Letter from Chicago

Bankers' hours at Luggnagg

George Dunea

Dr S, a house officer at the hospital, has been on call continuously for over 200 years. Well versed in blood letting, leeching, and plasmapheresis, he also understands autointoxication, autoimmunity, and antibodies. He had begun his training under Dr Benjamin Rush, a cosigner of the Declaration of Independence, with whom he had helped treat the yellow fever in Philadelphia by enthusiastically draining out most of the blood out of most of the patients carrying the disease. Like many other doctors, he reads mainly his materia medica and cares little about current events. His notions about history are vague, but he thinks that George Washington would not be alive today had the doctors not cured his quinsy with an extra dose of blood letting. He remains suspicious of the British and expects an invasion any day. He worries about British Petroleum being in Ohio and Grand Metropolitan taking over Burger King.

So far Dr S has worked uncomplainingly. He knows that there is a job to be done and is willing to do it. He has of late, however, had to assume more responsibilities. More often than not he now has to stand in for his chief, Dr Rush. In theory the chief has to see every patient, make every major decision, countersign every note. For practical purposes, however, Dr Rush is rarely about. Some people say that they have not seen him since the revolution and the business with the yellow fever. Others believe that he retired from active practice soon after the president's quinsy.

Over the years Dr S has found that the quality of help at the hospital has deteriorated. He has to push patients to the x ray department or run blood specimens to the laboratory because there is nobody else to do it. The nurses seem less respectful, rarely opening the door for him or standing up when he comes to the ward. More likely they would be sitting at the nursing station, gossiping and ignoring him, or listening to loud radios when his head is splitting from having been on duty for 73 000 days as well as having domestic problems.

For you see Dr S is married with two children. He is also married with a house, with a dog, with a garden, with a mortgage, with a wife who complains she never sees him, and with a large debt he has run up to finance his education. He had to take out loans for college, for medical school, for books, and for personal computers. There were large sums he had to contribute to a special fund when he could not get into medical school on grades alone. He had to buy his own venesection kit, his own guillotine, his own ophthalmoscope, his own portable computed tomography scanner. And all the time the debt grew, doubling every seven years just from the interest compounding away furiously.

Lately, however, there has been light at the end of the tunnel. Many people now think that Dr S works too hard. The stir began with the Libby Zion case, when jurors were appalled to find house officers working continuously 18 hours, let alone 200 years. They may not have felt sorry for Dr S, but they thought that tired residents, like tired horses, should be changed regularly for fresh ones. Then benevolent science came to the aid, several studies suggesting that residents deprived of sleep cannot think clearly, make mistakes, and might operate on the wrong patient at

the wrong time. Worse still, overwork and fatigue could make them arrogant and insensitive, inclined to believe the world owes them a great debt.

Computers shook and calculators flew

Soon moves were afoot to curtail house officers' working hours. It started in New York and California, the more liberal states (in the Dukakis sense). New York passed rules saying that they could work only 80 hours a week and requiring them to take a nap after 12 hours in the emergency room or 18 on the wards. This convulsed the finance departments of the hospitals not yet closed by prospective reimbursement. Computers shook and calculators flew about the room as administrators tried to work out what it would cost to implement the new rules. Two junior finance officers were fired on the spot for wanting to hire help to push patients to the x ray department. Things calmed down when a California legislator proposed to pay the house officers less or tax their salaries. Eventually the state of New York, already deep in the hole, put the whole thing off until July 1989, hoping meanwhile to find the extra $300 million needed to go ahead.

There was also disturbing scenes in medical education, as service chiefs struggled to fill slots, shift positions, trade two fellows from cardiology for three residents in ambulatory medicine, short change clinical speleology, and abolish psychosomatic endoscopy altogether. They also worried about the integrity of the teaching program and about its "inherent educational value." Slumbering representatives of learned societies, who would hardly know one end of a Foley's catheter from the other, jumped into the fray. Some thought that residents should work 90 hours a week but others disagreed violently and thought that 80 hours would be more appropriate. The more naive wanted to regulate moonlighting or abolish it altogether. Others raved about "complex organizational mechanisms," such as teams working in shifts, a model highly successful in tomato juice factories.

But while the liberals were pleased by the proposed changes, the conservatives (in the Bush sense) were appalled. "We had to do it ourselves," they said, "and it made men of us." "How can you learn without following the patient at the bedside for at least 75 years?" Older doctors, some of whom could no longer distinguish their present house officers from the yellow fever generation, complained about the threat to the teacher-trainee relationship. Doctors in practice said that they were always on call anyway, so the young fellows might as well get used to the idea. Even Dr Rush made an appearance. He complained bitterly about all this new fangled nonsense and could not see why he should have to train yet another house officer. "After all," he said, "the last one had just recently come on board."

This was the last straw for long suffering Dr S, who developed acute burnout. No, he would not become a great clinician after all, notwithstanding his admiration for his chief. That night he made up his mind to look for a nine to five job. The next morning he accepted a position reviewing charts for quality assurance.