Medical Observer
Opinion

The medical board should ask two simple questions before forcing older doctors to undergo health checks


Dr Craig Lilienthal

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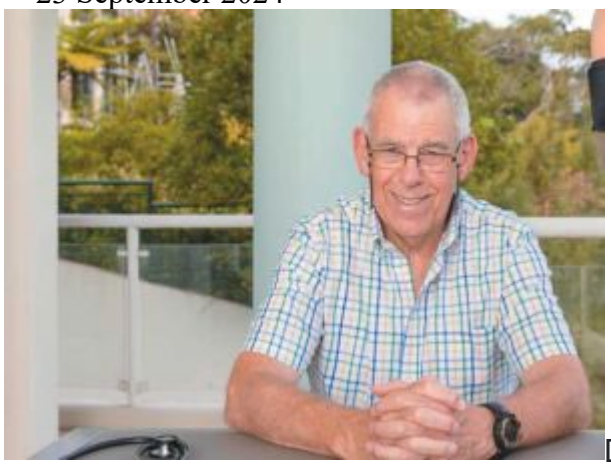
Dr Craig Lilienthal.

The Medical Board of Australia in trying to ‘retire’ incompetent/incapacitated senior doctors is going about it the wrong way.

The board’s primary responsibility is to protect the public from professional abuse.

However, to imply that all doctors aged 70 and over could be incompetent until proven otherwise is both punitive and counterproductive.

Different approaches

When trying to improve a situation, there are two approaches available: the carrot or the stick.

The carrot approach always produces better and more lasting results.

To threaten 7000 late-career doctors with compulsory health checks, whether for general or cognitive health, is the odious ‘stick’ approach.

The board claims there are 80% more complaints against doctors older than 70 when compared to younger colleagues.

While the board does not provide details on the nature of these complaints, and what percentage are frivolous and readily dismissed, research does show a correlation

between the number of complaints made about a doctor and the number of medical negligence claims in which they become embroiled.

And there are plenty of complaints and claims brought against doctors under the age of 70.

In my day as a claims handler with the MDU, we saw that the highest incidence of claims involved middle-aged surgeons who were overstretching themselves in an attempt to make hay while the sun was shining.

I actually started a program to review those members for whom we had opened the highest number of files, and few if any of these doctors where over 70 years of age.

Good versus bad

Getting back to the deleterious effects of the stick approach, to punish older doctors with compulsory health checks will be counterproductive.

Many of us will say “screw you” and retire.

We don’t work for the money; we work for the good of our patients and to support our younger colleagues and their practices.

We see our identity as being good doctors, and we do understand the axiom, ‘First, do no harm’.

Most of us work part-time and act as locums to support our practice colleagues.

Currently, there are not enough GPs. What will happened if a significant percentage of us late-career practitioners hang up our stethoscopes, having been offended by the medical board’s attitude towards us?

Fewer than 40% of doctors have their own GP.

This means a significant number of doctors are not getting regular health checks, and it is intuitive that people with physical health problems are more likely to experience mental health problems and probably become cognitively impaired at an earlier age than their more robust colleagues.

Yes, I have my own GP, whom I see regularly, and we are surrounded by a bevy of specialists. Despite multiple diagnoses, I am as physically healthy as I could be, and cognitively I seem to be just fine.

Certainly, my GP hasn’t hinted that I might be losing it and should consider retirement.

So, shouldn’t the first message and commitment be that all doctors should have — and attend — their own GP to ensure we remain as physically and cognitively fit as possible, age notwithstanding?

Positive inducement

When we apply for our annual registration with AHPRA, we are obliged to answer a long list of questions, some of which relate to our CPD activities, some to any complaints we have received, and some to possible criminal behaviour.

Why not include questions about whether we have our own GP, and whether we have seen that GP in the last 24 months?

And this should apply to all doctors, regardless of age and specialty.

This may come as a shock to the specialists who only see a GP when their specialist mates have retired and they can no longer access corridor consultations.

Most GPs, however, would readily accept this approach and be prepared to engage in it.

Why not use the carrot approach and encourage all doctors to have their own GP and to see them regularly?

This should lead to a physically and mentally healthier medical workforce, and will probably lead to fewer claims and complaints.

In all likelihood, it will lead to more late-career doctors reassessing their fitness to practise and to reflect on their competence.

Importantly, there should be no requirement for our GPs to report their findings to the authorities.

The process should be private and designed to improve the health of all doctors.

This would encourage all practitioners, not just us geriatrics, to do better when it comes to our own health.

More specifically, we are more likely to take notice of our true and trusted GPs if they suggest it might be time to consider cutting back our workload or even retiring from the workforce.

The end result should meet the medical board's ultimate objective in a more positive and less draconian manner.

Dr Craig Lilienthal is a GP and medicolegal adviser in Sydney, NSW.

Read more: *I don't need the medical board to tell me when I'm too old to practise*