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Considering the Many Aspects of the Retirement Decision

BY ELIZABETH NEWMAN

There are many things that improve with age: wine, cheese, cigars, and whiskey, to name a few. But when it comes to the human race, society sometimes views older adults, or senior citizens, as lacking in ability, both physically and sometimes mentally. That attitude is not necessarily fair or accurate in all cases. In fact, in cultures outside of the United States, elder members of society are considered wise, knowledgeable, and seasoned in such a way that makes them the most revered in their culture.

And, in that way, older dentists, given their years of training, experience, and practice, are often the most knowledgeable in their field. Consider a recent article in a Lawrence, Kan., newspaper ("Slice of Life: Lawrence Dentist Still in Practice After 66 Years"), which highlights a 90-year-old dentist who has been practicing for almost 70 years. Paul Kincaid, DDS, is the longest-serving

practicing dentist in Kansas, and he does not plan to retire any time soon. "I retired for a day, once, and didn't like it," Dr. Kincaid says in the article. He adds, "I've been blessed with good health, balance, eyesight, and a steady hand. I've enjoyed 66 years of dentistry and want to practice for as long as I'm able and hope to die at the chair."

People in the United States, and around the world for that matter, are living longer and healthier lives compared to people 30, 40, and 50 years ago. And, that applies to dentists, too. As Dr. Kincaid's life shows, there really is no "best" time to retire. So how does a dentist know when it's time? Lots of dentists—and people in other professions, too—often determine when to retire based solely on finances. However, there are many other very important factors to consider and explore in the retirement decision—factors that have nothing to do with finances.



Prime?

Baby boomers and retirement

Reading a story like the one about Dr. Kincaid seems to be less shocking than it would have been 30 years ago. Because many people are living healthier, longer lives, they are working later into their lives. According to Flowing Data, a statistics company that analyzes U.S. Census data, the average lifespan in 2010 was 78.3 years, compared to 70 years in 1970. Women now have an average lifespan of almost 81 years, and men, about 75 years. Further, people living in Hawaii have the longest lifespan of Americans (80 years), while people living in Washington, D.C., have the shortest expected lifespan in the United States at only 72 years.

The 2010 U.S. Census also shows that the increasing median age of the U.S. population is due to the aging population born during the baby boom after World War II. According to the 2010 Census, during 2011, the first members of the baby boom will reach age 65. This is an important statistic when considering those who may be transitioning into retirement.

A 2008 report to Congress ("Retiring Baby-Boomers = A Labor Shortage?") from the Congressional Research Service (CRS) offers interesting information about the effects of baby boomers retiring—or not: "Another assumption underlying the shortage scenario is that baby-boomers will sharply curtail their work activity once in their 60s. The degree to which older persons participate in the workforce already has risen due, in part, to changes that Congress made to the Social Security retirement system and age discrimination law. Some have urged Congress to make further modifications to encourage more older individuals to continue working and more employers to hire and retain them."

The CRS report also says, "The labor force participation rate of older workers (55 years and over) actually began increasing in the mid-1980s. By 2006, the group's participation in the labor force had risen significantly to 38.0%. It is anticipated that this strong upward trend will continue going forward: in 2016, when baby-boomers will be between 52 and 70 years

old, the BLS [U.S. Bureau of Labor Statistics] projects that the labor force participation rate of older workers could reach 42.8%."

Neil Hiltunen, DMD, FAGD, from North Hampton, N.H., is one of the founding members of the Association of Retiring Dentists (ARD) (www.retiringdentists.com). He says, "This is an unprecedented time in human history for so many people to be living so long and being relatively healthy. This is, in a way, uncharted waters. It used to be that you turned 65 and you died. That's not the case anymore."

An online article posted on the Huffington Post ("Baby Boomers Delay Retirement and Cities Gain, Census Reports") in March 2010, adds, "In the next few years, the number of older workers will increase by 11.9 million, making up nearly 1 in 4 workers by 2016 as more seniors hold onto jobs due partly to shrunken home values and decreased stock portfolios."

