Ninety-six hours

Karim Sidhom

Section of Urology, University of Manitoba, Winnipeg, MB, Canada

Cite as: Sidhom K. Ninety-six hours. *Can Urol Assoc J* 2026;20(8Suppl2):S127. http://dx.doi.org/10.5489/cuaj.9903

It is Tuesday morning. I am in cystoscopy clinic. The scopes go where they need to go. The dictations get done. The patients are thanked.

I am doing nothing wrong.

I am also not there.

It has been Friday, Saturday, Sunday, Monday, and now this. Ninety-six hours of solo call. Somewhere around hour 70, I stopped noticing the small things. The jokes I usually make to get everyone comfortable in the room. The eye contact. The small reassurance I try to give people before I start, the one that says, *this is awkward, I know; we will do this together.*

All of it, gone. My hands were there, yes, but I was not.

My attending looks at me between cases. "Go home. I've never seen you, of all people, so soulless." He is not unkind. He is just correct.

Until he said it, I had been quietly proud of the state he was describing. Five straight days of call felt like evidence. Proof of something. I had a word for it. I think most of us do.

Resilience.

It took time to realize I had the word wrong. And I think the word we keep holding up against it, *respite*, is wrong too.

Resilience, the way I had been using it, meant endurance. How much I could take. How long I could go. By that definition, the Tuesday morning version of me was winning. He showed up. He didn't complain. He did the *work*.

He was also not, in any meaningful sense, a doctor.

Respite sounds like the easy way out. It frames rest as a pause, a concession, time off from the real thing. As if you must earn respite, like it is this gift from the system won by your resilience. It equates rest to an indulgence.

We are usually asked to pick one. Resilience or respite. This very paper, as the example, as though they are opposites, as though I must pick a side. I don't think they are opposites. I think pretending that they are is asking the wrong question. Now, they may not be the same. But they are not totally separate, either. One without the other collapses, they are mutually dependent.

The hours outside the hospital are not respite from the work. They are part of the work. Patients need a doctor who has slept, who has eaten, who has a life that would still exist if they quit tomorrow. They do not need someone who could endure another 12 hours.

Resilience alone becomes endurance and empties you. Respite alone is just time off, unattached to any recovery. They need each other. Each one is the reason the other works.

This is not the part where I tell you I slept for 12 hours and came back a better doctor. I finished Tuesday. I got up and did Wednesday, Thursday with call, then Friday as a robot in scrubs.

I am a better resident now than I was then, mostly because I no longer apologize for the hours spent being human. The respite I take to continue resiliency. But what I want to say, more than argue about which word is right or better: use both.

Your 96 hours will come, your Tuesday morning will come. *The scopes will go where they need to go. The dictations will get done. The patients will be thanked.* You will be doing nothing wrong.

Be there anyway. Not as the resident who endured, but as the doctor who can still see a patient as a person, as more than a chart, as more than *work*.