

STATEMENT ON FATIGUE

Committee of Origin: Committee on Ethics

Committee of Review: Committee on Quality Management and Departmental Administration (QMDA)

(Approved by the House of Delegates on October 15, 2014, and last amended on October 28, 2015)

Anesthesiologists have the responsibility to maintain their health and vigilance in order to place their patient's interests foremost and protect their patients from exposure to undue risk. Part of this is to ensure optimal team performance, which includes managing the overall fitness of the anesthesia care team, including but not limited to, addressing the effects of fatigue.

Fatigue is an impairment that may jeopardize both patient safety and physician health and well-being. It is a complex issue that can be affected by the individual provider, other personnel involved in the patient's care, and the organizations where that care is provided. Factors contributing to fatigue may include sleep deprivation, patient severity, case volume and turnover, facility conditions, personal stressors, age, work patterns, breaks, meals, scheduling changes, wait times, and handover procedures.

Several competing interests may impact the ability for a clinician suffering from fatigue to remove him/herself from patient care. Similarly, these interests make it challenging for an anesthesiologist to question another clinician's ability to perform adequately when fatigue is apparent. Anesthesia groups and departments should work within their organizational structures to develop and implement policies to address fatigue-related provider impairment and its implications for staffing and the safe delivery of patient care. Given the multi-factorial nature of fatigue, policies should allow for flexibility based on the group or facility's unique circumstances. Policies also should include features designed to encourage staff to report their own fatigue or the suspected fatigue of a colleague, without fear of reprisal.

Education about fatigue and mitigation strategies can increase an individual's self-awareness and also provide tools to engage effective responses at both the individual and group or organization levels. It may be useful to review recommendations from relevant medical and nonmedical sources when creating policies on fatigue. These sources may include accrediting bodies and governmental agencies concerned about safety in fatigue-impacted situations.

Ongoing assessment of the effectiveness of fatigue policies and management strategies through peer review or other venues that preserve the confidential nature of the discussions are encouraged to facilitate broad participation, continuous monitoring, and improvement.