

## References

- Orkin FK, McGinnis SL, Forte GJ, Peterson MD, Schubert A, Katz JD, Berry AJ, Cohen NA, Holzman RS, Jackson SH, Martin DE, Garfield JM: United States anesthesiologists over 50: Retirement decision making and workforce implications. *ANESTHESIOLOGY* 2012; 117:953–63
- Turner JA, Cole DJ: Baby boom or bust ... Is 64 the new 57? *ANESTHESIOLOGY* 2012; 117:931–3

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### In Reply:

Steinbrook and Weinstein pose a legitimate question regarding the precise validity of the finding reported by Orkin *et al.*<sup>1</sup> that the mean age of retirement for anesthesiologists who retired before 1985 was 57. We defer to Orkin *et al.*<sup>1</sup> for clarifying their methodology and the validity of their finding.

Whether the precise mean age for retirees before 1985 was 57 or modestly different, the more important question remains whether or not the American public will face a future shortfall (or surplus) in the workforce of anesthesiologists. After a long decline over the past century, the trend of participation in the workforce by older Americans began increasing in the 1980s.<sup>†</sup> Anesthesiologists are only one group among many for whom this trend appears to hold true. As with workers in other professions, increased longevity as well as economic factors—including less reliable pension plans and the recession of 2008—have compelled an increasing number of older anesthesiologists to re-evaluate their retirement plans. But as we point out in our editorial, the push and pull toward retirement is only part of the larger question regarding workforce supply and demand among anesthesiologists.

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### Reference

- Orkin FK, McGinnis SL, Forte GJ, Peterson MD, Schubert A, Katz JD, Berry AJ, Cohen NA, Holzman RS, Jackson SH, Martin DE, Garfield JM: United States anesthesiologists over 50: Retirement decision making and workforce implications. *ANESTHESIOLOGY* 2012; 117:953–63

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<sup>†</sup> Munnell AH. What Is the Average Retirement Age? Center for Retirement Research at Boston College Brief, August 2011, Number 11-11. Available at: [http://crr.bc.edu/wp-content/uploads/2011/08/IB\\_11-11.pdf](http://crr.bc.edu/wp-content/uploads/2011/08/IB_11-11.pdf). Accessed February 21, 2013.

### In Reply:

We are gratified that Drs. Steinbrook and Weinstein have read our article<sup>1</sup> in such a depth that they question as “most likely incorrect” our estimate for the mean retirement age (57.4 yr) among anesthesiologists retiring before 1985. Although their conclusion appears valid—because no one older than 58 in

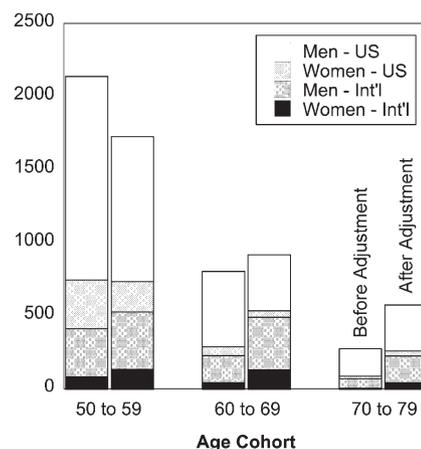
**Table 1.** Characteristics of Retirement Cohorts among Respondents to 2006 Survey of Anesthesiologists Aged 50–79

Retirement Cohort	Number of Retirees	Retirement Age (Mean)
Before 1985	7	57.4
1985–89	53	58.3
1990–94	91	62.3
1995–99	289	63.9
2000–04	198	63.9

Based, in part, on Fig. 49 in Analysis of the Survey of Anesthesiologists Age 50 and Older: A Report to the American Society of Anesthesiologists. June 2010. Available at: <http://www.asahq.org/For-Members/About-ASA/ASA-Committees/Committee-on-Occupational-Health.aspx>. Accessed February 11, 2013.

1985 would have been included in a 2006 survey of anesthesiologists aged 50–79 yr—we believe standby our estimate. Similarly, although it seems intuitive that “a broader sample population... [with] anesthesiologists up to age 90 would be needed to estimate retirement age more accurately for those who retired before 1985,” this suggestion overlooks problematic issues in estimating retirement age.

Our article conveys only a summary of the most salient information garnered from the survey. A more detailed report, which we noted is available at the American Society of Anesthesiologists (ASA) Web site,<sup>†</sup> provides further documentation supporting the suspect estimate’s validity (table 1). Although that estimate reflects only seven retirees in the “before 1985” cohort, the four larger cohorts that followed each contained progressively older persons, establishing the reported mean retirement-age trend for anesthesiologists,



**Fig. 1.** Composition of 2006 survey population, before and after statistical adjustment to resemble the American Society of Anesthesiologists’ membership by age cohort. Int’l = international medical school graduate; US = United States medical school graduate.

<sup>†</sup> Available at: <http://www.asahq.org/For-Members/About-ASA/ASA-Committees/Committee-on-Occupational-Health.aspx>. Accessed February 11, 2013.

mirroring that in other medical specialties and the general population, described in the article.

Our survey included all ASA members aged 50 yr and older with known email addresses, but we limited the reported results to those aged 50–79 yr because we were comparing anesthesiologists to other medical specialists whose data arose from nine surveys limited to physicians aged 50–79 yr. Response rates decreased with advancing age and, even more important, demographic characteristics increasingly differed from those of the ASA membership,<sup>2,3</sup> as suggested in figure 1. Because response rates varied across age cohorts, statistical adjustments were made so that the respondent group resembled the ASA membership on key demographic characteristics, as described in our Methods. Yet, an important bias remained with regard to estimated retirement age. As poor health is associated with premature retirement, surveying increasingly older persons selects for retirement ages progressively above the true mean values (for any given age cohort), because retirees in poor health are more likely than their healthier, same-age colleagues to have died prematurely, before having the opportunity to complete a survey. Thus, to obtain more robust retirement-age estimates, one strategy would be enhanced efforts to bolster survey response rates,<sup>2</sup>

particularly among those in their 60s, rather than to enlarge the survey population to include individuals in their 80s.

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