

A PIECE OF MY MIND

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Navigating Transitions and Charting New Paths

A career in medicine creates an identity and a defining sense of purpose in life. I love being a physician and relish the planned and unexpected challenges and opportunities that have unfolded over time—which for many years seemed endless. But I also observed early in my career what can happen if one doesn't anticipate transitions, especially in midlife and beyond. While I have come to know this as a physician, I have learned it is also true for individuals in other walks of life, as choices, options, and opportunities become altered and sometimes appear constrained and truncated by physical and cognitive changes or because one has become burned out and needs a change of direction or new path to pursue.

Although I did not anticipate the various directions of my career in medicine as I began my journey, I actually planned a late-career transition during my internship in pediatrics. This may seem surprising, but it was the result of witnessing a handful of luminary leaders being marginalized because they had lost their "edge" and perceived relevance. In one case I observed a renowned surgeon in his 70s (admittedly an age that seemed older several decades ago than it does now) who began having increasing surgical complications and who was ultimately forced to curtail performing surgery. I also witnessed an early pioneer in cancer chemotherapy who did not keep up with new medical advances and who became criticized accordingly. I felt deeply distressed by these events and the impact they had on these individuals and resolved to avoid being put in a similar situation when my time came. So, I envisioned that at "the right time" in my career, I would go back to school and begin a doctoral program in history—and take a different fork in the road. In anticipation of a future transition (not knowing when it would take place), I began preparing by reading history and, to be efficient, I did so by listening to audible history books while doing long-distance running. Over the years I acquired a lot of knowledge and also maintained my physical health, and I felt some reassurance that I could have a new and purposeful career path to pursue when the time arose to do so. I believed my plan would provide an antidote and deterrent to being marginalized if I failed to see the road signs for transition—or, even worse, was asked to do so by someone else. In fact, over the years I witnessed many other individuals who did not make good transition choices and who became dissatisfied and even disillusioned as a consequence. Thus, as I approached the decision to step down from my formal roles in medicine and science, I viewed my plan as insurance against the uncertainty and talked openly about it. But then, unexpectedly, I realized that the transition I was anticipating was generalizable to others facing uncertain pathways in their 50s, 60s, and beyond, given the dramatic changes

in life expectancy and the changing social narrative of the "traditional" life journey consisting of education, work, and retirement. For example, today 10 000 individuals in the United States cross the age of 65 each day, and in less than 15 years, 20% of the US population will be older than 65 years. Similar demographic changes are occurring around the world, and in some countries in Asia and Europe, the percentage of older individuals will approach 40%. Life expectancy has increased by three decades in the past century, dramatically altering expectations about retirement and work life, including whether age is a limitation or an opportunity for new beginnings.

Despite these dramatic changes in life expectancy, the social narrative of work and retirement is still defined by Otto von Bismarck's pension eligibility in 1883 and the New Deal policies, especially Social Security, in 1935. The benchmark of 65 years of age still signals the time for retirement, and, while it is not mandatory in the United States, it creates a social expectation for individuals and many employers. There is also the assumption that older workers are not as productive and limit opportunities for younger workers—rather than thinking creatively about how developing new career paths (whether traditional or voluntary) can foster intersections of the wisdom of older individuals in collaboration with skill and knowledge of those earlier in the careers, especially as work lives extend into the seventh or eighth decades (and beyond) of life.

It must also be recognized that many individuals reach a point when the job of their youth has become stale and less meaningful. For not insignificant numbers of individuals, including an all-too-large number of physicians, burnout occurs, making a transition desired, even when its outcome is undefined. The promise of the golden years in "Sun City," while still appealing to some, does not offer a prescription for renewing a sense of purpose or creating new life directions. At the same time, in a number of professions, including medicine, transitions or alterations in the scope of work can also be governed by loss of technical and even cognitive proficiency, not dissimilar to the situation affecting the medical leaders I encountered early in my own training and that left such an impression on me. Not infrequently, there can also be denial of loss, governed by fear, which results in individuals hanging on too long or being forced to transition. The negative consequences of being asked to leave one's job can affect self-esteem, particularly when it occurs later in life when new job or career options are less available or accessible.

Despite planning for my own alternate career, the transition from my position was still accompanied with a sense of loss and an unsettling anxiety that affirmed that the distance traveled was much greater than the

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likely road(s) ahead. This occurred even though I loved the work I was doing, seemed to be appreciated by my community, and had publicly announced that I would step down as dean of a medical school two years before the planned date of conclusion, after a dozen years of service.

I still experienced surprising questions about personal identity and self-worth. Did my knowledge or experience still matter, and was I still relevant or useful? How was I to be seen—or would I even be seen? These are feelings many in medicine (as well as in other careers) experience when the time for career transition is sought or imposed. It's important to remember how much our identity is defined by the roles we have been in and who we have been in the past (as a physician, professor, lawyer, etc). It is also easy to ignore the multitude of ways our workplace provides structure, purpose, and social connectedness. And when we transition from the workplace, questions about one's purpose and even social isolation can erupt quickly.

I recall the tonality of the days immediately surrounding my transition: the number of individuals seeking my time or counsel rapidly evaporated, and the hundreds of emails that had petitioned my attention were replaced by junk mail. Even though my transition was to the full-time faculty, many asked me about how it felt to be retired, and I couldn't escape feeling as if I was being slotted to the past tense. Or when I ran into a colleague, student, or trainee for a while, it was startling when there was an expression of surprise that I was "still around." The world was moving on—as it should and must—and the transience of time, place, position, and identity were being irrevocably altered. None of us escape the consequences of aging, even though we are in the midst of the greatest demographic shift in history with a national and global population that is becoming as old as it is young.

Given the age rebalancing of society, it is important to develop new pathways for individuals to pursue that provide a new or

renewed identity, that offer a recalibrated sense of purpose to wake up to each day. We need to think about creating new opportunities that make the life journey more successful and that reduce the negative impact of transitions on individuals, communities, and society. While medical science may create ways to improve functionality or slow the aging process, we are still bound by the eventual limitations that unfold with the passage of years. Regardless of our life journey, we all share these transitions—and how we face or address them can have an impact on our health and well-being.

Rather than allowing mid- to later-life transitions to become a loss of opportunity, it seems reasonable to develop strategies to reimagine our sense of purpose in ways that might be transcendent to one's past. Rather than losing the community of our workplace, it seems important to forge new ones that create learning and transition planning networks. And to engender endurance and well-being, it would seem important to recalibrate physical, emotional, and spiritual health during midlife transitions. Building on my earlier vision of using higher education as a route to repurposing, I have been repurposing myself by developing programs that explore ways that colleges and community colleges, nationally and globally, might be able to cultivate opportunities to reengage and reignite purpose, foster new communities, and recalibrate wellness for individuals in midlife. This is tied to the question of whether the "university of the future" can become a place for intergenerational learning and teaching, fostering new pathways for those in midlife to make their lives more meaningful and productive while at the same time mentoring and advising those beginning the life journey. If midlife programs encourage renewed purpose, community building, and wellness, they might help compress morbidity for individuals and reduce the need for medical and social services for society. That would allow the navigation of career transitions to promote the health of both individuals and society.

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