



A political thought on the “Friday effect”

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Drs Bottle and Sanders¹ present an interesting concept that implies that patients who have surgery on Friday may have a poorer prognosis. Many patient factors are mentioned, including lack of office advice on the weekend and a greater propensity for utilization of emergency rooms. Nevertheless, it could be the perceived need to operate on those patients before their condition deteriorates over the weekend that leads to the poor outcomes – they felt sick enough that surgery should not be delayed until the following Monday’s schedule but actually would have improved without the surgery and its attendant risks. Importantly, there may also be other non-medical “political” factors that may be more accountable. For example, in my observance, the more “powerful” (i.e., in seniority within the hospital/university infrastructure) the individual, the less likely they are to work on Friday. Perhaps the more junior and less accomplished surgeons are relegated to the Friday operating room and on-call

slots. Furthermore, the responsible operating surgical faculty member may be more likely to “flee” for the weekend before the surgery is completed, leaving the trainees to finish the operation. This may be true in anesthesia as well. Indeed, I recall being very loosely supervised (i.e., the last faculty member was covering many rooms) at a well-known pediatric hospital as a fourth year resident - on a Friday!

Conflicts of interest None declared.

Reference

1. Bottle A, Sanders RD. The “Friday effect”: Can epidemiology tell us when to operate? *Can J Anesth* 2015; 62: 852-6.

Editor’s Note: The authors of the article: *Can J Anesth* 2015; 62: 852-6, respectfully declined an invitation to submit a reply to the above letter.

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