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Essay

Interns' Hours Shorter, and That's Good for Patients

By ALEXANDER FRIEDMAN, M.D.

Just out of medical school, I began my intern year by taking care of cancer patients. The work demanded long hours and allowed me into the most intimate aspects of patients' lives. I delivered good news and bad, and spent time with patients' families after they died.

I felt like a doctor in every way but one: every night at 7, I punched out on the clock and returned home. No emergency, no matter how dire, allowed me to stay.

Strict new limits dictate the hours I work as a resident. Before the nationwide regulations went into effect in 2003, residents in many specialties worked 100 hours a week or more.

The rules set by the Accreditation Council for Graduate Medical Education, the body responsible for accrediting residency programs, still allow for rigorous training, with several constraints.

Residents can't work more than 80 hours a week on average or more than 24 hours in a row (with a few exceptions) and must take off at least 10 hours between shifts. Residency programs face severe penalties if trainees exceed these limits.

While in oncology, I often felt like a bad doctor because of the rules. In one case, a patient with ovarian cancer approached the end of her life. I had spent many hours with her and I knew her and her family well.

When she died, I was at home asleep, unable to be there. An overnight doctor, fully qualified but new to the patient, met with the family in my place.

I felt cheated. After all of the hard work to be a doctor, I expected to take full care of my patients. With frequent handoffs of medically complex patients, aren't medical mistakes more likely? Don't doctors who know the patients provide better care than shift workers?

Perhaps not.

The best study to look at long hours and medical mistakes ran last year in *The New England Journal of Medicine*. Residents taking care of complicated intensive care patients worked traditional shifts of 24 to 30 consecutive hours or shorter shifts limited to 16 hours. Residents working more hours committed 36 percent more serious errors and five times as many diagnostic errors.

Lapsed attention and failure to carry out routine tasks caused more errors than doctors' lack of familiarity with the patients, the lead author, **Dr. Christopher Landrigan** of Brigham and Women's Hospital, told me.

The link between long hours and medical mistakes isn't definitively proved. Enough good studies haven't been done, said Dr. Kathlyn Fletcher of the Medical College of Wisconsin and the Veterans Affairs hospital in Milwaukee, the lead author of the most comprehensive reviews of work-hour research. But if future findings agree, the rationale is clear.

"It's really an issue of 'do no harm,' " Dr. Landrigan said. "I trained working 36 hours straight and enjoyed my residency. But it isn't an issue of what I enjoy; it's an issue of what is safest."

Like many residents, I am guilty of a peculiar form of self-entitlement. I expect residency training to revolve around me. And to some degree, it should. Resident education is crucial.

When I sew an incision, I can't do it as well as a doctor with 20 years of practice. The patient with one of my unevenly closed surgical wounds suffers for it. Still, supervised practice is the best way to train doctors.

But how much should patients have to suffer, and should they be subjected to increased risks as a result of residents' long hours? The line in the sand keeps shifting.

"Every patient deserves an awake and alert doctor," said Dr. David C. Leach, executive director of the Accreditation Council for Graduate Medical Education, the group that instituted the new limits. "Having an exhausted doctor there physically isn't enough." He is probably right.

Doctors trained under longer hours worry that residents today lack the same sense of professionalism and obligation to their patients.

Their concern is legitimate and worth considering, but the definition of professionalism has changed. Today it includes knowing when someone else might take better care of your patient than you.

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