



AMA Journal of Ethics®

October 2024, Volume 26, Number 10: E811-815

MEDICINE AND SOCIETY: PEER-REVIEWED ARTICLE

How Should We Advance Sleep Stewardship?

Jeremy A. Gallegos, PhD

Abstract

Sleep is a vital but overlooked and undervalued part of our overall health and well-being. Striving to optimize productivity and meet numerous daily demands often means that sleep is not prioritized. As sleep stewardship's importance gains wider recognition, clinical and ethical management of sleep resources and practices will likely be key features of health professionalism. This article considers how sleep stewardship should be advanced as a clinical, ethical, and cultural priority.

Sleep as a Human Right

Sleep, a fundamental biological necessity, is frequently undervalued and neglected in contemporary society, a trend that intensified during the pandemic.¹ Despite the consensus that basic human rights encompass necessities such as food, shelter, and clothing,² sleep is seldom recognized as a basic human right.³ While rest from work is viewed as a basic human right by the Universal Declaration of Human Rights,² the prevailing societal attitude equates **sleep deprivation** with productivity and success, epitomized by the common adage, "I'll sleep when I'm dead." This perspective, however, can have severe implications for our health and well-being. This article examines the concept of "sleep stewardship," or the responsible and ethical management of sleep resources and practices. Here, I scrutinize sleep stewardship from cultural, clinical, and ethical viewpoints, arguing for a comprehensive approach that takes into account individual, societal, and environmental factors influencing sleep quality and quantity. By promoting sleep stewardship, I aim to enhance health outcomes and foster more sustainable lifestyles.

Sleep Practices

Although sleep is a universal physiological requirement, different cultures have different sleep practices and attitudes toward sleep that are influenced by various factors, such as technology, work, and socioeconomic status.^{4,5} Technology has enabled unprecedented levels of communication and interaction, but it has also created **distractions and temptations that delay sleep**. Work demands and incentives can motivate people to forfeit sleep for productivity and income. Socioeconomic status can affect the accessibility and quality of sleep resources and practices, including comfortable beds, quiet environments, and regular schedules. These cultural factors shape not only sleep behaviors but also the expectations and preferences of individuals

and societies regarding sleep.⁴ Some might view sleep as a privilege or a luxury, while others might view it as a necessity or a burden.⁵ The former might fear missing out on socioeconomic opportunity and the latter might lose sleep out of necessity, for bare survival.

These individual sleep habits can become social problems. Unlike other basic survival needs, sleep is inherently an internal resource, but it is not always protected. It is not a resource to be hunted for or gathered. It can be independent of other resources. Yet the negative impacts of sleep deprivation extend beyond the individual to the larger society through a variety of cognitive errors, for example. Sleep stewardship as the responsible and ethical management of sleep resources requires practices that respect the dignity and well-being of oneself and others. As discussed later, it calls for a holistic approach that considers the individual, social, and institutional factors that influence sleep quality and quantity.

Sleep Deprivation

A lack of sleep hygiene, or proper sleep environment and behavior, has resulted in individuals who are more than fatigued. There is in fact good evidence of higher mortality rates because of lost sleep, which is a universal concern. Specifically, in the past decade, several studies have linked duration and quality of sleep to longevity and general well-being.⁶ Moreover, multiple studies conclude that lack of sleep can result in cognitively impaired performance likened to performing under the influence of alcohol.⁶ Physically, lack of sleep can result in heart conditions and other diseases.⁷ In general, sleep deprivation can have grave consequences for physical, mental, emotional, and social health, including increased risk of cardiovascular diseases, diabetes, obesity, depression, anxiety, impaired cognition, memory loss, poor judgment, reduced creativity, low mood, irritability, social isolation, and conflict.⁶ These adverse results can be seen in the workplace in productivity losses and the like.⁷ Outside of the workplace, lack of sleep results in fatal accidents like motor vehicle crashes.⁷

Sleep stewardship can prevent or mitigate these effects by enhancing our immune system, metabolism, brain function, mood regulation, learning capacity, creativity, problem-solving skills, emotional intelligence, social skills, and interpersonal relationships. Promoting sleep stewardship thus can improve health outcomes and well-being for individuals and communities. Sleep stewardship is not only a need but also a unique resource and right that warrants our attention and action. Sleep, unlike food and shelter, is an internal resource that can be renewed without “cost.” The cost to exercise the right to sleep is to take time to do so. To provide for a right to sleep is to allow individuals to practice sleep hygiene, which entails 8 hours of uninterrupted time for most people to rest and unwind.

Ethical Considerations in Sleep Stewardship

Personal responsibility is intertwined with social responsibility for the protection of sleep time and the provision of an environment conducive to sleep health. But should an individual be held accountable by society for their lack of sleep? If so, who polices this behavior? Moreover, is it the prerogative of society to provide equal access to time for and environments conducive to sleep health? These issues come to loggerheads when lack of sleep risks impaired behaviors that threaten individual and communal health.

