

The Resident and Fellow Bill of Rights

Today, we join the centuries-long tradition of oppressed workers and healthcare system participants who have declared their rights.¹ We also stand with medical trainees mobilizing around the country to reclaim our humanity from an inhumane system.²

As we write, depression, occupational burnout, and suicide afflict physicians nationwide at an alarming rate.³ Excessive duty hours, insufficient time off, and inadequate supervision endanger both ourselves and our patients.⁴ Hospital systems and insurance companies exploit our labor; we spend more time than ever before documenting for billing purposes instead of caring for patients.⁵ We are employed by institutions who profit from the communities they purport to serve.⁶ Yale New Haven Hospital consistently makes decisions that impact New Haven without transparency

¹ There is a long, rich history of health activism in the United States. For recent work, see Alondra Nelson's research on the [health activism of the Black Panthers](#), Dr. Fitzhugh Mullan's historical study of [health activism with the Young Lords](#), and Naomi Rogers' work on the [activism of medical trainees in the United States](#).

² These trainees include the almost [16,000 interns, residents and fellows in resident unions across the country](#), as well as the medical students and residents in the [White Coats for Black Lives](#) movement.

³ The following are high-quality systematic reviews for [resident depression](#), [medical student depression](#), and [physician burnout](#) published in the *Journal of the American Medical Association* [JAMA]. The JAMA review of resident depression shows that depressive symptoms tend to peak in intern year and remain increased from baseline levels for years after graduation from training. A [prospective cohort study](#) has also shown that, despite high rates of depression, few interns seek mental health treatment due to time constraints, lack of convenient access, and concerns about confidentiality. In general, Yale residents report inadequate insurance coverage for mental health and poor access to care (see more below in footnote 18).

⁴ A [Mayo Clinic Proceedings 2018 paper](#) showed odds ratio of medical error increases by at least 2.0 with physician burnout. It is now well-documented in several prospective cohort studies (e.g., see [here](#)) that 1) trainee depression can result in increased medical errors and 2) that medical errors, in turn, may exacerbate intern depression.

⁵ [NYP/Columbia study](#) with general medicine residents showed that residents spend 50.6% of shift time on computers and 9.4% of their time talking with patients. A [prospective cohort study](#) of depression among interns showed that residency program factors, including poor faculty feedback and inpatient learning experience (including excessive time documenting), long work hours, and high institutional research rankings, were associated with increased depressive symptoms.

⁶ Findings from the [2019 Racial Justice Report Card](#) suggest that Yale does not adequately serve surrounding communities of color: "Although Yale New Haven Hospital is by far Connecticut's largest hospital, and New Haven one of the state's poorest cities, Yale New Haven Hospital ranks 8th in the state in uncompensated care as a share of patient revenue and 5th in the share of discharged patients who lack health insurance. Approximately 28% of patients discharged from Yale New Haven Hospital in 2016 had Medicaid insurance. Given that people of color are overrepresented among patients receiving uncompensated care (including under-reimbursed Medicaid care) and among patients who lack health insurance, this raises concern that Yale New Haven Hospital is failing to adequately serve patients of color." Yale University also owns more than \$3 billion worth of property in New Haven and is [exempt from paying property tax on ~40% of it](#).

or community consultation.⁷ Our existing health insurance system undermines our ability to provide equal and adequate care to all patients [Figure 1].⁸ Furthermore, our profession propagates long-standing educational and economic barriers [Figure 2] which lead to health inequities [Figures 3,4].⁹ Trainees, particularly individuals who are underrepresented in medicine and/or targeted based on immigration status, continue to face discrimination, fear, and humiliation in their workplace.¹⁰

We declare that the institutions which hold trainees responsible for patient care must also be held responsible to care for their trainees. We refuse to sacrifice as doctors what we are owed as human beings. We therefore demand the fundamental human rights to life, health, dignity, and the joy of practicing our chosen vocation.

The Resident and Fellow Bill of Rights was created to reach 3 major goals:

- a. To ensure a training process that is **inclusive and humane**.
- b. To work in a healthcare system that is **just and prioritizes the wellbeing of our patients**.
- c. To uphold **our collective power** and **protect our existing rights**.

⁷ More than [600 families & small businesses](#) were replaced in the 1940s “for the purpose of cleaning up New Haven for [Yale’s] campus,” including the land YNNH’s medical complex currently sits on.

⁸ Our health insurance system can also make people poorer, as medical problems contribute to [40-60% of bankruptcies](#).

