

After the Assessment of Fitness-to-Drive

Dr. Frank Molnar
University of Ottawa
Division of Geriatric Medicine
CanDRIVE

Conflict of Interests

- None
 - No Pharmaceutical Industry support
 - More relevant to driving – no Automotive Insurance Industry support

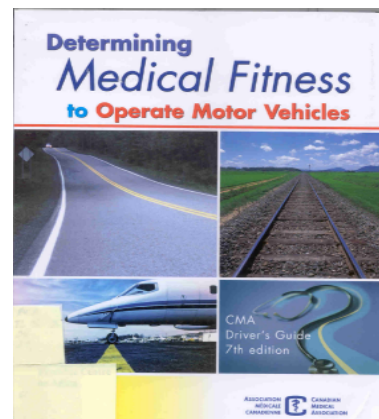
Objectives

- A recap of Assessment of Fitness-to-drive
 - For more information on assessment, please sign up for future AKE Fireside Chats.
- **After the Assessment**
 - **Outcomes of assessment**
 - **Reporting duties**
 - **Further testing**
 - **Disclosure techniques: telling the patient**

Recap of Assessment of Fitness-to-Drive

Dementia and Driving

- Consensus statements
 - Swedish (1997)
 - Australian Geriatrics Society (2001)
 - American Academy of Neurologists (2000)
 - AMA and Canadian Medical Association Guidelines



Dementia and Driving

- Conclusions of Consensus statements (cont)
 - Recognize limitations of data
 - those with moderate to severe dementia should not drive (CMA: Moderate = 1 ADL or 2 iADLs impaired due to cognition)
 - individual assessment for those with mild dementia
 - periodic follow-up is required (every 6 - 9 months)
 - "Gold Standard" is comprehensive on-road assessment

Expert / Consensus Guidelines

- Individual assessment for those with mild dementia
 - Based on expert opinion recommend tests such as MMSE, Clock Drawing, Trails B
- Limitations of Guidelines
 - Lack Operating Instructions: Do not provide guidance regarding HOW physicians are to apply such tests (e.g. how to respond to different scores, what cut-offs to use ...)

Lack of Evidence-based Screens

- Clinical Utility of Office-Based Cognitive Predictors of Fitness to Drive in Persons with Dementia: A Systematic Review. (Molnar, Marshall, Man-Son-Hing et al., JAGS 2006; 54:1809-1824)
 - No cognitive tests that could potentially be used in an office-setting had cut-off scores validated in persons with dementia!

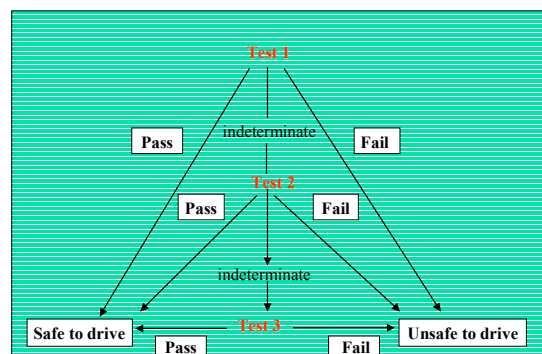
The Basic Approach

- Many patients will be more comfortable with the idea of driving cessation if the decision is made for physical reasons (e.g. loss of vision, syncope etc.)
- Base cognitive assessment on the recommended tests MMSE, Clock, Trails B
 - operationalize using Trichotomization

Applying Trichotomization

- Given the assessment, would you get in the car with the patient driving (or would you let a loved one drive with them)?
 - Yes
 - Uncertain
 - Absolutely not

