EFFECTS OF FATIGUE IN DOCTORS

A 24/7 service needs many more doctors

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Written in the vacuum of the ethics dimension, this paper reminds me of the phrase, “it’s the economy stupid.” We used these arguments in the BMA negotiating committee, with Barbara Castle and David Owen.

In the 1970s I worked a one in two rota, all night on call. Droves of juniors were resident, however, as were experienced senior registrars. Patients stayed longer, and a wise junior could anticipate problems and have a call-free night. Now, fewer, less experienced juniors have many more patients and an eight day run of 13 hour night shifts, with the consultant at home. It is not hours, but intensity, that causes fatigue.

The second world war generation knew a lot about fatigue. Sir Archibald MacKintosh and others realised that senior house officers in the anaesthetics department were up all night, so they were given the next day off. Despite this, graduates of those departments had a good career progression.

In Sweden in the 1970s, overtime beyond 40 hours was heavily regulated, without compromising training. However, as with other European countries, more doctors were needed per head of the population.

The need to meet budgets means that fewer juniors are on call, resulting in fatigue and alleged unnecessary deaths in “failing trusts.” Politics and the media blame consultants and GPs who are apparently work shy and absent at nights and weekends. Despite evidence from many sources that consultants worked 55-60 hours a week, Milburn and successors forced through a 40 hour contract and additional pay for the extra eight hours allowed by the European Working Time Directive. The new GP contract produced a similar result. Many consultants still work unpaid extra hours on call. A 24/7 service needs many more doctors.

Competing interests: None declared.

Full response at www.bmj.com/content/347/bmj.f4906/rr/657328.

1 Sokol DK. Waking up to the effects of fatigue in doctors. BMJ 2013;347:f4906. (5 August.)


Cite this as: BMJ/2013;347:f5114

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