Learning Objectives

This presentation will:
- discuss impact of dementia on individual’s ability to drive
- identify driving assessment tools
- outline steps to report medically at-risk drivers
- explore ethical and legal issues
- identify strategies to balance safety & respect

Overview

Over five million Americans are estimated to have Alzheimer’s and related dementias. While many issues must be addressed after diagnosis, one the first and most difficult decisions involves DRIVING.

How Dementia affects Driving

“The one thing that unites all human beings, regardless of age, gender, religion, economic status or ethnic background, is that we all believe we are above average drivers.”
-Unknown

- Impairs
  - visual spatial abilities
  - attention span
  - memory
  - reaction time
  - judgment
- All are important to safe driving
Driving Performance & Dementia

- 30% - 45% of persons with AD drive
  - majority drive alone
- Increased risk for MVC
  - 5-7X more likely to have an at-fault crash
- At risk for other adverse events
  - becoming lost
  - 44% of early stage drivers with AD routinely get lost
  - driving at inappropriate speeds
  - difficulty understanding road signs
  - cutting across center lines

And............

- Poor driving performance does not necessarily lead to cessation
- Why?
  - lack of insight
  - poor judgment
  - loss of reasoning ability
  - lack of alternative transportation options

And............

- Research has yet to determine the level of cognitive impairment associated with an unacceptable driving risk
  - No argument however that at some point a person with dementia will be unable to drive safely
  - “Argument” is when
- Families often turn to professionals for guidance about driving

Overview

Mobility is important to older adults’ quality of life.

The private automobile provides not only transportation but a means to maintain autonomy, independence & self-esteem.

Importance of Driving

- Primary mode of transportation
- Provides access to basic necessities & other activities important to QOL
- Sometimes only option to activities & services
- May provide transportation for others
- Identity, competence

What are Elder’s Driving Patterns?

- With increasing age, they
  - Often modify when, where & how they drive
  - Drive less
    - at night
    - during periods of high traffic volume
  - Engage in less overtly high risk driving behavior than young drivers
    - speeding, tail-gating
  - Continue to drive for family & personal reasons
What influences driving decisions?

- Residential location
- Gender
- Social support
- Psychological factors
- Health

Driving Decisions

Residential Location
- Many live in rural & suburban areas
- Increasingly dependent on automobile
- Few transit options
- Greater distances to goods & services

Gender
- Compared to older women, older men
- More apt to drive
- Travel greater distances
- Make less drastic changes to driving habits
- Less apt to stop

Social Support
- Family matters
  - Dynamics may interfere
    - Members may differ in opinion
    - Fear driver will become depressed, isolated, angry
    - Unable/reluctant to assume greater responsibility
    - Lag in decision-making

Psychological Factors
- Driving associated with
  - Personal identity
  - Self-perceived roles
  - Status
  - Competence, vitality, self-reliance

Driving Assessment

- Purpose
  - Identifies drivers-at-risk for adverse events
    - Multiple components
    - Multiple barriers

- Goals
  - Help driver maintain autonomy & safety

Barriers to Assessment

- Clients
  - Threat to autonomy – defensive, refuse to cooperate
  - Mixed feelings about role of providers in determining fitness to drive

- Family
  - Unreliable reports
    - Non-drivers
    - Rarely drive with patient
    - Depend on driver for ride
Barriers to Assessment

- Providers
  - Don’t recognize red flags
  - Fear angering patient or damaging patient-provider relationship
  - Fear breaching patient confidentiality or HIPAA rules
  - Not enough time
- Disparate state responses

Where do you fit?

- Work with drivers and families to:
  - Engage, assess, intervene
    - encourage driver/family to assess
    - investigate transportation alternatives
    - educate to red flags
      - forgetfulness/confusion
      - dents
      - needing a co-pilot
  - Begin planning early & present issues thoughtfully
    - person-centered, solution-focused
  - Goal
    - Intervention tailored to fit attitudes, beliefs & needs of individual

Thank you!

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Components of a Driving Evaluation

- Selection of a qualified evaluator
- Clinical “Pre-Driving” Assessment
- Driving Assessment
- Vehicle Modification
- Additional Education and Training
- Final Counseling
Components of a Driving Evaluation

Selection of a qualified evaluator
- Occupational Therapists are uniquely qualified
- Select a program licensed as a Commercial Driving School
- The clinical evaluator should be dually qualified as a Driving Instructor to ensure continuity and thoroughness
- Seek out a Certified Driver Rehabilitation Specialist (CDRS)

Components of a Driving Evaluation

Clinical “Pre-Driving” Assessment
- Background: diagnosis, medical history, driving history, license status, vehicle type, “why are you here?”
- Visual Assessment: acuity, visual fields, depth perception, color vision, saccades and pursuits
- Visual Perception: figure ground, spatial relations, topographical orientation, unilateral neglect