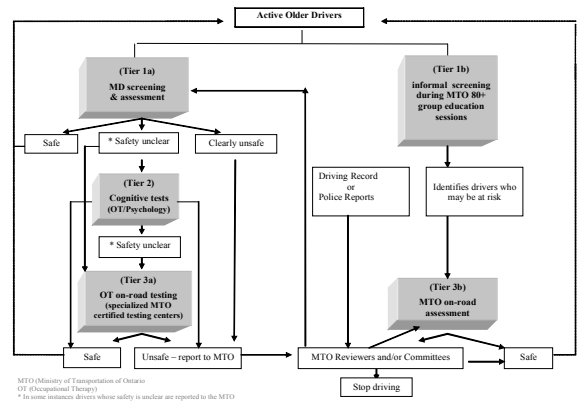
Serial Trichotomization



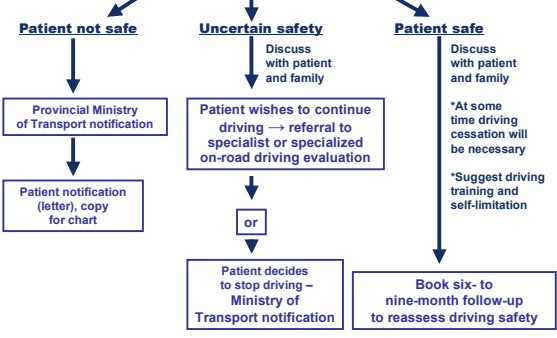
After the Assessment

- Outcomes of assessment
- Reporting duties
- Further testing
- Disclosure techniques: telling the patient

Figure 1: Three-Tier Model of Driving Assessment in Ontario



Physician Assessment



Province Obligation to Report Protection

Province	Obligation to Report	Protection
British Columbia	Mandatory	Yes - report is privileged. No right of action against physician for reporting.
Alberta	Discretion	Yes - No liability for reporting.
Saskatchewan	Mandatory	Yes - Report is privileged. No right of action against physician for reporting.
Manitoba	Mandatory	Yes - Report is privileged. No right of action against physician for reporting.
Ontario	Mandatory	Yes - Report is privileged and not admissible. No action against physician for complying with reporting.
Quebec	Discretion	Yes - No action against physician for reporting.
New Brunswick	Mandatory	Yes - No action against physician for reporting.
Prince Edward Island	Mandatory	Yes - Report is privileged. No right of action against physician for reporting.
Nova Scotia	Discretion	Yes - No action against physician for reporting.
Newfoundland	Mandatory	Yes - Report is privileged and not admissible. No action against physician for complying with reporting.
Yukon Territory	Mandatory	Yes - No liability for reporting.
North West Territory	Mandatory	Yes - There can be no action unless physician acted maliciously or without reasonable grounds. Report is privileged.

Medical Condition Report

Division 203 of the Regulated Health Professions Act, RHPA, requires that all health professionals report to the Registrar of Health Professions, the name, address and other contact information of any patient and/or caregiver who, in writing, has a written complaint or concern about the health professional's performance or conduct. This report is confidential and is not to be disclosed to the public or to any other person without the consent of the patient or caregiver. For more information, visit the website: www.ohrpa.org

1-800-387-2373 • 416-326-1333 • Fax: 416-326-3333 • Email: 416-326-3333

Physician Information

Physician Name: _____ Health Prof. #: _____

City/Town/Village: _____ Postal Code: _____

Specialty: _____

Medical Condition Report

Has your patient been diagnosed with any of the following conditions? (Check all that apply)

Alcohol Use Disorder Alcohol Abuse/Dependence

Drug Dependence Disruptive or Impulsive or other antisocial behavior

Personality Disorder Schizophrenia

Heart disease with symptoms (angina, chest pain) Dementia or Alzheimer's

Chronic use of psychotropic or psychiatric drugs Stroke/Arteriosclerosis

Other: (List here: injury with significant deficits, mental health issues, etc.) Multiple Sclerosis/MS

Other: (Specify) Other (Specify)

Optional

Has your patient been diagnosed with any of the following conditions? (Check all that apply)

Diabetes Epilepsy

Other: (Specify) Other (Specify)

Physician's Signature

Signature: _____ Date of Report: _____

SAFE - How to Report

- Mild dementia (no concerns re. Driving)
 - "Patient has mild dementia with MMSE ____, Trails B ____. I have not noted any evidence to suggest they are not fit to drive but feel they should be re-evaluated every 6 months."

Fitness to Drive Unclear - Further Assessment Required

- Fitness to drive unclear or deficits may be temporary
 - Testing borderline
 - Resolving delirium
- Notify jurisdictional authorities as per provincial reporting requirements

UNCLEAR - How to Report

- "Patient has a diagnosis of dementia and fitness-to-drive is unclear based on in-office assessment."
- "There are no obvious reasons to mandate immediate license revocation but patient should have further evaluation (or should have on-road)."

