Where Have All the Giants Gone?

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The lyrics “Where have all the flowers gone?” sung by Peter, Paul and Mary in the 1960’s and 70’s are a reminder to many of times past. I recall during my own Internal Medicine training of the fatigue and sleepiness experienced after back to back nights on call, and this was in a program with a relatively benign call schedule that “averaged” only every 4th night as an intern. Some of my medical school classmates were “living” through training programs where in house call was every other night. This was initiation into the world of medicine—to be endured for future prosperity. We were only walking in the footsteps of the “giants” who preceded us. As stressful as 90-100 hour work weeks were, the practice of medicine was less frenetic back then. Patients frequently were admitted for elective evaluation of chronic headaches and abdominal pain to have such studies as brain scans, electroencephalograms and upper GI series performed. House officers also did much of the “scut” work now done by ancillary personnel such as drawing blood cultures and “plating” urine cultures. The “ward” laboratory was a fixture in most teaching hospitals.

The practice of medicine and residency training is radically different now. Only the sickest patients are admitted to the hospital with greater numbers requiring intensive care. Hospital stays are abbreviated and house staff work frenetically at times arranging discharges and outpatient follow-up. Stimulated by scientific data acquired by investigators from our own specialty, we are now cognizant of the adverse impact of sleep deprivation and fatigue on patient safety and quality of life. This knowledge combined with a few highly publicized tragedies has resulted in the imposition of the current work hour rules by the Accreditation Council for Graduate Medical Education (ACGME) for all post-graduate medical education in this country.

In this issue of the Journal are 3 perspectives on the impact of the current ACGME work hour rules on post-graduate training and patient care. In the Pro/Con debate, Parthasarathy highlights the need to address the adverse consequences of prolonged continuous excessive work in the hospital and the scientific basis for a less intensive work schedule for house staff. Taking the opposite opinion, Iber emphasizes that there have been unintended adverse consequences of these work hour regulations. Finally, George and Mattison provide a perspective on the work hour rules from the viewpoint of a group that is highly affected by them, the house staff. Irrespective of one’s own personal opinion of the ACGME work hour regulations, there is a need to determine how training programs are complying with them, and how these measures are affecting both residency training and patient care. At the current time, the ACGME (through its Committee on Innovations in the Learning Environment) and the Residency Review Committee for Internal Medicine are beginning just such a process which may result in suggestions for some modification. However, any recommendations must be based on the best scientific evidence available and logistic and economic feasibility.

Although the ACGME work hour regulations have highlighted the need to address sleep and fatigue in residency training, there has been little discussion about this issue and its impact on practicing physicians. Does it seem reasonable that in the month of June, a resident physician will be limited to working 80 hours per week only to able to work unlimited hours in the very next month of July when he or she becomes an independent attending physician? Work hours regulations now exist, albeit arguably flawed, for other occupations that potentially impact public safety such as truck drivers and airline personnel. With the emphasis of JACHO and governmental agencies on reducing medical errors, will it be long before the spotlight shifts to practicing physicians? When this debate occurs, organized medicine led by our specialty, needs to be able focus the discussion on the appropriate science as well as logistical issues relevant to the practice of medicine.

Peter, Paul and Mary, now substantially more “mature” still sing “Where have all the flowers gone?” while many of us mature academicians lament “Where have all the giants gone?” The answer to both questions for better or worse is “Long time passing”.

REFERENCES