Doctors should not evaluate competence to drive

The Faculty of Medicine at McGill University in Montreal, Que, trained me in the compassionate diagnosis and treatment of disease. The Medical Council of Canada and the College of Family Physicians of Canada assessed my competence to work as a doctor. There are hundreds of other professions, trades, and occupations that require good vision, executive function, and neuromuscular coordination. Each of these occupations has its own training and mode of assessment.

I think it is reasonable for the University of British Columbia to ask my opinion about the medical students who work in my office. No one has ever asked me to assess whether a man can operate a lathe or a heavy construction crane, or whether a woman can perform as a violinist in a symphony orchestra. The Justice Department of British Columbia, which oversees the Office of the Superintendent of Motor Vehicles (OSMV), asks me to assess whether older people can continue to drive. The inside of my office is not like a driver's seat. I agree with Dr Laycock[1] that doctors should not be asked to assess a person's competence to drive.

There are many people in British Columbia who do not have family doctors, partly because many doctors are too busy to accept new patients. We have more than enough work as is, maintaining the relationship with our patients and keeping our patients healthy and alive. We do not need to fill out the Driver's Medical Examination. Several times when I have indicated to a patient that he or she should have a road test to keep driving, the patient has stopped coming to see me.

I shared my concerns with classmates at Dartmouth College in New Hampshire. One of them, Justice Frank Sullivan Jr, a judge in Indiana, responded in a letter in October 2010:

> In my business [judging] there's a related phenomena [*sic*]. Older person is ticketed for a very minor traffic offense in which no accident occurred—stop sign violation, etc. Such an infraction would ordinarily result in a punishment no more severe than a fine and a point or two on the driving record. But the adult children, etc, make it known that they would like the judge to suspend the older person's driving privileges altogether. This would not be proportionate to the offense—which is the judge's job in sentencing.

A doctor can inform the OSMV whether a person has a diagnosed disease. Neither a doctor nor a judge should be required to assess whether a person can drive. The OSMV should do its own assessment of vision, mental competence, and a road test on all drivers older than 74 years of age.

—Robert W. Shepherd MDCM
Victoria, BC

The top 5 articles read online at cfp.ca

1. **RxFiles:** Targeting success in heart failure. *Evidence-based management* (December 2010)
2. **Child Health Update:** Codeine for acute cough in children (December 2010)
3. **Clinical Review:** Office management of urinary incontinence among older patients (November 2010)
4. **Clinical Review:** Approach to assessing fitness to drive in patients with cardiac and cognitive conditions (November 2010)
5. **Child Health Update:** Use of dexamethasone and prednisone in acute asthma exacerbations in pediatric patients (July 2009)

Reference
1. Laycock KM. Should family physicians assess fitness to drive? No [Debate]. *Can Fam Physician* 2010;56:1265,1267 (Eng), 1269,1271 (Fr).

Fitness does not equal competence

In Dr Shepherd's response[1] to Dr Laycock's argument for the debate "Should family physicians assess fitness to drive?"[2] he seems to accept Laycock's (mis)understanding of the meaning of the term *fitness to drive*, and perhaps the purpose of and limitations inherent in providing reports on patients.

Dr Shepherd denies having been asked about a patient's fitness to operate a lathe or a crane. Has he never counseled a patient to not operate dangerous machinery when taking a medication that might interfere with reflexes or judgment? Has he never told patients they are sufficiently recovered from illness or injury to resume their former jobs (or that they cannot do so)? Has he never provided similar information to an employer (with the patient's consent, of course) or to the Workers' Compensation Board?

Rather than comparing "fitness to drive" with these situations, he contrasts it to his role as a teacher—quite a different thing. As a teacher he is expected to comment on students' competence—and can do so by considering their training, knowledge, and performance.

In advising about fitness to work or to drive, neither training nor competence are in the domains to be assessed by the physician. Rather, the physician applies his or her medical knowledge to an assessment of the medical factors relevant to performing the task. Just as an employer might not accept the advice of the physician, the licensing authority has the responsibility and authority to decide whether or not to grant a driver's licence.

Perhaps physicians' reluctance to perform these assessments stems from a misunderstanding of their role and the difference between fitness and competence.

—Philip G. Winkelaar CD MD FCFP DGM
Orleans, Ont

References
1. Shepherd RW. Doctors should not evaluate competence to drive [Letters]. *Can Fam Physician* 2011;57:170.
2. Laycock KM. Should family physicians assess fitness to drive? No [Debate]. *Can Fam Physician* 2010;56:1265,1267 (Eng), 1269,1271 (Fr).

Revamping to save time and money

Thanks to Drs Ng and Burke[1] for outlining the current plans to streamline the certification examinations faced by Canadian residents. Having just completed the family medicine certification process (including the Medical Council of Canada Qualifying Examination [MCCQE] Part I and II, and the College of Family Physicians of Canada's Certification Examination in Family Medicine), I can attest to the redundancy of the process. The current structure seems to be a relic of the days when all residents did first-year internships. Today, when residents have entered specialized programs at the outset, the MCCQE Part II is a waste of time for all involved residents (eg, the dozens of orthopedic residents who will be brushing up on their psychiatry and family medicine this winter). As suggested by the authors, the 2 parts of the MCCQE should be combined and written by all Canadian graduates at the end of medical school to ensure an equal competency. This will save family medicine residents money and time.

—Scott D. Smith MSc MD
Toronto, Ont

Reference
1. Ng VK, Burke C. A look back to see ahead. CFPC Section of Residents, 1989–2009. *Can Fam Physician* 2010;56:1259-61 (Eng), e407-10 (Fr).

Response

Thank you, Dr Smith, for your interest and response to our article.[1] Our article discussed the harmonization of the Medical Council of Canada Qualifying Examination (MCCQE) Part II and the College of Family Physicians of Canada's Certification in Family Medicine examination. This combined examination is intended to be written during the latter part of family medicine training. This initiative is intended to streamline the examination process for family medicine residents and reduce financial burden. The Royal College residents would continue to write the MCCQE Part II as it stands currently. To our knowledge, we are unaware of any advocacy or plan to have students write both the MCCQE Part I and Part II at the end of medical school.

—Victor K. Ng MSc MD
—Clarissa Burke MD
London, Ont

Reference
1. Ng VK, Burke C. A look back to see ahead. CFPC Section of Residents, 1989–2009. *Can Fam Physician* 2010;56:1259-61 (Eng), e407-10 (Fr).