

‘HOW OLD ARE YOU?’ EXPERIENCE AND THE YOUNG SURGEON



Navigating patients' perceptions as an early practitioner.

BY EMILY M. SCHELEIN, MD

It starts with a pause, followed by a glance to the side. Then comes the question—sometimes hesitant, sometimes blunt, but always disarming to the early-career physician: “Are you old enough to be doing this?”

In my first year of practice, I regularly fielded this question, or some variation of it, during my patient encounters. By this point, I had completed more than a decade of training, and I was ready to assume full autonomy. I had earned the right to choose the OR playlist and shape my practice to achieve the best patient outcomes. However, my first surgical consult looked at me and said, “Wow, are you still in high school?” I laughed it off, but inside, I was stunned. As I navigated that first year of practice, I learned that this was not an isolated incident but instead a recurring theme.

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“Are you doing the surgery?”
“When will I see the actual surgeon?”
“How many times have you done this?”

This type of questioning confused me. I am nearly 6 feet tall, and I have never been told I look young

for my age. Many of my colleagues face far more harmful biases related to their race, gender, and ethnicity. For all of us, these questions are not just potentially offensive interruptions—they are barriers to building a successful practice.

Patients who were uncomfortable with my perceived youth often requested a more senior physician. They seemed to think that it was riskier to undergo surgery performed by a younger, less experienced surgeon. It made me wonder, how much does experience matter? Does it translate to better care or fewer complications?

AGE AND SURGICAL SKILL

Studies show mixed results relative to surgeon age and outcomes. Kelz et al found that younger surgeons had a significantly higher baseline mortality rate compared with experienced,



Figure 1. Dr. Schehlein in the OR. She is a glaucoma and cataract surgeon practicing in Brighton, Michigan.



Figure 2. Dr. Schehlein as an aspiring surgeon.

older surgeons.¹ However, after matching patient complexity and operation type (with more high-risk cases assigned to younger surgeons), differences in mortality rates disappeared.¹

In ophthalmology specifically, Campbell et al concluded that older surgeons were slightly more likely to experience surgical complications such as dropped lens fragments and suspected endophthalmitis, although the absolute risk differences were small.²

Some data suggest that younger surgeons may have fewer complications with certain procedures. A study of laparoscopic hernia repair outcomes found that both older age and surgeon inexperience with laparoscopy were factors in hernia recurrence, meaning that the overall lifetime experience of a surgeon was not as important as their skill in a specific surgical technique.³ It is worth noting that fields such as laparoscopic surgery and ophthalmic surgery evolve rapidly, and surgeons must continually adopt new surgical skills throughout their careers.

THE PATIENT PERSPECTIVE

It seems that age alone is not a good indicator of one's surgical skill. Still, a nervous patient has never said, "Dr. Schehlein, I've reviewed the available literature, and your early-career status does not concern me." Although the age-related questions continued, I decided to let them roll off my shoulders and do my best for every individual who trusts me with their care.

Then, I became a patient.

Like many trainees, I had neglected my own health. Following my training, I finally scheduled the overdue dental work and primary care checkups. I was referred to specialists for some lingering symptoms, and I met a physician just like me: We graduated from medical school the same year, attended some of the same training programs, and had the same youthful energy. She was kind, smart, and competent and very succinctly informed me that I needed surgery. In turn, I looked her right in the eye and nervously asked, "And you'll be doing the surgery?" I bit my tongue before I could ask how many times she had done this procedure—but, really, how many times had she done it?

In that moment, I realized that my patients were not trying to insult me (well, most of them were not). They were not questioning my competence simply to get under my skin. They were scared. They wanted reassurance. We are all human, and we are all navigating a world of doubt and uncertainty when it comes to our health. Regardless of how they were phrased, the comments about my age were all driven by the same pivotal questions: Will you take care of me? Will you protect my health, my life, and my most precious sense—my vision? They were asking me the same thing I was asking my surgeon: "Can I trust you?"

FINAL THOUGHTS

Now, when a patient asks about my age or if I will be the doctor performing their surgery, I do not interpret it as a criticism. I see it as an opportunity to show them that skill, dedication, and excellence have no age limit. Experience matters, but it is not the whole story. What truly defines a great surgeon is their honesty, ability to learn from their mistakes, commitment to lifelong learning, empathy, strong moral code, and courage to grow. These are the traits that I strive to embody for my patients. Ultimately, the best way to build trust is not by counting years—it is by showing up every day as the kind of surgeon who earns it. ■

1. Kelz RR, Sellers MM, Niknam BA, et al. A national comparison of operative outcomes of new and experienced surgeons. *Ann Surg*. 2021;273(2):280-288.

2. Campbell RJ, El-Deifrawy SR, Gill SS, et al. Association of cataract surgical outcomes with late surgeon career stages: a population-based cohort study. *JAMA Ophthalmol*. 2019;137(1):58-64.

3. Neumayer LA, Gawande AA, Wang J, et al. Proficiency of surgeons in inguinal hernia repair: effect of experience and age. *Ann Surg*. 2005;242(3):344-352.

EMILY M. SCHEHLEIN, MD

- Glaucoma and cataract surgeon, Brighton Vision Center, Brighton, Michigan
- emschehlein@gmail.com; Instagram @Dr.EmilyEye
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