Don’t fall back. Don’t spring forward. Don’t even touch the clock unless the power goes out.

That seems to be message from the country’s sleep-medicine physicians as this Sunday most Americans will lose an hour of sleep when clocks “fall back” to standard time from daylight saving time (DST). But the semiannual ritual of adjusting the time by an hour isn’t just an annoyance, they say.

In a position statement published in the *Journal of Clinical Sleep Medicine*, the American Academy of Sleep Medicine (AASM) is unequivocal in advocating elimination of daylight saving time, the practice of setting clocks ahead one hour between mid-March and early November.

“The U.S. should eliminate seasonal time changes in favor of a national, fixed, year-round time,” says the position statement, adding that “current evidence best supports the adoption of year-round standard time, which aligns best with human circadian biology and provides distinct benefits for public health and safety.”

**Side effects of springing forward**

Studies have shown the transition from standard time to daylight saving time in the spring is associated with more cardiovascular morbidity. In addition, the spring transition triggers missed medical appointments and more emergency department and hospital return visits, but the reversion in the fall doesn’t.

“Many people’s circadian rhythms are somewhat resilient, but if you’re going to make a change, it would be much more favorable to go with standard time,” said Patrick J. Strollo, MD, a sleep-apnea researcher and pulmonologist and professor of medicine and clinical and translational science at the University of Pittsburgh. Dr. Strollo also represents the AASM in the AMA House of Delegates. (Editor’s note: At the 2022 Interim Meeting, the AMA adopted policy favoring elimination of daylight
saving time and a move to permanent standard time.)

Check out the eight things doctors wish patients knew about healthy sleep habits.

**Current legislation is curious**

Daylight saving time has been a national standard since Congress passed the Uniform Time Act of 1966. U.S. law allows states to opt out of it, but only two—Hawaii and Arizona—have claimed the exemption.

“While broad support exists for the elimination of the spring and fall time changes, proposed solutions are conflicting: Some states have introduced legislation proposing variations of permanent DST, and a nearly equal number of states have introduced legislation to establish permanent standard time,” says the AASM position statement. Originally published in 2020, the AASM position statement has since been endorsed by, among others, the:

- American Academy of Cardiovascular Sleep Medicine.
- American Academy of Dental Sleep Medicine.
- American Association of Sleep Technologists.
- American College of Chest Physicians.
- American College of Occupational and Environmental Medicine.
- National Safety Council.
- Society of Anesthesia and Sleep Medicine.
- Society of Behavioral Sleep Medicine.
- World Sleep Society.

Moving to either permanent standard time or permanent daylight saving time nationwide would require congressional approval.

Earlier this year, the Senate passed legislation to make DST permanent starting next year, which is precisely the opposite of the sleep-medicine physicians’ recommendation. That bill, the Sunshine Protection Act, passed unanimously, suggesting that many lawmakers did not have a chance to become educated about the science on the issue. There is no timetable for the House of Representatives to debate the bill, although House Speaker Nancy Pelosi previously indicated that she supported it.

Discover what doctors wish patients knew about insomnia.
Look at it like jet lag

Until Congress can be educated on the issue, experts suggest that their physician colleagues keep an eye out for patients who may be struggling with the time change.

“Patients generally don't seek advice about how to deal with it, but particularly as we get older, we're less able to tolerate circadian time shifts,” said Alejandro D. Chediak, MD, professor of medicine and associate chief of clinical affairs in the Division of Pulmonary, Critical Care and Sleep Medicine at the University of Miami Miller School of Medicine. Dr. Chediak also represents the AASM in the AMA House of Delegates.

“If we remain stuck in this twilight zone of daylight saving time oscillating with standard time, making the change more gradually can help,” he said, noting that physicians could be proactive with patients. “So instead of making the one-hour change all at once, you can do it by 15 minutes a day for four days prior to the change.”

Learn more with the AMA about sleep issues.