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At 71, Gerald E. Harmon, MD, has earned the opportunity to retire from medicine. Besides having practiced for more than 35 years as a family physician in rural South Carolina, he has served as assistant surgeon general for the U.S. Air Force, chief physician for the National Guard Bureau, board chair and president of the South Carolina Medical Association, chair of the AMA Board of Trustees, secretary of the AMA and, most recently, AMA president, from 2021 to 2022.

But retiring isn’t something he’s comfortable doing just yet.

“What would I retire from? What would I do?” Dr. Harmon said during a recent interview. “I already do plenty of fun things. I hunt and I fish. I spend time with my family. I go to my grandkids’ events. I have a full life.”

Gerald E. Harmon, MD

Dr. Harmon is also a member of the AMA Senior Physicians Section, which gives voice to and advocates on issues that impact senior physicians, who may be working full time or part time or be retired. In honor of Older Americans Month, May also is marked each year by the occasion of AMA Senior Physicians Recognition Month.

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“I live in a retirement community in a small rural area that’s a destination for many folks,” he said. “Sometimes I'll get up in the morning and see folks walking their dogs, and if I want to be walking my dog too, I’ll ask myself what keeps me going at my age. I'm not trying to be self-aggrandizing, but I always think: I’m going to be a doctor come heck or high water. Because I enjoy it and it’s important.”

To illustrate this, he likes to quote Dr. Joseph Warren, a major general in the American Revolutionary War who famously urged his fellow revolutionaries: “Act worthy of yourselves.”

Dr. Harmon served as a major general too, in the U.S. Air Force.

“What we’re doing today affects the lives of millions of Americans” to come, he said, paraphrasing Dr. Warren. “I took an oath when I applied to medical school. Like every other doctor, I said: I want to serve humanity. I feel I have a gift.”

For this Q&A, Dr. Harmon discussed in depth what motivates him to keep working and providing care after the age at which many of his peers have retired. At the top of that list: Patients still need him.

AMA: To achieve all that you have in your career, you’ve obviously put in a lot of time. How many hours a week do you work?

Dr. Harmon: I work a minimum of 65 hours per week, as I always have. But I also vacation and goof off—I’m pretty aggressive about doing that too. I hear folks saying you should live every day as if it's your last, but I'm not quite that pessimistic. In fact, I describe myself as a pathologic optimist. I'm not manic, but I enjoy every day.

AMA: The physician shortage stands to affect patients of all ages, but older Americans might end up being among the hardest hit. With your being in family medicine, it seems much of the work of caring for older patients will fall to you and your colleagues in that specialty. Does that add to your sense of calling in your senior years?

Dr. Harmon: It does give me perspective, no question about it. We know from the Association of American Medical Colleges that there is an expected shortage of up to 124,000 physicians by 2034, along with a 42% increase in Americans 65 or older. We also know that 40% of doctors—two out of five—are going to be 65 or older within the next decade.

I think I'm optimally set up to be a provider for my temporal peers. The challenge is not only around the shortage of geriatricians, or folks who are specialized in medicine for older people, but around the shortage of family medicine and adult internal medicine specialists.

I am trained to be a geriatrician without an extra fellowship year, and having 40 years of practice means I'm experienced in delivering health care for those who are 65 or older. My challenge is to do it
in a quality, predictable, scientifically evident manner—in other words, to maintain my skill set and to recognize when I don't have it.

**AMA:** So what do you do if you suspect that your skill set might no longer be where it ought to be?

**Dr. Harmon:** One of the reasons we aging physicians are somewhat driven to retire is we're concerned that we may not have the mental acuity that we once had. So first we have to be aware, but we have to also trust the folks we're working with—whether it's nurses, technicians or other physicians—if they tell us we're not listening or comprehending as well as we used to. In other words, the aging physician needs to be accountable to the workforce.

But there are also lots of resources out there to help keep us sharp. One of those is the AMA Ed Hub™, which is a lifelong training initiative. We have an opportunity to go back and learn how to use EHRs, learn how to use augmented intelligence, or AI, learn coping mechanisms for when we have to deal with workforce limitations, and maybe even retrain ourselves so we can volunteer. These things can enhance and extend physicians' career paths.

**AMA:** You mentioned AI. What are your thoughts on it in the clinical and teaching environments?

**Dr. Harmon:** The first pushback you might get from aging physicians, particularly, is that they don't want to learn these newfangled things. And yet, we're already using AI in the electronic health record. And if you think about it, it's largely the same as what we've gone through with other technologies. For example, we use cameras and videos now in many professions—we no longer use slide rules. We use computers and calculators. These are the tools we have to become proficient in if we're going to succeed as health care providers.

The same is true in other professions. For example, I've been flying planes for 40 years, and I use an autopilot in my airplane all the time; I don't try to do everything by hand. It's a time-saving device and a reliability device. When I turn it on, my focus shifts. I'm no longer overwhelmed by a multidisciplinary approach to flying an airplane. Autopilot is augmented intelligence too, and we've become very comfortable with it.

**AMA:** What about the health needs of older Americans? How can senior physicians not just help fill the gap in access due to the physician shortage but even improve the care of older patients?

**Dr. Harmon:** One of the things we're working on at the AMA and other health care organizations is advancing health equity by addressing health disparities. We know that patients of color tend to have better results when their physicians are people of color. They have better communication and they tend to be given better care when the folks that are taking care of them look like them and have similar life experiences.
I would say the same thing for older Americans. When someone in their advanced years is cared for by someone who is of the same demographic, I think we can expect that they're going to have better shared decision-making, be more adherent to the recommendations and have better outcomes. Also, I think we've been able to show that we've given good advice. We have a track record of competence.

And I'll tell you, older Americans do present a more complex burden because of the prevalence of chronic diseases. We have this old saying in medical school that the average person gets about a disease a decade. So, by the time someone is 60 years old, they might have six chronic conditions, such as diabetes, hypertension, lung disease or gastroesophageal reflux disease.

All these things tend to have a burden of overlapping therapies and interventions, and older physicians like myself have the experience to know that we don't always have to order a CT scan or a PET scan. I can examine a patient and have a good predictive instrument going forward. And I might be a little bit more efficient in utilization, or whatever health care matrix I'm giving those older patients.

**AMA:** Do you think the COVID-19 pandemic affected you and other senior physicians differently from younger physicians? In particular, was there any feeling that your decades of hard work were being undone as the health care system came under siege and physicians and other health professionals started quitting under the workload?

**Dr. Harmon:** No, but what was disheartening was the pandemic of mistrust that was laid on top of the pandemic of the virus. You heard me talk about that in an “AMA Moving Medicine” podcast episode. It was a pandemic of lack of faith in the institution of medicine.

But it also gave me an opportunity to step up as a voice of reason. Most people trust their family doctor, often more than anybody else—more than politicians, more than journalists and almost as much as the military, which has always been one of the most trusted institutions. So it was kind of a bipolar situation: first a little discouraged, but then, hey, that's why I'm here.

**AMA:** So … any plans to retire?

**Dr. Harmon:** Kind of. I've set an artificial date of three to four years from now just to reassess my situation, because if I don't do it by then I might wish I had. But I'll keep going as long as it's fun and as long as I'm making an impact and I don't have a major physical or cognitive limitation. The good thing about being my age is I realize time is relative and value is everything.