

You Do Not Hate Daylight Savings Time Enough

by [Brett Stevens](#) on February 28, 2025



Among the annals of human *hubris*, or taking credit for something that is not yours and violating the hierarchy of nature, the divine, and humanity, Daylight Savings Time (DST) may stand out as one of the worst insanities: an attempt to control the sun by redefining our time against the flow of the seasons.

DST as it turns out contributes to [circadian misalignment](#) for at least a week after the event:

However, from a health standpoint, the bulk of evidence supports abolishing our current spring transition to DST and adopting permanent ST, given the risk for sleep loss and circadian misalignment, and their accompanying adverse health consequences.

This affects all areas of health and not surprisingly, DST correlates with [negative outcomes](#) across a range of health indicators:

We found four prominent, elevated risk clusters, including cardiovascular diseases (such as heart attacks), injuries, mental and behavioral disorders, and immune-related diseases such as noninfective enteritis and colitis to be significantly associated with DST shifts in the United States and Sweden. While the majority of disease risk elevations are modest (a few percent), a considerable number of diseases exhibit an approximately ten percent relative risk increase. We estimate that each spring DST shift is associated with negative health effects—with 150,000 incidences in the US, and 880,000 globally.

The resulting exhaustion, both metabolic and mental, causes an increase in [auto accidents](#) around DST:

We used large US registry data, including 732,835 fatal [motor vehicle accidents] MVAs recorded across all states (1996–2017), and observed that spring DST significantly increased fatal MVA risk by 6%, which was more pronounced in the morning and in locations further west within a time zone. DST-associated MVA risk increased even in the afternoon hours, despite longer daylight hours. The MVA risk increase waned in the week subsequent to DST, and there were no effects of the fall-back transition to Standard Time (ST) on MVA risk, further supporting the hypothesis that DST-transition-associated, preventable circadian misalignment and sleep deprivation might underlie MVA risk increases.

People get so tired they make more mistakes leading to a rise in [safety-related incidents](#) after the DST changeover:

Over the 8-year period, we observed 4.2% (95% CI: – 1.1 to 9.7%; p = 0.12) and 8.8% (95% CI: – 2.5 to 21.5%; p = 0.13) increases in overall [safety-related incidents] SRIs in the 7 days following DST when compared with 7 days prior for spring and fall, respectively. By restricting to SRIs likely resulting from human errors, we observed 18.7% (95% CI: 5.6 to 33.6%; p = 0.004) and 4.9% (95% CI: – 1.3 to 11.5%; p = 0.12) increases for spring and fall, respectively.

Even students have their [sleep schedules](#) wrecked by DST:

A total of 40 high school students were enrolled in this study; 35 completed the protocol. Sleep duration declined by an average of 32 minutes on the weeknights post-DST, reflecting a cumulative sleep loss of 2 h 42 min as compared to the baseline week (p = 0.001).

It affects when they go to bed and wake up, resulting in [lower-quality sleep](#) thanks to DST:

For the four days after DST, bedtimes (body clock time) shifted an average of 30 minutes compared to baseline (expected shift of 60 mins). Infants (0-11 mos) returned to baseline after 8 days and toddlers (12-24 mos) after 3 days. Across the four days post-DST, morning waketime (body clock time) shifted by 40-48 minutes (expected 60 mins), with more disruption the younger the age (~59 mins at 0-5 mos to ~31 mins for 18-24 mos).

The resulting pattern forms [circadian-time sickness](#) as the body struggles to realign:

Here, we combine Bayesian probabilistic ‘cue-conflict’ theory with known physiology of the biological clock of the brain, entailing the insight that, for a functional pacemaker, it is sufficient to have two interacting units (reflecting environmental and internal time-of-day cues), without the need for an extra homuncular directing unit. Unnatural light–dark cycles cause a time-of-day cue-conflict that is reflected by a desynchronization between the ventral (environmental) and dorsal (internal) pacemaking signals of the pacemaker. We argue that this desynchronization, in-and-of-itself, produces health issues that we designate as ‘circadian-time sickness’, analogous to ‘motion sickness’.

This contributes to lower mental health as expressed in [suicide rates](#) around the DST transition:

The results confirm that male suicide rates rise in the weeks following the commencement of daylight saving, compared to the weeks following the return to eastern standard time and for the rest of the year. After adjusting for the season, prior to 1986 suicide rates in the weeks following the end of daylight saving remained significantly increased compared to the rest of autumn.

Not only that, but the policy adopted to conserve resources (originally coal when the Germans adopted it in 1916) seems to [waste electricity](#) instead:

Our main finding is that — contrary to the policy’s intent — DST increases residential electricity demand. Estimates of the overall increase are approximately 1 percent, but we find that the effect is not constant throughout the DST period. DST causes the greatest increase in electricity consumption in the fall, when estimates range between 2 and 4 percent.

DST is a symbolic act, a token action taken in lieu of managing a larger problem because it is easier to alter the small details (rationalization) than fix the problem (realism). Like most symbolic acts, it leads away from reality and toward bad consequences.

Tags: [circadian misalignment](#), [daylight savings time](#), [hubris](#)

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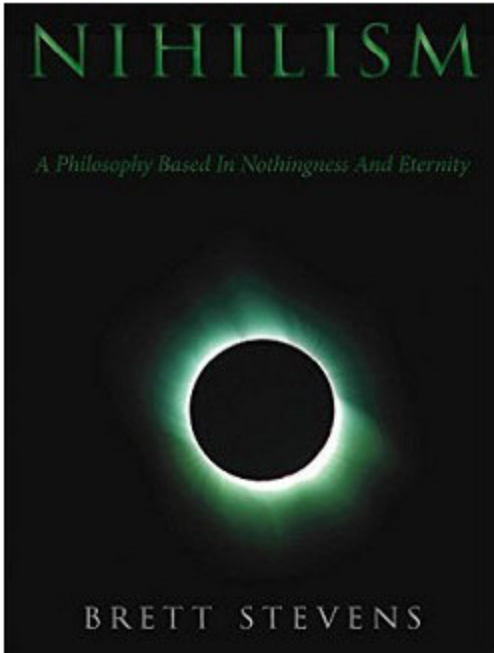
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