Whatever You Do, Don’t Get Sick at Night

By Anne S. Kimbol, J.D., LL.M.

Obtaining treatment at a hospital is always risky, with the risk of infections being among the most prominent worries. Those familiar with the health care system also know that where you are located, what service you are assigned to, and the time of year – how long the current intern and resident class has been in training at the facility – can all make a difference in the quality of care received. Another well-known but largely not discussed issue is the time of day you need care. Much discussion about timing focuses on how long the health care professionals seeing the patient have been on shift and/or how long it has been since they slept and on the transfer and communication problems that resolve around shift changes, particularly with respect to newer and more complicated patients. In a recent article in the *New England Journal of Medicine*, Dr. David Shulkin, the President and Chief Executive Officer of Beth Israel Medical Center in New York, has shed light on the night shift problem.

Night shifts are notoriously unpopular in almost every field of work. Working at night requires sleeping during the day, which not only raises circadian rhythm issues but also issues of blocking light from the bedroom. Add in the difficulties in getting everyday errands done and spending time with friends and family who work day shifts, and you have a sense of the burden of night work.

This is no less true in health care. More senior health care professionals generally avoid night work whenever possible. It is a partial symptom/cause of the problems hospitals are facing in getting specialists to cover call – no one wants to give up their nights and weekends.

Recognizing that hospitals are 365 days a year, 24 hours a day businesses, Dr. Shulkin began going to work at night. He began making administrative rounds in the hospital at midnight, in part to get a better understanding of the quality difference between night and day inpatient services. He describes the hospital as two diverse places existing in one space – the hospital that exists from 7 a.m. to 7 p.m. Mondays through Fridays and the one that exists during night shifts and weekends. The weekday hospital is fully staffed, not only with health care professionals but also senior managers in the various fields. The night and weekend hospital has fewer nurses and residents, as well as rarely having senior managers present.¹

Shulkin suggests that the positive side to this is that hospitals are quieter nights and weekends which allows patients to better rest.² Patients who have been in a hospital overnight may disagree with him, as they are still surrounded by noisy machines and woken up periodically for vital sign checks. Even if such a benefit exists, it is

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² Id.
undoubtedly outweighed by the higher mortality, medical errors, and surgical complications seen during night and weekend shifts.  

Shulkin lays some of the blame on low reimbursement levels that limit hospitals’ ability to maintain full staff levels at all hours and some on the nursing shortage, which makes finding sufficient nurses difficult even if the hospital has the means to pay them. He also notes the desirability of day shift work over that involving nights and weekends.  

In terms of solving the problem, he mentions the increase in hospitalists and their ability to take off-hour coverage, systems improvements to make interventions more efficient and timely whenever and wherever they are needed, electronic monitoring, and e-radiology. He then argues that we will only see true change when those involved in the health care system refuse to accept the existence of two types of hospitals depending on the clock and start tying pay-for-performance to facilities that provide better nighttime care. Publicizing staffing information and improvements made to off-hours care could also provide a needed push in the right direction. Better communication between hospital administrations and their nighttime staffs are also needed to truly comprehend the assistance that would be of most use. And, in the end, Shulkin recommends that other senior administrators start midnight rounds and see what their facilities are like after-dark.  

At one hospital, patients admitted at night may have “holding orders” written at 2 a.m., with a full examination waiting for the dayshift doctor. It sounds like something out of a comic strip. A patient pushes the call button for help and receives a message saying someone will respond after 7 a.m. Some hospitals have taken to hiring nocturnists, a term for hospitalists who work at night. As of 2007, approximately 1,200 hospitals had either nocturnists or hospitalists who shared night coverage.  

While the problem may be more urgent in hospitals, concerns about night and weekend care are rampant throughout medicine. One of the reasons cited for emergency department overcrowding is the inability of patients to seek care at other venues off-hours, meaning that anyone precluded from taking time off work or who can not find adequate child care in order to see a doctor during normal business hours has few options other than the hospital. More physicians and health care entrepreneurs are responding to this call by opening urgent care centers and other off-hour non-emergency offices, but the issues raised by senior health care professionals wanting their evenings and weekends to themselves – a perfectly understandable request – are only growing as more Americans live in dual income households and take second and third jobs to make ends meet.

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3 Id.  
4 Id.  
5 Id.  
8 Landro, supra note 6.
Recent calls for health care reform talk about the patient as a consumer and acknowledge that health care is a business. However, this is one area where supply and demand are not matching. Fifty to seventy percent of patients are admitted to hospitals during off-hours. If the economics of the health care system had responded appropriately, we would already have full night and weekend staffing, if not more intense staffing during what are now known as off-hours. Simply publicizing the issue and being more open about the need to address night shift concerns, along with hiring more nocturnists, should reduce the discrepancies between quality of care on weekdays and during nights and weekends. Until then, however, be extra careful not to get sick or hurt outside the 7 a.m. to 7 p.m., Monday to Friday timeslot.


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9 *Id.*