And when it comes to dentists, in particular, research has indicated that many are continuing to practice past the

typical retirement ages of 55 to 65. In 2010, the website *The Wealthy Dentist* polled dentists about whether or not there should be a mandated retirement age. The resounding answer was "no." The question was posed in response to a 2010 European Court of Justice ruling that mandates retirement for dentists and firefighters past a certain age. The court also stated "that any age limit on practicing dentistry must be applied to all dentists, even those in private practice." The *Wealthy Dentist* survey found that respondents agreed that if there suddenly were a mandated age for dentists to retire in the United States, it should be 75 years.

But what about Dr. Kincaid, the 90-year-old dentist from Kansas? He seems to be practicing well and knows he is able to perform competently. Should he, or dentists close to his age, be forced into retirement? That should remain an individual's decision, Dr. Hiltunen and members of the ARD determined. Several ARD members met to discuss retirement issues and, says Dr. Hiltunen, one member said he had an instinctual reaction to the question of whether or not to retire. "He said, 'I just knew,'" says Dr. Hiltunen. "He had an inherent understanding of how he was practicing and he said he just knew it was time to stop. It's a combination of a whole realm of various factors that are highly individual and couldn't be imposed upon another person."

External factors

As Dr. Hiltunen mentions, there is a myriad of factors that influence a dentist's decision to transition into retirement. And the ARD sees retirement as an active process, not a passive thing that happens to someone. The ARD urges language to reflect that active process, too, thus the name Association of *Retiring* Dentists. "Retiring is a process of transitioning perhaps from a private practice to something else that the dentist chooses, possibly still within dentistry. But the decision is about making the absolute most of their careers and lives. We don't see retirement as an endpoint," Dr. Hiltunen says.

So how can a dentist know when to transition to that next stage? There are several things that a dentist can think about when contemplating retirement.

The first consideration may be that the dentist is not providing his or her best work, making mistakes, or consistently producing poor results. Eric Shapira, DDS, MAGD, a retired general dentist and frequent author and lecturer on geriatrics, from Montara, Calif., explains, "The first clue is obvious: The practitioner starts to make a lot of mistakes. Mild cognitive impairment is a precursor to dementia and can be a sign to practitioners to slow down or prepare to stop. It is characterized by 'knowing' that you are losing your memory, and in the course of losing one's memory, mistakes happen."

Dr. Hiltunen also adds that the dental team and/or patients might be the ones to mention mistakes. "You may hear comments or suggestions from staff, family, patients, or colleagues. Those comments may be things like, 'You're getting kind of forgetful.' Or, 'You really need to put a matrix on there?'" Dr. Hiltunen says that consistent errors should cause a dentist to examine his or her work no matter how old he or she is.

"Separate individual complaints from patients can happen to dentists at any point in their careers. However, if there starts to be a pattern of complaints, that's certainly an external clue for the dentist to think to himself, 'There's something wrong here. I need to look at this differently.'"

Dr. Shapira concurs. "Some people have so many things on their minds that they can also forget things—it's natural. But doing a restoration on the wrong tooth, or forgetting a key step in a procedure may be deleterious to the patient and ultimately to the dentist and his or her practice."

Physical signs

In addition to the reminders from others—and oneself—that performance is declining, there are physical symptoms that some older dentists (and even some younger ones, too) may find affect their competence. Given the nature of the work, eyesight is incredibly important to dentistry, and

unfortunately, with age, vision can start to deteriorate. "Since dentists are working in a confined, dimly lit area for the most part—in the mouth, in a tooth, in a pulp, etc.—it can be difficult on the eyes. Many dentists wear loupes nowadays, but some may not want to wear them due to the stigma that it means they have failing eyesight and might be considered old," Dr. Shapira explains.

