignified retirement and have worked for it, but because it occurs in the generation that started living beyond the age initially established as the "retirement age" and that was determined in the first half of last century at 65 years of age; in 1950, life expectancy in Mexico was 47 years; 10 years later, in 1960, it barely exceeded 60 years; therefore, the generations of those years were the parents of many of those who today face the retirement decision, who never had to save for retirement because at their homes they never lived with retired people and never had to wonder what kind of activities someone at that stage of life could carry out. Our parents and grandparents, with some exceptions, simply got sick and died before reaching the retirement age.

Today, average life expectancy exceeds 75 years and by 2050 it will reach 80, with it being higher for women than for men.

Among the population that has had access to adequate education and health services, the probability of living up to 90 years is 50 % for those who have been born in this century and for those who have access to high education and health conditions this

Figure 1. Life expectancy in Mexico 2010-2050.

expectancy increases to 105 years (50 %); 100 years ago, this probability was 1 % (Fig. 1).

The above makes the following evident:

- Retirement age cannot continue to be 65 years
- Increasing the retirement age has relevant economic consequences, such as an increase in unemployment rates for younger generations, effects on interest rates, since retired people do not save, etc.
- Existing retirement plans have to be reconsidered on an individual and collective level, since the current ones are insufficient, among other reasons due the high percentage of people participating in informal economy and not contributing money for their retirement and health care in government-managed systems.

ABC Medical Center retirement plan

Over the years, the problem became evident due to the knowledge of some doctors that at a certain age were without financial resources to deal with the decline in their income because of the decrease in patients flow and the lack of a comprehensive protection plan to confront the economic and health care needs for them and their spouses.

One of the actions that were taken in the first years of this century was the creation of the “Doctor Bernardo Tanur” Plan (named after Dr. Bernardo Tanur Tatz, director of ABC medical staff from 2001 to 2007, who promoted the idea), which consists of guaranteeing, with funds from the Medical Center itself and from the Medical Association, that doctors that meet certain age requirements and years of medical practice at ABC have access to medical and hospital services. Although it is a novel and attractive plan, it has certain

limitations and is far from solving the problem of a dignified retirement, since it focuses on the care of doctors in case of illness.

In 2006, ABC decided to create a scheme known as Group Medical Practice, and for that purpose it carried out an analysis of the relationship between doctors and the Medical Center administration and the problems of medical practice in a private medical center.

As a result of this analysis, it was confirmed that, among other aspects to be solved, it was necessary to promote that the members of Group Medical Practice participated in the creation of pension funds as a way of financing the benefits and retirement of participating physicians.

Despite the lack of pension plans for retirement being obvious, the idea of creating funds for the moment of retirement was not received as favorably by an important part of the members of Neurosciences Group Medical Practice, the first one that was formed. Part of this lack of acceptance consisted, on one hand, in the perception that ABC Medical Center was trying to influence on the use and destination of the money earned by doctors and, on the other, in the lack of information on the functioning of these funds, in addition to the mistaken belief that they must be of such an amount that it will allow deduction for income tax payment purposes. Over time, both concerns have been gradually overcome.

A relevant point that Dr. Francisco Moreno has addressed several times with his colleagues and in different forums, is that the economic amount that is dedicated to form the pension fund will not obtain very high financial returns; the reason is simple, any investment that aspires to obtain high returns will be subject to high risk, a universal rule in financial matters: the

higher the yield, the greater the risk. The pension fund must obtain a return that guarantees the purchasing value over time but that does not put at risk the capital that is progressively accumulating; it is capital that is invested in the long term for the years in which we will not obtain an important income for the professional activity we will have and, therefore, at low risk, there will be low yield.

The above does not mean that we are inept in the management of our funds, but that the amount we dedicate to save for our retirement should be handled with a prudential and intelligent criterion, so that it protects us when we retire; the amount that is dedicated will be subject to various factors such as the income that is perceived during our productive lives, the number of years we estimate to be productive and our life expectancy, among others, but never depending on the amounts that the laws in matter of taxes that the Ministry of Finance and Public Credit allows us to deduct.

ABC Medical Center physicians' retirement committee

The increase in human beings' longevity has made certain evaluations of individuals' performance necessary in order to determine if they continue to be apt in the development of their professional activities. In medicine, this assessment must be very careful.

At ABC Medical Center, a SWOT-type workshop was carried out during 2010 for the development of a planning for the retirement of doctors.

