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

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
- Efface self-interest in the interest of my patient.
- Protect confidentiality
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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