A person's eyes age, just like any other part of the body. The aging of the eye, or presbyopia, starts in a person's 40s, and close-up vision, which dentists utilize almost all day every day, naturally is affected, too. "Combine that with working with loupes, and the person gets farsighted quickly and needs reading glasses," Dr. Shapira says.

A dentist's hearing also is affected by tools and procedures that are specific to dentistry. "Working with the high level sound of the handpiece, the ultrasonic device, and the air compressors, etc., can compromise a person's hearing," Dr. Shapira explains. He also says that, over time, with increased daily exposure to those unique sounds, a dentist's ability to hear patients may be at risk, thus putting those patients at risk. "This can lead to mistakes during treatment. In the midst of treatment, there may be a problem that the dentist cannot hear because of his or her hearing loss. The same holds true to taking histories and missing vital information or forgetting to ask important questions to gain information that may be essential to the treatment and health of the patient," Dr. Shapira says.

Another unique aspect of the dentist's daily work is the way in which he or she sits and performs procedures from a physical standpoint. According to Dr. Shapira, physical injuries from lack of proper ergonomics can become more noticeable as a dentist ages. Some common problems that develop over time include carpal tunnel in the wrist, finger stiffness, and tendonitis in any number of joints in the hand, wrist, and arm.

Dr. Shapira also cites arthritis as a culprit in hindering the way in which a dentist performs day-to-day treatment. "Arthritis affects about 58 percent of people over the age of 65 and can

be debilitating with pain and stiffness combined. This may cause difficulty in doing adequate dentistry."

Neck and back strain is another source of problems for dentists, particularly stenosis of the spine, which is caused by constant bending over the chair to perform procedures. Dr. Shapira says, "Neck and lower back disc problems associated with bulging or herniated discs are rampant, and some problems like torticollis can be rare but very deadly to continuing a 'normal' work flow."

Internal factors

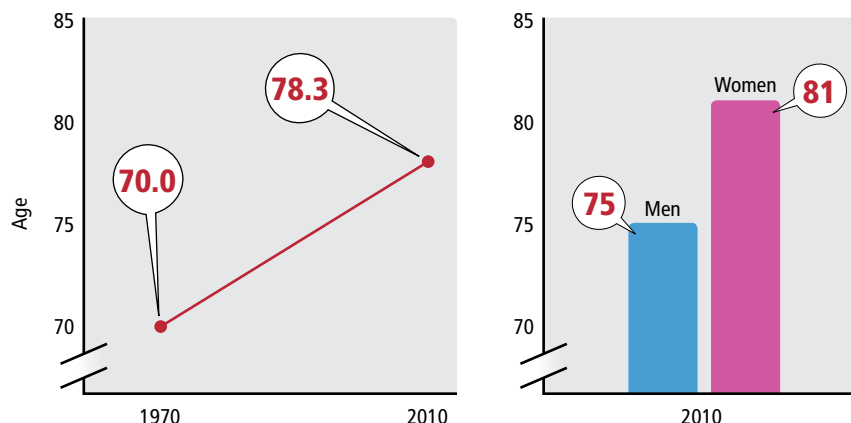
There are also plenty of psychological and emotional factors that could signal a warning to a dentist to consider changing his or her current employment status. Dentists need to examine their behavior just as much as their physical abilities. As with any job, people need to stop and consider whether or not they even enjoy the work they are doing. A blog post ("At What Age Should You Retire?") on the Psychology Today website poses a number of questions for those who may be considering retiring from their current positions.

The first questions are, "Do you enjoy your job? Does it provide a sense of meaning and purpose in your life?" The author of the blog, Ronald Riggio, PhD, a professor of leadership and organizational psychology at Claremont McKenna College, believes that how you answer those questions will help you in your decision-making process. He writes, "Some people enjoy what they do so much that it would be unwise to retire unless you can replace that sense of meaning with some other activity or passion."

