

My Reflection as Neuro- and Spinal Surgeon at 80 Years

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ABSTRACT

Introduction: Most surgeons today do not retire at the stipulated age as dictated by the government.

Reasons for continuing to work: (1) Updating knowledge. (2) Mix with the students. (3) Continue having interactions with the patients. (4) Pleasure of pursuing surgical art that has been mastered. (5) Monetary gains.

Guidelines for retirement: Author has explained in detail the guidelines. Briefly if the assistants, the nurse, and the anesthesiologist feel that the surgeon's dexterity has come down, then the surgeon has to retire irrespective of age.

Conclusion: Today's pattern of medical practice is such that surgeons can carry on performing operative procedures much after their retirement age, provided their dexterity is not compromised.

Keywords: Dexterity, Retirement age, Surgeons.

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INTRODUCTION

Sir William Osler, the teacher of Harvey Cushing, was an ethical surgeon. We are still following the ethics, which he established, in the present era. He was an excellent teacher and his students adored him. He once wrote "There is no sadder picture than the Professor who has outgrown his usefulness, and, the only one unconscious of the fact, insists with a praiseworthy zeal, upon the performance of duties for which the circumstances of the time have rendered him unfit."¹

Surgeon is a biological human being and his faculties deteriorate with age but there is a great variability. Hence, functional age rather than a chronological one should judge his competence. The mandatory retirement formula cannot be applied to him and although a multidisciplinary body can confidentially and comprehensively

evaluate him, the conclusions are not obligatory on him to retire. Generally, it is observed that the surgeons are reluctant to retire. There is no uniform method to assure the competence of a surgeon. Each body has a mechanism and guidelines but they are put to use in circumstances of grave offence. However, there is no evidence that this mechanism has been successful to identify surgeons' gradual failing competence due to age.²

I was born in Goa in November 1938. I have completed 79 years in November 2017 and am enjoying the 80th year at the time of writing this article.

The schooling was done in Goa where I spent few years studying Portuguese before I joined the traditional English school to complete the then SSC examination. When I joined college in Mumbai, I was 2 years older than my classmates. Having completed the desired education in Mumbai and choice training in England, I started working as Honorary Neuro and Spinal Surgeon at L.T.M. Medical College and Hospital in Mumbai affiliated to the University of Mumbai. Eventually, I became Professor and Head. At the age of 58 years, I was due to retire in November 1996, but at the request of Head Office, I had to continue for 1 year more until a suitable surgeon was found to replace me. Not being a full timer I also worked in Tata Memorial Hospital, Breach Candy Hospital, and Sushrusa Citizens Co-op Hospital during this period. More recently, the full timers are officially allowed to practice outside after office hours. Neuro and spinal surgery is essentially very arduous and rigorous discipline with capability to take on the spot quick decisions even at odd hours in the middle of night. It is exhausting and wearing in terms of age, but today's lifestyle is such that at the age of 58 years, one feels quite active to carry on further.

On retirement, I had also joined Lilavati Hospital and Research Centre, a private trust hospital. At the time of joining Lilavati Hospital, I had put a condition that I will not be accepting emergencies but will manage only the planned work. I was quite enthusiastic and active then but the reason for refusing emergencies was different.

I had too many things on my plate and I had to devote time. I had to develop my NSSA (Neuro Spinal Surgeons Association of India), I was also founder member of Neurotrauma Society of India and had to look after it. By then, I was very active in Neurotrauma and Spine

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Committees of World Federation of Neurosurgical Societies. I was so much active in Spine Committee that in 2005, in Morocco, I was appointed Chairman of the committee for one term of 4 years. Having been elected unanimously again for the next term, I enjoyed this position for 8 years until I retired in 2013 in South Korea and took the committee to newer heights. It was declared as the most active committee in the organization. I am still very active in this committee and work enthusiastically.

I was also active in Young Neurosurgeons Forum sponsored by Dr Tetsuo Kanno from Japan.

