

## Saying goodbye

Richard Gardner

Goodbyes are always painful. You qualify and jump joyfully into the waters of real medicine and build a career. After 30 years in general practice it is an altogether slower business hauling yourself out of the stream, drying yourself off, and starting your third life.

General practitioners often give advice about retirement, and I have taken part in seminars for people about to retire. But when I planned my own retirement I did not anticipate some of the effects that it would have on the practice as well as on me. Dr T C O'Dowd's article (28 October 1989, p 1111) reminded me that little has been written about retirement from general practice and prompted me to recount some of my own experiences.

I have been lucky. With an expanding and innovative practice, congenial partners, and first rate staff I have been able to widen my medical horizons. I have had close contacts with hospital colleagues as well as other general practitioners and these have been stimulating and rewarding. Despite a lifelong love affair with medicine I decided in my mid-50s to retire when I reached 60 and get out before the inevitable decline in ability became too apparent.

I found myself becoming less resilient in coping with interruptions and with emergencies. Days on duty were much more of a burden and the large number of telephone calls for advice after hours a source of irritation and consequent danger. Being on call becomes much more stressful for many of us as we get older and you lose the happy anticipation of "What is the next problem I'm going to be faced with?" or "What fascinating bit of life am I going to see now?"

My partners and surgery staff knew that I intended to retire and move away at least two years beforehand, but this was only something in the future. It was my formal resignation six months before the event that gave it reality. I started to tell my patients four to five months in advance, which came conveniently after the Christmas holiday. Most of my regular patients came at not more than four monthly intervals and this allowed me to tell most of them personally.

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Dr O'Dowd refers to the amount of social interaction between general practitioners and their patients. I don't think it is possible to be a good general practitioner if you are not interested in and do not like people. In time you even get to like some people who are none too easy to like. As the years go by we make a lot of friends but I was surprised at the number of people who burst into tears when I told them that I was leaving. I was also surprised at how the knowledge that I was going allowed us to express our affection for

each other often with a hug, holding hands, or a touch.

There was certainly a lot of grief to deal with as well as some hidden anger. "Why are you leaving me like this?" and "What am I going to do without you?" I had to spend a great deal of time discussing which partner they would feel easiest with and at the same time I had to try to share out the heartsink patients evenly between the partners.

Quite a few patients came not only to say goodbye but also with extensive lists of complaints they wanted dealt with before I went. All this became increasingly stressful so that I was really ready to leave when the time came.

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There are rites of passage at various stages of our lives and for the retiring general practitioner a reception and presentation in the village hall or its equivalent is usually the final ceremony. In fact there were parties and gifts from staff and partners, a sort of triple rite.

I recognised the necessity for the parties but was apprehensive and unhappy at the prospect. But the public presentation which I had worried most about was a warm and happy event. I found myself a lot closer to my patients not only because this was a sort of culmination and an opportunity for them to express their friendship outside the consultation but because some of my own reserve was removed.

I wondered how this increased closeness might have affected the doctor-patient relationship if I had not been leaving. Although increased intimacy could be positive I think that I would have been more emotionally exposed and stressed. We share our patients' pain and grief but need some self protection so that it does not affect our judgment. Nevertheless, getting a little closer might be worth a try for some.

Leaving the patients as patients was not too difficult. Leaving them as friends was sad. But saying goodbye to the surgery staff was painful. We have an exceptionally good team of staff. Comparing the practice to a family with the senior partner as the father has a lot of truth in it. Leaving your family is hard and they were disturbed and edgy for a couple of months before I left. Having had a particular responsibility for the staff for years I found leaving them perhaps the most difficult part of retiring.

I thought it odd that I found leaving the staff more upsetting than leaving my partners but I think the reason is that doctors depend on the support of receptionists, secretaries, etc, in their daily work. We work in series with them; with our partners we work in parallel. Partners do not influence our day to

day workload whereas good staff can make all the difference in helping us cope with our work.

For many years I had been "saying a few words" and making presentations at parties given for staff members who were leaving so it was an odd experience having it done to me.

What about the third rite, taking leave of the partners? I was told that there would be a small dinner party on my last day, but I should have known after all these years that there would be a surprise. I arrived to find not only all my ex-trainees but also as many ex-partners as could be traced. A large and splendid party. At the end of a sad final day's work it was a marvellous finish to my professional career.

Did I say goodbye to them individually well enough and tell them how much I had appreciated them? I am not sure. I hope that I did.

Can I draw any conclusions six months later? Patients and friends need to have the opportunity to say goodbye and also to say thank you. Not only do you get letters and presents in abundance but also retirement cards. These feature, for example, large tired dogs and cart horses gazing into the sunset—a friend had 26 identical cards featuring two swans and a cygnet—greenhouses and flowers.

Those who are shy must put a brave face on the public presentations. For our colleagues and staff perhaps the partings shouldn't be too long drawn out. The partnership group doesn't function well if the leader is consciously detaching him or herself. On the other hand a gradual standing aside makes for a smoother changeover. The process of retiring was more stressful than I had anticipated but cessation of that stress made me welcome the change of life and not look back with any regret.

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And retirement itself? My *BMJ* now comes in slimline form with no advertisements, which surprisingly I miss (I don't miss the free newspapers and circulars from drug firms). At times I miss the camaraderie of my partners and staff, the jokes and sharing of problems. I miss going into people's homes and seeing how they live.

One transition that I did not expect was to pass from being the eldest of a group of youngish and middle aged colleagues to being the youngest of a group of oldish friends and acquaintances. But all the negatives are of no consequence besides the sense of renewal and personal growth that retirement has brought. It is a paradox that leaving a much loved life's work has been not a cause of regret but of liberation, like a snake shedding its skin. The process of retiring has taught me a lot about myself and I hope I have the time to use that knowledge and for further explorations.

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