DOCTOR
CHARLESCOPE

Specialist Plastic Surgeon
[redacted]

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I am a plastic surgeon aged 60 and am on the Medical Advisory Committee (MAC) of a private hospital, and I am writing in regards to the suggested health checks for doctors over 70, which I am completely in favor of.

While some surgeons are still very good technically at 70, I do not believe than any surgeon should be allowed to operate after 75. From my understanding mental capacity declines at a rate of 2%/year after 60 and definitely no one (GP/physician or anyone) should be allowed to practice after 80.

I have seen first-hand a number of plastic surgeons operating well into their 70s and even 80s at a stage when their capacities are not 100%, and reflects on the lack of insight for a subgroup of doctors that think they are the same at 80 as they were at 50.

A few years ago there was a plastic surgeon aged 79 who reapplied successfully for a 5 year appointment at a public hospital in my local area, despite the fact that all the surgeons in the area knew he was under-performing. He has also recently applied to assist at the private hospital that I am on the MAC for in his 80s (which was refused). Another plastic surgeon in my area who was underperforming for many years (with a number of cases discussed at the MAC meetings at the private hospital) was forced to retire at 80 by his wife – he still wanted to continue. This lack of insight is a difficult issue, which would be made easier for hospitals by legislation of mandatory health checks after 70 (and no operative practice for surgeons after 75).

In terms of the actual assessment as well as a full medical assessment necessary (not by their GP who they could put pressure on – it should be someone independent), I feel strongly that they should also be subject to a review of their medical practice by a committee.

My suggestion for this committee for specialists is at least 3 people comprising

1) 1 of the same specialty peers – eg plastic surgeon reviewing a plastic surgeon, renal physician reviewing a renal physician.
2) 1 person of a different specialty – eg ENT surgeon reviewing a plastic surgeon, cardiologist reviewing a renal physician
3) 1 other person in a completely unrelated area

These assessments should include

1) a review of total practice complications comparing to normal averages for the specialty – this already occurs at some private hospitals eg Ramsay, where 6 month complication rates are compared to other surgeons in the area – recently someone in my area of practice who needed to retire in Sydney had a complication/return to theatre rate of 45% (compared to 2-3% good and 5% acceptable)
2) a report from the Medical Advisory Committee of each of the hospitals they work in asking whether they have an excessive number of cases discussed

Yours sincerely

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Dr Charles Cope