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**Written Testimonials About Current and Past Medical Residents'  
Adverse Experiences Due to Sleep Deprivation from Long Work Shifts  
(Compiled September – December 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.*

Anonymous (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.*

Stephanie Waggel, M.D. (currently working on Improve Medical Culture [<http://improvementmedicalculture.com/>], a site that integrates improvement plans to better the atmosphere in healthcare, support chronically ill hospital employees, and reduce physician and medical student suicide):

*During my second year of residency, I was on a 28-hour shift, which we commonly call a "30-hour shift." After this 30 hours is over we are supposed to have a day off, or what we refer to as a "post call day." This post call day was my only day off for a very long time and I had scheduled to see a geneticist on this day to do blood work. I was recently diagnosed with kidney cancer at 28 years old. This "day" actually began at 7am on the day prior and was supposed to end 28 hours later at 11am the next day. For example, if a 28 hour shift started on a Tuesday at 7am it would end on Wednesday at 11am. I had signed out my patients at 8am before I was about to leave but I was still working on some notes that morning.*

*The more hours you work the more work you have. I had informed the attending who had just arrived for the day that I had an appointment around noon. She told me that I was not to leave until all the orders, phone calls, transfer forms, and notes had been completed. Yes, she was aware that I had cancer. No, she did not care. Although she knows the ACGME rules, I informed her that 11am would be the appropriate time for me to leave as it would be my 28th hour. She proceeded to explain that because she was not*

*here last night and I was, I was required to stay until everything was done for each new patient, no matter how long it took.*

*This issue is not only about the number of hours worked, it is also about the workload. I had not slept nor had I taken a bathroom break the whole night because I had ten new patients come into the ER. I had to do a history and physical on each. Then I had to interpret, and in some cases, order their lab work. I then had to diagnose them. I also had to attempt to locate their outpatient doctor/psychiatrist/case worker in the middle of the night so that I could get an accurate medical history on each. Next, I had to do the admission or transfer paperwork for each patient. I had to put in orders for each into the computer. I had to call the relatives of each person and explain to them that their loved one was being admitted to the hospital. And when 8am rolled around I had to call each one of their pharmacies. All ten of them. This does not include the 17 psych floor patients I was responsible for all night or the 15 consult patients on other floors.*

*I had gotten used to this workload which was fine, I knew what I signed up for when I became a doctor. I was busy and I did not mind it. But I needed to go to my OWN doctor so I had to put my foot down. The patients were safe and the only thing left to do was paperwork, which the attending could easily do, however, she was not the type to “lower herself” to doing resident’s work. “I will come back to the hospital to finish the notes after I am done at my doctor’s appointment,” I told the attending. I arrived late to my appointment. The geneticist commented that I did not look well. I explained to her that I was a resident and immediately she understood. “Well, I guess it is going to be hard to get you back here again so let’s hurry up and get some blood from you right now.” But, no blood came out of me. I was so dehydrated that they couldn’t get a stick. The nurse, understandably, was taking a long time. Then I got a call. I couldn’t answer it as my arms had needles in them. Then the phone rang again, and again. “Pardon me please.”*

*I looked at my phone and saw a text from the day resident informing me that the attending was gone and left a pile of work for her to do and instructed her to call me. The attending knew I was post call and getting a genetic workup but she decided to tell the next resident to call me anyway? I told the other resident I was at a doctor’s appointment but she said I needed to get back to the hospital immediately or we would all be in trouble. “You realize this is my post call day right? The ONLY day I have this week to get this genetic workup done?” She told me that was my own problem and hung up the phone. I ended up working 38 hours that day. I’ve worked 38 and even 40 hours straight before but this instance really sticks out in my mind because it was a huge hindrance to my ability to care for myself.*

*Other residents in this situation would probably not look out for their own well-being the way I did. Residents are self-sacrificing and aim to please. That is why I do not believe in increasing duty hours to 28 consecutive hours for interns. This is their introduction into*

*life as a doctor. They are new and vulnerable. Others will take advantage of them. They will learn to believe that they are not deserving of time to themselves. They will become complacent with this type of treatment. They will accept that their needs come last and this attitude will continue indefinitely. If we don't stand up for them, no one will.*

Anonymous patient/patient relative:

*My story is personal. A consumer advocacy story. It speaks to consumer right to know if the conditions of the contract they are entering into as a consumer and if informed consent can occur in the absence of information about sleep. My uncle and cousin were in the ED after my cousin sustained a head trauma with facial laceration. My uncle insisted the resident physician disclose the number of hours he had slept before he consented to treatment on his son. My uncle had to fight to get this information. After he was given the answer to his question, he insisted on someone who had slept within the last 24 hrs. The attending performed the care of my cousin. This story has stayed with me because my uncle had to become aggressive to gain basic information that would allow him to be informed about critical aspects of his son's treatment, namely, if his physician was at risk of impairment from sleep deprivation.*

Anonymous medical student:

*In my training, I experienced countless circumstances that were scary and sad to me. As a med student, a brilliant and energetic resident asked me to sit next to him while he finished notes during the 4 hours of a 24+4 hour shift. His only request was that I wake him up as he dozed off while writing notes. He was falling asleep while sitting up so often that I felt guilty waking him up. I let him sleep a few extra seconds because all my human instincts of compassion, told me he needed to rest. It was scary because he had to drive home and I begged him to nap before he left the garage. His knowledge base was astounding but on post call days he would miss details when checking up on the team's patients. I noticed because he missed things that he had taught me days before. It was definitely out of character for him and only happened post call. We work as a team and it is good that the team functions to pick up the slack if another member is impaired. The problem is pretending that the person is not impaired. They are and there needs to be support for that.*

Anonymous friend of a former surgical resident:

*A friend of mine, surgery resident, got pulled over after hours of unreported work. He was a really strong performer in the program with a lot of energy and quick cognitive processing. If he violated work hours, I venture to guess that everyone was violating hours. He blew threw a red light on his way home and didn't even realize it. The police officer, was sympathetic to his fatigued and thanked him for his service to his patients. He said something to the effect of, "Son, I am going to give you this ticket*

*because it may save your life. You cannot be driving when you are this tired.” My friend was actually very touched that the officer cared about his safety. This situation is sad because it takes a punishment from a police officer to make real the danger that he was in. Police see first hand the tragic consequence of driving while impaired. This officer chose not to turn a blind eye to the danger my friend and other drives on the road were in.*