At home, I had formed a team of young spinal surgeons and along with them, I moved from place to place across India and neighboring countries holding live operative, cadaveric, and teaching workshops on neuro spinal surgery and propagating its concepts.

There was a need and I was compelled to write and publish books on spinal surgery. Each book I published became quickly popular. Till today, I have already published 56 books including medical textbooks and social books. I have published three major volumes for the Spine Committee. During this period, I also prepared 21 video cassettes on various techniques in spinal surgery. They are now available on YouTube.

I had to look after my hobbies like jogging, hiking, and music (drums and *tabla*). I have climbed all the peaks of Sahyadri range including Kalsubai peak (highest at 7,000 feet) only 2 months back. I have also been to Ladakh and had climbed up to 12,000 feet.

When I was 75 years old, I had to undergo lumbar spinal surgery for stenosis. But that did not deter me from hiking and jogging. I am a permanent member of prestigious Standard Chartered Mumbai Marathon (SCMM, now from 2018, it is TMM or Tata Mumbai Marathon.) After surgery on the spine, I have run 18 marathons including Satara Hill Marathon, Pune Marathon, Coimbatore Marathon, and, of course, Dr Ramani Goa Marathon.

Even now, at the age of 80 years, I get up at 4.30 am in the morning. After doing meditation for 15 minutes and pranayama for 10 minutes, I have to report at 5.40 am for jogging session. It ends at ten past seven. Surgery at Lilavati Hospital starts at 8 am sharp. By afternoon, I sit with two secretaries and sort out the national and international correspondences. Consultation clinic starts at 4 pm and ends at 9 pm. Then hospital rounds, then home for dinner, and go to bed by 11 pm only to get up at 4.30 am the next morning.

Till today, I travel extensively within India and outside to deliver orations, guest lectures, or attending executive committee meetings. In 2017, I had made 19 trips abroad.

When should a Neurosurgeon Retire?

The retirement age from government hospitals is now increased from 58 to 65 years in India; it is still 60 years in Russia and China, and 62 to 66 years in Japan.³ Even at this age, most neuro and spinal surgeons feel quite active to carry on and to give them incentive, there are too many corporate hospitals in the cities like Mumbai who are wooing them to work with them and thus the active academic life continues.

When he should stop doing surgeries? There are two sections here. Those who have been working full time in government hospitals have not accumulated enough money to live happily during the rest of their life. The second group of honorary consultants is rapidly disappearing and is replaced by a system whereby the full timers are allowed to do work outside for monetary gains. So, strictly speaking, money does not appear to be an issue. Lust for earning more money has no end. All the same, most surgeons feel active to continue with surgery. After all, surgery is an art. It has to be mastered over a long period. Like musicians, having achieved name and fame, they still continue to work and give pleasure to audience. Even today, my annual cadaver courses and NSSA conferences are crowded and besides doing surgeries, such activities give academic pleasure of mixing with doctors of various cadres. With such an attitude, the surgeon not only revises his old knowledge and experience but absorbs newer knowledge and newer happenings keeping himself abreast of latest developments in science. The concept suits well with my motto "never cease to be a student." Writing and publishing then continue along with other academic activities. Personally, the other day, I have signed a contract with a reputed publisher to publish 8 more medical books in the next 5 years. I am convinced that even in today's digital and net-savvy medical life, there is a need for books.

When should a surgeon then say "Enough is enough" as the words learning and knowledge have no boundaries?

Is It Ethical to Continue to do Surgery at This Age?

Ethics is a principle. It cannot change with time. We follow principles as laid down by Hippocrates, Halstead, Osler, and Penfield.

