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**NY STATEWIDE SENIOR ACTION COUNCIL**

October 11, 2016

Thomas J. Nasca, M.D., M.A.C.P.
Chief Executive Officer
Accreditation Council for Graduate Medical Education
515 North State Street, Suite 2000
Chicago, IL 60654

**Re: The Accreditation Council for Graduate Medical Education's (ACGME's) Common Program Requirements for Resident Duty Hours in the Learning and Working Environment**

Dear Dr. Nasca:

On behalf of our organizations, we are writing to strongly urge you to maintain the ACGME's current duty-hour limits and to reject calls to do away with the cap of 16 consecutive hours on the shifts of first-year residents (interns).

The recently released results of a new national public opinion poll commissioned by Public Citizen and conducted by Lake Research Partners indicate that the vast majority (86 percent) of the American public is opposed to lifting this 16-hour cap for interns. Indeed, the poll showed that the public favors, by a similarly overwhelming majority (80 percent), the implementation of 16-hour maximum shift durations for *all* residents. The results were entirely bipartisan and consistent with those of a similar poll published in 2010.[1]

As documented by Public Citizen in its report, the public's commonsense approach also is fully justified by the evidence on the risks of long work shifts without sleep on the safety of both residents themselves and their patients. A substantial body of literature shows that sleep deprivation due to excessively long work shifts increases the risk of motor vehicle accidents,[2,3,4] depression,[5,6,7] and needle-stick and other injuries that can expose residents to bloodborne pathogens.[8,9] Depriving medical residents of sleep also exposes their patients to an increased risk of medical errors,[10] which can lead to patient injury and death.

As you know, in 2009, the Institute of Medicine (IOM) issued a report calling for a significant reduction in the hours that interns and residents were required to work.[11] The IOM determined that the evidence linking sleep deprivation with preventable medical errors and illness and injury to residents was sufficient to warrant a reduction in work hours. For this reason, the IOM recommended in its report that *no* residents be allowed to work shifts of longer than 16 consecutive hours.

In response to the IOM's findings and considerable public pressure, the ACGME tightened work-hour restrictions in 2011. Unfortunately, the ACGME implemented the 16-hour shift limit only for interns,

allowing other residents to work 28-hour shifts. Still, the 2011 rules were an improvement over the 30-hour shifts allowed for all residents since 2003.[12]

Those attacking the ACGME's current resident work-hour restrictions argue that the limits increase medical errors by increasing the frequency of patient handoffs between medical residents. However, as documented by Public Citizen in its report accompanying the results of the poll, there is no valid evidence from well-designed studies to support these assertions. In fact, the most rigorous trial to date of the effects of different work shift lengths found that reducing first-year residents' shifts to 16 hours or less actually *reduced* the frequency of serious medical errors despite an increase in the frequency of patient handoffs.[13] It should be remembered that the ACGME instituted the 16-hour limit for interns because of its own conclusion that interns "**make more errors when working longer consecutive hours.**"[14]

Now is not the time to backtrack and force residents to work longer hours. The ACGME instead should strengthen patient and medical resident safety by, among other measures, expanding the current 16-hour cap on work shifts to all residents. As revealed in the Public Citizen/Lake Research Partners poll, 80 percent of Americans support such action.

To address concerns about problems related to patient handoffs, the ACGME should mandate new standards for ensuring that residents are trained on how to implement handoffs in a consistent, standardized, and effective fashion, and require that attending physicians supervise and confirm the adequacy of such handoffs. In its report, Public Citizen summarizes studies published since 2011 that demonstrate the benefits already achieved by standardized handoffs.

We sincerely hope that the ACGME will listen to the American public and reject any calls to remove the 16-consecutive-hour limit for interns. We further urge the ACGME to move to apply this 16-hour cap to all residents, consistent with the IOM's 2009 recommendations and with the opinion of the vast majority of Americans. If you would like additional information, please contact Blair Horner of NYPIRG at bhorner@nypirg.org.

Sincerely,

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President
Empire State Consumer Project

Jack Kupferman
President
Gray Panthers, NYC
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Director
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