



Phasing In To Retirement

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Lots of advisors are nearing 60 years of age. Some of them might feel burned out, that they are working too many hours, and turn to thoughts of early retirement. But when they do, they observe older colleagues who have taken this path and found it has not worked out well for them (either psychologically or physically).

If you are one of these people, you may want to think about the phrase “locum tenens.” This is a Latin phrase meaning, roughly, “holding a place.” When we use it in the retirement conversation, we are talking about phasing out of your old life gradually—avoiding the shock of suddenly waking up to find yourself without engagement, purpose, inspiration or challenges. Because without those key elements, your transition could lead to an unraveling, diminishing, downward spiraling descent into feigned usefulness, outright boredom or ostentatious decline.

I recently had a conversation on a flight home after a long week crossing the states. Next to me sat Doug, a neurologist, and we eventually turned to the topic of work and retirement (this happens often in the seat next to me if the person has any gray hair). His story demonstrates what many professional practitioners face as they mature in their careers. He ran a private neurology practice in the Northeast and was working far more than he wanted to (60 or 70 hours per week), finding himself constantly stressed and burned out. Observing the paradigm shifts in health care, he realized that hospitals were moving from a model of self-employment to institutional employment, and that privately run practices were facing mounting challenges.

Around the same time, he purchased a sailboat and soon realized there were other things in life besides work. This is where his dilemma began. He began contemplating how to find balance, and how to make the transition to retirement. He wondered if he should leave work altogether suddenly for a life of ease or leave gradually and find a life of balance.

Millions of professionals in our world today look with consternation at the prospects. It’s a risky proposal to just hit the exit ramp. Many who have will tell you they wish they had done it differently, because once they are out, it’s much harder for them to get back in. This is where the “place holder” or locum tenens idea can come in.

The New York Times recently published a piece called “Facing Retirement, But Easing Your Way Out The Door,” by John Wasik, a writer I know to be very well in touch with work and retirement realities. In the article, he

shared examples of people who found compromise work situations in their early 60s in which they would make 25% less but get 13 weeks off a year. Some of the people making these moves thought they would only do it for two to three years, but they have found themselves seven to 10 years down the road still doing it, and they are as happy as they could ever be. They have discovered they have balance and usefulness.

A recent study by consulting firm Aon Hewitt and the nonprofit retirement group AARP found that almost 80% of workers in their 50s and beyond would be interested in staying in the workforce (in a more limited capacity) well into their traditional “retirement years.” The study also showed that there was a significant cost for corporations and institutions replacing those who left permanently, demonstrating how it would be in their interest to work toward flexible positions in their staffing models.

On the plane, Doug told me that as great as his joy of sailing was, there was no way he was going to take the sudden path out of the medical practice. He has simply observed too many people who have left abruptly and were now “withering on the vine.”

“The notion is,” he said, “you can either work intensely up to spot or work less intensely for a longer period of time.”

He did his homework and found a number of companies in tune with this idea in health-care staffing (Staff Care, Delta Healthcare Providers, CompHealth, etc.). Such firms could help private practitioners leave (or sell) their practices, helping them segue into part-time consultation practices. Doug observed that neurologists didn’t like doing in-patient care because it was typically tacked on to the end of their day, so he knew there would always be a need for neurologists to handle the in-patient part of the business.

He simply had to find a place to practice. He found a hospital with a need for a part-time neurologist in the Midwest. He now works 11 days on and 17 days off. His effort has paid off with a life he can live with and a future filled with meaningful engagement and fun.

The following is a “locum tenens” conversation you can have with clients contemplating retirement:

- Have you ever considered a phased retirement approach instead of the all-at-once approach?
- Do you know of any organizations that can help you make that transition?
- What observations have you made regarding those who retired too suddenly?

You can have it all—but you’d better start your planning early and avoid the abrupt jump into full-time retirement.

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