The Golden Rule of EM

EPs must accommodate older colleagues the way they want to be accommodated

By Sandra Scott Simons, MD

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I think I overdid it on my recent birthday weekend. The following Monday morning, I was feeling every one of my 48 years. I wonder what 48 EP years translate to in non-shiftwork, lower-stress job holder years because I feel like this job has aged me exponentially.

With 50 looming on the horizon, I'm facing the reality of continuing to age (God willing) as an EP, a challenge I barely considered when I chose this specialty. Already I can't bounce back from a celebratory birthday weekend the way I could 10 years ago, and I can't bounce back from night shifts either. How am I going to feel doing this job five to 10 years from now?

When you spot septuagenarian or octogenarian physicians in the ED, they are almost never EPs. The physicians I've seen in my department who are 30 years older than me have been consulting cardiologists or pathologists, two of the specialties with the oldest physicians, along with pulmonology and psychiatry. (Physicians Thrive. April 6, 2021; https://bit.ly/3Jsh8ey.)

It is rare at my current job for me to take sign out from or give sign out to a colleague who is older than me. Ours is one of the three specialties whose members retire earliest, along with anesthesiology and interventional radiology, and also one of the specialties with the lowest percentage of active physicians who are 55 or older. (2018 AAMC Physician Specialty Data Report; https://bit.ly/42TW8UL.) We simply don't last as long because emergency medicine is not designed for any of us to have a long and fruitful career.

No Corner Office

It's been said emergency medicine is like a professional sport—a young person's game. We're able to handle the constantly changing shifts, the fast-paced environment, and the cognitive load of incessant interruptions when we're young. Then the deleterious health effects of the stress and circadian insults gradually start to catch up with us, no matter how many yoga classes we take.

Our bodies are less able to regulate sleep as we age, so circadian disruptions will more negatively affect the duration and quality of our sleep than that of our younger colleagues. (Saint John Regional Hospital Emergency Medicine. April 5, 2018; https://bit.ly/3qX28ii.) We never feel completely rested when we're working late evening or night shifts despite blackout curtains, sound machines, and sleeping pills.

It gets harder for us physically, and we are not exactly getting a corner office or an annual pay raise like our non-medical friends. There are few benefits, if any, to having seniority in one's group. EPs two decades into their careers work the same shifts right alongside the new grads, often for the same pay. Unlike physicians in other specialties, our years of work don't build a thriving practice or loyal patient base, so we are just as replaceable at 50 as we were at 30. Our replaceability undermines our ability to negotiate for pay raises, favorable scheduling, and workload accommodations. Experience is not much of a bargaining chip when the main goal is filling holes on a schedule, and for-profit hospitals are tipping the tables in their favor by creating their own residencies to increase their pool of expendable physician laborers.

How EM takes care of older EPs who took care of everyone else is a precedent that will apply to the next generation

The American College of Emergency Physicians released a policy statement in 2009 "in an effort to enhance and prolong the careers of emergency physicians in the latter stages of their professional lives." (ACEP. January 2021; https://bit.ly/4461bmc.) The policy suggested accommodations for older EPs in their pre-retirement years, including:

- Minimizing rotating, late evening, and night shifts to decrease circadian stress.
- Encouraging older physicians to work more day shifts on weekends in exchange for night shifts.
- Scheduling additional time off to recover after night shifts.
- Trying to match patient volume and acuity to the work pace of senior physicians.

Completely Wrecked

The college reaffirmed this in 2015 and 2021, but, like many of ACEP's guidelines, this policy does not consistently translate to practice. Many EPs who would benefit from the policy are not even aware it exists.

Older EPs generally fend for themselves. Each of us will likely be on our own to find a way to keep working in an environment in which we cannot slow down while age takes our energy and speed. Some of us will be like my husband, "the Tom Brady of emergency medicine" (in his words); he can still work 150 hours a month with the same skill and intensity of new grads.

I suspect more of us feel like I do. I had found my sweet spot after nearly two decades of full-time nights of two 12-hour night shifts a week. My sons are heading to college, so I recently tried to add more nights. I found that working more than two 12-hour night shifts in a row completely wrecks me, and I require at least as many nights of sleep to recover and feel human again. So, I cut back again.

The sweet spot required to keep working effectively after decades in the trenches is often a moving target and changes based on our health and how much we have on our plate outside of work. Strategies I've seen older colleagues use to find the sweet spot they need include going to part-time or prn, working just the bare minimum of hours to meet full-time status, moving to academic hospitals where they are responsible for teaching rather than clinical care, and transitioning to consulting or administrative roles. I am now the age, according to Google, of the average employed EP in this country, and so many are out there successfully employing these strategies to remain gainfully employed.

I worry that our next generation of EPs won't last three or four decades like our older colleagues have. Officially sandwiched between the youngest and oldest practicing EPs (per Google), I have a good vantage point for comparing what EM has been like for each generation. Like our founders' generation, I got to enjoy years of paper charts, allowing me to scrawl a quick note and orders at the bedside and then move on to the next patient while someone else entered the orders into the computer. I also enjoyed years of working in departments staffed mostly by other EPs without NPs or PAs to supervise. My early career gave me a taste of how good EM was before computers and for-profit medicine. Since then, I've endured a decade of the stresses that our next generation will face—impossible time metrics, satisfaction scores, and maddeningly inefficient electronic medical records—and I know firsthand the toll they take over the years.

Today's culture of corporate medicine will continue to shorten the number of years we can physically do our jobs by piling on more and more expectations. To extend the longevity of our careers, we need to work collectively as a specialty to make sure we accommodate our older colleagues the way we want to be accommodated. Taking care of the older caretakers after they've devoted their lives to taking care of everyone else is the right thing to do. The precedent we set now will ultimately apply to us. **EMN**

DR. SIMONS is a full-time night emergency physician in Richmond, VA, and a mother of two. Follow her on Twitter @ERGoddessMD, and read her past columns at http://bit.ly/EMN-ERGoddess.

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