As a strategy to resolve this weakness, the formation of a Committee for Retirement Planning was determined, chaired by Dr. Juan Felipe Sánchez Marle and with the participation of seven other doctors, who covered ages from the fourth to the eighth decade of life, as well as different medical and surgical specialties with interest in the subject.

The Committee met monthly to investigate, first, backgrounds related to the problem. In the national literature, an article was found, written in 1998 by Dr. Muñoz Kapellmann, as well as a symposium at the National Academy of Medicine coordinated by Dr. Fajardo Dolci in September of 2011, with the title "Medical Retirement". It was established that in health institutions there was no specific age to mandatorily retire, except in the Military Health Service. In private medicine there is no regulation, only the doctor's consciousness and the results of his/her professional performance, when the hospital where he/she serves records them adequately.

In the United States, the issue is highly topical. The American College of Surgeons has established that a precise age for physicians' retirement cannot be specified, due to aptitude variables of individuals even of the same age. Periodic evaluations of doctors were found to likely be the best method to determine their current skills. This method showed that the older the age, the lower the possibility of preserving faculties at optimal state, which suggested that the frequency of these evaluations will increase as age advances.

With the background of not being able to establish an age for retirement and with the need for periodic evaluations to the medical staff, the following objectives were proposed for the Committee:

1. Proposing plans for retirement among doctors newly entering the ABC medical staff.
2. Spreading the culture of retirement among doctors of the ABC medical staff.
3. Establishing the standards to which the periodic evaluations will adhere in order to establish the medical-surgical privileges that doctors can use at the Medical Center facilities
4. Informing the Medical Competence Committee on the evaluation results.

The decision to retire from medicine is personal, based on a self-criticism of one's own professional practice, but influenced by the desire to continue practicing the profession, by not having planned retirement and because medical practice is the only or the main source of income.

Young doctors are initiated in the culture of retirement. They must think and plan at that stage of life. When mentioning the subject, many times older doctors get upset because they realize that the time is arriving and they did not prepare for it. Emotional and economic limitations in some can hinder their decisions about their medical practice, jeopardizing their prestige and increasing the possibilities of legal problems and risks for their patients and the institution they serve at. Only periodic evaluations by the hospital where they work will regulate their capacity to successfully practice their profession.

The hospitals where doctors serve have the capacity to assess them in three areas. We have left the task in the hands of the medical specialty councils. Doctors must be certified and punctually recertified. Assessing the psychomotor sphere in the simulator lab has been proposed and it will be adapted to the medical specialty to be examined. Finally, the affective sphere is assessed as a result of interpersonal relationships, complaints, complications, lawsuits and, more recently, work volumes.

Education for the physician's retirement

In my opinion, doctors, engineers, architects, pilots and lawyers must take the decision on the right moment to retire very seriously since, unlike other professions (artists, athletes, chefs), we are committed to protect the most precious values of human beings: health, life and freedom.

For the physician, retirement from professional practice is as certain as death for that who is born. Retirement and death are issues that are frequently avoided for considering them painful and distant. However, deep knowledge on the retirement stage allows changing that bleak perspective and turn it into an even desirable goal. It is education on retirement that will allow us to plan that stage with the same enthusiasm we plan a big trip, a sports challenge or the organization of our first office or clinic with.

I must admit that I first thought of my retirement when leaving a movie theater, after having watched the movie *The Bucket List*, with Jack Nicholson and Morgan Freeman; both characters, senior citizens, are in a "forced retirement" for suffering from a terminal illness and then they decide to do what they always wanted and had not been able to accomplish.

I was approaching 40 and had managed to complete my first bucket list—says Dr. Francisco Moreno—a very satisfactory academic career, a growing professional activity, a beautiful family and I was building a patrimony; however, I panicked when realized that what would follow in my life would be very boring if I just concentrated on preserving that which hitherto I had accomplished, and the feeling was even worse when I realized that little of all that would accompany me until the end of my life. All that I learned then would stop being valid, my professional activity would be overtaken by younger colleagues and my daughters would grow up; it was then when I decided to make a new list and start preparations for accomplishing it.

Creating awareness

A few years ago, Dr. Sánchez Marle invited me to be part of the newly created Committee for Medical Retirement Planning at ABC Medical Center, from where he directed us to study the issue within our institution and allowed us, taking into account that which is done in other institutions and professions, making a decisive approach to implant it little by little among our colleagues.

