Retire and Practice

By Renate G Justin, MD

The day I retired was grey and gloomy. My mood matched the low clouds and drizzle. I was sad, dispirited. Medicine, with its challenges, frustrations, and joys, had been part of my life for fifty years. Now my ability to give and teach, to comfort and heal, would be terminated. I would no longer be seeing patients, practicing medicine. I was so convinced of this that I even dropped the MD from my name. However, putting my stethoscope in a drawer and giving my white jackets to my grandchildren for their Halloween costumes did not, as I had anticipated, end the practice of family medicine for me. I am still consulted by friends, neighbors, and former patients. They contact me because they are frightened, bewildered, need explanations and my listening ear rather than penicillin or Prozac.

One recent afternoon, a middle-aged gentleman came to my door to thank me for a plant I had sent to him when he was hospitalized for radical prostatectomy. He refuses the coffee I offer but stays an hour and more to tell me about the frustration he is experiencing due to his postop course. He was prepared for incontinence but not for the embarrassment it is causing him. I have little to offer other than empathy and time to allow him to talk about the problem he faces, always having to carry extra clothing, as well as his concern that his colleagues might notice a urine odor. I am surprised at the candor with which he discusses his difficulties since I am only superficially acquainted with him. He is more relaxed when he leaves and tells me that he appreciates the visit in my home more than the plant I gave him. He asks if I would permit him to return to talk again? Undoubtedly he values the fact that, as a retired physician, I have more time to listen to him than his surgeon, who always has other patients waiting. It gives me satisfaction that, due to my calling, I understand the devastating effects of illness and therefore can still ease the pain of those around me. No family physician is unaware of the powerful healing qualities of quiet listening. When I was first in practice, I had the luxury of using that tool and learned how much is revealed to the silent listener. At the end of my career, it became more difficult to listen adequately due to time constraints. Now that I am retired, I can once again listen attentively for as long as necessary. My visitor realizes this and therefore wants to return.

A former patient's husband calls. His wife, in her late seventies, suffers a sudden onset of confusion and difficulty in speaking. He is unable to contact her primary care physician. I advise him to take her to the emergency room at once. She is admitted to the neurology floor but adamantly refuses to get into bed. At her husband's suggestion, her nurse calls me and tells me that neither she nor the neurology resident can persuade the patient to get undressed. I go to the hospital and have no problem at all helping her to slip off her clothes and get into bed in spite of her confusion. For a moment, I once again enjoy the privilege of practicing medicine, of being in the hospital, of being part of a team—the nurse, the resident, and the patient's husband. By gentle, firm persuasion, I get the patient ready for her brain scan. I feel reassured that I have not lost my touch, used many times in the past, to get an immediate, necessary task accomplished. Fortunately, in a few days the patient's mind clears and she is discharged to her home. She continues to consult me about many discomforts she is experiencing, most of which I can improve with warm water bottles, mild massage administered by her husband, and other benign ministrations. Before retirement, receiving calls about minor ailments while seeing another patient irritated me; now I no longer feel resentful but instead feel honored about being interrupted.

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There are also less serious problems about which I am consulted. A head lice epidemic and panic simultaneously strike the middle-class neighborhood in which I live. Out

Renate G Justin, MD, was in family practice with her daughter Ingrid Justin, MD, until both joined Kaiser Permanente. Dr Justin is now retired, after 45 years of practicing medicine.

my window I see adults grooming each other, looking for signs of infestation. This epidemic, like many others, wears itself out. Perhaps the experienced voice of the senior member of the community helped to restore calm.

Then comes the phone call from a family who had been patients of mine for 25 years and who now live in a distant town. The parents are desperate because their young daughter has been diagnosed with a rare cancer. I share their concern and worry. A three-year-old child of theirs died many years ago, and I know that the pain of that loss comes to the surface now that they face this potentially fatal illness. They want to know where they should go for care, what is the prognosis, what is the meaning of "nodes lighting up on PET scan"? They are more able, capable, and intelligent than I am and could answer these questions, but they need a familiar, trusted voice to help them through their crisis. Together, we draw up a list of areas they may want to explore with the oncologist. I am sure we will have an ongoing conversation as the cancer reveals its character and we learn how aggressive it is. I think about them often and with deep compassion for their suffering. If our discussion were taking place face-to-face, I would hug the mother and father to express my support for them during the difficult months ahead. I would have a long talk with the daughter about her future, her anxiety. Now I will communicate by letter and telephone and feel humbled by their thanks for my interest. They help me as much as I help them, because I realize now that my fear of not ever being able to use my medical knowledge again to help someone was unfounded.

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Many minor injuries come to my house—cuts, nail avulsions, fractured clavicles. Often, the only request is an opinion: Does it need stitches? Do we need to see our doctor or go to the emergency room? Other times, I can apply a bandage, which the youngsters especially appreciate. Somehow knowing that I am a doctor makes the "owie" improve faster than if their mother or father put a Band-Aid® on the wound. When a scraped knee or a minor cut appears at my doorstep, I wish I had a well-equipped office in my home in which I could apply a neat dressing instead of making do with my ill-lit living room, where I worry about bloodstains on the carpet. Obviously, I have to limit myself to listening and advice, and not get involved in treatment, since I no longer carry malpractice insurance. When, over a cup of tea, the discussion turns to the appropriateness of a new prescription, I remain silent and do not comment, even if I have a strong opinion. If asked directly about a medication, I refer the question back to the prescribing doctor.

At times, I am also asked to see injured animals, but there I draw the line. I did that when I practiced in a remote area early in my career, but now I have an acquaintance who is a retired veterinarian, and I refer to him.

Retirement, fortunately, has not eliminated my occasional involvement with patients. Compassion did not dry up when I cleaned out my desk and put the *PDR* next to Shakespeare on my bookshelf. Those who consult me can still benefit from my medical training and experience, and I benefit from knowing that I contribute to someone's well-being. ❖

Getting to Choose

You don't get to choose how you're going to die. Or when.
You can only decide how you're going to live. Now.

— Joan Baez, b 1941, folk singer and political activist