Throughout my life, I have practiced ethical medicine. After completing my training abroad when I came back to Mumbai and started working as consultant in LTMG Hospital, I was feeling quite mature and did not feel like approaching nearby family physicians requesting them to send me the patients. I never ever indulged in cut practice. I knew I will take time to establish myself but I decided to stick to my guns. Life was simply beautiful for me. On the

first day of my consulting practice, I saw four patients and within 3 weeks, I had seen ten patients. I have not advised an unnecessary operation and I have always discussed the issue with patients and relatives and booked the surgery after they have come forward of their own free will to book the date for operation. Life has continued in this fashion till now with contentment and without remorse. Honesty, sincerity, and integrity are features of morality or good ethics. I have incorporated them in everyday life.

I am also active with the activities of National Board and train students under me for DNB course, although I am superannuated.

Clinical Medicine and Training the Doctors

At 80 years, I am old. I loved clinical medicine. I loved making "working diagnosis" by clinically examining the patient. It is ethical. When I was a medical student at B.Y.L. Nair Hospital, one of the physicians taking clinics for us was Dr DD Bamji. I loved attending his clinics. In those days, pulmonary tuberculosis was rampant. In a given medical ward, 70% of the patients would be of pulmonary tuberculosis. Dr Bamji would come and tell the registrar to bring the patient. He would then ask us to take the history and would correct it when necessary. Then, he would take his pen from the shirt pocket and start examining the patient. With auscultation and percussion he would then mark the cavity in the lung on the back of patient. He would then ask the registrar to show the x-rays only to know that the cavity on the x-ray was in the exact place where he had marked it on the patient. I felt astonished and would go again in the evening to the ward to reproduce the findings clinically. Other physicians would quietly ask the registrar the diagnosis of the patient and then take the clinic. Clinical medicine has not changed, but the times and attitude of doctors have changed. We, the older generation, dedicated our life to the science we chose.

Present generation on one side is tech-savvy and love to be slaves of technology rather than learn clinical medicine. Doctors in general love lifestyle of spending time eating outside and making merry and enjoying life while studying. Ladies love to spend time in family life and look after the children along with medicine. If medicine has to progress, these values have to be respected. I am one of the contributors in the world opinion to respect the changing pattern of work-life balance with love for technology.⁴ Very soon, the clinical medicine will be dead and will be replaced by high-speed online access and radically change doctors consultations and will transform health care like that of banking and retail. Already several hospitals abroad and in India are practicing digitalized services. It all started with the use of telemedicine, which was essentially a product of 20th-century

telecommunication and information technology. It was started in medicine as a community service to provide clinical health care by giving access to medical services, which were not easily available in rural areas or use the service to exchange views and hold discussions around the world.⁵ Unfortunately, using this as a stepping-stone, it is now used as a commercial service. Today's young generation of doctors like such a discipline. Such a practice will definitely produce bias against proper clinical evaluation of the patient. But there is no alternate solution. Today's young generation prefer quickly to refer to internet on the smartphone and get the answer rather than bother to discuss it with senior consultants or go to the library and dip his head in the books. That is technological evolution and we have to respect it if in 2050 we have to travel in outer space for a stroll.

Aging is Biological

Several researchers have sought to elucidate the effect of the aging process on a surgeon's performance. However, the conclusions remained vague and poorly understood but it did suggest individual variability in the aging process.

It is argued that aging is biological and a natural phenomenon and it should be respected. Anyone who is born has to go through the natural process of aging before he or she dies. One cannot deny the fact. But we are now better equipped to fight the process of aging and live more happily till the end. The need of the hour is to practice moderation in life, eat only healthy food full of proteins, vitamins, minerals, and antioxidants, drink plenty of water (at least 2 L every day), practice meditation, and follow certain games like solving Sudoku puzzles or playing chess which gives enough stimulation to the brain to remain active and not degenerate. Bones becoming soft (due to osteoporosis) or joints creaking is a secondary phenomenon. One must strive to keep muscles⁶ healthy and in strength by doing regular exercises at least 90 minutes every day. Age may advance, but today, senility can be conquered with right attitude toward life. The more one relaxes in arm chair, more likely that the muscles will become weak and stiff and joints will start creaking. Although it is said that only wine and cheese improve with age, but I would say that the quality of life can also improve with age provided right steps are taken from the beginning. Medicine has advanced. The expectancy of life is increasing all the time. The purpose is not to spend these extra bonus years in bed but to be able to go in the morning in a public park to enjoy friendship with others. I have believed that depression or feeling of melancholy is the character of empty mind and lazy body. In the past, we saw several people who are aged walking bent forward. We do not see this scene

anymore. The reason being people have become health conscious and there is a gymnasium round every corner to improve the soft power of the body.

