Introduced by: Women Physicians Section

Subject: Fatigue Mitigation Respite for Faculty and Residents

Whereas, During the COVID-19 pandemic, physicians have been on the front lines, and have experienced increased duress and extreme fatigue during the case surges as hospitals are overrun with patients; and

Whereas, Longer shifts, disruptions to sleep and to work-life balance, and occupational hazards associated with exposure to COVID-19 have contributed to physical and mental fatigue; 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;9 and

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; therefore, be it

RESOLVED, That the AMA make available resources to institutions and physicians that support self-care and fatigue mitigation, help protect physician health and well-being, and model appropriate health promoting behaviors (Directive to Take Action); and be it further;

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

Fiscal Note: Modest - between $1,000 - $5,000

Received: 3/2/2021

RELEVANT AMA POLICY

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

References: