Since the U.S. health care system entered the vaccination phase of the COVID-19 pandemic, it has been confronted with two enormous challenges: how to scale up capacity and how to convince everyone to get vaccinated. In both cases, senior physicians often have contributed to help make a difference.

"Some have come out of retirement to help with creating and administering vaccination clinics, which has enabled their younger colleagues to stay on track with the day-to-day care of patients," said Nancy W. Dickey, MD, executive director of the Texas A&M Rural and Community Health Institute and the first woman to serve as president of the AMA, from 1998 to 1999. "But also, because of the respect and authority they often enjoy in their communities, they've been very effective in addressing the concerns of the vaccine-hesitant population."

But the pandemic is now putting senior physicians at center stage for another, equally important reason: No one wants to go through this again.

We've been here before

Early on in the pandemic, it was obvious that few cities or states would have adequate health care capacity if they experienced anything like the outbreak that hit New York City.

"We had lots of conversations here in Texas—and I suspect they were happening all over the country—around how to ramp up the workforce in a safe, quality fashion," Dr. Dickey said. "That reminded me immediately of when Hurricanes Katrina and Rita hit the Gulf Coast and caused extraordinary and prolonged damage to the health care system across Louisiana, Mississippi and Alabama."

There were questions then of how affected health systems might accept offers of help from health professionals who were not licensed in those states and whose home states had different
credentialing mechanisms. Lots of potential solutions were put on the table, but none was ever adopted.

"So here we are again," she said. "We're in the midst of another crisis and we're still asking the same questions."

Senior physicians have a unique role to play in managing—and hopefully in preventing—the next pandemic. That's because they have a history with a health care system that can't keep up, including in the early years of the AIDS epidemic and the ongoing calamity of uninsurance. Dr. Dickey also volunteers two days a week at a free clinic in Bryan, Texas, where she mostly works with older patients who aren't old enough to qualify for Medicare.

"If this is your first crisis, it may be hard to convince you that there will be another," she said. "We really need to keep the conversation going post-crisis because if you're comfortable just getting to the end of this one, you'll never put a solution in place to prevent or respond to the next one. It's a duty we older doctors have to patients, policymakers, other health professionals, and our nation."

**Big things move slowly**

One of the ways older doctors can have a system-level effect is by getting involved in the AMA Senior Physicians Section (AMA-SPS), which gives voice to, and advocates for, issues that impact physicians age 65 and older, both active and retired. The section is leading the organization's observance of the first ever AMA Senior Physicians Recognition Month.

AMA-SPS "brings together people who are at a place in their careers—in their lives—when they can look back and share their perspectives. We bring more of a long-angle lens," Dr. Dickey said. "Most of us have slowed down to some degree and now have time to look at issues that impact the profession and the communities we serve. Time is something physicians are usually short of, but older physicians often have a little more of it than those who are still building their practices and growing their families."

If the past is any guide, however, it will take time to transform the health care system to better handle crises. And if senior physicians wish to be on call for a public health emergency, they likely need to make that decision before or very soon after they retire, Dr. Dickey noted.

"You are obligated—ethically, morally, professionally—to commit part of your retirement to staying up to date," she said. "You have to maintain your competencies if you want to respond safely and effectively."

The AMA has re-entry resources for physicians interested in returning to practice. It has been
estimated that as many as 10,000 physicians could re-enter clinical practice in any given year. Learn more with the AMA about the facts on physician re-entry.