This approach included a first survey, which looked into the impact the subject had among our peers, the level of knowledge on the subject and the planning they had to face it. With those results we set out as a first step to spread the subject, we published articles, presentations were made in different forums within the hospital, such as the general session, the medical association session and in the Medical Society Annual Congress. In addition, giving a talk during the induction course that is imparted to all doctors who are newly admitted to our institution was instituted.

In this first step, the main goal was to "talk about the undesirable topic", creating awareness of its irremediable existence, of the need to accept reality and prepare for it.

Posing scenarios

In a second stage, we analyzed the different scenarios a physician "retires" in. There are those who retire when they die or those who are retired by a disease; we know of cases where a medical error resulted in having their license revoked or those who start "losing prestige". The intention of recognizing these gloomy scenarios is to avoid them; no colleague deserves to end like that after have sacrificed so much sleep, family and friendship time for years.

This drove us to visualize the possible scenarios for a dignified retirement for physicians and thus plan the preparation that is required to achieve it. The ideal scenario is, undoubtedly, voluntary retirement, that we arrived at by our own choice, retaining our reputation and appreciation of patients and peers; in this scenario we can take advantage of our knowledge and experience and have the time to teach, to write, to give conferences and advise doctors in training. If the financial situation merits it, the creation of work groups, formed by doctors of the same specialty, allows young doctors to contribute current knowledge and older doctors to teach the acquired experience, while sharing the economic income generated among all. In this scenario, dignified retirement of older physicians is also favored.

Definitely, the best scenario is that which allows to be in an optimal physical and emotional situation that guarantees enjoying the family and social environment without being distressed for the economic sustenance.

Knowing "retirement"

Educating for retirement forces us to understand each part that makes it up. With a longer life

expectancy, we will surely be able to live several years in retirement. In order for it to be pleasant for the doctor and his/her family we must try to preserve four fundamental aspects: physical health, emotional health, financial health and social health.

Education in these aspects should start in medical school; however, throughout that entire stage of training (and even worse during the medical residence programs) is when we most act against our physical and emotional health, neglect family and friends and lack a sufficient income that allows an economically stable situation.

The ABC Medical Center encourages the preservation of these aspects ensuring good nutrition for its doctors and nurses, periodically checking the menus served at the restaurant, promotes the practice of exercise in gyms within the campus, organizes sports events such as races and 5 and 10 km walks, golf tournaments and weekly cultural sessions to favor emotional and social balance. Finally, Dr. Francisco Moreno, current chairman of the Retirement Committee, managed for all interested associates to have access to a financial education course and created, within a prestigious firm, a retirement savings fund that all associates have access to and good returns.

Changing perceptions

Without a doubt, the hardest part of “educating” our colleagues on this subject has been changing the perception that retirement is a personal decision and that it depends on each one.

A few years ago, great physicians such as doctors Juan Ramón de la Fuente, José Kuthy Porter, Horacio Jinich and Rafael Muñoz Kapellmann gathered in this same venue, and described different aspects of this subject. Dr. Kuthy presented an interesting reflection about ethical aspects related to the decision each doctor should make, based on a deep and honest personal review of lost skills. Doctor Jinich shared his personal process of understanding and acceptance of retirement and the way he himself decided to carry it out. Dr. Muñoz presented different scenarios in which a surgeon can retire and, finally, doctor de la Fuente explained the emotional aspects that generates facing this situation, as so many others, in which we recognize a loss that generates fear, sadness, frustration and anxiety.

More recently, doctors Enrique Wolpert and Octavio Ruiz Speare have written about that which has been established in other institutions and abroad, and have

used this frame of reference to design a less subjective mechanism to make this decision, creating the concept of “full evaluation of medical capabilities”. Dr. Wolpert’s wide experience in the evaluation for the certification of doctors, according to their current knowledge as related to their specialty, allowed to extend this concept to the “evaluation of the other capabilities” that every doctor should have, preserve and update for the proper practice of their specialty.

Thus, with the creation of the Simulator Center and under the direction of Dr. Ruiz-Speare, complementing said evaluation was possible, with the intention of helping doctors to measure their abilities and skills and being able to plan their retirement more objectively, and allowing for the institution to have objective information about the ability of the evaluated physician to continue practicing. This comprehensive evaluation is proposed from 65 years of age and thereafter and should be periodically repeated depending on the results obtained in the previous one, the incidents occurred and the age reached.

