

Senior Drivers and Their Fitness to Drive

A Physician's Perspective

65+



13% of current
Wisconsin
population



7% of
drivers in
crashes



17% of
crash
fatalities



21% of
population
in 2030

Source: WisDOT and Wisconsin
Department of Administration

Why Are Older Drivers at Risk?

Older drivers have a higher risk of traffic fatalities for two reasons. First, drivers age 75 and older are involved in significantly more motor vehicle crashes per mile driven than middle-aged drivers. Second, older drivers are considerably more fragile than their younger counterparts, and are therefore more likely to suffer a fatal injury in the event of a crash.

The excess crash rate of older drivers results from impairments in the following functions that are important for driving:

Vision - Vision is the primary sense utilized in driving. Adequate visual acuity and field of vision are important for safe driving, but tend to decline with age as a result of physiologic changes and an increase in diseases such as cataracts, glaucoma, macular degeneration, and stroke. Glare, impaired contrast sensitivity, and an increase in time to adjust to changes in lightness and darkness are other problems commonly experienced by older drivers.

Cognition - Driving is a complex activity that requires a variety of high-level cognitive skills, including memory, visual processing, attention, and executive skills. Certain medical conditions (such as dementia) and medications that are common in the older population have a large impact on cognition.

Motor function - Motor abilities such as muscle strength, endurance, flexibility, and proprioception are necessary for operating vehicle controls and turning to view traffic. Even prior to driving, motor abilities are needed to enter the car safely and fasten the seatbelt. Changes related to age and musculoskeletal diseases (such as arthritis) can decrease an individual's ability to drive safely and comfortably.

Declines in these functions make older drivers vulnerable to crashes in complex situations that require good visual perception, attention, and rapid response. As a result, older drivers are more likely to experience crashes at intersections, especially when a left-hand turn is involved.

“Currently, reporting is not mandatory in Wisconsin. However, we depend on medical professionals to report drivers to us for further licensing actions to keep the highways safe for everyone.”

Be Safe, Not Sorry

Medical Professional Guide for Reporting Drivers to WI-DMV

E-2.24 Impaired Drivers and Their Physicians

The purpose of this report is to articulate physicians' responsibility to recognize impairments in patients' driving ability that pose a strong threat to public safety and which ultimately may need to be reported to the Department of Motor Vehicles. It does not address the reporting of medical information for the purpose of punishment or criminal prosecution. (1) Physicians should assess patients' physical or mental impairments that might adversely affect driving abilities. Each case must be evaluated individually since not all impairments may give rise to an obligation on the part of the physician. Nor may all physicians be in a position to evaluate the extent or the effect of an impairment (eg, physicians who treat patients on a short-term basis). In making evaluations, **physicians should consider the following factors: (a) The physician must be able to identify and document physical or mental impairments that clearly relate to the ability to drive. (b) The driver must pose a clear risk to public safety.** (2) Before reporting, there are a number of initial steps physicians should take. A tactful but candid discussion with the patient and family about the risks of driving is of primary importance. Depending on the patient's medical condition, the physician may suggest to the patient that he or she seek further treatment, such as substance abuse treatment or occupational therapy. Physicians also may encourage the patient and the family to decide on a restricted driving schedule. Efforts made by physicians to inform patients and their families, advise them of their options, and negotiate a workable plan may render reporting unnecessary. (3) **Physicians should use their best judgment when determining when to report impairments that could limit a patient's ability to drive safely. In situations where clear evidence of substantial driving impairment implies a strong threat to patient and public safety, and where the physician's advice to discontinue driving privileges is ignored, it is desirable and ethical to notify the Department of Motor Vehicles.** (4) The physician's role is to report medical conditions that would impair safe driving as dictated by his or her state's mandatory reporting laws and standards of medical practice. **The determination of the inability to drive safely should be made by the state's Department of Motor Vehicles.** (5) Physicians should disclose and explain to their patients this responsibility to report. (6) Physicians should protect patient confidentiality by ensuring that only the minimal amount of information is reported and that reasonable security measures are used in handling that information. (7) Physicians should work with their state medical societies to create statutes that uphold the best interests of patients and community and that safeguard physicians from liability when reporting in good faith. (I, III, IV, VII) Issued June 2000 based on the report "Impaired Drivers and Their Physicians," adopted December 1999.

SAT-015: Physician Liability Regarding Disclosure of Health Care Information About a Patient's Ability to Operate a Motor Vehicle

Issue number: SAT.015

| Status: Existing Society Policy

The Wisconsin Medical Society (Society) believes that no physician shall be liable for any civil damages for reporting in good faith to the Department of Transportation (DOT) a patient's name and other information relevant to a physical or mental condition of the patient that in the physician's judgment impairs the patient's ability to exercise reasonable and ordinary control over a motor vehicle. The Society suggests that all physicians take a number of initial steps before reporting their patient to the DOT:

- A tactful but candid discussion with the patient and family about the risks of driving is of primary importance.
- Depending on the patient's medical condition, the physician may suggest to the patient that they seek further treatment, such as substance abuse treatment or occupational therapy.
- Physicians also may encourage the patient and the family to decide on a restricted driving schedule.
- The physician should record all discussions with patients and their families in the medical record and the physician's medical opinion on the ability of the patient to safely operate a motor vehicle. (HOD, 0410)

