

**PRIMARY CARE PHYSICIAN
FOR YOUR
FUTURE FINANCIAL HEALTH**

JAMES L DRUFFNER CFP/PFS, CPA, CMA

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I met with my primary care physician last week for a routine examination. It wasn't THE BIG ONE. So we mostly just reviewed the results of procedures performed since the previous meeting and discussed any new problems I might have.

Near the end of our meeting he said something I had not heard a doctor say before. "You have an 11% chance of having a stroke or heart attack in the next 10 years," he said. I thought that sounded pretty good, especially when I restated it as "You have an 89% chance of NOT having a stroke or heart attack in the next 10 years." I'll take those odds to Vegas!

Among the many things we do when creating and implementing a financial life plan is computing the odds that someone's current and future resources will be enough for them to achieve their goals in life. Or more bluntly, what are the odds someone will run out of life before they run out of money?

When I told my doctor I liked the odds he was giving me, he struck back. "I want that number (the 11%) to be in the single digits. You are doing most things right, but I am going to give you instructions on how to change your diet to make the odds even better." (How did he know I don't eat fruit?)

When we do our retirement income projection on our Crystal Wall, we aim for an 80% chance that a client will achieve her goals with the resources she will have when she needs them. But, like my doctor, we would prefer to see something north of 90%. Accordingly, like my doctor, we will point out areas for improvement and help the client make those improvements. (But we won't suggest you eat more fruit.)

There are other ways that a financial planner and a primary care physician are similar. My doctor isn't happy that I like the sun, one of my (many) vices. He reminded me that we live in one of the most dangerous places in the nation for diseases caused by sun exposure. He insisted that I see a dermatologist to make sure I had no melanoma now (I don't) and to learn how to mitigate the risk of melanoma in the future.

Risk management is also an important part of financial life planning, though we call it insurance. Like the doctor, I too look for areas in which my clients have risk

and, having identified them, look at options (insurance) for mitigating that risk. But just as my doctor is not a dermatologist, I am not an insurance agent. So we both have risk management specialists (dermatologists and insurance agents) on our teams help our patients/clients achieve their goals in spite of the many hazards inherent in living.

My doctor had also recommended I have a colonoscopy. I had dutifully done as he told me. A colonoscopy is done to prevent a catastrophic problem later. It's very unpleasant. And the preparation will ruin about three days of your life. (Don't click delete; I am not going to go into any more details about the colonoscopy.)

A major part of long term comprehensive financial life planning is the creation and implementation of an estate plan. Like a colonoscopy, creating an estate plan is unpleasant, takes a lot of time, and is at the bottom of everyone's to do list, if it's on the list at all. But the benefits far outweigh the hassles. And like a colonoscopy, seen in the rearview mirror, a completed and implemented estate plan contributes to one's peace of mind.

Did I mention that my doctor is actually a geriatrician? That's a doctor for old folks. (I'm happy to say that I barely qualified to become one of his patients.) His mission is to help his patients stay physically healthy for the rest of their long lives.

There are many aspects to financial planning. I've chosen to focus on retirement planning. My mission is to help my patients, er, clients, to stay financially healthy for the rest of their long lives.

So, besides having an investment advisor, estate planner, insurance agent, and psychologist on my financial life planning team, I now have a geriatrician!

To close, a George Burns quote:

I look to the future because that's where I'm going to spend the rest of my life.