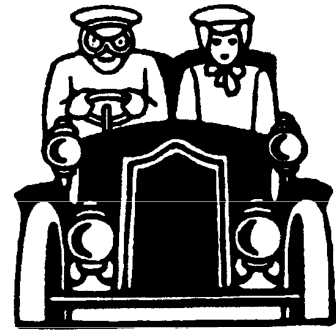
COMMENTARIES



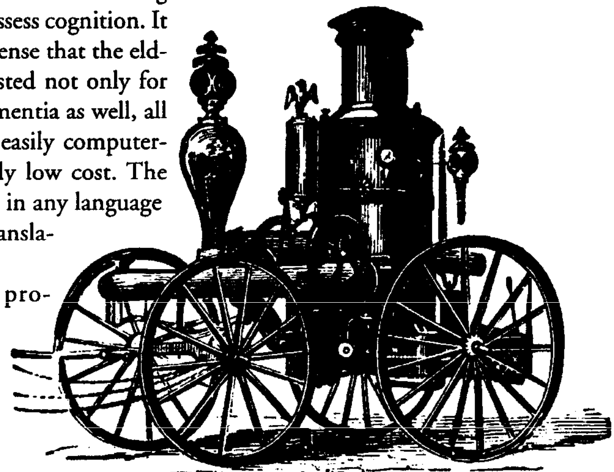
Driving and the Physician: A (More) Modest Proposal

Assessing a patient's ability to drive is a contentious problem for physicians. We have no training to assess driving ability and the evaluation frequently puts the doctor in an adversarial role. The extremely interesting and educational articles in this issue make clear both how much is known about driving safety in medically affected and older populations and how much more there is to learn. I think it is perhaps a shock to the physician-parent to learn that the only population at greater risk of motor vehicle accidents than the demented elderly is the male teenager.

There are two types of medical problems that interfere with driving, those that are episodic and those that are permanent. The former includes epilepsy, diabetes, cardiac arrhythmias, sleep disorders, and behavior disorders, among others. The latter are blindness and the host of neurological, psychiatric and drug-induced impairments that affect judgment and reaction time. Each type of problem is hard to assess, but criteria for allowable limits for episodic behavioral abnormalities can be developed, using the number of episodes modified by the duration and quality of symptoms allowed per unit of time. The permanent neurological impairments from stroke, Alzheimer's and Parkinson's diseases cause a wide spectrum of problems and there are no clear-cut criteria for restricting licenses. In the few studies published on driving safety in Parkinson's disease one discovers that accidents correlate with dementia rather than motor impairment. Presumably this means that PD patients with insight voluntarily restrict their driving, and limit themselves to the safest conditions consonant with their disability. The demented lack insight and fail to do this.

We learn in this issue that demented drivers do worst in unpredictable, sudden situations. Yet these situations are not part of the standard road test, and would be difficult to incorporate. Currently the only test required for maintaining one's license is the vision test.

I think there is universal agreement that many demented and other impaired patients should not be driving. There is disagreement only over how severe the impairment must be. Computerized tests have been developed which do not involve reading and can reliably assess cognition. It therefore makes sense that the elderly should be tested not only for vision but for dementia as well, all of which can be easily computerized at a relatively low cost. The tests can be given in any language without using translators.



My simple proposal is that all drivers over the age of 70 be tested every two to five years (frequency to be determined) and that vision (day and night), rules of the road, and cognition should be assessed. Drivers with conditions that may affect driving safety who require safety checks should be referred by their doctors, regardless of their age. Those who fail a screening test must then pass a road test. Funding for this should come from the insurance companies, which would save significant sums by having unsafe drivers removed from the roads.

I also recommend the development of restricted licenses for people with mild impairments.

– **Joseph H. Friedman, MD**

MEETING: THE 2000 INTERNATIONAL CONFERENCE ON PHYSICIAN HEALTH

"Recapturing the Soul of Medicine," co-sponsored by the American Medical Association and the Canadian Medical Association, will be held on March 29-April 2 at Seabrook Island, South Carolina (near Charleston).

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