



1600 20th Street, NW • Washington, D.C. 20009 • 202/588-1000 • www.citizen.org

**Written Testimonials by Current and Past Medical Residents Regarding
Adverse Experiences Due to Sleep Deprivation from Long Work Shifts
(Compiled September 2016)**

Anonymous:

I am currently in my second year of fellowship training, and I went to a prestigious competitive residency training program. During my last year of residency, there was a change in our schedule. After a week of busy nightfloat, on Monday mornings we were required to go afternoon continuity clinic rather than having the day off as was previously the case. This fell within the rules of duty hours because, as residents, we were allowed to work 24 hours in a row. My continuity clinic involved me driving to clinic. On the way home, very exhausted, I was involved in a fatigue related car accident. Luckily I did not suffer any physical injury, but it could have turned out differently. I brought the information to my chiefs and requested a change in the process. No changes were made or arrangement of rides or alteration in schedule, and I had to do this again three more times that year. My program director never contacted me ensuring that I was not harmed. At my exit interview with my program director, I brought up the fatigue related accident as a concern that no changes were made, etc. It was at this point that the conversation with my program director made it evident that no changes would be made. I am concerned for another fatigue related accident that could lead to more serious injury.

Anonymous:

During intern year at a program with a nominal 80 hour work week, I worked 100 hours per week for most of a month. During internal medicine clinic one day, I was interviewing a patient when I suddenly realized that I could not remember what I had already asked and what I had not yet asked. I excused myself abruptly and rushed down the hall where I collapsed on the bathroom floor. I leaned against the bathroom wall and felt relaxed for the first time in weeks. My face was wet and I realized I was sobbing. I was so unaware of how exhausted and impaired I had become. I cried because I was tired, and also because the patient I was seeing deserved better attention and care than I was capable of providing. I couldn't remember any details of his chest pain or risk factors for heart attack. I couldn't even remember his name or his face. Only that he was friendly and he trusted me. I felt intensely guilty for not being able to stay awake, let alone think like a doctor. I nodded off while crying, propped up against the wall. I woke up and forgave myself. I think I was away from him for less than ten minutes. I walked

back into his exam room and said, "Where were we? Let's start at the beginning to make sure I get this right. Because what you are saying is really important." ...

That month during my evaluation, my program director told me that my total number of work hours was a sign of inefficiency. I later learned that others were also working 80-100 hours per week but they falsified their hours to avoid criticism.

Patients and doctors deserve so much better than this.

Anonymous:

I know that I start feeling dangerous and somewhat emotionally unstable when sleep deprived, particularly during my 28 hour shifts which often are quite busy. I get so tired I can't keep my eyes open standing up (I often use the seven floor elevator ride to the ER to rest my eyes), and yet, there often isn't time to lie down to nap even for 15-20 minutes. My empathy nearly disappears somewhere overnight during such long shifts because it's all I can do to just stay awake and make basic medical decisions. I was so tired during one shift that I sat on the toilet and almost went to the bathroom without pulling my pants down! I literally feel drunk during some of my sleep-deprived shifts, and yet there's no time to sleep when the patients need me and the admissions keep rolling in. I have nearly put wrong orders in on patients. I know I miss things that I normally would cue in to when rested. I can barely keep my eyes open on the drive home, and have accidentally misjudged the road and hit a curb when driving home in a sleep deprived state. Admittedly, my program supposedly provides cab vouchers for residents who feel too tired to drive home, but that seems like such a headache especially given that I'd have to spend an extra hour going back to the hospital to retrieve my car later in the day. It's all I can do to avoid bursting into tears and walk out on some of these shifts due to the stress and utter exhaustion. I usually try to wait to do that until I'm at home. I can't say it was much better as an intern when I'd leave the hospital on a call day between 2200-2300 then return at 0400 or 0500 on busy rotations, but at least I didn't have the responsibility that I do now as an upper level.

