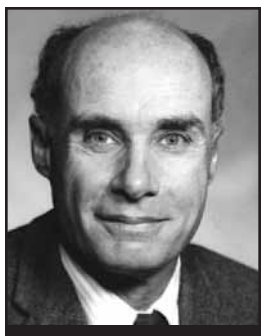

BY WLLIAM G. WILKOFF, M.D.

LETTERS FROM MAINE

Location, Location, Location

As the garage door creaked up over my head, the rain promised for the afternoon began falling on the driveway in large heavy plops a good 5 hours ahead of schedule.

I muttered my favorite expletive and walked my old red bicycle back to her resting place against the trash cans. Returning to the mud room, I fumbled in the dark reaches of the sports-paraphernalia closet for an umbrella and then headed to work on foot. This minor meteorologic miscalculation would triple my commute time to 12 minutes, but I would still arrive well before our office's promised 8:30 call-in time.

As I strolled through the middle-class neighborhoods that border the office, I reflected on the group-wide provider meeting of the previous night. Some of the physicians clearly were discontented. Surprisingly, no one complained about the flatness of their income curves. Instead, time dominated their concerns. Did the group really need to continue offering evening and weekend office hours? The "less-contents" felt that office commitments were gobbling up the time they had hoped to spend with their families.

Splashing around and occasionally through the rapidly expanding puddles, I pondered the factors that sorted out the contents from the less-contents. One seemed to be commuting time. If I visualized a graph that plotted discontent against distance from the office, the relationship was almost linear. The longer a provider's commute, the less content he or she seemed to be.

Although many of us complain about our trips to and from work, I am surprised how few commuters accurately estimate the negative impact that travel time has on their lives and their families. A long commute at the end of the day often triggers a cascade of unfortunate dominos that can include a late dinner, an inadequate or nonexistent period of family reconnection, and an unhealthfully late bedtime for both child and parent.

The vicious cycle continues in the morning, when the sleep-deprived commuter must arise early enough to make it back to work on time. The relationship between sleep deprivation and accidents has received a bit more media attention recently, but sleeplessness continues to be a vastly underappreciated contributor to depression, headaches, and behavior problems, such as attention deficit hyperactivity disorder.

A physician who lives "only" 35 minutes from her office has an hour less each day to spend with her young children than I did. That adds up to an entire 24-hour day each month. In addition, she probably doesn't have the opportunity to zip home at lunch time to play with her toddlers before they go down for a nap the way I did. Those little noontime reconnections can make evening office hours much more palatable.

Unlike lawyers, who seem to be able to bill for their travel time, those of us in primary care have trouble making our commutes productive. Walking or bicycling to work can be counted as fitness maintenance time, and listening to educational tapes can earn us a few CME credits, but, for the most part, trips to and from the office feel like a waste of time.

Finding a place to live close to one's office can be difficult, and for those who choose to serve seriously underprivileged families, it may be impossible, but I wish that more of us would reconsider the advantages of shortening our commutes. No one is going to step forward and give us more time with our families. We have to make that time, and that may require renegotiating some of the compromises we have made with ourselves about where we live.

You can make any house a home, but you have to be there to do it. Regardless of how nice the house is when you finally arrive, it's hard to turn a long commute into anything but an exercise in frustration. ■

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