How to achieve it

Thus, it is vital for every doctor actively practicing his/her specialty and member of any society to have access to these resources since the beginning of his/her practice, access to previously knowing that his/her professional performance must be periodically evaluated with the sound intention of protecting him or her and the institution that endorses him/her, and that these tools will help him/her to know in the future that the time for retirement is approaching.

He or she should have opportunity, at his/her workplace, to have access to a healthy diet, space and time for physical exercise, have enough hours of rest and relaxation to share with family and friends. And, finally, have financial advice since the beginning of the practice of his/her profession in order to understand the importance of saving for retirement.

Educating physicians for retirement implies spreading the subject among peers, communicating the different possible scenarios, presenting the four fundamental aspects (physical, emotional, financial and social) that we must preserve in order to enjoy this stage and, especially, changing the perception that this is a negative stage

Dr. Nicolás Martín del Campo aptly indicates how integrating the retirement stage into the life plan will allow the young adult to identify interests and activities such as painting, writing, cooking, playing music

or learning another language, which he/she will enjoy doing at this stage, and practicing good habits with regard to nutrition, physical activity and constant savings since the beginning of our medical practice will allow us to achieve the necessary autonomy during old age.

Promoting this knowledge about what retirement is and how to fully prepare for that moment is what will make said retirement dignified and light. How to achieve it:

- Teaching about the importance of the subject in medical schools and residences.
- Promoting physical, mental, social and financial health at workplaces.
- Talking with the family, friends and peers about the scenario one would like to retire in and knowing the appropriate evaluation method for our practice.
- Making, reviewing and adjusting our own bucket list will allow us to plan with pleasure everything necessary to enjoy this stage.

Advances in the planning of physicians' dignified retirement at ABC Medical Center

When I assumed the position of Chairman of the Committee for Physicians' Retirement, the first thing I noticed is that not talking about retirement is to talk about lack of money, and it is important to understand this. Physicians' retirement includes economic, social, occupational and emotional aspects. When we further investigated this subject, we realized that doctors have to understand that they live for medicine for most of their life, but someday medicine will stop being part of it and that they have to learn that before being doctors they are human beings.

Regarding life expectancy, the main culprits of this longer life expectancy at work are ourselves, survival increase has made us victims of our own success. The first thing we talk about with the medical students who are going to dedicate themselves to exercise their lives in medicine is what they plan to do after 65 and how they think to do it; what have they done until today and what have they stopped doing, because most of them don't think about that, but think about the present.

Physicians have a hard time retiring because, compared to other professions, their training is rather long, especially now that there are specialties, subspecialties and mega-subspecialties; they finish their professional training at around 30 or 35 years of age. At that

moment they go out to the world and they don't wear a sign that reads "PhD", and thus they have to develop their skills in order for their patients to start trusting them; this takes another five or 10 years, and then, suddenly, although they have already reached professional peak, they already are 45 and only have 20 years left, a period in which they have to enjoy and save so that 20 years later they can live without the need to depend on medicine.

The window of opportunity to achieve an economic livelihood that allows us to live after no longer being doctors must be created since we finish our professional training. Our professional peak should be the ideal moment in which we map out our plan B and, obviously, keeping in mind that if our patients come first, there will come a day when we will no longer be the best doctors who can take care of them; at that time, we must have enough self-criticism to admit that there is someone better. In short, as for the economy, the beginning of doctors' productive life is late, the productive period is short and life expectancy is increased; therefore, saving is the solution to live without having a job at older age.

There are also social issues, doctors are entirely dedicated to medicine; average working hours are much longer than the usual 48 weekly hours and we have very irregular schedules; we have troubles for traveling, we don't have much opportunity to take vacations, we have a constant demand for updating. In a survey conducted by the American College of Surgeons in 2000 doctors, only 10 % of them had a hobby, i.e., 90 % will reach that age and will not know what to do.

Medical professionals commit suicide 28 % more than any other, the suicide rate increases, unlike other professions, when age 60 is reached. Depression occurs in more or less 25 % of medical students, in 30 % of residents and drops discreetly when doctors are at the top of their careers, but, although it may seem incredible, two out of three doctors older than 60 years are depressed; doctors belong to one of the professions that more often get divorced.

How much do we have to save? With what we currently live with we need to start saving since we graduate from medical school. It is very important to give this talk in medical schools because we do not realize this until we reach 55 or 60 years of age. At 45, we should have saved the equivalent to all our annual income twice; at 55, five times and at 67, which is the age established by the American College of Surgeons as the age at which a doctor should retire, eight times our annual income. In that sense, economic retirement

plan should start now and, as for the social sphere, having a hobby, dedicating time to friends should start at professional peak.