UNCLEAR - How to Report

OR

- "Patient should not drive until they are cleared by on-road testing."

If patient already has license revoked

- "Please provide them with a one day license to permit on-road testing"

Specialized Driving Assessment

- Cognitive and Visuo-spatial Screening tests (Neuropsychologist, OT)
 - can rule out the more obviously impaired
- Driving Simulator Evaluation
 - not fully acceptable for ultimately determining fitness to drive
 - can give insight to the evaluator for the on-road assessment
- On-Road Assessment (OT/Driving Instructor)
 - present Gold Standard

Outcomes of the Specialized Assessment

- Fail
- Pass
 - Follow-up required (6 – 9 months for dementia)
- Restricted license
 - available in some provinces (not Ontario)

UNSAFE - How to Report

- Moderate to severe dementia (CMA: Moderate = 1 ADL or 2 iADLs impaired due to cognition)

"Patient is not safe to drive due to the following findings:
_____"

The MTO Medical condition report.

- <http://www.mto.gov.on.ca/english/dandv/driver/medreport/index.html>
- Fax to MTO (or mail if no fax)
- Keep copy in chart with date on which it was sent
- In urgent situations call the MTO Physician hot line using the number on the MTO report

Disclosure techniques

What and How to tell patient when they are unsafe to drive

Patient Not Fit to Drive (permanent)

- Meet with family first
 - **Do not let them establish a position that is contrary to yours (i.e. avoid creation of an adversarial relationship). Ask them to let you give them all the relevant information before they provide their opinion.**
 - **Explain concern of safety for patient and others in a concrete and empathic fashion.**
 - **Describe findings that make it clear that the patient is not safe to drive.**
 - **Explain that the laws in your jurisdiction require you to report the patient to the Ministry of Transportation – that you have no choice and that to not report would be breaking the law.**

Patient Not Fit to Drive

- Meeting with family (cont.)
 - Indicate that you are certain that they understand that the goal of the assessment is to prevent an accident that could injure the patient or others, therefore, we cannot wait for an accident to occur – that it would be too late, as many seniors do not survive or recover from MVCS. If others were injured, their parent would have to live with the guilt.
 - Explain that since they are now aware of the risk, they too carry some responsibility.

Patient Not Fit to Drive

- Meeting with family (cont.)
 - Put the family in a supportive role
 - Thank the family (before they speak) for helping you with this difficult task. Indicate that while it is your legal responsibility to tell their parent, they can be the supportive party that emotionally helps their parent through a difficult time and helps them find transportation alternatives.
 - the good cop / bad cop approach

If the family doubt your findings

- Explain the guidelines and laws
- Explain the tests used
- Discuss the findings (show them the test results)
- If they are still dubious have them witness repeat performance on the most revealing test

Patient Not Fit to Drive

- Meet with the patient
 - Have family present but a priori ask them to assume the supportive (good cop) role and let you first disclose.
 - Ask the patient to let you provide all the information first before they speak – avoid creating an adversarial position.
 - Explain that due to the clinical findings, the law mandates that they must cease driving and that while you dislike doing so, you must report them to the Ministry of Transportation – you cannot override or disobey the law.

Patient Not Fit to Drive

- Meet with the patient (cont.)
 - Give the patient a positive role
 - Recognize they have been a responsible driver and part of being a responsible driver is to hang up the keys BEFORE an MVC.
 - Acknowledge that you know they would never want to hurt others.
 - Acknowledge that it is normal to be unhappy regarding this information

Patient Not Fit to Drive

- Meet with the patient (cont.)
 - Highlight positives
 - Taking a Taxi is cheaper than maintaining a car, if one drives less than 4000 km/year.
 - They took care of their children and now this is their children's chance to pay them back – it is important for their children to feel they are helping.

Patient Not Fit to Drive

- If patient continues to argue:
 - Remain firm in instructions not to drive. Do not argue – they may have limited insight.
 - Indicate the chart is a legal document that can be subpoenaed – the chart indicates that they and their family have been notified of their MVC risk. If they are involved in a crash, they may be legally liable and financially responsible.
 - If they threaten a lawsuit, notify CPSO and CMPA, so they can advise and can open files.

