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Fatigue, Work Hours, Dinosaurs, and Other Fossils

Geoffrey G. Hallock, MD

None of us would argue that sleep deprivation is detrimental to both cognitive and technical performance,¹ whether we be surgeons, intensivists, or garbage collectors (some days it seems all of these roles at once). Many a night an emergency call leaves me watching the sunrise. When residents, we bounced back that next day for more. Now as a senior attending approaching emeritus status, it may be the day even after that before one is again “normal.” What can we do while recuperating? An unpalatable solution is not to be allowed to operate; and, if so, for what should timeframe be? Nurok et al² (all nonsurgeons), in a recent “Perspective” in the *New England Journal of Medicine*, brought up some provocative mandates to solve what to them presents an ethical dilemma, at least in their opinion for elective surgical procedures. Without hesitation, their answer is that hospitals must have policies prohibiting the postcall day scheduling of elective cases.² “Such prohibitions should be standard practice,” is a direct quote!² If an unexpected emergency occurs even when not an on-call evening, there should also be policies that facilitate the timely rescheduling of ensuing elective procedures.²

In every way a reasonable person, which includes most surgeons, has to agree to these sentiments in theory, as any adverse event can be more than a cause of remorse for the patient (ie, add “litigation”). Should we not suggest that these protocols need to consider all cases for the same reasons, not just the relatively less demanding elective procedures? The Accreditation Council for Graduate Medical Education has tried to address the issue of fatigue, at least for residents, with work hour restrictions. Shift work for attending physicians must be right around the corner. But can this even theoretically be accomplished in plastic surgery? Unfortunately, or maybe fortunately, our egos stress our individualistic tendencies. As self-proclaimed artists, most of us still prefer a solo practice where we are accountable only to ourselves.³ We insist in caring solely for our own patients; as we think their problems, and our solution, are unique. The spinoff is that the patient has a name to call who understands them—24/7. Do we have the man(woman) power to provide otherwise? At our trauma center, we have so few plastic surgeons on staff that “on-call” is taken a week at a time, so that otherwise uninterrupted time can be planned later for that elective schedule. Since trauma is a nighttime event, no wonder 7 nights in a row can cause a real chronic fatigue syndrome. For that week, when are even the nonelective cases done in a well-rested state of mind? Survival instincts for some have been withdrawal from the “on-call” roster. Is it surprising that the number 1 specialty most difficult for hospitals to provide emergency call coverage in one national survey was ... plastic surgery!⁴ Mandated rules will further aggravate this shortage.

Like a blizzard, the forces of evil seem to be swirling around us as we seem to have lost (or perhaps it was taken) our sense of professionalism and accountability—mandatory “time outs” (how about “time ins?”), bad behavior “hotlines,” the coming of electronic medical records, e-prescriptions, HIPPA, mass revisions of CPT codes, the sustainable growth rate, global payments (to the hospital no less for our services rendered), and the list goes on. Do we need even more constraints? Who will decide our work hours so we are not fatigued? Who will reschedule our elective cases, and save our block times? Who will take care of our emergencies, when we won’t be allowed? Because a solo practitioner is essentially always on-call, can we ever be permitted an elective schedule at all? Will the future only be in “group practice” or hospital-based for survival?⁵ Will these avenues even be open to the old relics? Solo practice already is a dinosaur. But just like house calls, the cherished doctor/patient relationship may also soon be extinct.⁶ Nurok et al² may just have accelerated the process.

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