Nearly 25 years ago, I was an intern at Detroit Osteopathic Hospital in Highland Park, Mich, then the premier osteopathic hospital. Vivid memories of that time and place remain with me still.

Many of my most rewarding work experiences—and now my fondest memories—occurred there in the middle of the night. Some of my proudest moments, very personal in nature, occurred while driving home after completing a sleepless 36-hour shift.

Back then, I never allowed myself to focus on what I might be doing wrong. I concentrated on taking care of many, many patients as thorougly as I could—always catching up so I could be ready to give the next patient my best efforts.

There were nights that we, the other intern and I, admitted 12 patients and still had another two waiting in the emergency department. The work, or—should I say—the challenges, never seemed to end. Chart notes needed to be completed, intravenous lines started, blood drawn, pages answered, and even, sometimes, lectures prepared. There were no computers; everything had to be researched by hand in the “stacks.”

The training motto was See one, Do one, Teach one and nearly everyone was busy all the time. Standards and protocols were high, and all were expected to perform at the highest level. For an internist-in-the-making at the flagship of our profession, life was good—but not perfect.

As the morning came around and our night shift was gearing down, we often got a rush of adrenaline. Daybreak meant we would be able to get some precious sleep in the foreseeable future. Being up since 6 AM the day before had taken a toll on us, and even though the work we began the previous night was ending, the work for the new day was just beginning. If I was lucky, I might be able to get home before 7 PM.

The biggest challenge was not staying awake, but continuing correctly with our many responsibilities. Remember: First, do no harm! Sleep deprivation was never an excuse, but sometimes the fatigue was so great that errors probably occurred. Hopefully they were minimal and of no real clinical consequence, but who really knows?

I do know that once, when driving home after being on-call for a long time, I ran right off the road and down an expressway embankment. Waking suddenly, I turned the steering wheel of my old Volkswagen slightly, went back up the hill I had just come down, and eased gently back onto the road. Despite this harrowing experience, I had absolutely no difficulty falling asleep or sustaining it once there. After all, I had to get up in just a few hours to help a little with the baby and get back to work.

All of this seems necessary, in my opinion, to becoming a physician. Working through the night and over long hours builds character and mental endurance, fosters independence, and allows one to see the fruits of solid continuing care.

Observing day-night differences in disease expression is important, if not crucial, as illness often seems much worse at night.

Working through the night has training advantages—but working too long without sleep has definite disadvantages. Excessive work hours by “house staff” can lead to errors in judgment and clinical decision-making. These errors are responsible for medical errors and can impact the safety of the physician-in-training, as my experience attests. It is of no surprise that the American Osteopathic Association (AOA) chose to address this issue at its Annual House of Delegates Meeting over the summer.

Every July, the AOA House of Delegates and the AOA Board of Trustees meet in Chicago, Ill, to iron out policy issues—representing osteopathic physicians, graduates-in-training, and students. At this year’s meeting, osteopathic resident and intern work hours were standardized.

Under the leadership of the AOA Bureau of Professional Education and the AOA Council on Postdoctoral Training, the Board of Trustees worked to finalize this issue within our existing policy standards, agreeing to the following new policy:

- Osteopathic interns and residents shall not be assigned to work physically on duty in excess of 80 hours weekly, averaged monthly and inclusive of in-house night call.
- Osteopathic interns and residents shall not work in excess of 24 consecutive hours, exclusive of morning and noon educational programs. Allowance for up to 6 hours for inpatient and outpatient continuity of care, transfer of care, educational debriefing, and formal didactics may occur. Further, interns and residents may not assume responsibility for a new patient after these 24 hours.
- Osteopathic interns and residents shall have at least 12 hours off after a 24-hour duty shift before returning to work.

The implementation of these new duty requirements (see http://www.aoa-net.org for more information) may be difficult for some specialty residencies, and these issues will have to be worked out on an individual basis. I am sure that this policy will lead to overall enhanced patient care and well-being for our trainees, without interfering with the critical learning experiences that each intern and resident must have during his or her training years.

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