

How Gradual Retirement Has Allowed Me to Spend More Time With Family and Being Physically Active



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I decided to become a medical oncologist after accepting a fellowship at the National Cancer Institute during the Vietnam era. During this time, I became enamored of cancer research and patient care. Now, after 40-plus years of oncology research and practice, I am 74 years old and still enjoy working part-time (a 55% schedule) at the University of Colorado. I decided to retire gradually rather than all at once, and I've been very happy with that decision. Although I don't think that one perfect solution exists for everybody, I have found that cutting back on patient care, continuing to learn, and devoting a greater amount of time to family and to physical activity are more than enough to keep me engaged and content.

The Benefits of Gradual Retirement

My practice has been solely in academic medicine at two institutions—the NCI for 11 years and the University of Colorado for 35 years—where I had the privilege of being involved in translational and clinical research, patient care, teaching, and administration. These experiences have afforded me the opportunity to scale back my work efforts gradually.

It is easier for those who practice at an academic institution to wind down because a sufficient number of physicians are available to take over. I am not under pressure to see a new patient every 20 minutes. Because I also care for patients at a community hospital near my daughter's family, I am familiar with the pressures of needing to see too many patients in too little time. One must find the strength to limit the volume of patients and make certain that sufficient time is scheduled for each one. For me, maintaining some involvement in patient care also ensures that I keep up with the literature.

In addition, I continue to enjoy delivering and listening to presentations at local, regional, national, and inter-

national meetings. Personal interactions with colleagues at meetings are extremely rewarding. I like to review grant applications and manuscripts for colleagues and junior faculty as they prepare them for submission to funding agencies and journals, and to write letters of support for colleagues seeking promotions, grants, and awards. Consulting for companies regarding clinical trial development and reviewing trial results as a member of Data and Safety Monitoring Boards continue to be stimulating activities.

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It has been relatively easy to give up administrative duties. Discontinuing my laboratory research efforts was harder, although I do not miss having to write requests for funding to support the research. Teaching residents and fellows has been another rewarding endeavor, although their shortened schedules in recent years allow less time for interaction. I especially enjoy serving as a mentor for medical students through all four years of their training.

The office next to mine is occupied by a colleague who is also a senior physician. I have had the privilege of working with him for more than 35 years, and I continue to learn from him every day. My personal physician is also older than I am, and I trust his decisions and value

his care. My colleague and I recently were interviewed by a hospital physician whose task was to ensure that we remain competent. This was somewhat demeaning and demoralizing, but I understand the importance of such interviews, and I believe that both of us continue to contribute to the lives of our patients and to the university.

Changes for Good and Bad Over the Years

For me, patient care remains the most gratifying aspect of being a physician. I always valued my relationships with patients and their families, even at the start of my career, when we had little to offer in terms of life-extending care. It has been a wonder to observe the improvements in therapy—especially lung cancer therapy—that have been made over the years.

Some of the changes in medicine have not been as positive, however. During my training, I was taught to provide the best care for all patients, regardless of their social, family, and personal situations. This included understanding and treating each patient, and engaging in thoughtful discussions with both patient and family. A thorough history and physical examination with a subsequent review of laboratory results and scans were mandatory. The patient came first, and we were physicians for the patient. Now it seems as if the emphasis is on billing, maintaining electronic health records, time scheduling, and filling out forms, activities that diminish the joy of patient care. Sometimes, it seems that the principles of Alpha Omega Alpha (the medical honor society) and my physician training have become secondary to hospital billing needs.

The Benefits of Having More Leisure Time

When I was a full-time physician, my work day generally ran from 7 am to 7 pm, although sometimes the hours were longer. Having more time available for leisure activities has made new experiences possible.

Family activities are perhaps the most rewarding of all activities, and I am quite fortunate in that all three of my children and six grandchildren live in Colorado and can be reached within two hours by car. Being involved with them fills up much of my increased leisure time

in retirement: celebrating holidays, skiing and playing tennis, and babysitting for the youngest members of the family. I have an ongoing plan to take each grandchild, one at a time, on an overseas trip of his or her choosing at around age 10 to 13. What a joy! I have done this twice, with four more trips to go. It's hard to imagine anything more fun than having such an adventure with a grandchild. I highly recommend it for everyone.

Although it is true that our bodies degenerate as we age, and increased activity can lead to more joint and muscle pain and a greater need for anti-inflammatory agents, I find that my level of physical activity has increased during semi-retirement. I have always enjoyed being physically active, and every morning I spend about 20 minutes stretching and warming up before going for a bike ride or some other such activity. I hit the gym when I do not get enough exercise, especially while on trips.

I have not decided to take up an entirely new activity or hobby, or to develop a new skill. This may be because I am not sufficiently motivated, but more likely it's because I am quite content with my current pursuits. I am fortunate that my prior experiences in academic medicine have afforded me the opportunity to retire gradually.

Summary

- My current schedule, which is slightly more than half-time, involves caring for patients, attending meetings, keeping up with the literature, and mentoring.
- Treatment options for our patients have improved dramatically over the past few decades, but the ability to make personal connections can easily be lost in this era of cost containment and quick turnaround.
- Spending more time with family and increasing my level of physical activity are especially rewarding aspects of semi-retirement.

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