

## Letter to the Editor: The Problem of the Aging Surgeon: When Surgeon Age Becomes a Surgical Risk Factor

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To the Editor,

In his study on aging surgeons and retirement, Blasier [2] assessed the many facets of aging, including education, experience, physical and cognitive decline, and competence assurance. I believe this study characterized a complex topic very effectively; although the study was published more than 10 years ago, because of some recent phenomena in China, I would like to revisit some themes Dr. Blasier explored and tie their relevance in to more recent events in my country.

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(RE: Blasier RB. The problem of the aging surgeon: When surgeon age becomes a surgical risk factor. *Clinical Orthop Relat Res*. 2009;467:402-411).

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A series of crimes against health professionals in China has attracted considerable attention lately [3]. I note that the severity and frequency of such crimes in China have been increasing, and it is my impression that the number of unrecorded verbal threats may exceed the number of recorded events. The doctor-patient relationship is under some duress for complicated reasons, including inadequate medical insurance and deteriorating doctor-patient trust [3]. The result is a hostile situation that has resulted in diminished professional satisfaction and a decrease in the number of surgeons remaining in practice, which is exacerbating the shortfall of surgeons in China. As a result, substantial numbers of aging surgeons will bear greater workloads and increasing stress. In fact, surgical careers are sensitive to aging [1, 4]. Given that more than one third of surgeons in the United States are older than 55 years, Babu et al. [1] performed a nationwide survey to assess perceptions of aging neurosurgeons, understanding that their perceptions are vital to patient safety [1]. Most participants agreed there

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was no absolute age cutoff for retirement, but suggested additional tests should be made for aging surgeons [1]. Unfortunately, I am not aware of any similar studies in China.

Interestingly, based on Chinese tradition, one could argue that our patients would prefer an aging surgeon. There are several reasons for this. First, in Chinese culture, intelligence and wisdom are often symbolized by an aging or older doctor. Second, most patients may regard an aging doctor as both reliable and believable, especially under the current severe doctor-patient misunderstanding and conflicts in China. Third, patients do not worry about the operational skills of an aging doctor or his or her financial intentions. Therefore, aging surgeons in China are often considered valuable leaders in their surgical specialty, and their roles extend far beyond the quality of the operations they may perform.

In the Western world, the decision to retire from medical practice is often difficult [4]. Surgeon retirement, either too early or too late, may be detrimental to both the surgeon and the patient [4]. However, this might not be true in China. I hope that future studies will investigate this important topic in depth in my country.

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