SAT-016: Driver's License Renewal

Issue number: SAT.016

| Status: Existing Society Policy

The Wisconsin Medical Society, recognizing that the safety of older drivers is a growing health concern, believes that because physicians play an essential role in helping patients slow their rate of functional decline, physicians should increase their awareness of the medical conditions, medications and functional deficits that may impair an individual's driving performance and supports

- The Department of Transportation's emphasis on evaluating the functional ability of impaired and elder drivers.
- That drivers 75 years of age and older be encouraged to take special drivers' training courses.
- Driver's license renewal every two years after age 75 or at shorter intervals if recommended by a physician based upon medical assessment of the driver's functional impairments. (HOD, 0410)

Figure 1.1 Physician's Plan for Older Drivers' Safety (PPODS)

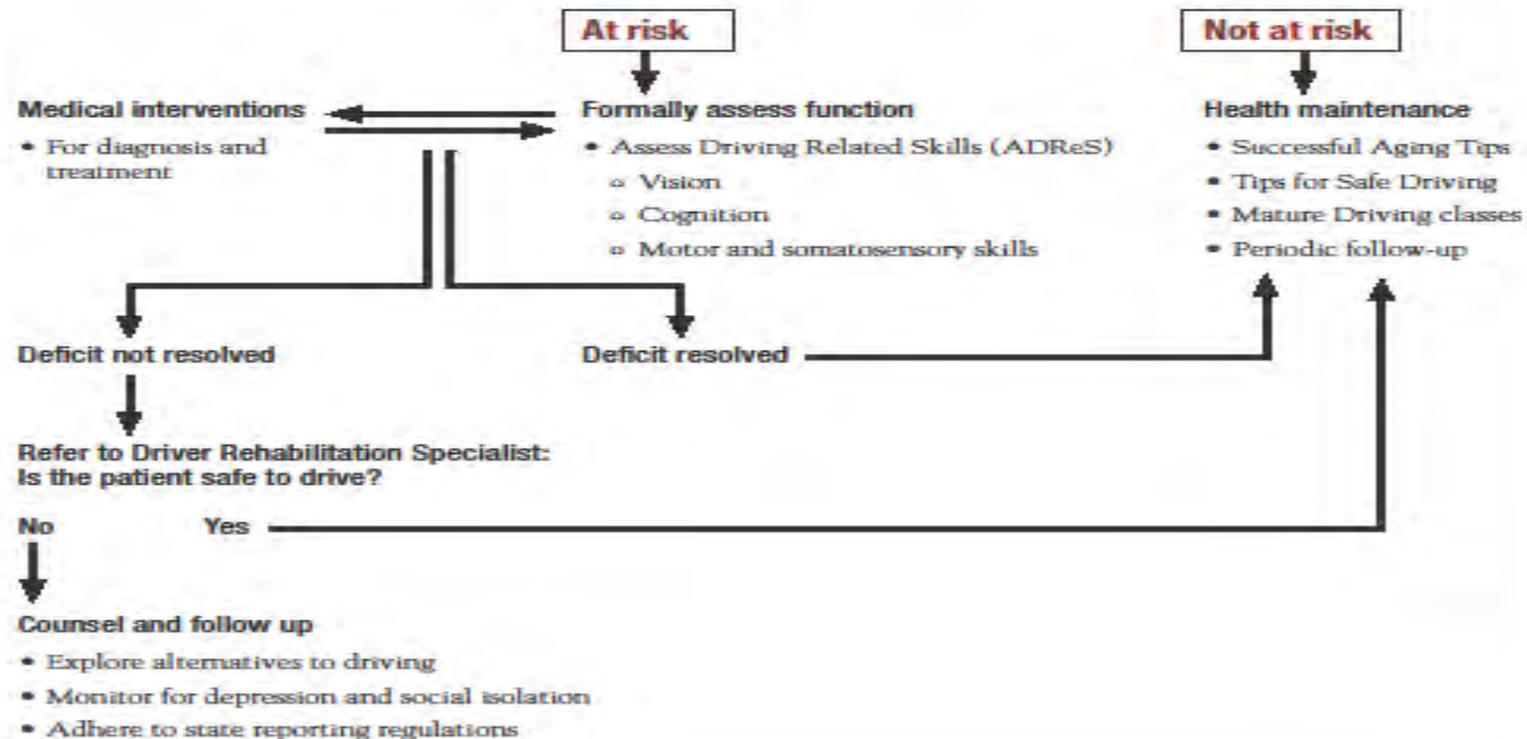
Is the patient at increased risk for unsafe driving?

Perform initial screen—

- Observe the patient
- Be alert to red flags
 - Medical conditions
 - Medications and polypharmacy
 - Review of systems
 - Patient's or family member's concern/ impaired driving behaviors

If screen is positive—

- Ask health risk assessment/social history questions
- Discuss alternatives to driving early in the process
- Gather additional information



The conundrum:

Ethical Obligation to Report Impaired Drivers for the Good of Public Safety

vs

Breach of Patient Confidentiality and damage to the Physician/Patient relationship

Time and Cost of Evaluation/Limited Resources

Loss of independence and need to rely on family/friends or public transportation