

# When Is the Surgeon Too Old to Operate?

## A Partir de que Idade Deve o Cirurgião Parar de Operar?



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The acquisition of medical skills is a rigorous and time-consuming process that requires extreme commitment and dedication. It is a continuous process that goes beyond the completion of a residency program. In surgical specialties, the development of skills can be even more demanding and have a greater learning curve. In fact, a surgeon may need several years of clinical practice to become competent in treating a given condition.<sup>1</sup> Becoming competent requires not only mastering a surgical procedure but also deciding about surgical indication, to be aware of the risks and benefits of the surgical procedure, to manage its perioperative complications, to be familiar with other surgical procedures to solve the same problem, including their advantages and disadvantages in a particular patient. This requires that surgeons remain at the top of their game in terms of physical and intellectual abilities throughout this process.

With aging certain abilities such as vision, hearing, manual dexterity, cognition, gradually deteriorate which will surely have an impact on the clinical practice of surgeons.<sup>1,2</sup>

The main question we should ask ourselves as surgeons is: is there a direct correlation between aging and this loss of abilities? No. And, consequently, can we say that there is an age threshold after which a surgeon is no longer competent to treat a certain condition? In my opinion, no. The aging process varies considerably and, therefore, age itself cannot be a determinant of surgical skills. The proof lies in the fact that there are 70-year-old surgeons who are fully competent to treat patients, while others, 10 years younger, are not.<sup>2–4</sup> Therefore, I do not agree with an age threshold after which surgeons must stop performing surgery.

This raises another question: how can we evaluate the impact of age on surgical skills? In my point of view, the

most important issue is for each surgeon to actively evaluate whether he or she continues to have satisfactory surgical skills to perform their activity. To this end, surgeons should take measures, some of them have already been suggested by some surgical academies and colleges. I highlight the following measures<sup>4,5</sup>:

- Periodic self-evaluation of surgical outcomes (e.g. success rate, complications rate) in order to understand if these results are in agreement with the literature;
- Peer assessment to ascertain what fellow surgeons, namely colleagues familiar with one's abilities, think about one's actual professional performance;
- Periodic medical examination to evaluate one's health, in order to know if the physical abilities required to carry out professional activity are adequate;
- Regular attendance to scientific meetings in order to remain updated and to carry out clinical practice according to the most recent guidelines.

Regardless of age, it is essential that each surgeon makes a self-evaluation of professional skills with the aim to provide the best health care to one's patients. In my opinion, this should be done before any kind of mandatory external and/or internal evaluation of surgical skills done by one's peers.

On the other hand, surgeons must understand that the loss of technical skills to perform certain surgical procedures does not mean the end of their career. Senior surgeons with years of experience will always have a prominent position in clinical, training and organizational activities of surgical departments.<sup>1,3–5</sup>

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