

## How many hours should a surgical resident work?

Doctors are always willing to discuss resident working hours. A new wrinkle in the ongoing debate has unfolded over the last few years as initially a lone resident challenged the Quebec provincial contract as a violation of the Canadian Charter of Rights and Freedoms. Soon, most of the resident associations had taken up this cause, with an apparent goal of changing the 24-hour shift. Studies, including a well-publicized article in the *New England Journal of Medicine*,<sup>1</sup> have shown that residents were at risk of injury both on the job and afterwards as a result of work hours. Dozens of articles and editorials<sup>2</sup> have been written both before and after publication of this article, pointing out that patients are also at risk. Residents (medical, surgical and others) have contended that a change to an arbitrary 16-hour shift would rectify these problems. Is it fair to say with the few data available that surgical training would be the same? Scott and colleagues,<sup>3</sup> in the *Canadian Journal of Surgery*, reported that surgical residents felt that medical lifestyle was an unimportant factor in evaluating career choice. This is probably important, as many practising surgeons far exceed the 16- and 24-hour limits being discussed.

The *New England Journal of Medicine* recently published recommendations for on-duty hours from the Accreditation Council for Graduate Medical Education (ACGME) Task Force.<sup>4</sup> It is interesting to see the evolution in recommendations for duty change over the last 3 ACGME publications. This change has occurred with little hard evidence of a need for modification. Despite the consensus on a need for a change in shift hours, they refer to a study<sup>5</sup> that examined malpractice claims indicating communications issues — such as a lack of supervision and handover practices — as the major contributors to errors in teaching settings. The increased number of handovers inherent with shorter shifts will only aggravate this problem.

What happens in a surgical suite when the 16-hour

period is over? Does your first assistant just leave the case? Are we going to have to hire physician assistants as our first assistants? Where does the trust in resident care degenerate in this scenario? With the patients, as they re-tell the same information shift after shift, or with the attending staff who begin to see their former students and coworkers transform into shift workers? I am not saying that we should return to the old standard of 1-on-2 call model that a lot of our readers were trained under, but why are we in a rush to constantly modify working conditions with little evidence of what it would mean for patient care? We need to look closely at how changes to surgical resident hours will affect the care of the patients, the length of the residency programs in the future and certainly the health and well-being of residents.

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