Whereas, AMA Policy H-15.958, Fatigue, Sleep Disorders, and Motor Vehicle Crashes, notes the risks associated with sleep deprivation and actions physicians can take to help protect patients; and

Whereas, About 20-30 percent of shift workers experience prominent insomnia symptoms and excessive daytime sleepiness consistent with circadian rhythm sleep disorder, also known as shift work disorder; and

Whereas, Drowsy driving causes almost 1,000 estimated fatal motor vehicle crashes in the United States (2.5 percent of all fatal crashes), 37,000 injury crashes, and 45,000 property damage-only crashes; and

Whereas, Physicians have a higher likelihood of dying from accidents than from other causes relative to the general populations; and

Whereas, Physicians' risk of crashing while driving after working extended shifts (≥24 hours) was 2.3 times greater and the risk for a “near miss” crash was 5.9 times greater, compared to a non-extended shift. The estimated risk of a crash rose by 9.1 percent for every additional extended work shift hour; and

Whereas, Forty-one percent (41%) of physicians report falling asleep at the wheel after a night shift; and

Whereas, A simulation study demonstrated that being awake for 18 hours, which is common for physicians working a swing shift (i.e., from 6 p.m. to 2 a.m.), produced an impairment equal to a blood alcohol concentration (BAC) of 0.05 and rose to equal 0.10 after 24 hours without sleep; and

Whereas, Driving simulator studies show driving home from the night shift is associated with two to eight times the incidents of off track veering, decreased time to first accident, increased eye closure duration, and increased subjective sleepiness. Night-shift work increases driver drowsiness, degrading driving performance and increasing the risk of near-crash drive events; and

Whereas, Actual driving studies post-night shift versus post-sleep night showed eleven near-crashes occurred in 6 of 16 post night-shift drives (37.5 percent), and 7 of 16 post night-shift drives (43.8 percent) were terminated early for safety reasons, compared with zero near-crashes or early drive terminations during 16 post-sleep drives; and
Whereas, Institutional support for self-care and fatigue mitigation can help protect physician well-being and model appropriate behaviors for physicians in training; therefore, be it

RESOLVED, That the AMA advocate for legislation and policies that support fatigue mitigation programs, which include, but are not limited to, a quiet place to rest or funding for alternative transport and return to work for vehicle recovery at a later time for all medical staff who feel unsafe driving due to fatigue after working overnight or extended shifts. (Directive to Take Action)

Fiscal Note: TBD

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RELEVANT AMA POLICY
Resident/Fellow Clinical and Educational Work Hours H-310.907
Fatigue, Sleep Disorders, and Motor Vehicle Crashes H-15.958

References: