

# Rebuttal: Is the elimination of 24-hour resident call a good idea?

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## YES

Advocating flexibility in a context in which the very concept of 24-hour on-call shift is being debated inevitably leads to the status quo. This status quo not only perpetuates unacceptable working conditions, it fails to address the inherent problems of medical training and patient safety. The implementation of 16-hour on-call shifts in Quebec is open to the flexibility required to make them work for different programs, yet leaves the essence intact. The surgery scenario described by Dr Cools-Lartigue<sup>1</sup> presents a number of inherent challenges, such as highly technical training, the need for different training at night and during the day, and rapid progression in patients. Compared with a resident trained by means of 24-hour on-call shifts, a resident trained by means of 16-hour on-call shifts still benefits from exposure to a mix of patients, but with the opportunity to spend more time with a given patient over a 48-hour period. A resident who completes a 16-hour on-call shift and then rests for 8 hours before going back to work for a regular 12-hour work day will have spent 28 hours at the patient's bedside and will have observed the patient's progress

over a period of 48 hours. A resident who completes a 24-hour on-call shift, on the other hand, will leave the hospital after 24 hours, returning 24 hours later. Going back to 36-hour on-call shifts is obviously unacceptable! Number-crunching aside, the debate on the evidence that is out there remains the same and leaves us with the question: how do we find an adequate solution to the problem of fatigue-induced medical errors? Sixteen-hour on-call shifts, although not perfect, offer one solution. This should incite us to review medical training and develop innovative solutions to the organization of care and communication in the workplace. 🍁

**Dr B-Lajoie** is in her first year of practising family medicine and emergency medicine in Montreal, Que.

#### Competing interests

None declared

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#### References

1. Cools-Lartigue J. Is the elimination of 24-hour resident call a good idea? No [Debates]. *Can Fam Physician* 2013;59:133,135 (Eng), 137,139 (Fr).

These rebuttals are responses from the authors of the debates in the February issue (*Can Fam Physician* 2013;59:132-5 [Eng], 136-9 [Fr]).

Cet article se trouve aussi en français à la page e73.