Dr. Shapira says that if a dentist isn't happy, it shows. He says, "Changes in mood, being on edge and angry, yelling, and/or having a short temper all indicate a lack of patience with oneself that may be projected on staff and patients alike. This can be most damaging to staff morale and patients of record, who may feel that they do not want to subject themselves to this kind of behavior or insult."

Dr. Hiltunen agrees, saying that how a dentist handles stress or fatigue

AVERAGE LIFESPANS IN THE UNITED STATES



Source: 2010 U.S. Census

can be part of the decision-making process. Dr. Shapira adds, "Loss of control is a sign of stress and one's ability to handle stress. Stress can lead to depression and unwillingness or an inability to continue practicing."

He tells the story of an 80-year-old dentist who was depressed but did not tell anyone. Dr. Shapira says, "If you looked hard enough, you could see the signs." He describes the dentist's shaky hands and how they impacted his ability to administer treatment. "When he gave injections, the patients were terrified that he would miss or hurt them, and many times he did. It was terrifying to watch, and I only wished he would have hung up his shingle to practice a little sooner."

The dentist also may lose enthusiasm for what he or she is doing, and in doing so become very irritable. Dr. Shapira also cites deteriorating relationships with staff, colleagues, family, or patients as a cause for change. In Dr. Shapira's relationship with the aging dentist, he says, "He kept putting more and more work on me because he finally realized that he had lost the ability to practice in the way he used to, but he was too proud to admit it until someone like me called him on it."

Competence and age

Practicing competent dentistry and keeping in mind patient safety at all times is critical. The dentist in Dr. Shapira's case was not practicing

competently, and he put patients at risk. "We expect dentists to be practicing competently all of the time," Dr. Hiltunen says. And, in most cases, dentists are highly aware of the consequences their actions have on patient safety. Dr. Hiltunen recently asked his insurance representative, "What is the relationship of malpractice claims and problems with older dentists?"

The representative told him, "I would not say that a practitioner's age is a determining factor in claims. Dentists seem fairly savvy about patients and procedure selection and staying within their areas of expertise. I have not seen claims weighted against dentists who are older."

So while there may be some dentists whose work may decline, most are committed to patient safety and know when their work is putting that safety at risk. Competence does not always decline with age, notes Dr. Hiltunen. "There's a paradigm in our society: The assumption that competency declines with age. And certainly that can be true—but it isn't always true. Competence varies greatly, regardless of age. There are dentists who are fairly new out of school who are less competent than 80-year-old dentists. People need to be aware of that."

How can dentists ensure that they are practicing competently at all times? Dr. Shapira says, "We all need our mirrors. By that I mean we need to find people we work with, whom

we can trust, to give us their opinions about our work and our work ethic. I always encouraged staff to chime right in and give me their opinions about my work." He says that, with his staff, there was always an understanding that their opinions would not have consequences, that it was a relationship of trust and constructive feedback to make him a better dentist.

Dr. Shapira also says that referring practitioners and patients can help keep dentists in check. "I used to get feedback about my work when I referred patients for treatment to specialists. They would comment on

Dentists must be constantly reflecting on their ability to perform competently, always considering patient safety first and foremost.

whether my work was adequate or not, and I thanked them and encouraged them to continue to keep me informed. We all set up standards for ourselves and we need to keep those standards in mind as we practice." This is not only for the dentist's sake, but also for the safety of his or her patients.

Insurance companies also have a system in place to monitor a dentist's work. Dr. Shapira explains, "They will analyze your practice, both the charting and the work itself. Most state boards, however, are undermanned and are not able to do the same." In addition, if dentists really want to be sure that their performance is reflecting competent dentistry, they can hire consultants to visit their practices and do evaluations. But, Dr. Shapira says, sometimes the best evaluation is done by the entire dental team who know the dentist best. "In my practice, we always strived to make things right all the time. 'Practice makes permanence,' I say. We wanted our work to be perfect and our patients to be happy with our work. I realize that not every restoration is perfect, but

we tried to get there as much as possible. Also, admitting when one has made an error is the best way to make positive changes. This takes a lot of introspection, courage, and honesty," he says.

