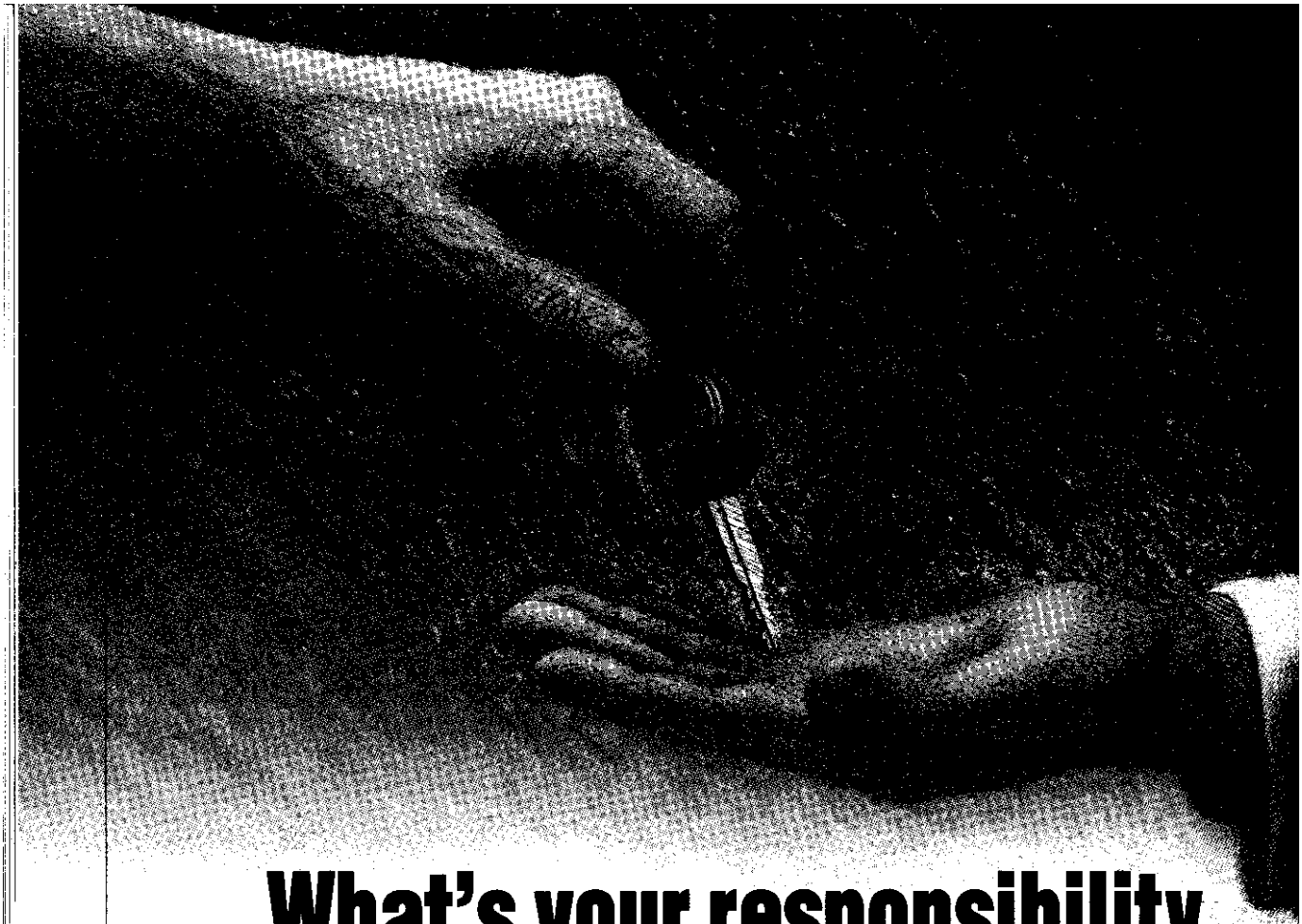

What's your responsibility for older patients who drive?

In eight states, doctors must face the issue already. All doctors will probably need to in the future.

By Barbara Bedway

Rosamond Gianutsos, a neuropsychologist in Sunnyside, N.Y., likes to tell the story of a friend who took her 90-year-old mother-in-law–who was still driving–to the optometrist. "I can only give her the same prescription," the optometrist pronounced, "but it won't improve her condition."

"What about driving?" the friend asked.

"*Driving?*" the optometrist exclaimed. "She's legally blind!"

If this elderly woman were your patient, you might think it too obvious to mention that she shouldn't be driving. Gianutsos, who has served on a board advising the New York State Department of Motor Vehicles, has found that many doctors never bring up the subject with their older patients, even those whose conditions suggest they might pose a danger behind the wheel. And she understands why.

"If a patient has lost substantial vision, it's fairly easy to say, 'No driving.' But other conditions that often affect the elderly are less clear-cut, like ability to process information quickly. My experience is that physicians feel a desperate need for some-

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thing a little more objective and concrete in evaluating their patients' driving abilities."