The University of Virginia has intermittent assessment of doctors after 70 years of age.⁷ Very recently in 2014, Sinai Hospital in Baltimore has introduced the aging surgeon program for all surgeons aged 70 years or more.^{8,9} However, poor performance in the test does not necessarily involve retirement. The aging process of the brain and the surgeons' ability to operate are still not clearly correlated.¹⁰

When should a Neuro- and Spinal Surgeon Retire?

The concept of retirement was first introduced in Germany in 1889 and it was set at 70 years, but in that century, very few people survived to claim the benefit. Today, the range varies from 50 to 70 years around the world.

The Department of Surgery at the University of Toronto has developed some principles to help surgeons to retire from surgery and guide them to an alternate profession to remain active.³

In the present era of increased life expectancy, if the surgeon is active till the age of 80 years, he or she does not necessarily become ageless. But from this time onward, he should apply self-assessment guidelines every year. The scale can be applied earlier if he felt that he is slowing down. I would like to mention here that at this late phase, it is simply not possible to develop passion for alternate activity if he decides to stop practicing medicine as suggested by Penfield. The mind and body have already gone in the mode of inaction. Past the age of 50 years, one has to plan one's life and start developing other passions. The development of a constructive late career transition takes several years.

Why does a Surgeon continue to Work and Operate?

In a recently published survey in 2017, Poushay et al,¹¹ from the Department of Surgery, University of Toronto, Canada, concluded that most surgeons stop operating at the age of 65 years and stopped all clinical activities at the age of 70 years. They concluded that career satisfaction, sense of identity, and financial needs were the main motivations for the surgeon to continue operating, although the responders for the survey were only 33.5%.

The Guidelines for Retirement as Proposed by Me

The surgeon should note down on a piece of paper following points, which act as a scale.

- Attention: Can the surgeon maintain it for 4 to 6 hours during surgery?
- Prompt decisions: When necessity arises, does his ability function to take prompt decisions?

- The desire to learn more: I have been teaching my students my motto in life "Never cease to be a student."
- Ability to remember: Forgetfulness coming on naturally is coined with age.
- Visibility: Does his vision allow the use of microscope to perform surgery accurately?
- Ability and grace in the surgical procedure. Has it decreased in comparison with 10 years earlier?
- Comparison of postoperative outcome with past experience.
- Development of tremor in the operating hands. This is obviously a handicap.
- Ability to conduct clinic and examine patients with the same accuracy and vigor.
- Are patients satisfied with the surgeon as much as before?
- Does surgeon feel unusually tired at the end of the day?

The self-assessment paper should be reviewed by two observers to prevent bias. It should also be assessed by a person who is next of kin, like wife or husband or son or daughter, who is close to the surgeon.

An independent report should also be obtained from (a) anesthetist; (b) nursing staff in the operation theatre; (c) trustworthy resident working with him.

If more than three points suggest negativity, then the surgeon should seriously think of giving up surgery and pursue other social passions in life to live contented and happy life.

Even after stopping surgery, hanging around to mix with the rest of the faculty with some lectures for the residents and advise to the hospital is rewarding. He can even be with the residents while talking to the patient and the relatives. It is delightfully valued by the patient's family. Thus, he can still be productive in the community without the burden of not being able to perform surgery.¹²

I personally apply these guidelines every year to myself after the age of 75 years. So far, I have not failed and I will continue to work. But the day the scorecard shows poor performance, I will definitely say "Enough is enough."

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