I know other generations of physicians had it much worse, but the amount of hours that physicians of certain specialties must work is ridiculous. Even if one doesn't violate the 80-hour rule (as often happens), that's still a lot of work. There is no time for self-care, which I believe is essential to being a good doctor--one who is sharp and empathetic. Sleep deprivation only serves to dull one's intellect, judgement, reaction time, and empathy. I am just finishing up one of the hardest months of my residency, and while my program directors pitied how difficult my month was for various reasons, nothing changed to help ameliorate the stress and lessen the load. I considered taking personal days for my own sanity but didn't because I knew my interns and patients needed me.

Now I am facing another month that will probably be worse: medical intensive care unit rotation with 24- to 28-hour call every four days. Sigh. It's a wonder I keep going...

Anonymous:

My residency was 2003-2007 in psychiatry. I remember many situations where after being on call and due to severe sleep deprivation, I would fall asleep trying to drive home from the hospital. If the car had to come to a stop, I would fall asleep and wake up with the horns of the cars behind. Sometimes I would open a window in freezing cold all the way home. I would need to pull the car over multiple times and fall asleep with all clothes on, crashing on the bed at home.

Sometimes I would fall asleep during the long countless consults while interviewing the patient. For a few seconds, I would lose track of what I said or the patient said... By the end of the night I would no longer be able to walk straight... If I leaned against a wall, I also fell asleep like that, too... It is needless to say that I was making medical decisions all this time, going over them multiple times, to make sure I am not doing something stupid, asking the patients to excuse the embarrassing moments due to extreme fatigue and having a dreadful feeling of what if I end up making a major mistake or end up crashing the car into something or someone.

Knowing what I know now, I know it was only blind luck that this did not end up with a tragedy each and every call. ...

I find this indifference to residents' sleep deprivation in the past, criminal, as the many incidents of fatal, near fatal and serious mistakes are many and well known in most hospitals that work with residents. ...

Doctors are no exception to the reality of human biology, without sleep we can't function properly and we are often having impaired abilities and decision making.

Betsy Greenleaf, D.O. (a physician practicing in New Jersey who was a general surgery resident in 1999-2001 and an obstetrics and gynecology resident in 2001-2004):

I remember in residency being so sleep deprived that I would pray to pass out so that I could get some rest. In general surgery residency, I had one week in which I worked 125 hour.... I did a weekend of 72 hours in which I only got 4 hours of sleep. I would also secretly hope to get in a car accident and maybe break a leg so that I would be force to take off from work...just so I could get some rest. Thank god, I never got in an accident, but I have had colleagues fall asleep at the wheel. Luckily, no one was injured too badly. I can recall times in which I was so sleep-deprived that I would fall asleep while writing patient notes and started to write my dreams into the notes. I have fallen asleep on a pile of charts only to have the nurses cover me with blankets. I woke panicked

because I was hours behind in my work. I have fallen asleep standing up in surgery and had witnessed my attending doctors fall asleep while doing surgery. I have actually passed out at the end of a 36 hour shift and woke up on a stretcher in the recovery room.

I support the work-hour restrictions for residents and physicians. My opinion is that residencies should continue the daily/weekly hour restrictions but consider lengthening their training programs to allow for adequate time for training.

Karen Chase, M.D. (currently working part time as an emergency room physician and recently opened a solo clinic):

I was in residency at Finger Lakes Rural residency associated with Highland Hospital in Rochester NY in 1998-1999. I worked in at least 5 different hospitals which were up to an hour apart. We were limited by law to 28-hour shifts, but those could be separated by as little as 8 hours. I fell asleep at the wheel numerous times during residency. I learned to eat chips and other crunchy things to stay awake. I'd drive with windows down, music blaring; I'd punch myself and slap my own face, bite my lip, chew or bite my fingers...anything to stay awake, but I'd drift off and awaken when I hit the side of the road. Or wake up as I drove onto the other side of the road. I should be dead. It's a miracle I was not killed in a car accident. I quit after one year on the verge of suicide; I'm sure exhaustion contributed to that.