Sociopolitical recognition of sleep as a right presents a conundrum. Is sleep a positive right that mandates provision or a negative right that calls for the elimination of barriers

to its access? This same conundrum applies to the right to have other survival needs, such as food, satisfied. If food is deemed a positive natural right, it implies an obligation for its provision.⁸ However, within the current sociopolitical-cultural milieu, food is categorized as a negative right wherein no constraints are imposed on legally procuring food for survival.⁹ In fact, in some cases, withholding access to food is a weaponized version of negative rights. This dichotomy between positive and negative rights underscores the difficulty of ensuring proper sleep behaviors and environments. On the one hand, an individual should be accountable for their own sleep behavior, but there is no barrier to prevent some from choosing to forgo sleep for entertainment or work. On the other hand, that some individuals forgo sleep because they *must* work or lack access to a healthy sleep environment indicates that sleep as a negative right is not powerful enough. As a potential positive right, the capacity for sleep must be provided for individuals through protected time for sleep and access to a safe environment.

While it might seem absurd to need to protect sleep as a basic human need, it is key to sleep stewardship. Legitimately, for example, parents do oversee the sleep schedule of their minor children, which is to be expected. We must then ask, *Should physicians and the community as a whole take measures to protect time and environments for sleep?* This provision entails ensuring that individuals have sufficient time to rest and prepare for sleep, followed by uninterrupted sleep duration. The remaining challenge for many is that **equal access to sleep** necessitates not only time but also financial and other resources.

Promoting Sleep Stewardship

Advocating sleep stewardship necessitates a comprehensive approach that considers the social, institutional, and individual factors influencing sleep quality and quantity. At the social level, raising awareness about the importance of sleep for health and well-being, challenging stereotypes associated with sleep deprivation or enhancement (such as that an individual sacrifices sleep for fear of missing out or indulges in so much sleep as to be considered slothful), supporting each other in developing healthy sleep habits, and respecting each other's sleep needs and preferences are crucial. At the institutional level, advocating for policies that support sleep rights, such as limiting work hours, providing flexible schedules, creating nap rooms, regulating sleep-enhancing technologies, and ensuring access to affordable and quality sleep resources and services are necessary. Consistent with the spirit of the "right to rest,"² safeguards should be put into practice, such as paid vacation, to protect that right. Such policy changes can only approach an equitable distribution of access to healthy sleep resources but cannot ensure it completely. While nearly every nation could endorse limited work hours and rest, not all countries have access to clinical studies necessary to treat sleep dysfunctions. For individuals, the best strategy for sleep promotion is a consistent routine. By setting a regular sleep schedule, individuals can organize other practices around it that promote sleep health. For example, specific exercise routines can be scheduled and use of digital screens be decreased hours before bedtime. Additionally, ceasing caffeine intake 9 hours before bedtime is recommended to increase sleep time and efficiency. However, personally protecting a time and space for sleep will go long way toward improving sleep outcomes.⁶

Conclusion

This article has examined sleep stewardship—the responsible and ethical management of sleep resources and practices—from clinical, ethical, and cultural viewpoints, emphasizing the importance of sleep as not only a need but also a right. I have argued

that sleep stewardship necessitates a comprehensive approach that considers individual, societal, and institutional factors influencing sleep quality and quantity and have offered some pragmatic recommendations for enhancing sleep hygiene and promoting sleep rights. By promoting sleep stewardship, we can foster improved health outcomes and well-being for ourselves and our communities. It is my hope to stimulate further research and dialogue on this vital topic and cultivate a culture of respect and care for sleep.

References

1. Abrams Z. Growing concerns about sleep. *Monitor on Psychology*. 2021;52(4):30. Accessed January 19, 2024. <https://www.apa.org/monitor/2021/06/news-concerns-sleep>
2. Universal Declaration of Human Rights. United Nations. Adopted December 10, 1948. Accessed January 19, 2024. <https://www.un.org/en/about-us/universal-declaration-of-human-rights>
3. Lee CJ. Sleep: a human rights issue. *Sleep Health*. 2016;2(1):6-7.
4. Jeon M, Dimitriou D, Halstead EJ. A systematic review on cross-cultural comparative studies of sleep in young populations: the roles of cultural factors. *Int J Environ Res Public Health*. 2021;18(4):2005.
5. Moore PJ, Adler NE, Williams DR, Jackson JS. Socioeconomic status and health: the role of sleep. *Psychosom Med*. 2002;64(2):337-344.
6. Coltrén HR, Altevogt BM, eds; Institute of Medicine. *Sleep Disorders and Sleep Deprivation: An Unmet Public Health Problem*. National Academies Press; 2006.
7. Streatfeild J, Smith J, Mansfield D, Pezzullo L, Hillman D. The social and economic cost of sleep disorders. *Sleep*. 2021;44(11):zsab132.
8. Foldvary FE. Positive rights. In: Chatterjee DK, ed. *Encyclopedia of Global Justice*. Springer; 2011:882-883.
9. Capone SF Jr. Negative rights. In: Chatterjee DK, ed. *Encyclopedia of Global Justice*. Springer; 2011:749-750.

Jeremy A. Gallegos, PhD is a tenured professor of philosophy and ethics and the division chair of theology and humanities for the College of Business, Arts, Sciences, and Education at Friends University in Wichita, Kansas, where he is also an affiliate member of the Academic Center for Biomedical and Health Humanities. In addition, he serves as vice chair on the Wesley Medical Center Ethics Committee. He earned his BA degree from Wichita State University and was awarded his MA and PhD degrees from Purdue University.

Citation

AMA J Ethics. 2024;26(10):E811-815.

DOI

10.1001/amajethics.2024.811.

Conflict of Interest Disclosure

Author disclosed no conflicts of interest.

The viewpoints expressed in this article are those of the author(s) and do not necessarily reflect the views and policies of the AMA.