We developed this program for physicians' retirement called Capital Form, an instrument that, through group medical practices, achieves that all doctors enter a single fund, so that part of the money we receive automatically goes to that fund and by making a single fund of all doctors we managed for an important company to give us a suitable retirement plan.

In 2016 I conducted a survey: to those doctors who entered to the hospital I gave a sheet, where they had to write down their age, gender, if they had a savings fund and at which age were they planning to retire: 13 of the people who answered were older than 60 years, 14 were between 50 and 59 years and 13 more between 40 and 49 years. This survey was carried out at ABC Medical Center Observatorio Campus, which, for epidemiological reasons, was the first hospital. Subsequently, it was the Santa Fe Campus; then there were 38 men and two women, but the answers were incredible: 11 referred having a retirement fund, but 22 referred to believe they had a retirement fund; when they were questioned why did they think they had a retirement fund, their answer was that they had some property they could sell to live on that in retirement; only seven were very honest and recognized not having a retirement fund. Regarding the age at which they planned to retire, 13 said at 75, seven said at 70, seven were very clear in saying "when I die", seven said at 80, two said never and two more when they won the lottery; the latter two answered that they did not know.

Doctors are not aware of this situation, and thus the plan for them to start really having an acceptance should be an attractive plan, where all doctors can be included and all doctors participate in that fund, which should have an adequate volume, that generates trust, benefits and security.

We are generating a benefit; this is a project for the generations that come behind. We understand that we cannot include everyone in the retirement fund, but approximately 40 % of doctors of the hospital are already in this plan; only 15 % are older than 60 years, 35 % are between 40 and 60 years and 100 % of new doctors who join the hospital.

Another thing that was achieved with the Medical Association is to begin to see how to help the social

aspect, i.e., loneliness. An eight-room house was acquired in Cuernavaca, the idea is that we start having people who are older and who have worked at the hospital, that can live there and have services sponsored by the hospital.

The most important thing we achieved throughout these years is making the doctor aware of this real problem.

Conclusions

The retirement plan does not start to be built when retirement is near, but it is a long-term plan that requires years of planning and attention, and therefore it is started when the doctor is fully productive; it does not consist of saving what we have left, it is our salary that we set aside for the future, trying to save for retirement. An amount that we have left after covering our needs and those of our family is highly risky, since we will always find a good reason to spend. This plan is for having an active life in another stage of life, it is not planning for death, it is planning for staying active, for carrying out activities that perhaps we always wanted to engage in but we didn't have the time to do it, it is quality of life.

On the other hand, longevity has produced the need that physicians' retirement should be considered not only in the light of the judgment of professionals themselves, but it should be evaluated by the institutions they serve in, through periodic evaluations that will increase in frequency over time and will monitor the cognitive, affective and psychomotor spheres, taking into consideration the specific medical and surgical specialty.

Recommended reading

- Contrato Colectivo de Trabajo 2009-2011. México: Instituto Mexicano del Seguro Social/Sindicato Nacional de Trabajadores del Seguro Social; 2009.
- Fajardo DG. El retiro médico. Introducción. *Gac Med Mex.* 2011;147:244-245.
- Gratton L, Scott A. The 100-Year life. Living and working in an age of longevity. Reino Unido: Bloomsbury; 2016.
- Martín-Del Campo MN, Sánchez-Marle JF. Plan de retiro médico para conquistar felizmente la vejez. *Gac Med Mex.* 2011;153:205213.
- Muñoz-Kapellman R. El retiro del cirujano. En: Calderón-Abbo M, editor. *Principia quirúrgica*. México: Porrúa; 1993.
- Muñoz-Kapellmann R. El retiro del médico. *Gac Med Mex.* 1998;134:327-336.
- Ruiz-Speare JO. El retiro del cirujano: ¿Por qué, cuándo y cómo debe retirarse un cirujano? *An Med Asoc Med Hosp ABC* 2018; 63 (1). 2018;63:73-79.
- Sánchez MJ, Ruiz-Contreras EA, Horta BE, Jauregui CL, Martín-Del Campo MN, Wolpert BE, et al. Un análisis del retiro médico en el Centro Médico ABC. *An Med Asoc Med Hosp ABC.* 2013;58:142146.
- Wolpert-Barraza E. El retiro clínico-quirúrgico del médico en México. *Gac Med Mex.* 2011;147:262-265.