

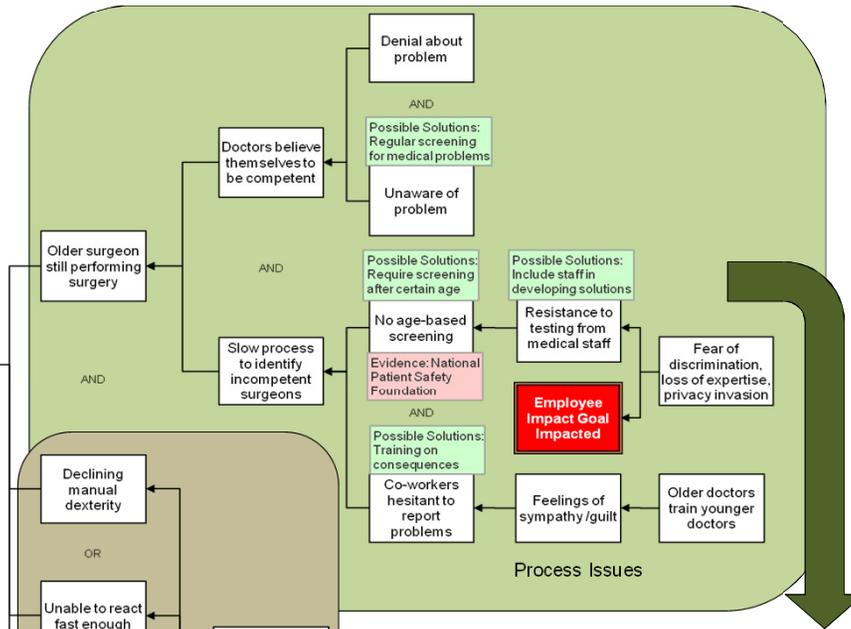
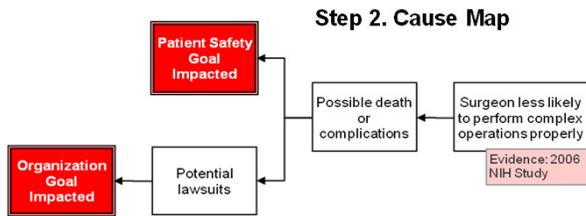
# Aging Surgeons

Step 1. Define the Problem		
<b>What</b>	Problem(s)	Aging surgeons more likely to make medical errors in complicated procedures
<b>When</b>	Date	On going
<b>Where</b>	Different, unusual, unique	Age of surgeon
	State, city	U.S.A.
	Facility, site	Operating Room
	Task being performed	Surgery
<b>Impact to the Goals</b>		
	<b>Patient Safety</b>	Possible death or complications
	<b>Organization</b>	Potential lawsuits
	<b>Employee Impact</b>	Fear of discrimination, loss of experience

Over 20% of today's physicians are over the age of 65. Should this be cause for concern? After all, we rely on our doctors to take care of us when we are often at our most vulnerable. While increased age means increased experience, there are also down sides. Age can bring with it a decrease in physical and mental capabilities, as well as a reluctance to adopt newer technologies. At least this is what [multiple studies](#) have hinted at over the past few years.

The associated Cause Map visually lays out the dilemma. Surgeons who aren't performing adequately do so for two reasons. First, they *have* a medical condition precluding them from performing to standards. (Note that to keep this Cause Map simple, other issues such as mental health problems, addiction, and failure to maintain their continuing education were not examined.) Second, they are *allowed* to continue practicing.

Such physicians continue after their abilities are impacted for a number of reasons. Some might be unaware of their condition or unwilling to accept it, both stemming from a belief that they are still competent to practice. Additionally, current processes at most hospital are slow to identify such physicians. Most hospitals rely on co-workers to identify such doctors, clearly a highly subjective and ethically complex system. Age-based screening is not common at many hospitals, partly because of resistance from hospital staff. In fact, only 5-10% of hospitals have directly addressed this issue. Labeling doctors as "unfit to practice" isn't necessarily a bad thing. If such doctors are identified early, patient safety is enhanced. Additionally, early identification can sometimes allow those doctors to continue practicing in a controlled and safe environment.



Now that the problem has been laid out, the next step is to look for possible solutions. It's clear that little can be done about age-related deterioration. So the focus moves to the other branch of the Cause Map. Here there are a number of possibilities. While age-based screening is certainly an option, it's not the only one. For instance, including hospital staff in making decisions might also help decrease resistance to identifying deficient physicians. Additional training on the impacts of age might make co-workers more willing to discuss their concerns. Or doctors might be more willing to adapt to their limitations if regular screening can identify possible health problems.

**Step 3. Solutions**  
Corrective Actions to be taken from this Incident that are Causally Related

No.	Action Item	Cause
1	Regular screening for medical problems	Unaware of problem
2	Require screening after certain age	No age-based screening
3	Include staff in developing solutions	Resistance to testing from medical staff
4	Training on consequences	Co-workers hesitant to report problems



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