

AMERICAN MEDICAL ASSOCIATION WOMEN PHYSICIANS SECTION

Resolution:1  
June 2021

Introduced by: Women Physicians Section

Subject: Fatigue Mitigation Respite for Faculty and Residents

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

4  
5 Whereas, Longer shifts, disruptions to sleep and to work-life balance, and occupational hazards  
6 associated with exposure to COVID-19 have contributed to physical and mental fatigue; and

7  
8 Whereas, About 20-30 percent of shift workers experience prominent insomnia symptoms and  
9 excessive daytime sleepiness consistent with circadian rhythm sleep disorder, also known as  
10 shift work disorder;<sup>5</sup> and

11  
12 Whereas, Drowsy driving causes almost 1,000 estimated fatal motor vehicle crashes in the  
13 United States (2.5 percent of all fatal crashes), 37,000 injury crashes, and 45,000 property  
14 damage-only crashes;<sup>2</sup> and

15  
16 Whereas, Physicians have a higher likelihood of dying from accidents than from other causes  
17 relative to the general populations;<sup>4</sup> and

18  
19 Whereas, Physicians' risk of crashing while driving after working extended shifts ( $\geq 24$  hours)  
20 was 2.3 times greater and the risk for a "near miss" crash was 5.9 times greater, compared to a  
21 non-extended shift. The estimated risk of a crash rose by 9.1 percent for every additional  
22 extended work shift hour;<sup>3</sup> and

23  
24 Whereas, Forty-one percent (41%) of physicians report falling asleep at the wheel after a night  
25 shift;<sup>6</sup> and

26  
27 Whereas, A simulation study demonstrated that being awake for 18 hours, which is common for  
28 physicians working a swing shift (i.e., from 6 p.m. to 2 a.m.), produced an impairment equal to a  
29 blood alcohol concentration (BAC) of 0.05 and rose to equal 0.10 after 24 hours without sleep;<sup>7</sup>  
30 and

31  
32 Whereas, Driving simulator studies show driving home from the night shift is associated with two  
33 to eight times the incidents of off track veering, decreased time to first accident, increased eye  
34 closure duration, and increased subjective sleepiness. Night-shift work increases driver  
35 drowsiness, degrading driving performance and increasing the risk of near-crash drive events;<sup>8</sup>  
36 and

1 Whereas, Actual driving studies post-night shift versus post-sleep night showed eleven near-  
2 crashes occurred in 6 of 16 post night-shift drives (37.5 percent), and 7 of 16 post night-shift  
3 drives (43.8 percent) were terminated early for safety reasons, compared with zero near-  
4 crashes or early drive terminations during 16 post-sleep drives;<sup>9</sup> and  
5  
6 Whereas, AMA Policy H-15.958, Fatigue, Sleep Disorders, and Motor Vehicle Crashes,  
7 notes the risks associated with sleep deprivation and actions physicians can take to help protect  
8 patients; therefore, be it  
9  
10 RESOLVED, That the AMA make available resources to institutions and physicians that support  
11 self-care and fatigue mitigation, help protect physician health and well-being, and model  
12 appropriate health promoting behaviors (Directive to Take Action); and be it further;  
13  
14 RESOLVED, That the AMA advocate for policies that support fatigue mitigation programs, which  
15 include, but are not limited to, quiet places to rest and funding for alternative transport including  
16 return to work for vehicle recovery at a later time for all medical staff who feel unsafe driving due  
17 to fatigue after working. (Directive to Take Action)

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

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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:

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