Psychology of retirement

The consideration to make the transition from practicing dentistry full-time to another phase of the dentist's career is an extremely important process.

John Osborne, PhD, a retirement psychologist, writes in an article on his website ("To Retire or Not to Retire?" <http://retirement-emotional-social.ca/>), "Deciding to retire is a landmark in our lives. It marks a point where we tend to become more aware of aging."

Many professionals—dentists included—read countless articles and make retirement decisions based on finances. But, as Dr. Hiltunen says, focusing on finances is only part of the process. "Everyone focuses on finance, and when they do, they forget about

everything else. When the focus is on money, people lose the perspective about what retirement can be. People think that they have to save a certain amount of money in order to retire and then they focus on that number. Then they transition to retirement, let their license lapse, and think, 'Okay, I'm happy now.' But there may be some unexpected things that they never considered," Dr. Hiltunen explains.

One of those things is the way in which his or her individual decision to transition into retirement impacts others—dental team members, colleagues, partners, family members, and spouses. The ARD recently listened to a presentation from a psychologist who explained how one's decision to transition into retirement often does not consider all perspectives.

Dr. Hiltunen explains, "You have a professional who has focused his or her entire life on a certain career. The dentist retires and thinks, 'Okay, now my spouse and I are going to travel.' But the spouse, perhaps, has been at home raising the kids all these years and has

another idea: 'Now it's time for me to go out and get a job—I don't want to travel!' So, you may have spouses who are going in different directions, so there needs to be communication with your family members about retirement and all of its ramifications."

As a person begins the retirement process, there also may be some changes in roles at home. "Retirees are likely to spend more time at home," Dr. Osborne writes in his 2010 book *Essential Retirement: Psychological Concerns*. "Depending on whether there is a partner and whether that partner is working, some of the former roles may need to be changed. There may be power shifts within a couple's relationship. If he retires first, she may have a tendency to see him as being dependent on her. He may find that his lost role as breadwinner leaves him feeling guilty and inadequate in the relationship," he writes.

Expectations about what the couple will do during retirement also may need to be adjusted. Jet-setting and a life of leisure don't always come to fruition in a person's retired life. "The other thing you have to think about is aging parents. A lot of people think, 'I'm going to retire, live a life of leisure, play golf, etc. But the day may come and the person's spouse raises the question, 'Where are mom and dad going to live?' The entire baby boomer bubble is affected by this. You have a 60-year-old dentist who very easily can have an 80- or 90-year-old parent," Dr. Hiltunen says. He adds, "A retiring dentist's idea of a carefree future may no longer be so carefree."

Another issue to consider is how retirement, changing from working every day to something different, will affect the dentist. Dr. Shapira describes it as a very emotional process. He says, "Loss of one's practice—something that you've created over the years—sets up a grieving process. Most people may not recognize this process, or let alone know *how* to grieve. Anger is a common emotion that emanates from this grieving process."

Dr. Osborne describes a feeling of emptiness that can result from losing

those things that made a person feel successful while working. "In some cases, the satisfaction gained from the fulfillment of popular retirement myths and fantasies is short-lived," he writes. "Although we may be free from work, we are also losing the challenges, successes, failures, and meanings that went with our jobs Our release from employment can leave us free in ways that resemble exile. We stand alone, stripped of most of the social and psychological contexts that provided us with so much meaning for so many years" (*Essential Retirement: Psychological Concerns*, 2010).

Transitioning out of practice also creates identity issues for some people. "Some people's sense of self is almost entirely dependent upon their occupation," Dr. Osborne says in an article in *The Times Colonist* (May 14, 2002).

