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## Night moves

C. Douglas Phillips, MD, FACR

*"Think in the morning. Act in the noon.  
Eat in the evening. Sleep in the night."*

—William Blake

Mr. Blake had it right. Bob Seger had it even more correct (*"Working on those night moves ..."*), but Mr. Seger was trying to find other ways to spend evenings. Nighttime is suddenly the medical rage, and I'm nearing a breaking point, and I feel a powerful urge to stand on a soapbox.

Shout it from the rooftops.

Get arrested and thrown in jail.

Oh, back up on that one – everything but the "get arrested and thrown in jail" part.

Overnight and after-hours coverage. Let me give you my succinct thoughts. I'll spare you the long version, unless you beg for it.

I work every day. I come in (mostly) fresh and ready, notably after a coffee or two, and then I work hard: I read, do consults, cover and perform procedures, teach, talk to patients (yes I do, ACR!), and I often eat lunch at my workstation. And then I work all afternoon and, since we are pretty much on shifts, I work until it's time for me to go home – unless it's a conference day, in which case I work for a few more hours, or unless there is a case I'm consulting on that is going late, or unless we are a bit behind (you know what I mean) – and then I eat dinner, rest, read, maybe watch some TV, go out, and then go to bed to repeat the cycle.

Whew.

Now, we are wondering about those zero

dark thirty studies. Hey, go ahead (wink), call me.

As a prior colleague of mine once said, if you wake me up in the middle of the night for whatever reason, don't expect wisdom. In fact, don't expect English. I'll still be drooling on myself. Maybe after a half-hour or so I can focus my eyes and look at something. Nothing intelligent to say, but I can look at it.

Dictate it? Are you out of your mind? You listen to me at 3 a.m. and then tell me what I'll get in PowerScribe-ese. Gibberish. Now, fast-forward these mental gymnastics. I finally get back to sleep after an hour and a half of problem solving, eye rolling, and slapping myself on the face to get alert.

But, you guessed it: I WAKE UP AN HOUR LATER TO GO IN! What kind of monster are you going to unleash on the staff? Dr. Jekyll had nothing on me in a sleep-deprived state. So much for my patient-relating skills, my consultative skills and my teaching, although I'd be BITCHING at sleeping at my desk.

I've played that game before: Weekends on call, cerebral arteriograms overnight, and reading all the next day for four days makes Jack a very homicidal boy.

Bottom line: You want people reading all night long, hire them. Do not confuse daytime and nighttime. If you want subspecialty reading 24/7, then hire five fMRI staff instead of two. You need that redundancy to be able to do those babies at 3 a.m. I know for a fact all the other specialties do that (wink, nudge).

Mahalo.

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