

**Presentation on the Older Driver
Jim Rossi, M.D.**

**I am an internist and a primary care physician.
My work is in a gated retirement community of 9000 people- Leisure World
in Montgomery County. It is all independent living.
The average age of my patients is 86-88.
We have social workers in the community to assist and identify problems
and the community also has a large Special Police system.**

**The problem is that - just as in most communities - there is no real system
to identify impaired drivers until incidents occur.
When there is an accident or incident, we will usually receive reports from
the social workers, after the social workers are notified by the police.
That is basically the only input we will receive from any authorities.**

**I believe that doctors and other health care providers have a very important
role to play and that is why I agreed to come today.
I believe we need to be proactive.
Our role should be to identify potentially impaired drivers and to find a way
to have them objectively assessed.**

But this is not an easy task.

**How do we identify them?
First of all, you might think that people will voluntarily give up their driving
privilege when their driving ability falls.
But people generally will not voluntarily choose to stop driving.
What they often do is limit their driving to daylight hours and to local areas.
They often choose to limit their driving to within the Leisure World
community, for example, thinking that it will be safer.
But there are golf carts on the roads and sight impaired and hearing
impaired people crossing the street and many other impaired drivers on the
roads.
So self-limiting is not enough.**

Shouldn't it be easy for a doctor to know who should and who shouldn't be driving?

Sometimes, it can be very easy for us to identify those who should not drive:

-Significant dementia with impaired judgment is an example. One patient of mine needed a neighbor to show him how to start the engine and where to put the key before he took off in his car. One woman got lost and wound up picked up by the police over 60 miles from home

These are easy.

-Also there is serious alcohol abuse (patients have been drunk in my office when seen for their regular appointments--that is easy)
-Narcotics and sedative drugs, especially when abused, are obvious.
-Serious physical impairments...inability to react quickly, to turn, to use the gas pedal. These are easy to spot.

But...Other situations are not so easy.

-Dementia...just because the patient presents well in the exam room does not mean he is capable of safe driving and just because the patient has memory issues does not mean he should not be driving.

So what often happens is that we the physicians are making this decision subjectively or often simply ignoring the issue altogether.

-We don't ride with them as a passenger
-The only testing the person has regularly is a vision test
-Minor accidents may not be reported to us
-We depend on self disclosure and families

Self disclosure -

Almost universally, older persons fear more than anything the loss of independence.

And they see their driving privilege as the last vestige of their independence.

-So they often omit items about their health when filling out the MVA renewal forms

...this may be due to denial, or their being unable to comprehend what is being asked, or maybe their fear of losing the license.

-Self disclosure is required every five years and a lot can happen during those five years in someone of advanced age

-If their judgment is impaired they may not realize their driving is impaired

What about other people doing the disclosing?

Often, no one else addresses the issue of driving to many of the elderly.

Why is this?

We would think that the two most important people would be the family and the doctor.

-Families rarely take the lead in this in my experience.

It is rare that an adult child takes charge of this issue and deal with it.

They are reluctant to do anything about it, except maybe send a note to me for example.

They could help by

pitching in and driving the parent,
hiring someone to drive the parent,
arranging services like metro access, etc.,
but they don't

-Doctors- I believe there are many impediments to the doctor's taking the lead here:

-Fear of adverse effect on doctor patient relationship- that I believe is the main reason

-Then there are Time factors - the elderly are very time-consuming and there are many important issues to deal with at every visit.

-Lack of objective evidence in the exam room

-Medications may be prescribed by several physicians→ often hard to know what medicines the patient is taking

-Fear of additional paper work and red tape

-Fear of litigation - will reporting them be grounds for getting sued?

-No input from police - we never receive any direct input from police, and if the police report directly to the MVA we never receive input from the MVA

Today's symposium is unique...I have learned a great deal today

But In general, doctors have no specific education in this area.

-Doctors often have no knowledge of what is available to evaluate driving ability

-I have observed that ophthalmologists are often very liberal and permissive in completing the eye evaluation for license renewal, and the eye test at the MVA is done every five years...a lot can happen in five years

So those are my observations....

I don't have solutions

But I do have some ideas and also some questions

And I do have some challenges to both doctors and to the MVA

(1) First of all, are there specific written guidelines available to help physicians identify these people?

If so, are they distributed?

Or is it all subjective?

(2) I believe that we physicians need to take a more active role

Doctors need to include driving in their routine assessments

We need to ask the patient at every visit: Are you driving? Any incidents?

How is your driving? Do you always wear seat belts?

And we need to recognize that it is really a part of our doctor-patient relationship that we are bound to report those who shouldn't be driving.

(3) We need to continually solicit input from the spouse and children when possible

(4) We need to address alcohol use

(5) We need to practice responsible prescribing and keep in mind the potential effect on driving of the medications we prescribe.

(6) Doctors feel they are taking away the person's license when reporting someone, when all they are really doing is helping to have the patient tested. We need to be better educated on the mechanisms available.

(7) There should be a very simple reporting mechanism....not multiple pages of forms to complete as we have today. One page similar to the application for handicapped parking would help.

(8) It would be good if there were feedback to the physician after a referral is acted on... In all the referral I have made this happened only once.

(9) And finally....Physicians need much more education about liability, available testing, costs to patient, etc.