

Ethical Reverberations of Duty Hour Reform

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Brief History of Duty Hour Reform

- 1900's -- "Residents" lived in the hospital working every-other-night schedule
- 1985 – Preventable death of Libby Zion
- 1989 – NY Bell Commission rules
- 1990's – specialty-specific rules
- 2003 – ACGME core duty hours (based on procedural model)
- 2006 – IOM: "1.5M preventable errors"
- 2009 – IOM: "...further reductions required"



Case

68 year-old patient with fever and shortness of breath

- Temperature 102.4°F
- Increased edema, respiratory crackles, new vasculitic rash
- Creatinine increased from 1.9 to 4.5

What is the differential diagnosis?

Case

- You refer the patient to local teaching hospital for admission.

Will the care be better, worse or the same in a teaching hospital?

- Teaching Hospitals

J. Kupersmith. Academic Medicine.
2005;80:458-66.

Case

- That evening you receive a phone call from the intern who is about to see the patient, seeking background information.
- You review your concerns and agree on a general plan in broad outlines.

Case

- The next day you go to the hospital to see the patient after lunch.
- The patient appears slightly worse.
- While favorably impressed with the care, the patient does not know who their resident or attending physician is.

Is this a rare or common scenario?

Case

- You page the intern who signed the admission note.
- An intern returning the phone call states: "I don't know the patient; I am just covering."

How do you respond?

What are the ethical issues raised?

80 hrs/week



Ethical Principles

- Beneficence
- Common (Societal) Good
 - Short- vs. Long-term
 - Conflict of interest
 - Unknown consequences
- Distributive Justice
 - Trust (between profession and society)
- Self-health
 - Vs. altruism

Hippocratic Oath

- Teach those who follow
- Heal the sick
- Do no harm
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Case -- Call schedule

- The admitting intern on over-night was supposed to leave the hospital by 1 p.m.
- However, you discover that her beeper is signed-out but actually still in the hospital at 1:30 p.m. while coordinating tests required for the patient's renal biopsy.

What is your responsibility to the intern, to the patient and to the program?

Case

- Concerned family members wish to discuss the diagnosis and prognosis with you, the intern and the renal team.

Do you invite the intern to join you?

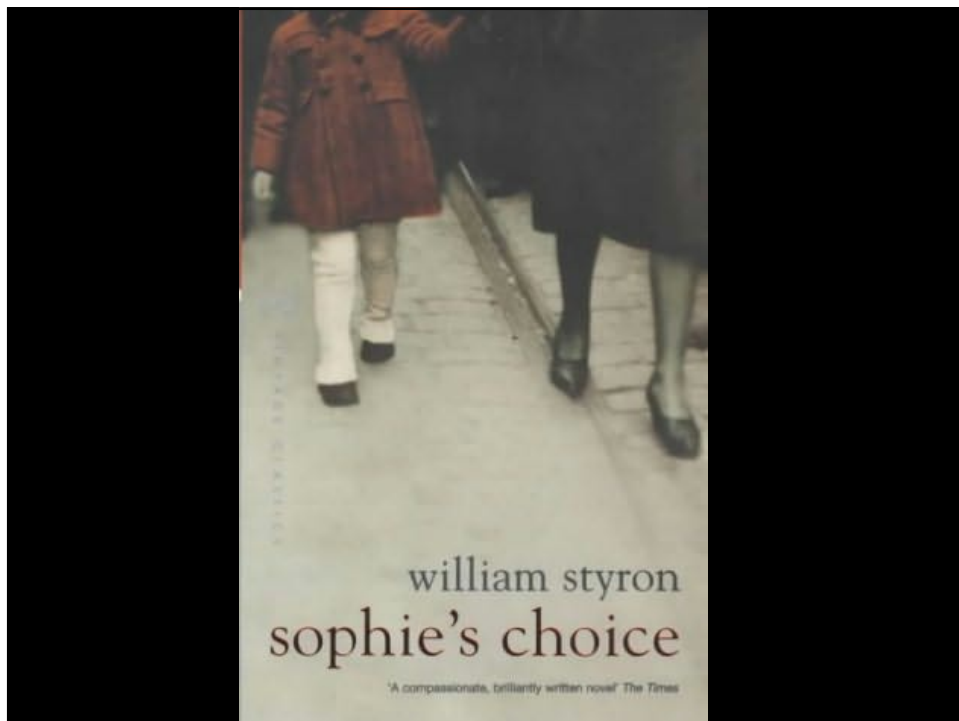
Case

- The intern in question is hoping to apply for a fellowship in nephrology. You overhear the nephrology attending lament “the days when interns actually cared about their patients.”

What, if anything, do you say?

Threats to Professionalism

- Trust between society and patients
- Commitment to society is unilateral
- High risk: “Ignorant but well rested physician”
- Sophie’s choice: Devotion to patient vs. obeying the rules



Framework for Ethical Duty Hours Reform - 1

- Ethical Defaults
 - Systems make it difficult to veer from the ideal
 - The Safest path is the Professional path
 - New standards for Team Care (individual investment/accountability)
 - Avoid Sophie's choice

Framework for Ethical Duty Hours Reform - 2

- Common Good (long term)
 - Promote Trust and Professionalism
 - Graded responsibility
 - Longitudinal relationships
 - Safe but Flexible scheduling

*“Strangely, this is the past that someday we
will long to go back to.”*

--Tom Nasca, MD