

# The Sleep Factor

By Dr Oh Jen Jen, Editorial Board Member

**A**n article in The Sunday Times a few months ago addressed a pertinent issue in the medical profession.

Titled "Learning to heal as the world sleeps" (published on 23 June 2002), it was written by Dr Howard Markel, a professor of paediatrics and the history of medicine at the University of Michigan. In it, he voiced his opinions on the recent guidelines instituted by the Accreditation Council for Graduate Medical Education, whereby residents' work-shifts are now limited to 24 hours and their work-week to 80 hours.

This echoes a similar article published in Time (Asia) magazine in March this year. Dr Sanjay Gupta, a neurosurgeon and CNN correspondent, reported how a study from the *Journal of the American Medical Association* found that in the morning after 24 hours of sleeplessness, a person's motor performance is comparable to that of someone who is legally intoxicated.

There were also excerpts from the American Medical Student Association website, where residents can post anonymous anecdotes. One wrote, "I was operating after being up for over 36 hours, ... literally fell asleep standing up and nearly face planted into the wound." Another said, "Your own patients have become the enemy, (because they are) the one thing that stands between you and a few hours of sleep."

Dr Gupta's stand was obvious – that doctors need to get adequate rest for their own, as well as their patients', sakes. He also brought up a rather inconceivable fact – that although the U.S. controls the hours of pilots and truck drivers, no such system was in place (at the time) for doctors.

Dr Markel, on the other hand, felt differently, and worried that the new guidelines would "limit a young doctor's ability to learn how to practise medicine". His view was that the

middle of the night was "the best time for those who want to learn how to be a doctor", and when "physicians-in-training get to frame their own decisions and make an indelible difference in the lives of others". He even went so far as to say, "This is the only reliable way I know to transform a student into a doctor."

After reading both doctors' sentiments, any layperson would be extremely confused. And who could blame them? Here we have two medical professionals, with what seems to be a significant amount of experience in specialties requiring long hours and hard work, giving completely opposite answers on the same question. In truth, both are right in their own way, but I tend to agree more with Dr Gupta.

Doctors may end up specialising in anything from cardiothoracic surgery to family medicine, but we all have one thing in common: housemanship, which is the most intensely stressful period of any physician's life. Though an improvement from working conditions 20 or even 10 years ago, house officers may be expected to do up to 10 calls a month, with no collection of post-call half-days. This is very common in surgical departments, where interns go home as late as 9 pm after doing a call the previous night, usually because of manpower shortage, and have to attend evening rounds and prepare for presentations the next morning.

My experience as a medical officer has yet to equal that of housemanship, but there are times when I am unable to go post-call, mostly due to inadequate post-call coverage, or when I am needed to assist in an operation by the team I am attached to.

Ultimately, this is all a matter of necessity. Registrars, on the other hand, are expected **not** to go post-call, something practised for as long as

anyone can remember, and apparently never questioned.

However, Dr Loke Seng Cheong, a registrar working in one of the restructured hospitals here, wrote an impassioned letter to The Forum Page of The Straits Times in July, with the following sentiments: "I have been told that, as a doctor, I am expected to make sacrifices for the good of society at large. Helping people is supposed to be a reward in itself. However, at 3 am, when more sensible people are in bed, these thoughts are far from my mind. In fact, the next day, when I am running a clinic without having slept the previous night, the welfare of my patients becomes low on my list of priorities. What I really want is to be able to get some sleep." He then ended off by saying, "Behind the facade of a First World health-care system are staff who are overworked and patients who are neglected."

I too have never been blessed with the boundless energy that some of my colleagues have, and many people I've worked with can immediately tell when I'm post-call – the eye bags, extra wrinkles and limp hair are a dead giveaway. So, I'm always sympathetic towards anyone who suffers from the same ailment, and very grateful to those who understand my fatigue and allow me to go home as soon as I finish my changes. In fact, having sane working hours is one of the main reasons I chose emergency medicine; the other being my great interest in it, of course.

Therefore, my reaction to the guidelines in the U.S. is favourable. I fully support any policy that ensures sufficient rest for doctors. Like pilots, we perform duties in which the lives of many people are placed in our hands, and it is our responsibility to protect these lives to the best of our abilities. Having the greatest surgical skills in the country will only do harm

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if you are half-asleep during the operation. And accumulating a whole page of post-graduate degrees won't do any good if you make the wrong decision and kill a patient just because you happened to be tired on that particular day.

A few of my colleagues who previously worked in the United Kingdom informed me that the shift system was implemented there years ago. In England, doctors work 12-hour shifts, either starting at 9 am or 9 pm. As a result, some of them were hit by culture shock upon coming to Singapore and getting firsthand experiences in what it feels like to go without sleep for 36 to 48 hours straight. A friend of mine, who is currently doing a surgical traineeship in a London Hospital, alerted me to the possible repercussions when he related an account of how one patient, who was lodging a complaint

against his doctors, hired a lawyer to compel the department to reveal exactly how many hours the surgeons who operated on him had been working for prior to the procedure. I have yet to confirm how that lawsuit panned out.

The pros of these guidelines are obvious. The cons, however, are also significant – lack of proper continuity of care, disruption of normal sleep cycles and social lives, the possible eradication of night call allowances (which add a substantial amount to otherwise mediocre salaries). Furthermore, no one can ensure that every doctor will use the extra time to rest, instead of, say, catching an evening show at the cinema.

Perhaps these practices can be instituted in Singapore, but more as recommendations rather than rules. Currently, Singhealth encourages its hospitals to let the junior staff go post-call – or if it isn't possible, to allow

the collection of post-call in lieu on another day. This will, of course, be difficult in departments with a shortage of house and medical officers, but sometimes, it also depends on the discretion of the senior doctors, and the willingness of the junior ones to help cover each other's duties.

Though "doctors should be bound by their conscience, not by the government" (a quote from Dr Charles Binkley, a senior surgery resident at the University of Michigan), they should also give up their pose of infallibility and get the rest they need.

I have often heard consultants lament how today's young doctors are "getting soft", as compared to our predecessors, who had to endure much heavier workloads. But with the increase in the number of complex and difficult procedures, fussy patients and lawsuits, let's try not to let "The Sleep-Deprived Doctor" become a fixture in negligence claims. ■