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Diagnosing house officer fatigue

In a reaction to much hyped extrapolations about excessive hospital accidents and deaths, the educators and administrators who (over)regulate clinical medicine have decided that the root of all trouble is resident fatigue.

They might have been better off addressing the real structural defects of modern hospitals—too much paperwork and bureaucracy, unavailable patient records, nurses pushing paper instead of nursing, doctors' patients scattered over 12 floors, and chief residents (registrars) doing everything else but closely supervising junior house officers.

But instead the armchair generals have promulgated specific directions on how many hours residents may work, how many days they must take off for rest and recuperation, and how after a night on call they may spend the afternoon in bed, even if 80 patients are scheduled for the clinic that day.

The result is massive discontinuity and pervasive chaos. Senior attending physicians wander about alone because their residents are in class, in a (largely misnamed) continuity clinic, or in bed. Residents work in shifts, in teams, like primitive man hunting in packs, constantly signing out to one another, giving rise to the "he is not my patient syndrome," so that no resident can name a patient truly his own.

Yet the armchair generals remain troubled. If fatigue is the cause of all evils, then how is it to be diagnosed? Don't we need criteria, algorithms? Fortunately a committee of academic medical school rear admirals has recently issued specific guidelines, explaining how a psychiatrist has assembled a list of symptoms suggestive of excessive fatigue. They include involuntary nodding off, waves of sleepiness, lethargy, irritability, mood lability, poor coordination, difficulty with short term memory, and tardiness or absences at work. Fatigue may manifest itself as depression and the resident may need "to consult his/her primary care physician."

Clearly these vague instructions require quantification, peer review, and evidence based verification. But pending the development of a reliable downloadable algorithm, the committee advises that the psychiatrist expert in diagnosing fatigue may be contacted by email.