Assessing the late Career Physician: Case Presentations

William Perry, Ph.D.

University of California, San Diego

UC San Diego
SCHOOL OF MEDICINE

Disclosures

On occasion I receive stipends for talks on physician assessment and do engage in medical-legal assessments and Fitness-for-Duty evaluations of physicians.

Framing the issue

- Around the world there are growing concerns about the dependence on aging medical professionals.
- In Canada, the percentage of doctors aged 65 or above is expected to reach 20% by 2026.
- Internists and general practitioners often continue working full-time since “there is simply no one to take over their patient load.”

Peter Carmel (2012) Past President of AMA

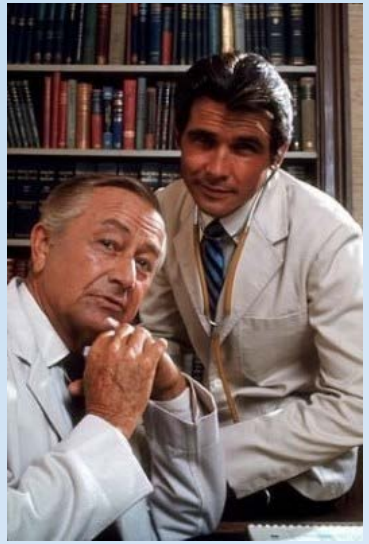
- The United States will face a shortage of between 40,800 and 104,900 physicians by 2030.

UC San Diego
SCHOOL OF MEDICINE

Conventional wisdom about physician expertise generally holds that the longer a physician has been in practice, the better honed his/her clinical skills become.

Marcus Welby M.D.

Welby works with Doctor Steven Kiley, a brilliant young physician. He has more strait-laced methods and often disagrees with Welby's way of thinking but usually ends up seeing the value in what his partner says. The two work alongside one another at a private practice in Santa Monica, California.



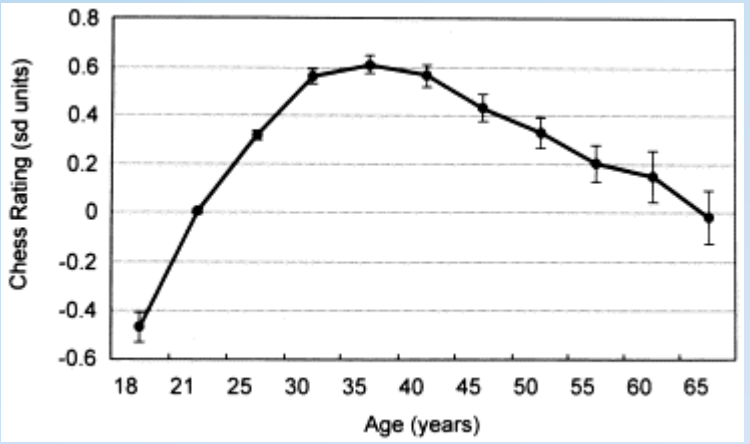
UC San Diego
SCHOOL OF MEDICINE

Is there a reason to be concerned?

Physical concerns associated with aging?

- Cardiovascular changes (hypertension, myocardial infarction)
- Renal changes (strong relationship BMI and Memory)
- Pulmonary changes
- Urogenital changes
- Decreased visual acuity
- Often decreased hearing
- Decreased physical strength and stamina
- Most cancers

“Normal” cognitive changes associated with Aging



- Decreased reaction time
- Decreased fine motor skills/ dexterity
- Difficulty learning new concepts and skills
- Decreased comprehension of complex information
- Decreased analytic processing

  - Not unique to physicians – grand master chess player longitudinal skills

Understanding the cognition-performance link in older physicians

Frontal aging hypothesis (Craik & Salthouse,1992, Dempster, 1992) selective frontal lobe pathology underlies the neuropsychology of aging.

Information-processing speed, for example, slows and the capacity to hold information in working memory may also decline with age (Cerella, 1994).

Healthy older adults' memory is preserved for well-learned material, but ability to process novel information declines.

The Aging Physician and Changes in Cognitive Processing and Their Impact on Medical Practice

Eva & Barnes (2002) Acad Med,77:S1-S

- Analytic processing tends to decline with age whereas nonanalytic processing remains stable.
- Older physicians tend to do less well when dealing with novel, conflicting, and complex patient situations.
- The more individuals rely on their prior experience, the less of a tendency there will be to critically incorporate novel conflicting information.

Impairment defined

- Physician impairment is defined by the Federation of State Medical Boards as “the inability to practice medicine with reasonable skill and safety because of physical or mental illness including, but not limited to aging, alcoholism, drug dependence, and habitual or excessive alcohol or chemical use or abuse” (Rassekh, 1996, p. 213)

Cognitive Weakness ≠ Impairment

- Cognitive strengths refer to the underlying brain (cognitive) skills needed for a particular task. These are the skills that allow us to process the huge influx of information.

- Imagine trying to run the latest software on an outdated computer? Or asking a computer with a small processor or insufficient memory to handle several complex tasks at once?

- Underlying systems aren't up to speed.

UC San Diego
SCHOOL OF MEDICINE

Cognitive Weakness ≠ Impairment: The question is not simply impairment or is he/she better than others at age 75. When it comes to patient health the question is are we providing optimal care ?

UC San Diego
SCHOOL OF MEDICINE

Goals of a Neuropsychological/Fitness for Duty Evaluation

- To aid in diagnosing a neuropsychological/neurological condition (dementia, Mild Cognitive Impairment, Significant Attentional Disorder). One in eight people aged 65 and older (13%) have Alzheimer's disease (Alzheimer's Association, 2013).
- To determine if a primary health condition (cardiovascular /pulmonary/ hepatic and renal changes) is impacting his/her cognitive functioning.
- To determine if cognitive traits or deficits, personality traits or stress reactions are causing or contributing to problem behavior or substandard performance.

UC San Diego
SCHOOL OF MEDICINE

Case Examples

UC San Diego
SCHOOL OF MEDICINE

Why do we need neuropsychological assessment anyway? Can’t we just talk to peers?

CASE 1

UC San Diego
SCHOOL OF MEDICINE

Case Example 2: Divided attention

Case 2

UC San Diego
SCHOOL OF MEDICINE

Behavioral Dysregulation: its all about the brain

Case 3

UC San Diego
SCHOOL OF MEDICINE

Case 4: Struggling with the realities of age

Case 4

Consider what can be done to keep the physician active

- Consider accommodation (when appropriate to the setting). e.g., increased time between patients, the use of a Dictaphone or Dragon Medical, decrease call schedule, etc.
- Can deficits be attenuated with medical intervention (medications or rehab)
- Are they suffering from depression or anxiety
- Use of FPPE and OPPE
- Recommend further education, counseling, remediation.
- Transition programs (e.g, surgical coaches)

Strategies to Retain Doctors in the Workforce, Practicing in a Safe Manner

- Shift away from procedural work
- Allocate more time to each patient
- Use memory aids
- Seek advice from colleagues
- Seek second opinions

  - Adler, Constaniou . Med J Aus. 2008:189(11-12):622-624

UC San Diego
SCHOOL OF MEDICINE

Our Challenge: Shigeaki Honohara- 105 year old internist

Our Challenge should be to find a place where the experience and the talents of the senior physician can best be put to use and allow them to continue to contribute to caring for people and teaching of future generations of physicians.

UC San Diego
SCHOOL OF MEDICINE

Questions?

UC San Diego
SCHOOL OF MEDICINE