Letters to the CSA

To the Editor:

Medicine is unique in that we have no regulations limiting how many continuous hours we are allowed to work. Most other professions that involve public safety, like airline pilots and long distance truckers, have well-publicized limits on consecutive hours worked. The rationale is obvious. Working prolonged hours results in fatigue, which in turn causes a decline in performance that endangers public safety. The validity of this rationale has probably not been studied in a rigorous scientific manner. Nevertheless, the hypothesis does pass the test of common sense and that's usually sufficient to create public policy. So far, medicine has been given a pass when it comes to scrutiny over hours worked. I'm not sure we will be given that pass in the future.

When I describe the hours that I work to my nonmedical friends, they are initially amazed and then they ask, “Is that safe?” They figure that if they worked 20 straight hours at their job, their performance would decline. Are doctors different? Do doctors possess some unique reservoir of commitment and focus? Most conclude that no, we don't.

I know the studies in the medical literature are conflicted on this issue. The public is not conflicted. Common sense tells them that if a clinical catastrophe occurs and you've been working for 20 hours, then fatigue was a factor; a doctor who was rested might have had a better outcome. I don't foresee a lot of public sympathy in such a situation.

I certainly understand the desire to maintain income. I also realize that when payment per unit falls, the only way to make up the shortfall is to work longer hours. I just fear that the public won't see it that way. I don't think that they will see us as noble—soldiering on in the middle of the night. I think they will see us through the same lens that they view airline pilots and truckers. I worry that they will see us as greedy.

Douglas J. Martin, M.D., Past Director, District 6

To the Editor:

As discussed, there were several errors of history in the Fall 2007 article co-authored by Dr. Campana, “Everyone I Know.” To facilitate correcting the record, he and I recently reviewed the matter.
He was quick to say that he had harbored some doubt about citing the McGovern candidacy for President in 1968 as an historical analogy, when in fact the Senator was routed in the 1972 election. Vice President Hubert Humphrey lost to Richard Nixon in 1968 but made the campaign remarkably close even after the riots at the Democratic convention in Chicago. Jason remembered LBJ opting out of a 1968 reelection bid, the assassinations of MLK Jr. and Bobby Kennedy, and the worsening Vietnam debacle. 1968 was a tumultuous and watershed year, especially for those of us who worked in political campaigns and for elected officials at the time.

In '72, McGovern's campaign was a disaster from the start. His nominee for VP, Senator Tom Eagleton, was forced to withdraw quickly when it was revealed he had earlier undergone electroshock therapy. The campaign went awry and never recovered. The elitist New Yorkers described in the article as being shocked by McGovern's defeat must have existed in a cocoon of extreme self-absorption.

In any event, the overriding theme of the article was on point. Stepping outside our own echo chamber is essential. Convincing the uncommitted to join the cause of advancing their profession takes a lot of effort. Not much room for outreach is left in our world of instant communication, unlimited expectations, family obligations and demands that everything be done faster and better. Rather than constantly urging the already committed to do more, the uncommitted somehow must be lured into the fray. Dr. Campagna is one of the newer politically and professionally active CSA members who have the drive and imagination to spread the word. For those of us who have been associated with CSA for some years, it is greatly encouraging to see prospective future leadership emerging from the membership ranks.

William E. Barnaby, Esq. and William Barnaby, III, Esq.

Editor's Note: It should be noted that the letters published in this section represent the opinions of the individual authors, and no inference should be made as to the opinion of the California Society of Anesthesiologists or the editor. The views expressed here are not official policy of the CSA, and a letter's publication does not imply agreement or disagreement with the author. We are attempting to provide the membership with a forum to express their thoughts to other California anesthesiologists. We also make every attempt to publish the letters in their entirety and just as we receive them. Insofar as possible, related or opposing views will be published. If a letter deserves a reply, its publication may be delayed until the companion letter is available. Please remember, we do have deadlines and space limitations—thus, the publication of your letter may be delayed to the next issue for these reasons.