

Addressing Safety Concerns for Healthcare Practitioners Who Have Declining Health

Question

Do healthcare practitioners who have declining health pose safety or risk concerns? How should healthcare organizations address these concerns?

Answer

Practitioners who have declining health may pose a concern for patient safety. Often, but not always, declining health is related to aging. Studies demonstrate that aging directly affects specific physiological and cognitive functions that practitioners use to fulfill their job-related responsibilities. With age, cognitive abilities and processing speeds decline,¹ hearing and visual acuity is reduced, and decreased manual dexterity and visuospatial ability occurs. These decreased capacities may interfere with a practitioner safely performing complex tasks (e.g., surgical procedures) and pose patient safety risks. Yet, the level at which these declines occur varies among practitioners.

Addressing safety and wellness issues related to practice raises many issues. Implementing a mandatory retirement age may be inappropriate, discriminatory, and could possibly result in a workforce shortage by eliminating some competent practitioners from practice based solely on age and not performance.² But ultimately, healthcare organizations must oversee the quality of care that healthcare practitioners provide.

To ensure patient safety, decrease organizational liability, and maintain practitioners' dignity, healthcare organizations should use objective criteria established as part of their ongoing professional practice evaluation (OPPE), focused professional practice evaluation (FPPE), and peer review. The OPPE/FPPE policies should identify department-specific criteria to evaluate practitioners on an ongoing and neutral basis. Factors associated with physical, psychological, and cognitive

decline — regardless of age — should be included in the criteria. The objective criteria should be the trigger for screening practitioners, not one's age.

The American College of Surgeons (ACS) approaches screening practitioners from a career-long perspective, not just an aging perspective, and it supports physicians being involved in their own assessments. Previously, ACS recommended voluntary competency assessments for surgeons, but now supports “comprehensive, multimodality clinical competency assessments, including neurocognitive testing and the early implementation of long-term transition planning for surgeons within a culture of safety, collaboration, and equity.”³

The American Medical Association also considers a broad view of competence and asserts that:

*To fulfill their ethical responsibility of competence, physicians at all stages in their professional lives should cultivate and exercise skills of self-awareness and active self-observation; take advantage of tools for self-assessment that are appropriate to their practice settings and patient populations; and be attentive to environmental and other factors that may compromise their ability to bring their best skills to the care of individual patients. As a profession, medicine should provide meaningful opportunity for physicians to hone their ability to be self-reflective.*⁴

Some organizations have addressed concerns related to declining health by establishing late-career practitioner policies that include mandatory age-based evaluations. However, litigation related to mandatory screening has occurred.⁵ Therefore, healthcare organizations should be certain to consult their general counsel before mandating any age-specific screening requirements because doing so may violate the Age Discrimination in Employment Act (ADEA), the Americans with Disabilities Act (ADA), and the Equal Employment Opportunity Commission (EEOC).

Below are additional strategies that healthcare organizations may use to ensure patient safety through age-neutral policies:

- Establish transition flexibility and have career transition discussions for practitioners early and throughout their careers. Provide educational programs that make it easier for practitioners to recognize when they are developing decreased abilities and transition in a productive way to activities that they can do well.

- Create teaching, mentoring, coaching, and/or administrative opportunities for practitioners in modified clinical or nonclinical roles. Encourage practitioners to voluntarily assess their neurocognitive function using reliable online tools.
- Ensure that quality and risk management programs support identifying and communicating concerns about declining health.
- Assemble practitioner wellness committees from multiple disciplines to evaluate practitioners for impairment that could result in adverse outcomes.
- Implement nondisciplinary remedial measures to prevent adverse outcomes when practitioners' deficiencies are identified instead of restricting or terminating their privileges. Encourage retraining and re-education, provide or require consultations with other practitioners for second opinions, and provide memory aids for all practitioners.⁶

Resources

- [American Association for Physician Leadership: Balancing Safety with Dignity When Evaluating Aging Practitioners](#)
- [American College of Surgeons: Statement on Sustaining the Lifelong Competency of Surgeons](#)
- [Annals of Internal Medicine: Ensuring Safe Practice by Late Career Physicians: Institutional Policies and Implementation Experiences](#)
- [California Public Protection and Physician Health, Inc.: Assessing Late Career Practitioners: Policies and Procedures for Age-based Screening](#)
- [JAMA Surgery: The Aging Physician and the Medical Profession: A Review](#)
- [KFF Health News: When the Doctor Needs a Checkup](#)

Endnotes

¹ Salthouse, T. (2012). Consequences of age-related cognitive declines. *Annual Review of Psychology*, 63, 201–226. Retrieved from <https://pmc.ncbi.nlm.nih.gov/articles/PMC3632788/>

² Dellinger, E. P., Pellegrini, C. A., & Gallagher, T. H. (2017). The aging physician and the medical profession: A review. *JAMA Surgery*, 152(10), 967–971. doi: <https://doi.org/10.1001/jamasurg.2017.2342>

³ Peregrin, T. (2024, May 8). *ACS provides guidance for senior surgeons facing an age-old question*. American College of Surgeons. Retrieved from www.facs.org/for-medical-professionals/news-publications/news-and-articles/bulletin/2024/may-2024-volume-109-issue-5/acs-provides-guidance-for-senior-surgeons-facing-an-age-old-question/

⁴ Council on Ethical and Judicial Affairs. (2019). *Report 1 of the Council on Ethical and Judicial Affairs: Competence, self-assessment and self-awareness*. American Medical Association. Retrieved from www.ama-assn.org/system/files/2019-12/i19-ceja-report-1.pdf

⁵ Callahan, M. R., & Ogedegbe, A. O. (2020, August 4). Physician late career policies under EEOC attack. *The National Law Review*. Retrieved from www.natlawreview.com/article/physician-late-career-policies-under-eeoc-attack-1

⁶ Callahan, et al., Physician late career policies under EEOC attack; American College of Surgeons. (2024, April 9). Statement on sustaining the lifelong competency of surgeons. Retrieved from www.facs.org/about-ac/s/statements/aging-surgeon/

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