

Retirement, and the path not taken

Whichever path you take in your career, a passion for medicine and enthusiasm for your work will take you further



Ralph Jones, MD

My friends and colleagues are retiring with generous pensions and lump sum bonuses—not MPs or MLAs, but doctors; the chums I entered medical school with in England in 1976 at the tender age of 18.

They are GPs and specialists, and they all share one sentiment: they could not wait for retirement—they've been longing for it, counting the weeks if not the days.

Why? They tell me their opinions don't count. They have been micro-managed, lied to, conned, overregulated, drowned in paperwork, and constantly reminded that they are part of the problem in health care, not the solution.

What happened to my idealistic young friends? I remember the excite-

Dr Jones is a Divisions of Family Practice FP lead, BCMA board member, care home medical director, and mental health GP specialist and teacher. He practises family medicine in Chilliwack and has full privileges at Chilliwack General Hospital.

ment and camaraderie we shared during long nights on call. How we supported each other, and bored our friends, relatives, girlfriends, and later wives with medical talk.

Even the relationship with patients is no longer important to them. I remember being attached as a student to an old-school GP, who was then over age 70 and still working. His father and grandfather had also been GPs in their small town. My mentor's enthusiasm for his vocation was infectious, and later helped me make the decision to switch from obstetrics and gynecology to general practice. His delight in his work gave him the much-needed energy to make evening or night visits, a service that few UK GPs have provided since 2006.

We moved to Canada on a whim in 1982, expecting to return back to the UK. The variety of work (especially hospital work) and our affinity for the people and the country kept us here. Now, at age 60, retirement seems a long way off, and not just due to the vagaries of investments. I like what

I do, and want to continue if I'm still useful.

If I'd stayed in the UK I would be retiring about now. I would be very secure financially, but I would have missed the experiences of northern and rural practice, 20 additional years of obstetrics, and the hospital work that I continue to do.

Medical politics and leadership have been passions of mine, motivated as I am to prevent us from descending into the UK slough of despondency. That slough entraps not only doctors, but our patients as well, because unmotivated, time-serving doctors inevitably become disengaged.

I wish my friends and former classmates in the UK luck whether they decide to take the retirement path now, or if their passion for the profession drives them to continue working. As for me, I would not take back the last 31 years in Canada. **BCMJ**