

Simon Ramsbotham suggests that retirement may offer new opportunities for Christian doctors' service to God

TRANSITIONS 5

DOUBLE HARVEST

key points

- Many doctors are reconsidering their retirement options in the light of COVID-19 and the subsequent long-term pressures on the NHS.
- Phasing retirement or returning after a period away from practice can offer ministry and giving opportunities.
- There are challenges to serving the Lord this way, but for some, it may be a great way to expand their Christian ministry through the twilight years of their professional lives.

For the last two years, doctors in the UK have had to adapt to new pressures of work and to new ways of working because of the pandemic. The Covid pandemic seems to be moving into a new, less acute phase. Many doctors have delayed retirement or, having retired earlier, have returned to work to help with the crisis. Now many are rethinking their next steps.

However, it seems that there has been a growing tendency in the UK for doctors to retire earlier than in previous years. Now that the immediate need created by the pandemic is receding, perhaps now is the time to re-examine the retirement question for Christian doctors and what it means for the NHS and the kingdom of God.

So why are so many doctors in the UK retiring at 60 or even in their fifties and, in many cases, deregistering? Do we suddenly lose our skills at 60? Or do we suddenly become dangerous as soon as we get our lump sum and pension?

How is it that at the one moment in the history of the NHS when there is an increasing shortage of

doctors, especially GPs, so many of us want to hang up our stethoscopes as soon as we hit 60 or earlier when we still have so much more to give?

Many Christian doctors at retirement begin a new medical career in the developing world. Others focus on pastoral care in their local church or become pastors and vicars. Some become hospital chaplains. This can be an excellent way to use our transferable skills. Others focus on evangelism through hospitality or looking after aged and infirm parents. They have not retired. They have changed their place of work in God's plan for their lives.

However, for some of us, there is another way. Why, after taking our lump sum and drawing our pension, retire from the NHS at all? Of course, we do not have to go on working full time. There are endless opportunities to continue as locums or salaried partners. For GPs, this could mean continuing in our practice. If this means standing in the way of younger doctors, it might be preferable to do sessions in another practice, which is what I did after retiring at 64 from the practice where

I had been working since the age of 30.

At the end of September last year, I finally retired fully and permanently from medical practice at 72. During the final seven and a half years of my professional life, work included GP locum sessions involving only two practices, out-of-hours work, ward rounds in a nursing home and working in a call centre for London Ambulance. Of course, none of this involved the long hours when I worked full-time. The out-of-hours work together with London Ambulance lasted just over a year. During this time, my knowledge and skills did not deteriorate. In general, they improved.

Right now, the NHS is desperately short of older and more experienced doctors, especially GPs, to share the load and support and encourage the younger doctors we work with. Even more so now that we have entered the 'post-pandemic era', where the needs are greater than ever due to the backlog COVID-19 has created.

This article is called *double harvest*. Why? Firstly, there is the value of our medical work itself as an aspect of Kingdom building. Christian doctors have vast opportunities to glorify Christ through excellent and loving care of our patients.

Secondly, there is another harvest: the value to the kingdom of the money we earn from this work. I took my pension at a very favourable time with an excellent lump sum and annual income – far more than I expected. If we do not need the extra money, why not give it to churches, missions, or other Christian organisations? This way, our giving can be increased by tens of thousands of pounds. With Gift Aid, it increases by 25 per cent, and tax from earnings is reduced by 15 per cent if we pay at the 40 per cent tax rate.

If this were to become the practice of many older Christian doctors, think of the funds we could release for the kingdom.

There are four possible objections some might make to this idea.

1. I am too tired to carry on working.

In my experience, the stimulus of continuing to work takes away tiredness, and we can choose how many sessions to do per week.

2. I spend so much money on indemnity insurance.

This is now much less of a problem as the government is now taking over most of this.

3. If I continue working, I have to continue with appraisals and revalidation.

Appraisal is not an obstacle. It is there for our good, to help us keep up to date and be better doctors, even though the total amount of study demanded remains the same regardless of how many hours worked. There is an endless supply of courses we can go on. *BMJ* learning and others provide excellent online modules. It developed the quality of my work significantly.

4. I might be standing in the way of a younger doctor who might need my placement.

This objection is very serious, and we should consider it before taking on any work. If such a situation should arise, there will always be something available elsewhere, as doctors are in such short supply these days.

One more obstacle could be a significant problem for high-wage earners. They might be so near their maximum pension pot that further earnings could push them into a punitive tax increase. If a doctor is in this situation, they can arrange to continue working without contributing to the pension pot, provided they make sure no one is inadvertently doing so without their knowledge.

Once again, an alternative is to do unpaid medical work. I know a retired consultant who has worked unpaid throughout the pandemic, summarising and analysing all the scientific papers on Covid.

Nowadays, if we retire at 64 or 65, most of us will have at least another five years of life to have the skills, health, and energy to continue working in the NHS. Indeed, we can do even better work through application, study, and the additional experience that will come from these extra years.

Another group of doctors where the principle of double harvest might apply are younger doctors who are thinking of reducing their hours. For example, some GPs might want to reduce hours from eight to four weekly sessions. Such GPs might consider working for six sessions a week and give away what we earn from the additional two sessions.

In his excellent article for *Triple Helix* in spring 2020, David Cranston says, '*...as frailty gradually takes over, we need to hand back to God those gifts and abilities we will not need in the life to come.*'¹ Thus, there will be a moment when God shows us that the time has come to hang up our stethoscope once and for all. I have just done exactly that, but there is plenty of work to do in the church, especially with food and clothes distribution among asylum seekers, the homeless and others in need. I might possibly go into hospital chaplaincy myself.

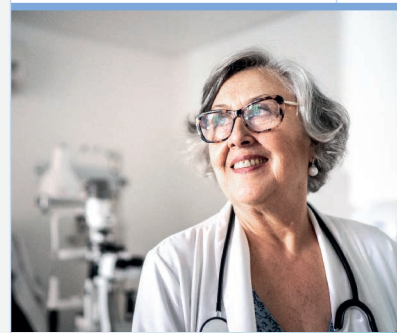
The critical point is that we work in order to give. As any doctor can appreciate, this can lead to considerable financial support for God's work.

The Scriptures encourage us to go on doing good. Paul in Galatians 6:9 writes, 'Let us not grow weary of doing good, for at the proper time we will reap a harvest if we do not give up.'

Finally, let us hear the words of Jesus himself. '*From everyone who has been given much, much will be demanded; and from the one who has been entrusted with much, much more will be required.*' (Luke 12:48)

For all of us at retirement age, let us NEVER say to ourselves, 'I have done my work'. Our work is not done till we draw our last breath.

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The Scriptures encourage us to go on doing good

references (accessed 19/9/22)

1. Cranston D. Retirement & old age: an opportunity to be embraced. *Triple Helix*, spring 2020. [cmfJi/3RLGFkn](https://doi.org/10.1080/13600567.2020.1811111)