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Retirement revisited

Stuart E. Mirvis, MD, FACR

In a previous editorial, “Staying in the game—but not forever,”¹ I discussed various aspects of retirement, including such things as when (if ever) and how to approach the start of this potentially long adventure. I have no expertise in this matter, but I have read many books, mostly about finances and investments, but also about the psychology of working through the transition. The ideas that seemed most sensible to me were to approach retirement in steps, rather than all at once, and to have a plan for my considerable extra time.

I am getting back to you now on how all that has gone.

After 38 years of going from medical intern to tenured professor of radiology, I officially retired from the University of Maryland on June 30. On July 11, I celebrated this event at a retirement party with fanfare and the good wishes of about 60 friends, family, and work colleagues from near and far. It was a lovely event to launch a new phase of my life.

For the most part, I followed my own advice, working into retirement through a process of gradually cutting back. After 28 years of serving as section head of Emergency Radiology, I shifted down four years ago. I decreased to 60 percent clinical

coverage for 12 months to get used to having more time and less stress. I accommodated well to this lighter workload, finding that my time was still reasonably well filled. The ever-increasing bureaucracy of medicine really helped me out here. It was the first time I actually enjoyed the paper pushing and receipt of new edicts, guidelines and processes emanating from the great administrative beast from on high. Yes, I added a couple of television series to my viewing schedule, but no crime in that. I also increased my involvement in home duties, although more slowly than my wife might have liked.

Even at this current stage I consider retirement to be a work in progress. I was lucky enough to have a Chairman who is willing to let my retirement evolve. After a 45-day mandatory waiting period, I will still be helping my section on a per-diem basis and doing a few after-hours teleradiology interpretations. It seems a shame not to continue putting one's accumulated knowledge and experience to some use and make a few extra dollars to buffer the nest egg for an uncertain future.

It seems there are plenty of people in my institution who want to collaborate on research and teaching projects, our residents are looking forward to hearing my lectures,

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and there are papers, chapters, and protocols that can always use extra reviews. I will definitely continue my service as editor-in-chief of *Applied Radiology*, which I love, and will continue playing drums (still looking for that band playing '60s, and '70s rock). I also recently took up bass guitar, which so far I play very poorly, but I know a lot of songs. If I have time I will add a few charitable activities and certainly more traveling. Most critical is my biweekly breakfast with my retired best friend at a restaurant offering senior discounts.

There are many ways to skin this cat called retirement, and I have described a system of gradual evolution from full-

time faculty member to marginally employed "near retiree." This works for me. I believe that making retirement a sudden event is potentially detrimental unless you have a plan and schedule to accommodate such a transition. Read some books, talk to some retired friends about their experiences, and test the waters gradually are my recommendations. I'll give you some more feedback in a few months to let you know how my plan is playing out.

REFERENCE

1. Mirvis SE. Staying in the game—but not forever. *Appl Radiol*. 2013; 42(7):6-7.

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