



## EDITORIAL

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# Retire, Who Me?

Okay, so I didn't last long as a VA retiree. My original plan was to hang it up entirely when I stepped down from my longstanding (27 years!) position as chief of medicine at the Phoenix VA Health Care System (VAHCS) at the end of June 2014. As some longtime readers may recall, my wife, Susan, has had a severe case of Sjögren's syndrome for many years, and her symptoms have worsened progressively recently.

Our vacation home seemed a logical place to retire to, since it is in a more humid and oceanside California climate, and my wife could have some hope of breathing easier. As long as our youngest son was in high school in Phoenix, I had an excuse to stay in Arizona, but he graduated at the end of June.

Thus, all the stars aligned and I made my formal e-mail announcement to my troops in the Department of Medicine on February 14. The access scandal whose epicenter was the Phoenix VAHCS hit a couple of months later in April, and the horrendous press that ensued seemed to confirm that I should retire.

I mention these dates to counter the suspicion that I got out of Dodge because things got rough. Nothing could be further from the truth: I had to be practically dragged kicking and screaming from my office when the time arrived. I was not an enthusiastic retiree.

By early May I was already worrying about the idleness and boredom I assumed would be the hallmarks of true retirement. So I began to

search frantically online for employment opportunities near our home. As it turned out, the best employment opportunity in the area was at a VA contract clinic in Oxnard. The clinic is a fully integrated part of the Greater Los Angeles VAHCS operated by Humana Government Services, not the VA.

I surprised myself by jumping at the opportunity to continue to work in a medical setting, especially one with a strong VA flavor. But I became increasingly apprehensive as the planned start date of August 4 approached. After all, for years I had had a vast array of hardworking medical helpers standing between me and the patients, including medical students, interns, residents, endocrine fellows, nurse practitioners, and physician assistants who would do almost all the direct patient care. I would occasionally visit with the patient who was not content to interact exclusively with my designated assistant or when an earnest trainee felt that I needed to assess a patient's unique situation or concern.

But a small miracle has enveloped me since I began working at the Oxnard clinic. I have found that I enjoy taking care of the nonstop parade of dyslipidemic hypertensive diabetic patients who constitute the huge majority of those I see. Yes, there are many times when I wish I could sit back in my chair and unravel knotty organizational problems as I did at my previous job. And I also have persistent fantasies of sitting in my beach chair, drinking strong martinis while staring at the ever-fascinating

waves of the nearby Pacific.

However, I have come to realize that I am truly a restless person. As long as there is some potential medical good to be achieved, I am hell-bent on making it happen if I can. While not all physicians share this philosophy, I strongly believe that the practice of medicine is a lifelong professional commitment that can be very difficult for many of us to walk away from. I certainly don't know how long I'll last in my new post. What could well drive me away is the almost-frantic pace of modern health care delivery, a pace that is largely determined by the tyranny of the electronic medical record, a monster who must be fed at all costs (more on this in the future). But for now, the need to contribute to the medical endeavor has proven considerably stronger than the countervailing desire for a quiet and comfortable retirement.

Don't call me crazy just yet; instead, please follow the lead of my mostly grateful patients and call me doctor. That's an honorific that's still meaningful to me, and it keeps me slogging onward in spite of the many obstacles. ●

### *Author disclosures*

*The author reports no actual or potential conflicts of interest with regard to this article.*

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