EDITORIAL

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"Will You Still Need Me, Will You Still Feed Me…?"

Night shifts and other "off-hour" coverage have been a *sine qua non* of emergency medicine even before EM became a recognized medical specialty in 1979. At that time, few other specialties provided 24-hour in-house attending physician coverage. Often, the attending emergency physician (EP) was the only senior physician in the hospital at night, even in urban academic medical centers; in suburban or rural hospitals, the EP sometimes was the only in-house physician, *day or night*. Although our new and exciting specialty began to attract large numbers of medical graduates undaunted by whatever challenges lay ahead, the increasing number of practicing EPs now reaching their 50s and 60s are expressing concerns over their ability to continue working the combinations of night and day shifts.

The difficulty that older EPs experience adjusting to frequent changes in day/night schedules has been a recent subject of several peer-reviewed research reports and articles in the non-peer-reviewed EM literature. In the June 2011 issue of the *Journal of Emergency Medicine* (vol 40, pages 706-711), Goldberg et al reported the results of their randomized survey of 802 practicing ACEP members over the age of 55, who responded to a series of age-related practice questions. (At the time of the survey in 2006 and 2007, 31% of ACEP members were over the age of 50.) When asked to list their main age-related concerns, 74% of the EPs responded "less ability to recover from night shifts"; when asked which changes in their practice environment would enhance their careers in EM, the number one response was "fewer or no night shifts."

What to do?

Few young EPs oppose reducing the night-shift requirements of their older colleagues—as long as they do not have to work additional night shifts to make up the difference. After all, such a departmental policy will benefit them too, sooner or later. Many larger EM groups are fortunate to have enough members wanting or needing to work nights to avoid divisive conflicts over the issue, while other groups are able to schedule fewer nights in exchange for more weekend coverage, or by providing substantially higher nighttime pay differentials. But many EM groups—particularly smaller ones—struggle to accommodate the needs of "pre-retirement" age EPs in the absence of helpful guidance from national EM organizations. At what age should EPs be permitted to choose fewer night shifts? How many? At what age should no night shifts be required? And what, if anything, should be required in exchange?

There is a lot at stake here, and not just for the older EPs who are seeking to continue practicing. **Requiring EPs to work nights into their late 50s and 60s may serve to define the span of years that an average EP can expect to remain in active full-time practice, perhaps even discouraging future physicians from choosing EM as a specialty.**

Last month, I wrote that "Emergency medicine is one of an increasing number of specialties [requiring] practice…at all hours," but I did not mean by all who actively practice the specialty. The greatest professional baseball players cannot play professionally in their 50s or 60s, though some who love the game extend their playing years as designated hitters, relief pitchers, coaches, or managers. Evidence-based guidelines and recommendations by national EM organizations would make implementing age-related decreases in night-shift requirements much easier.

EM, of course, is much more than off-hour coverage, and if there aren't enough "old" tasks for senior EPs to substitute for nights, there are newer ones. Staffing and running attached or satellite urgent care centers could utilize the interpersonal and clinical skills EPs have acquired over years of EM practice, while allowing their ED group to maintain financial viability in the future. **EM**