⁹ Nationally, studies suggest that sexism and racism are built into the [written assessments](#), [grading](#), and [standardized tests](#) that are used to evaluate medical trainees. There is a robust literature on how physician bias contributes to health disparities. For examples, see the effects of racism and sexism on [cardiovascular care](#), [mental health care](#), and [infant mortality rates](#).

¹⁰ See these pieces by former and current Yale residents for insights into [sexism](#) and [racism](#) directed against medical trainees by patients and colleagues. Preliminary data from the [Intern Health Study](#) may suggest that people of color and women are disproportionately experience depressive symptoms during training.

1. **Right to work conditions that ensure patient safety:** We have the right to duty hours, team structures, and on-call responsibilities that allow us to safely care for our patients.¹¹
2. **Decisional accountability to the community:** As residents, we are also members of this community and have the right to hold our institution accountable. We have the right to ensure decisions that facilitate equitable distribution of our labor and institutional resources.¹²
3. **Right to a diverse, inclusive training environment:** Our institution must reflect the diversity in our society and purposefully include trainees and faculty from groups underrepresented in medicine.¹³
4. **Right to respect and equity:** Our institution must establish policies to combat workplace discrimination based upon physical, mental, or social differences in order to promote a culture of respect, wellbeing, and opportunity.¹⁴
5. **Right to supervision and mentorship:** We have the right to sufficient supervision to protect patient safety. As the next generation of physicians, we have the right to invested and compassionate mentorship.¹⁵

¹¹ Data from the [iCOMPARE and FIRST](#) Trials are currently used to justify the 28-hour long shift in residency training at Yale. However, these studies did not measure depression outcomes, despite the overwhelming data [see footnote 3] that long-duty hours can contribute to depression. In addition, the [iCOMPARE trial](#) suggested that flexible duty hours, such as the 28 hour-long shift, negatively affected resident well-being. As noted above, poor supervision and long duty hours for trainees can threaten patient safety and increase medical error.

¹² Please see footnote 6 above for Yale's relationship with the community. As an employer, Yale has had a number of [misleading](#) and [failed hiring initiatives](#) in the New Haven area. Community activists are currently pushing for [Yale New Haven Hospital](#), the second-largest employer after Yale University, to make a deal for local jobs. YNHH is [notorious in the community](#) for turning down qualified applicants from surrounding neighborhoods.

¹³ Although data is not publicly available, it is clear from the Yale New-Haven Hospital and resident program websites that, taken as a whole, under-represented minority groups are not proportionally represented among Yale residents or faculty relative to the U.S. population ([13% Black, 1% Native American, and 17% Latinx](#)).

¹⁴ Yale New Haven Hospital and the medical school have had a [poor track record](#) recently of addressing harassment in the workplace. There continues to be a gender pay gap among [faculty and significant barriers to workplace equity for women](#).

¹⁵ Supervision of residents is not adequate to ensure patient safety in all parts of the hospital. For example, night interns on the Peters service (EP 75 Nephrology) have to work without any supervising senior resident or attending, only a hospitalist. The senior on Fitkin nights is supposed to be an emergency contact, but per interns' reports, it is hard to reach them, especially with Fitkin being such a busy service itself. This creates an unsafe environment for patients and the intern, as they are required to take care of very sick patients with minimal and inadequate supervision.

6. **Right to fair and balanced evaluation:** We have the right to appeal disciplinary actions and educational evaluations through an objective, transparent, and democratic process.¹⁶
7. **Justice in healthcare:** Our training must equip residents to contend with health inequities in order to reduce disparities rather than perpetuate them. We deserve to fully care for all of our patients, regardless of ability to pay.¹⁷
8. **Right to health:** Our institution must promote our health, defined by the WHO as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” We have the right to comprehensive health insurance, including mental health coverage.¹⁸
9. **Right to a living wage:** We have the right to compensation and benefits that are sufficient for ourselves and our loved ones to thrive.¹⁹
10. **Right to democratic representation:** We have the right to represent our interests in the administration of residency programs. We have the right to know how our hospital system makes decisions and allocates resources.²⁰

¹⁶ Currently, the process for disciplinary action and educational evaluations across the residency programs at YNHH is not transparent. While there is a standardized process for “disciplinary action,” there is no standardized definition for what constitutes an “educational deficit,” nor a clear process for redressing educational deficits. Residents report multiple cases in which programs have claimed residents have “educational deficits,” so that they can avoid following the official “disciplinary action” process.

