

Rebuttal: Should family physicians assess fitness to drive?

NO

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Dr Adams' belief that FPs are appropriate assessors of fitness to drive and her opening statements must be challenged and largely refuted. Belief requires no evidence to support it, and I do not think she has provided any.

Physicians do have knowledge but it is medical and has nothing to do with road traffic safety; they have no skills that relate to assessing driving ability, and their attitudes are irrelevant. Long-term doctor-patient relationships with patients and their families are not predictive of driving ability, and it is not necessarily the norm that family physicians have known their patients for any length of time. Many patients attend "family practitioners" they have never seen before to have their driver's medical forms completed.

Being part of a team is just the feel-good fuzzy stuff.

I cannot understand how it could be thought that a physician's in-office examination could assess for those deficiencies that relate to safe driving (eg, boundary or speed violations, confusion at intersections, traffic sign errors).

The SIMARD MD is one of many cognitive deficit screening tools, MoCA being recognized as the most sensitive for detecting mild cognitive impairment. However, other than the fact that no one with an MMSE score of 19 or less has ever been known to pass an on-road driving test,¹ there is no validated or consensus view for a cut-off score that can reliably predict on-road, behind-the-wheel driving performance: even on the same test, 2 individuals with equal scores can have differing driving abilities.

Many of Dr Adams' points do not actually relate to a fitness-to-drive assessment but could more accurately be regarded as addressing the circumstances

surrounding and the outcomes of not being able to drive. Indeed, I do not think she addresses physician-conducted fitness-to-drive examinations at all. Physicians are not needed to direct individuals to driving assistance resources nor do they have a professional mandate to be responsible for public traffic safety.

The selective quote from the Jang et al article² referring to physician responsibility misses the debate's point: reporting unsafe drivers is not the same as being the arbiter of safe driving and bearing legal responsibility for any adverse outcomes. If Dr Adams had quoted the same article's other results, it would have placed her on the no side of the debate: namely, the article reports that more than 45% of physicians are not confident in assessing driving fitness and do not consider themselves the most qualified professionals to do so, as well as 75% believing that reporting unsafe drivers places them in conflict of interest and negatively affects doctor-patient relationships.

I am not swayed by my opponent's good-shepherd view, and if Dr Adams' contention were carried to a logical conclusion, FPs should be assessing teenage drivers before they are permitted to hold driving licences, perhaps because their physicians might have known them since infancy!

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Competing interests

None declared

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2. Jang RW, Man-Son-Hing M, Molnar FJ, Hogan DB, Marshall SC, Auger J, et al. Family physicians' attitudes and practices regarding assessments of medical fitness to drive in older persons. *J Gen Intern Med* 2007;22(4):531-43.

Cet article se trouve aussi en français à la page e414.

These rebuttals are responses from the authors of the debates in the December issue (*Can Fam Physician* 2010;56:1264-7[Eng], 1268-71[Fr])