

Determining Fitness to Drive for Drivers with Dementia: A Practitioner's Perspective

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Abstract

Currently in Australia medical fitness to drive decisions for individuals with dementia are largely conducted by front line practitioners. Given recent changes to the fitness to drive guidelines, little is known about the processes that these practitioners use to make these decisions, and how the guidelines might assist them in making determinations about driving capacity. In order to investigate this a short survey has to date been completed by 42 practitioners. Practitioners reported that the current guidelines do not provide adequate information to enable an informed decision, with calls for a more objective assessment tool. Given the road safety implications of these decisions it is prudent to investigate this further.

Background

In a number of countries such as the UK, USA and Canada, medical fitness to drive reviews for people with dementia are routine (Lincoln & Radford, 2014; Meuser, Carr, Unger & Ulfarsson, 2015). This is a trend that is increasing internationally, with the onus of responsibility to make fitness to drive decisions falling more and more to medical practitioners (Carr, Duchek, Meuser & Morris, 2006). This is because often primary care physicians are the first port of call for all patients (Sims, Rouse-Watson, Schattner, Beveridge & Jones, 2012). There are also additional benefits to the use of in-office decision making in that it is more widely accessible and cost effective than on road assessment (Wilson & Pinner, 2013).

In Australia, medical fitness to drive assessments for individuals with dementia are made by front line practitioners including, general practitioners, geriatricians, neuropsychologists, neurologists and occupational therapists. Guidelines on how to make this determination were released in 2012 and updated in 2016, but there has been no investigation into how useful these guidelines were for practitioners. Furthermore, little is known about the approaches and tools the practitioners employ in clinical settings to assist with making decisions about driving capacity.

Method and Results

A short survey has to date been completed by 42 practitioners. The results of the survey study supported previous findings that practitioners do not feel comfortable with making the final decision regarding fitness to drive for individuals with dementia. Practitioners tended to rely largely on self-report or informant information regarding current driving practices. Although practitioners reported that the level of cognitive functioning was the most important factor in determining safe driving, only 25% of practitioners employed the use of cognitive assessments, and the tools utilised were highly varied. Whilst the vast majority of practitioners were aware of the fitness to drive guidelines, over half did not find them to be sufficient in enabling objective and reliable determinations of driving capacity to be made. Due to this, almost all practitioners reported that they believe they have missed cases of unsafe driving in this population. Over 85% endorsed the need for a more objective tool, with some calling for an in-office battery of tests to assist in the decision making process. Significantly, over three quarters of practitioners reported that they have never received training on how to make fitness to drive decisions. Given that the current driver licencing system for individuals with dementia depends on medical fitness to drive reviews, the lack of suriety by practitioners

regarding making fitness to drive decisions can have a detrimental impact on both the safety of the individual drivers, but also the community as a whole.

Discussion

Future research therefore is required to investigate the most appropriate objective assessment tool for clinical use. Furthermore, due to the overwhelming lack of professional development practitioners have received, there needs to be a focus on the development and implementation of appropriate educational and training programs. It is hoped that through the implementation of education and an in-office objective assessment tool, practitioners will be able to make better informed decisions on driving capacity for individuals with dementia which balances individual independence with overall community safety

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