In a society where independence and mobility are virtually synonymous with driving, the assessment of driving skills is a highly charged topic. Since only eight states (California, Connecticut, Delaware, Georgia, Nevada, New Jersey, Oregon, and Pennsylvania) actually require physicians to report persons whose disorders might adversely affect their driving ability, many doctors never confront the issue.

But chances are good you'll need to in the future. Federal data compiled in 1990 show that 13 percent of the 167 million licensed drivers in this country were over 65. That figure will increase dramatically, with the fastest-growing group those over 85.

Most researchers agree that age alone should not be used to restrict driving, but aging's effect on driving skills should be clearly understood by doctors and patients. Driving requires about 20 major decisions for each mile driven. Often these decisions must be made in less than a half-second to avoid an accident. Because certain reflexes and cognitive skills start to decline dramatically after 75, older drivers are definitely at greater risk for an accident.

And though the record of older drivers is good if only accidents *per driver* are counted, that record turns grim when accidents and fatalities *per mile driven* are taken into account. Drivers 75 and older are second only to the very worst age-group, the 16- to 24-year-olds.

What will this mean for your practice? Some traffic-safety researchers hope it means doctors will take a more active role in advising patients of the role aging plays in the normal decline of safe-driving skills.

It's not an all-or-nothing situation. Most states have a "graduated" driver's license, requiring such things as corrective lenses or mechanical aids.

"Family members often call and beg us to take away the license of an elderly person they're worried about," says Leo Weber, an investigator with the traffic homicide division of the Miami Beach Police Department. "I have to tell them I can't do anything about it until something happens. But doctors could see something in the course of an exam that I can't see, even when I've stopped someone for driving erratically."

How can you help your older patients whose driving skills may be suffering? The first thing to do, suggests Gianutsos, is "ask your elderly patients, 'Do you have a license? Are you driving?' Don't assume, no matter what their condition, that they're not."

Richard C. Bates, a retired internist in Lansing, Mich., used the annual physical to bring up driving with his patients in their late 60s and older. "I'd tell them what changes to expect, like slower reaction times," he says. "And I'd try to get them to imagine what it might be like if they couldn't drive, so they would plan ahead. I also liked to get people into protective housing by the time they were 80, so they wouldn't have to drive as much."

An especially critical and often-overlooked area involves medication. "Doctors should make themselves aware of how drugs affect driving. They also need to know all the drugs a patient is taking and the effects of the combination. Then they should talk this over

with their patients," says James L. Malfetti, professor emeritus of education and director of the Safety Research and Education Project at Teachers College at Columbia University.

Malfetti, who's been specializing in the problems of older drivers since 1976, believes doctors are in a position to convey crucial information to the elderly. "People don't expect to hear tips on driving from their doctors," he admits. "But in the course of discussing the ailment that brought the patient to see you, you can lead gently into how that illness and medications might affect driving skills."

He cites as an example a person with arthritis who can't turn his head all the way in one direction. "That person will find it harder to check traffic on one side," he points out, "and will need to compensate for that lack of flexibility."

When Gianutsos became concerned that her 81-year-old father's driving skills had started deteriorating, she did what she calls "bibliotherapy": "I sent him some booklets on driving and the elderly. When he saw in them how joint stiffness often causes older people not to do 'head checks' before they change traffic lanes, he recognized

These doctors were liable for a gruesome accident

A recent malpractice case in California points up the potential hazards for doctors who don't report patients who are incompetent to drive.

In the fall of 1990, a 91-year-old man driving down a steep hill near his home in San Francisco suddenly veered left of center. He hit an oncoming car and ricocheted off several others. The driver and four other people died in the accident–including two children who burned to death in a double-parked car.

Several lawsuits resulted. One victim's husband sued the estate of the elderly driver, which in turn sued his cardiologist and his internist. The claim: that the doctors were guilty of general negligence for not informing the patient's family of his condition so the relatives could have taken action to prevent his driving. At the time, doctors were required to immediately report to their county medical officer patients with "a disorder characterized by lapses of consciousness."

In July 1992, the case was settled out of court for "a sizable sum," according to Stephen Stimel, vice president and claims manager for the Medical Insurance Exchange of California. Several co-defendants also contributed to the settlement, including the driver's estate and the manufacturer of the car the children were sitting in.

"This is a tough area," Stimel comments. "The law at the time made it clear that doctors had to report Alzheimer's patients and addicts being treated for addictions. But frailty in an elderly person–that's harder. Nobody will ever know what happened in that accident. But a jury might have decided, considering the man's age and condition, that a lapse of consciousness had occurred."

