Fitness to Drive in Cognitive Impairment – A Quantitative Study of GPs Experience

Abstract

Assessing fitness to drive is part of the role of general practitioners. Cognitive impairment may affect an individual’s ability to drive safely. This study examined the experience of assessing patients with cognitive impairment for driving fitness and to explore their attitudes to this role. We carried out a quantitative study of General Practitioners (GPs) in cognitive impairment. A 2009 Cochrane review found that there was a paucity of evidence regarding expert opinion on assessing fitness to drive in cognitive impairment. The aims of this study were: to establish the general practice experience of assessing patients with cognitive impairment for driving fitness; to examine the GP's attitude to this role, and to investigate what factors influence GPs in this decision-making process.

Introduction

Assessing fitness to drive is part of the role of general practitioners. GPs act as medical examiners for driver licensing and license renewal. An elderly person who can no longer drive is likely to receive GP services they need and more likely to enter a nursing home. Driving cessation can cause depression, social isolation and strain on the doctor-patient relationship. Reluctant patients may express concerns to the GP about an individual's fitness to drive. Unfortunately patients with dementia will eventually lose the ability to drive. It is important to decide with the patient when driving cessation should occur, what assessments are needed and what alternative transport is available. Guidelines such as those from the Road Safety Authority (RSA) provide limited advice on driving and cognitive impairment. Performance based road testing is the closest to a gold standard in the area of driving assessment. Problems associated with on-road testing include the cost and a lack of standardisation. Restricted licensing (e.g. avoiding motorways or only driving by day), is practiced in parts of Australia and in the state of Utah for patients with impaired driving ability. There is no provision in Irish law for restricted licencing. The principle aims of this study were: to establish the general practice experience of assessing patients with cognitive impairment for driving fitness; to examine the GPs attitude to this role, and to investigate what factors influence GPs in this decision-making process.

Methods

This was an anonymous quantitative cross sectional postal survey. Two hundred GPs in Counties Mayo, Galway and Roscommon were randomly selected from a list of 350 from the Irish Medical Directory. Ethical approval was granted by the ICGP Research Ethics Committee. Questionnaires were posted to GPs in October 2012 with a follow-up reminder six weeks later. A previously validated questionnaire was adapted for an Irish context. The questionnaire consisted of four sections, the first of which was a demographic section. The second section consisted of a Likert scale to examine the current practice for assessing fitness to drive in the context of cognitive impairment, and included questions on guidelines used, referral for second opinion, whether patients had left the practice over revocation of driving licence, and whether GPs had certified patients as fit to drive with verbal agreement for restrictions on their driving. Section three consisted of a Likert scale to assess the respondents attitudes to certifying fitness to drive in cognitive impairment. Section four was also a Likert scale which aimed to assess factors influencing the decision to certify as fit to drive. Respondents were asked if they would like further education on assessing cognitive function. The data were analysed using Epi-Info.

Results

The response rate was 62.5% (n=125). See Table 1 for demographics of study participants. 96.8% (n=121) of GPs agreed that assessing fitness to drive is an important issue, with 84% (n=105) of respondents assessing fitness to drive on a weekly or daily basis. 68.8% (n=96) GPs used guidelines when assessing fitness to drive in cognitive impairment. 83 (66.4%) respondents formally assess cognitive function. 52 (41.6%) GPs would certify someone as fit to drive with verbal restrictions. 102 (81.6%) GPs felt confident in assessing fitness to drive. 98 (78.4%) GPs had referred patients for further assessment. 41.6% (n=52) of GPs opted for this approach significantly more often than urban respondents. Table 2 is a Likert scale demonstrating the GPs responses to a number of factors that may influence them when certifying a patient as fit to drive. GPs agreed that patient isolation (65.6%); n=87) and lack of alternative transport (56.3% (n=75) restricted the degree of confidence that GPs felt in assessing fitness to drive, and 48% (n=60) felt adequately resourced. The majority of respondents (74.6%; n=95) of GPs would prefer that the ICGP or the primary assessor of fitness to drive. Almost half (47.2% (n=59) stated that it may interfere with the doctor-patient relationship. 59.2% (n=74) of respondents indicated they would like further education on assessing cognitive function.

The majority of GPs in this study agree that assessing medical fitness to drive is an important issue that they deal with on a daily basis. GPs are confident in their ability to assess fitness to drive and would not certify someone if they felt that their ability to drive was impaired. GPs may express their concern about patients driving internationally for General Practitioners with regard to driving assessment in cognitive impairment. A 2009 Cochrane

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This study highlights the fact that a significant number of GPs – 76.8% – have concerns about their own legal liability. Similar concerns are highlighted in the literature. GPs also feel that assessing fitness to drive can have a negative effect on the patient-GP relationship, with a fifth of GPs surveyed stating they have had patients leave their practice because of driving issues. GPs in this study also cited pressure from patients and patients’ families as a factor which has influenced driving assessments. Studies performed on Australian GPs in Victoria showed similar opinions. Driving is a hugely emotive issue and a GP has to balance his/her perspective, are not amenable to comprehensive assessment in a GP surgery. There may be an opportunity in Ireland to expand the role of the community OT to encompass driving assessment. Rural GPs were more likely to take patient isolation and lack of public transport into account when making driving assessments. This would correlate well with a study in Saskatchewan, Canada. In this study rural GPs were also more likely to avail of restricted licencing compared to their urban colleagues, and also felt that the need to drive was more important for rural dwellers compared to those patients who live in cities. Many rural patients need their car to access basic services like the shops, post office and GP surgery. Taking away their licence may result in loss of the ability to live independently, and may have negative social, psychological and medical effects. Restricted Licencing is attractive as it allows the patient to maintain this vital link with society while protecting other road users.

References

11. Carr DB, Ott BR. The Older Adult Driver With Cognitive Impairment: It’s a Very Frustrating Life. JAMA. 2010;303:1632-1642
14. www.cdc.gov/qip/info/77