

GAT Page - On-call rooms for trainee Anaesthetists

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The recent action by the Barnet and Chase Farm NHS Trust of padlocking doctors' on-call rooms and charging for their use has brought to the fore the issue of rest periods during new full-shift patterns. That this policy has now been reversed after intense media coverage is irrelevant. A recent GAT Linkman survey (awaiting publication) shows that 16% of Anaesthetics departments report a loss of on-call rooms whilst others are under threat. Many Trusts have taken the standpoint that as other healthcare shift workers, such as nurses, do not have on-call or rest-rooms, there is no reason why they should be available for doctors. This article aims to set out the reasons why sleep facilities for Anaesthetists should be maintained.

Fatigue is the inability to continue effective performance of a mental or physical task, and the three principal mechanisms that determine levels of fatigue are the circadian pacemaker, the time since last sleep, and the quality of that sleep. The circadian pacemaker is unaffected by working full shifts thus making a seamless transition between day and night work impossible. Working overnight is not a natural state and, as a result, performance deteriorates during this time [1]. Even after working for long periods, adaptation does not occur, and this remains a constant factor in producing a significant reduction in performance during the early hours of the morning [2]. The reverse of the same cycle impairs the ability to have long quality sleep during the day and so renders preparation for night work difficult. The earth is round and has been spinning at the same speed for quite some time.

The sleep mechanism can, however, be used to help counteract the seemingly immovable circadian pacemaker effect by taking naps. These need only be of 40 minutes duration and there is good evidence to show that 'power

naps' improve performance when working shifts [2]. The British Medical Association recognises 'anchor naps' at the end of shifts as being crucial in reducing fatigue in order for doctors to travel home safely [3]. These alone are good enough reasons to retain the current on-call sleeping facilities.

Any comparison of doctors working at night with nursing staff is like comparing apples with pears. Most nursing contracts are for 37 hours per week, up to 20 hours less than EWTD compliant medical staff. Consequently they have much more non-working time to take advantage of fatigue reduction methods. Even if 'EWTD compliant', most doctors' working patterns are such that the shifts are not evenly distributed over time. Some weeks will have less than 30 duty hours whilst others have over 80. Sleep of course, cannot be stored up and saved for a rainy week.

In general, nursing staff have a more regimented pattern of work, with set tasks, routines and observations to carry out through night shifts. In contrast, the nature of out-of-hours anaesthetic work is inherently unpredictable, covering emergency calls as and when they occur. The NHS Modernisation Agency Report [4] shows that between 5pm and 9am, the highest proportion of anaesthetic workload is 'urgent', and must be carried out 'at once'. This type of work requires alert, awake and aware doctors able to concentrate.

The Hospital-at-Night Project aims to place the anaesthetist at the centre of the out-of-hours emergency service. Whilst there is every pressure from NCEPOD and clinical governance to reduce the frequency and level of out-of-hours activity for the patients' benefit, it would be improper to remove any existing facility for anaesthetists to improve their performance.

The role of the doctor is often that of sole responsibility for a particular service. A doctor on whom the hospital emergency service depends is under considerably more personal pressure to continue working whilst fatigued. This will result in poorer care for those treated out of hours.

The only fit-for-purpose facility to provide sleep or a timely nap is the traditional on-call bedroom, of which an individual has free disposal when required, undisturbed by others. Reclining chairs in communal rooms, as suggested in some Trusts, do not satisfy these criteria.

We each have an individual responsibility to limit fatigue in ourselves and those working with us. Equally, all Trusts have a responsibility to provide their patients with doctors who are in the best possible physical and mental condition, whatever the time of the day. After all, everyone's underlying concern should be to prevent the deterioration of patient care - and keeping the existing on-call rooms is an effortless step to support this.

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The GAT Committee

References

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