

## A POLICYMAKER'S RESPONSE

## A Different View on Duty Hours

Charles Preston, MD, MPH

*Dr. Preston lives and works in Washington, DC.*

In the summer of 2010, I had the privilege of being part of an effort to make residency training safer. A coalition of consumer safety and public health groups sent a petition to the federal Occupational Safety and Health Administration (OSHA) to take over the regulation of resident work hours from the Accreditation Council for Graduate Medical Education (ACGME)—and I was a main author. Our logic was simple: Current work hour standards, and the sleep deprivation that resulted, were unsafe not only for patients but also for residents. Because OSHA regulates health in the workplace, it would have a logical jurisdiction over health in residents' workplace.

An earlier version of the petition was sent to OSHA in 2001 and was borne out of years of frustration that progress on the regulation of resident work hours had been too slow. It was only in 2003 that the ACGME issued formal standards for work hours—years after patients like Libby Zion died under the care of tired residents. The ACGME promised to revisit its rules in five years, and as a follow-up, in 2008, the Institute of Medicine (IOM) released a report on the problem. It found that one of the core components of resident training, the 30-hour call, was unsafe and suggested that after 16 continuous hours of work, a resident should have a five-hour period of undisturbed rest.<sup>1</sup>

ACGME built on the IOM recommendations and issued new standards for residency programs that went into effect in July 2011. While acknowledging that working 30 hours of call was unsafe and restricting interns to 16 hours, they simultaneously allowed upper-year residents to work as many as 28 consecutive hours. This is illogical because if it is unsafe for residents

to work more than 16 hours, it is unsafe for residents to work 28 hours. (It is actually unsafe for all physicians to practice without adequate sleep; a recent *JAMA* study found that attending physicians who slept less than six hours prior to a surgery had three times as many complications in the operating room as those who slept more.)<sup>2</sup>

The petition's main focus was on the health risks that sleep deprived residents face, including mood disorders, motor vehicle accidents, obstetric complications, and percutaneous injuries, and cited worrisome studies from the peer-reviewed literature. For example, a *JAMA* study found that residents who worked a heavy call month were equivalent to residents who worked a light call month and who had a blood alcohol concentration of 0.04% to 0.05% in various cognitive areas.<sup>3</sup> The petition also made the point that patient safety was at risk and highlighted the findings of a randomized controlled trial in the *New England Journal of Medicine* where residents who worked an overnight call were 36% more likely to commit serious medical errors than residents who worked only 16 hours.<sup>4</sup> In addition, the petition argued that ACGME had failed in its responsibility to oversee resident work hours and referenced a *JAMA* study showing that 84% of residents reported hours of work in violation of ACGME standards.<sup>5</sup>

Although the petition made various policy recommendations, it focused on the 30-hour call, specifically affirming the IOM's recommendation that no resident be allowed to work more than 16 continuous hours. It did not call for reductions in the 80-hour work week, as some opponents have claimed, but it did ask that there be no exceptions to the 80 hours and

that those hours not be averaged over four weeks, as is the current practice.

One year later, in September 2011, OSHA denied the coalition's petition on the grounds that employees in other professions experience fatigue caused by working extended hours, too, and that "were OSHA to consider development of a standard to address fatigue due to extended work hours, it would be appropriate to consider all industries and occupations within the scope of the standard." However, the main argument isn't that doctors work too many hours in general; it is that they work too many hours on call. To my knowledge, no other type of worker is forced to work a 30-hour continuous shift in the United States. If the risks to resident health are not compelling enough, consider the fact that truck drivers and airline pilots are sharply restricted in the hours they work (and are regulated by federal agencies) because if they are tired, they can kill people. Of all professions, shouldn't we worry about this for doctors, too?

## References

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continued on page 2

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## A POLICYMAKER'S RESPONSE

continued from page 1

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