Dr. Hiltunen tells of an ARD member who was talking with someone about what he did for a living. The woman said to the ARD member, "Oh, you were a dentist?" Dr. Hiltunen says, "He thought to himself, 'I was a dentist? Wow.' He said it hit him like a ton of bricks. People need to understand that things like that will happen."

Dr. Shapira agrees. "We tend to identify ourselves by what we do and not who we are," he says. This realization caused Dr. Shapira to author a book, *A New Wrinkle: What I Learned from Older People Who Never Acted Their Age*. In that book, he devotes an entire chapter to identity issues. He says, "You have to find out who you are in light of not practicing dentistry anymore. I had an epiphany the day after I lost my own practice. I had a neck injury and had to let go of it. I was feeling lost and realized that I was not a dentist anymore—at least a practicing dentist. Who was I? I had to reinvent myself, like so many others have to do."

Feelings and questions like those can be confusing and also can be detrimental to a person's psyche if he or she doesn't know how to cope with them. Depression, Dr. Shapira says, can set

in quickly. "Guilt that is unresolved flows into depression, which is a natural progression of grieving too long and not knowing how to free yourself of it. Depression is much more difficult to cope with, and overcome, as time goes on." Dr. Shapira advises counseling for people who may be dealing with depression as they face a new life and a new identity as a retiring dentist. He adds, "Counseling is in order for anyone who is considering leaving practice so that major mood swings and anxieties can be mitigated through dealing with these issues head-on."

Not closing the door completely

In light of all of the emotional issues that can arise when one is thinking of transitioning out of full-time practice, it's important for a dentist—or any other professional—to really consider his or her plans. In his online article, "The Important Goals for Future Retirement," Dr. Osborne paraphrases Yogi Berra, "When it comes to your future retirement, if you don't know where you are going, you are likely to wind up 'someplace else.'" He adds, "Even if you do have a notion of where you are going, there is no guarantee that you will get there There is also the task of identifying and developing goals for a major life transition that we have yet to experience. We cannot fully know an experience until we are having it."

But listening to others and carefully considering and reflecting on what a person would like retirement to look like can be helpful. Dr. Hiltunen advises dentists not to leave practicing completely if they are interested in remaining somewhat active in dentistry. "We encourage dentists to transition into retirement, not just stop cold turkey—sell the practice, lock up the office, and walk away." Instead, he says, dentists who are considering a transition should think about reducing the number of hours they work, or only performing certain procedures, and so forth.

The most important thing, Dr. Hiltunen urges, is to keep your dental license active. Once the license lapses, he says, it's very difficult

to get it back. "Keeping a license is somewhat of an insurance policy. We've seen that retirement funds can go down the tubes when the markets go down, and if they don't have an alternative source of income, they might be in trouble," Dr. Hiltunen says. He adds, "If a dentist still has a license, at least he or she can still go to work part-time to generate some revenue." And, even if a dentist doesn't necessarily need to go back to work, working part-time to make some extra money isn't a bad idea from a financial perspective. "Generating revenue early in the retiring years will reduce the amount of money that will come from the retirement funds. Those retirement funds can last longer, which will help because people are living longer," Dr. Hiltunen says. In addition, having a dental license allows a dentist to do volunteer work, which can add significant meaning to the retiring process.

Working as a consultant is another option. "We encourage dentists to look early on for other opportunities as a means to capitalize on a career of expertise that is very unique. Not everyone in the world has a dental license. We're a fortunate and blessed group of people who have a unique ability," Dr. Hiltunen says.

Deciding when to transition out of full-time dentistry is highly individual. While many situations are similar, no one dentist is exactly like another. Finances are a very important piece in the retirement-decision puzzle, but there are so many other things to consider. Dentists must be constantly reflecting on their ability to perform competently, always considering patient safety first and foremost. "We all know our limits. This is a physically demanding job—and emotionally demanding, too," Dr. Shapira says. It's not always easy to decide when to retire, and sometimes it takes a good amount of courage to make the decision. ♦

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COMMENT