¹⁷ As discussed in note footnote 6, Yale New Haven Hospital does not adequately serve surrounding communities of color. With respect to immigrants, there is no [YNHH public policy or commitment to immigrant patients](#). There are not multilingual signs stating that patients are welcome regardless of immigration status, nor is there any policy of referring immigration authorities to hospital attorneys prior to any cooperation by hospital staff. Furthermore, [free clinic data from Fair Haven, CT](#) shows that Spanish-speaking immigrants with depression do not have access to Yale’s world-class mental health resources.

¹⁸ There are stark differences in mental health coverage between Yale psychiatry residents and residents in other specialties at Yale. In interviews, medicine residents state that existing Employee Assistance Program “is a joke.” Only a few sessions are covered and the “helpline” has been known to fail to send promised lists of available providers. They report resorting to a year-old email thread to trade names of clinicians currently accepting new patients, which are few and far between. In comparison, psychiatry residents have mental health coverage under Magellan.

¹⁹ The exorbitant cost of medical training can prohibit low-income students from considering medicine and also [contributes to healthcare disparities](#) in this country. [The median education debt of a new medical school graduate is \\$190,000. Fourteen percent start their residency training owing \\$300,000 or more.](#)

²⁰ We have the right to a democratic representation on a committee to oversee the translation of this Bill of Rights into action and policies at Yale New Haven Hospital.

Appendix

Source: Courtesy of David Himmelstein, co-founder of Physicians for a National Health Plan

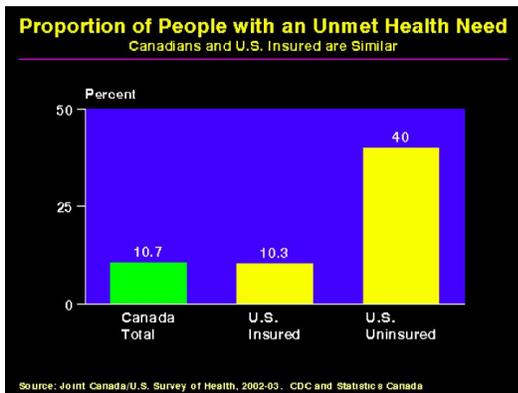


Figure 1

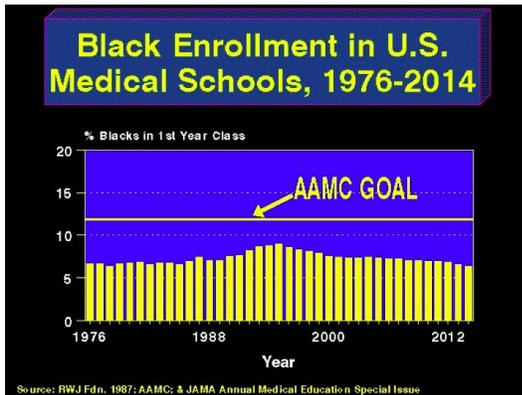


Figure 2

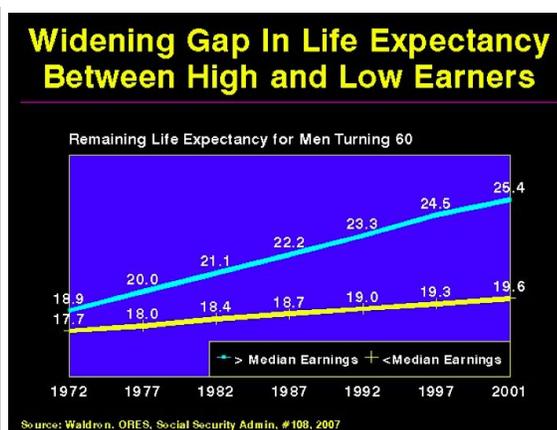
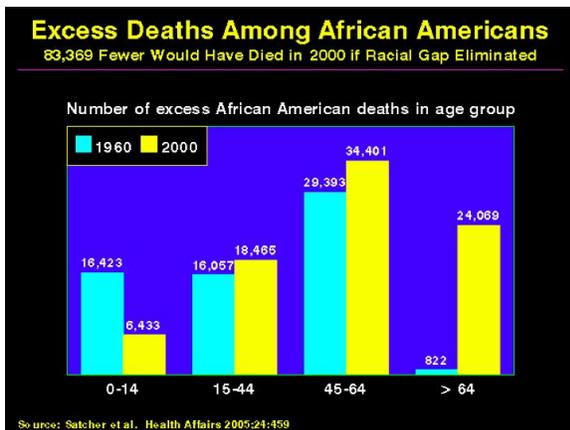


Figure 3, 4