

## Am I Too Old?

**T**he Federal Aviation Administration mandates that pilots of scheduled air carriers (pick your favorite airline) retire after reaching the age of 60. In response to this, a number of pilots working for Southwest Airlines are challenging this rule, which was instituted approximately 50 years ago. Southwest Airlines supports the pilots and therefore, its attorneys will file a “friend of the court” brief with the U.S. Supreme Court claiming this regulation violates age discrimination standards. The reasoning is that it would be more appropriate that competency and health determine a pilot’s ability to fly rather than his or her age.

It might make an interesting academic exercise to determine the original rationale behind this regulation. One could presuppose, and the FAA has commented, that retirement at age 60 is a safety measure. Loss of cognitive and motor skills occurs as pilots age. Senescence is a recognized physiologic phenomenon, one that affects all of us, and is the basis for much research in the area of aging. As we grow older, it is apparent we lose some of the acuity we possessed when we were younger. The likelihood of a significant cardiac or neurologic event, or death, also increases as we age.

If the FAA reinforces its somewhat arbitrary determination that 60 is indeed when pilots experience a diminution of cognitive abilities and gross motor skills, at what age then do we begin to lose the fine motor skills so intrinsic to the practice of dentistry? A pilot who has a fatal myocardial infarction or cerebrovascular accident puts not only himself at risk, but also the remainder of the crew and passengers. The sudden death or total disability of a dentist would not create an analogous, acute high risk, but it still is of great impact. The loss of fine motor skills is however, critical in

the provision of quality care for our patients.

In this issue is a letter to the editor from a 72-year-old practitioner. He makes the point that he and several of his friends are still practicing after many, many years, but that they are practicing in a contemporaneous fashion. His argument is that although we age, we must continue to stay current and not practice outdated dentistry. This individual is a good colleague who has done it all — a successful dental practice over the years, activity at many levels in organized dentistry, and a teacher at one of our dental schools. On a personal basis, he has been a friend, mentor, colleague, referral source and, most significantly, my dentist for many years. There is no doubt in my thinking he is still practicing at a high level of proficiency. But what of our peers who are not? It is uncomfortable to think and to know that several of our older dentists may not be doing the same quality of dentistry as they did many years ago. Many of us are aware of colleagues who may be in such a situation.

Individuals who do not rely on delicate hand skills for the pursuit of their profession, such as an attorney or a businessperson, have less to be concerned about relative to the loss of fine motor coordination. History recounts many individuals who have contributed despite being disabled by conventional standards. Actor Christopher Reeve’s leadership in the fight to raise consciousness about spinal cord injuries was an inspiration. Equally impressive is the brilliance of theoretical physicist Stephen Hawking, who, despite his physical limitations, is a major influence in his field. Dentists, however, spend the bulk of their

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practices doing intricate procedures, ones that require coordination and fine motor skills.

I can think of two of our contemporaries who have been impressive in their decisions about their decreasing physical acuity. One of them was a general dentist who had a full-scope general practice for many years. He recognized an element of burnout, accompanied by the physical diminution of his skills. To continue his practice, he limited his patient contact to removable prosthodontics. His reasoning was that his ability to damage a patient on an acute basis was minimal, and that his dexterity was sufficient to do dentures. A second individual, a successful orthodontist, retired from his practice prematurely by most standards. He pursued an advanced degree, and came

back to school to teach and do research without patient care. When questioned, he admitted he still maintained his clinical skills, but was beginning to become less tolerant of his patients, and felt he was failing them. Both of these dentists deserve commendations for considering the greater implications of their continued practice as compared to selfish motivation or financial gains.

Dental societies at local, state, and national levels have committees and programs for members who are impaired by drugs or alcohol. Is the physical impairment that comes with age any different in terms of delivering quality care to our patients? Much time is spent by our young students in preparation for the start of their careers. Attaining entrance into school, completing requirements, getting specialty education,

and starting their practice are only a few of the factors dentists consider at the beginning of their professional lives. Perhaps they, and we, should spend a comparable amount of time planning the completion of our practices. Self-assessment, retirement planning, and developing potential alternatives for self-satisfaction and fulfillment need to be part of our long-range goals. It is my hope all of us will recognize we no longer do our patients justice when we lose the skills they deserve. It is important to me that I see that in myself. It is more important that we recognize it in our colleagues and be strong enough to tell them. **CDA**

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