What could the physicians have done to protect themselves? "The cardiologist said he believed the patient was not driving, because the patient told him he wasn't," Stimel said. "Unfortunately, that line of inquiry was not documented in the medical records. If the doctor had made a single notation in the record, 'Patient denies driving,' he would have helped himself enormously. Doctors treating the elderly should be cognizant, especially when prescribing medications, of their patients' driving habits. After all, those patients have to be transported to the doctor's office one way or another."

So far, at least, this case is unusual if not unique, according to several malpractice experts consulted for this article. "Compared with all the other things physicians get embroiled in, lawsuits for failing to warn elderly patients to stop driving just haven't been a problem for us," says James Robb, vice president for claims of Medical Liability Mutual Insurance Co., a doctor-owned carrier in New York.

In 1991, California amended its law to give doctors the authority to report any patient when he determines "reasonably and in good faith" that reporting will serve "the public's interest."

that he was having the same problem himself."

She purchased a large, wide-angle rearview mirror for her father, a fiercely independent engineer who still works in an office. "It was a softening process," she says. "He saw I wasn't the enemy, that I was trying to keep him as mobile as possible. Now, when others offer to drive, he lets them more easily."

Steven Miles, a geriatrician in Minneapolis, says that in 10 years, only two patients kept on driving after he suggested that they stop. "One man had Alzheimer's, and I told the family to make the car keys inaccessible–that took care of that. I asked the motor-vehicle department to re-evaluate the other patient. I'm a realist on these things. Patients have a right to due process. I don't make the final judgment. The re-evaluation is the due process."

Some physicians are still uncomfortable with that option. "There's a difference between persuasion and turning someone in," says Philip R. Alper, an internist in Burlingame, Calif. "In the absence of a more precise official mechanism for relicensing drivers, it's hard to keep the trust of patients if you're required to report them based on imprecise guidelines."

On the other hand, as a recent California malpractice case suggests, you could find yourself in trouble by failing to get involved when a patient is incompetent to drive (see page 120).

Fortunately, it's not necessarily an all-or-nothing situation. Many older people can keep on driving in most states with a "graduated driver's license," meaning a restriction. The most common is a require-

ment to wear corrective lenses. Others include mechanical aids, daytime only, no freeway driving, destination limitations, and yearly renewal tests. Your state motor-vehicle bureau can provide information.

If a patient is granted a very long life, Gianutsos believes, the issue becomes not whether, but when, to stop driving. Richard Bates, who is 71, is taking a taste of his own medicine on that issue.

"I believe that people shouldn't drive after 80. Ten years ago, I wrote on a slip of paper for my wife that when I was 80, I would stop driving. I've told her to wave that in my face if I give her any trouble." ■

Where patients can find help

Many rehabilitation centers have driving-assessment programs that review the prerequisites to driving: motor, psychological, cognitive, visual, and medical. These can be costly—around $200. To locate one near you, call the Association of Driver Educators for the Disabled, (602) 435-9704.

The AAA (American Automobile Association) Foundation for Traffic Safety publishes a helpful pamphlet, "Concerned About an Older Driver? A Guide for Families and Friends," which costs $5. There is also an illustrated AAA folder, "A Flexibility Fitness Training Package for Improving Older Driver Performance" (10 or 15 cents).

The AAA self-testing guide for older motorists, "Driver 55 Plus: Test Your Own Performance," is $2. It leads the reader through 15 questions designed to ferret out physical limitations and unsafe driving practices. The booklet also contains information on coping with any of the deficiencies it uncovers, as well as a practical and empathetic discussion of when it's time to stop driving altogether. Patients can get the pamphlets and test from local AAA clubs or by writing the Foundation at 1730 M St. N.W., Suite 401, Washington, D.C. 20036; or by calling (202) 775-1456.

Many local AAA clubs also sell ($1) the 25-page Public Affairs Pamphlet No. 641, "The Older Person's Guide to Safe Driving," which can be obtained (with quantity discounts) from Public Affairs Pamphlets, 381 Park Ave. South, New York, N.Y. 10018, for distribution to your older patients.

The American Association of Retired Persons offers one of the most widely available programs, the "55 Alive/Mature Driving" classroom course. It's eight hours, given over two half-days, and includes defensive-driving techniques as well as instruction on the effect of aging and medications on driving. The course costs $8 and is also open to non-members. Patients can contact their local chapter or the group's headquarters: 55 Alive/Mature Driving, AARP Program Department, 1909 K St. N.W., Washington, D.C. 20049; (202) 434-2277.

The National Safety Council, a public-service research group in Chicago, has developed a defensive-driving classroom course called "Coaching the Mature Driver." It's offered through local groups and associations interested in driver safety. Patients who call (800) 621-6244 can find out where programs are given in their areas.

An attractive 16-page cartoon-illustrated booklet (number 43174), "What Mature Drivers Should Know About Safe Driving Skills," is available ($1, quantity discounts) from the Channing L. Bete Co., 200 State Road, South Deerfield, Mass. 01373-0200 (800) 628-7733.