

Avoiding collisions

I agree with Dr Laycock's views on assessing patients' ability to drive.¹ I believe that properly assessing driving ability requires simulation testing such as that done in Ontario by Candrive² (albeit at great cost to the patient). Furthermore, we are already challenged in our aging population with conducting many evaluations, such as cognitive testing. Adding driving assessments would be time-consuming and burdensome, taking away from our ability to provide our usual care. I also agree that we might open up a Pandora's box of legal difficulties. We are already put in a difficult position of having to report patients to the Ministry of Transportation, which creates obvious friction with patients we have cared for for many years. Our ability to properly evaluate patients might be compromised by attempts to avoid further friction with them.

—Joel D. Weinstein MD CCFP FCFP
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References

1. Laycock KM. Should family physicians assess fitness to drive? No [Debate]. *Can Fam Physician* 2010;56:1265,1267 (Eng), 1269,1271 (Fr).
2. Candrive [website]. *Driving research for older adults*. Ottawa, ON: Ottawa Hospital Research Institute; 2011. Available from: www.candrive.ca. Accessed 2011 Feb 9.

Debating assessment of driving fitness

I write as a caregiver who has hands-on experience with the issue of family physicians assessing their patients' fitness to drive.¹ My husband, who suffered from Huntington disease, had a few near-misses in the car. His declining driving skills came to my attention when my children (8 and 11 years of age at the time) started making comments to me about his behaviour behind the wheel while they were riding in the car with him. It had never occurred to me that at that stage of the disease there would be a problem with his driving skills. If I had broached the subject with him of no longer driving, it would have caused problems at home, so I chose instead to speak to our FP and asked that he have a conversation with my husband. Our FP was great and was a very supportive resource for me. After speaking with my husband, our FP reported the concern to the Ministry of Transportation, and they set in motion the necessary upgrading and assessments. After several weeks it was determined that my husband could possibly "learn" to improve his driving skills and the correct way to drive. A long list of comments from the driving instructor was given to me; one comment was that my husband had run a red light. I was very upset with these findings because I was worried about his safety, as well as the safety of others, if he continued to drive. I wrote a letter to the Ministry and copied both the hospital where he had

completed the testing and our FP, as they were also involved in his case. I pointed out in my letter that individuals with Huntington disease could not learn anything new and that his current level of functioning with his medical condition was the best he would ever be. People with Huntington disease *deteriorate* as time goes on—both physically and mentally. Only after I threatened to sue the hospital, the government, and our FP (which I regretted saying but who I had to name) if my husband or someone else were to get hurt while he was behind the wheel did they agree to suspend his licence.

I tell you these details because I disagree with the closing arguments of Dr Laycock's article¹; although I do agree that FPs should not be held responsible for taking driver's licences away, they should be responsible for informing the testing agency about the specifics of the illnesses or problems affecting drivers. The decision to revoke driving privileges should be influenced by the FP's insights into the person and the disease. The FP should not be able to opt out of the decision-making process. I believe that the No side of the debate has missed a very important piece of the driving-loss puzzle.

—Mary L. Hickey
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Reference

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

Response

While I acknowledge the differing opinions expressed by those responses supporting the concept of the FP's ability to assess fitness to drive,^{1,2} their supportive reasons are addressed either in the debate³ or in the rebuttal⁴ and are challenged or refuted. Yes, FPs are able to diagnose medical conditions that could, or

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do, affect some aspects of driving ability; and when they do so, the physician should bear a responsibility to report those findings to the Office of the Superintendent of Motor Vehicles or the Ministry of Transportation. And, indeed, they should support patients and their families at the time of possible loss of driver's licences. Yes, there are different ways to interpret *fitness to drive*, and my expressed opinion clearly extends beyond simple medical diagnosis, although I do not think the Yes side of the debate⁵ or some of the responses have done so. Irrespective of the contrary opinions expressed, the reality is still that important aspects of physiological function that relate to safe driving cannot be tested in an FP's office. As they cannot be tested, should they simply be ignored? I sympathise with Ms Hickey and her unfortunate experience with the Ministry of Transportation; both she and the FP acted appropriately. The apparent lack of knowledge and ability of the instructor to adequately assess Ms Hickey's husband is regrettable and difficult to understand. However, that example does not alter the validity of simulated or on-road driving tests remaining the criterion standard for testing driving ability. That test should come first; if it is failed and there is a possibility that an extant medical condition is, in part or in whole, a factor in that failure, then it should be

addressed in a way that considers the patient's autonomy and the collective community's safety.

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References

1. Hickey ML. Debating assessment of driving fitness [Letters]. *Can Fam Physician* 2011;57:278.
2. Winkelaar PG. Fitness does not equal competence [Letters]. *Can Fam Physician* 2011;57:172.
3. Laycock KM. Should family physicians assess fitness to drive? No [Debate]. *Can Fam Physician* 2010;56:1265,1267 (Eng), 1269,1271 (Fr).
4. Laycock KM. Should family physicians assess fitness to drive? No [Rebuttal]. *Can Fam Physician* 2010;56:e412 (Eng), e414 (Fr). Available from: www.cfp.ca/cgi/reprint/56/12/e412. Accessed 2011 Feb 9.
5. Adams AJ. Should family physicians assess fitness to drive? Yes [Debate]. *Can Fam Physician* 2010;56:1264,1266 (Eng), 1265,1267 (Fr).

Response

I believe Dr Laycock missed my point entirely. He says that my example "does not alter the validity of simulated or on-road driving tests remaining the criterion standard for testing driving ability." He believes that the "test should come first; if it is failed and there is a possibility that an extant medical condition is, in part or in whole, a factor in that failure, then it should be addressed in a way that considers the patient's autonomy and the collective community's safety."¹ What good