Patient Not Fit to Drive

- THEN ask the patient and family to comment (AFTER outlining lack of choice due to Laws in Ontario and their respective positive roles).
- Once again acknowledge that it is normal to feel bad about this development.

Patient Not Fit to Drive

- Explore other transportation options.
 - Family – share responsibility between several members. Family should ensure patient gets out of the house
 - Taxi – can get private cell number of driver(s) that was / were particularly helpful and reliable. Plan a day ahead.
 - Volunteer drivers
 - ParaTranspo

Patient Not Fit to Drive

- If patient is refusing to comply, then meet with family
 - Encourage family to remove opportunity to drive if non-compliant (disable car, remove keys or car). Best to remove car as it is a constant reminder.
 - If patient is in imminent danger to others, CALL Ministry of Transportation physician line indicating need to remove license ASAP and fax in medical form.
 - Call Police???

Patient Not Fit to Drive

- After the disclosure meeting:
 - Provide a written statement to the patient/family as to why the patient cannot drive, regarding your legal obligations, and intent to notify government authority.
 - Continue to encourage family to remove opportunity to drive if non-compliant.
 - Communicate in writing to your provincial Ministry of Transport. Call MD hotline if the situation is urgent.
 - Document details of disclosure meeting in chart (date, people present, information disclosed)

Notification About Driving Safety

Name: _____
Date: _____
Address: _____

You have undergone assessment for memory/cognitive problems. It has been found by comprehensive assessment that you have _____ dementia. The severity is _____.

Even with **mild** dementia, compared to people your age, you have an 8 times risk of a car accident in the next year. Even with **mild** dementia, the risk of a serious car accident is 50% within 2 years of diagnosis.

Additional factors in your health assessment raising concerns about driving safety include:

As your doctor, I have a legal responsibility to report potentially unsafe drivers to the Ministry of Transport. Even with a previous safe driving record, your risk of a car accident is too great to continue driving. Your safety and the safety of others are too important.

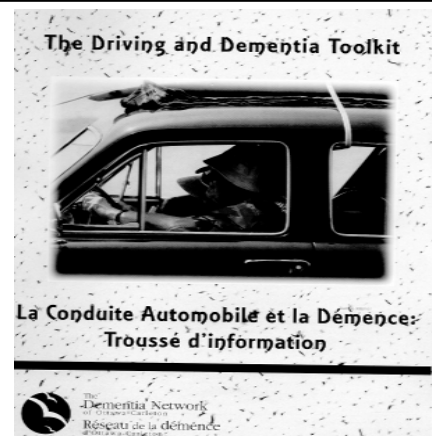
_____ M.D. _____ Witness

Key Learning Points

1. If dementia is diagnosed, driving must be asked about, formally assessed, documented and findings must be reported to the Ministry of Transportation.
2. If you are unsure of safety, refer to specialized assessment or specialized on-road testing.
3. In dementia, driving safety must be reassessed every 6 to 9 months.

Resources

- Determining Medical Fitness to Drive: A Guide for Physicians. Canadian Medical Association Driver's Guide, 7th edition.
www.cma.ca
- Driving and Dementia Tool Kit for Family Physicians (Dementia Network of Ottawa-Carleton)
www.rqpeo.com www.CanDRIVE.ca





Clinical Scenario

- You have found a patient unfit to drive and have informed them and their family. The patient says you are not permitted to send their medical information to the Ministry of Transportation or they will sue you and call the college.
 - What do you do?



Clinical Scenario

- A patient is in your office who is clearly unfit to drive home. MMSE 16/30. You tell them they should not drive home but they refuse to comply. You feel they are an imminent threat to public safety.
 - What do you do?



Clinical Scenario - OCFP

- You receive a report from a Sleep Specialist which reads, "The findings of the sleep study indicate your patient may be unsafe to drive. I recommend you report them to the Ministry of Transportation".
 - What do you do?



The End

- Are there any other scenarios that you would like to discuss?
- Any other questions?
- Any other comments?
- Do you agree/disagree with the approaches?
- Can you recommend better disclosure approaches or refinements of the approach presented?
(fmolnar@ottawahospital.on.ca)