

# Planning for Retirement

As physicians, we cannot help but plan for the future. In fact, our very careers are built on the promise of delayed gratification. While our undergraduate classmates are gainfully employed in their first years after graduation—paying off their school debt and building financial independence—we are accumulating even more debt with medical school, followed by underpaid residencies and fellowships. Eventually, though, we reap the rewards of years of training, in many cases with well-compensated positions and job security. Over the years, we pay off our school debt and work to save sufficient funds for retirement. But how exactly does one leave the field of medicine?

Over the last five or six years, I have informally surveyed a number of colleagues who are my age or older about their retirement plans. To my surprise, many of them either have not given much thought to retirement or have no real plan. When I look around at many of my senior colleagues, most are still working away. Don't get me wrong—I think it is great that medicine is one of the fields in which older colleagues are still leading the way in patient care, research, education, and administration, but is working until our health gives out the only exit strategy?

Last year, we started a series called “My First Year in Practice” to hear from young colleagues about their first year working in an academic, a community, or a hybrid setting. Our readers have appreciated hearing these physicians reflect on what they have learned, and these young colleagues have opened up my mind to some of the many challenges that often go unstated.

This year, we are introducing a new series, “My Exit Strategy.” Throughout the year, we will hear from a range of older colleagues as they transition out of practice from various community and academic settings and discuss life after medicine. For some, this will be a clean break, perhaps leading to new endeavors. For others, the strategy may be more nuanced, as they slowly peel away their responsibilities and obligations to focus on what is most important or where they can continue to feel value in their work. But for all, this process is difficult. We spend a lifetime creating careers based on patient care, research collaborations, administrative experiences, and many other roles that must feel essential to who we are. How exactly you extricate yourself from this work without losing your sense of self is not clear. What's worse is that we seem to be on our own in this transition. We hope that insights from our colleagues will be valuable to all as we plan for

the inevitable, whether it be a few years or a few decades away.

To start us off this year, we have Dr Paul Bunn Jr, a nationally recognized expert in lung cancer clinical research and a locally beloved professor of medicine and medical oncology. I hope you gain some insights from his approach.

Also in this issue is an overview of the use of direct oral anticoagulants in antiphospholipid syndrome by Dr Hannah Cohen of University College London. Dr Hussein Tawbi of the University of Texas MD Anderson Cancer Center provides his insights on the standard of care for brain metastases in melanoma, and Dr Hans-Guido Wendel of Memorial Sloan Kettering Cancer Center details emerging therapeutic targets in follicular lymphoma.

This issue features two review articles. The first, “Cold Agglutinin Disease: Where Do We Stand, and Where Are We Going?” is by Drs Sigbjørn Berentsen, Agnieszka Małeczka, Ulla Randen, and Geir E. Tjønnfjord, of various institutions in Norway. The second, “Perioperative Approaches to Kidney Cancer,” is by Drs Kennedy Iheanacho and Ulka Vaishampayan of the Karmanos Cancer Institute of Wayne State University in Detroit, Michigan.

Finally, we are including two monographs in the issue. The first, “Best Practices for the Assessment of Measurable Residual Disease (MRD) in Multiple Myeloma,” includes discussions by Drs Susan Bal and Luciano J. Costa of the University of Alabama at Birmingham. The second, “Optimizing the Treatment Sequence From Second-Line to Third-Line Therapy in Patients With Metastatic Colorectal Cancer,” features perspectives from Drs Tanios S. Bekaii-Saab of the Mayo Clinic Arizona in Phoenix, Axel Grothey of the West Cancer Center in Germantown, Tennessee, Takayuki Yoshino of the National Cancer Center Hospital East in Kashiwa, Japan, and Gerald W. Prager of the Medical University of Vienna in Austria.

No matter where you are in your career, whether just starting out or nearing retirement, I hope you will find the current issue full of information you can put to good use.

Sincerely,



Daniel J. George, MD