Components of a Driving Evaluation

Clinical “Pre-Driving” Assessment Cont.
- Physical Assessment: ROM, strength, endurance, coordination, sensation, proprioception, balance, mobility
- Cognitive Assessment: arousal, orientation, affect and demeanor, attention, memory, problem solving, judgment
- Traffic Sign Recognition
- Driving Knowledge – “road rules”

Components of a Driving Evaluation

On-Road Assessment
- Vehicle handling skills: brake and accelerator control, steering, lane positioning, merging
- Driving behaviors: vehicle preparation, observance of road signs, use of directional signals, reactions to other vehicles, recognition of hazards, visual attention to the driving environment
- Observe performance in a variety of traffic environments

How Does the Simulator Work?
**Simulator Assessment**

- Older drivers who have had their license suspended can still be evaluated. They are not required to go back to DMV to get a provisional license as they must do when being evaluated behind the wheel.
- In a simulator evaluation there is no requirement for a physician prescription as there is for a behind the wheel evaluation.
- The simulator evaluation is significantly safer as a potentially seriously impaired driver is “not on the road” for their evaluation.
- Some scenarios present in the simulator are not consistently available in the behind the wheel evaluation (pedestrian runs in front of car, ambulance comes up from behind and others).
- The experience is standardized for all drivers making the process of determining safety consistent for all drivers.

**Components of a Driving Evaluation**

**Vehicle Modification:**
- Instructing the client on proper positioning
- Modified vehicle controls:
  - Wide view mirrors
  - Adapted controls for primary functions
  - Adapted controls for secondary functions

**Additional Education and Training:**
- Instruction in the use of adapted vehicle controls
- Practice safe driving behaviors
- Strategies to compensate for deficits
- Possible referral for rehabilitative services

**Final Counseling:**
- Reinforcement of safe driving habits
- Discussion of driving restrictions
- Consider periodic re-assessment
- Compliance with DMV reporting
- Discussion and counseling for driving retirement

**Driving Retirement**
- The client cannot physically manage control of the vehicle, even with adaptive equipment.
- The client simply cannot drive safely, and lacks the cognitive capacity to make improvements.
- Contradictory to the Occupational Therapy goal of increasing clients’ independence, but a necessary step to prevent injuries and fatalities.

**www.GrandDriver.net Resources**
- Self-Assessment Tools
- Calendar of Statewide Events
- Sources of alternative transportation resources
Resources

- Recognizing the Signs of Senior Driving Difficulty
- Listing of driving assessment sources by region
- Staying safe tips for drivers
- Publications, brochures and pamphlets for senior drivers and their caregivers

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LIABILITY ASSOCIATED WITH THE ALZHEIMER’S PATIENT WHO DRIVES

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THE POTENTIAL LIABILITY OF HEALTHCARE PROVIDERS WHEN ALZHEIMER’S PATIENTS DRIVE

A. Negligence Defined
   B. The Concept of Duty
      1. To The Patient
      2. To Third Parties (generally, there is no duty)
         a. Exception: Doctor creates a potentially dangerous condition.
A. Negligence Defined

B. The Concept of Duty

1. To The Patient
2. To Third Parties (generally, there is no duty).
   a. Exception: Doctor creates a potentially dangerous condition.

C. The duty to warn the patient of foreseeable consequences.

1. Only if unknown to the patient.

D. Negligent misdiagnosis or treatment (only liability is to the patient).

E. A Physician may file a report with the Texas Department of Public Safety or the Medical Advisory Board (but he has no duty to do so).

F. Is there a duty to prevent the patient from driving?

1. No duty created by physician/patient relationship.
2. Exception: right to control; e.g., contractual right to control.

G. Practical Considerations

1. Changes in social conditions lead to new duties.
2. Warn, Warn, Warn, the patient.
3. Warn family members if present with the patient.
5. Follow-up with a warning letter.
THE POTENTIAL LIABILITY OF FAMILY MEMBERS
WHEN ALZHEIMER'S PATIENTS DRIVE

A. Negligent Entrustment
1. The elements of negligent entrustment:
   a. Vehicle owner entrusts his vehicle to another;
   b. The driver entrusted with the vehicle is an unlicensed, incompetent or reckless driver;
   c. At the time of entrustment, the owner knew or should have known that the driver was an unlicensed, incompetent, or reckless driver;
   d. The driver was negligent while operating the vehicle;
   e. The driver's negligence caused an accident and injuries.

B. Vehicle Ownership
1. Title may not be determinative.
2. Who is paying for the car?
3. Who is the car a gift?

C. Is there a duty to prevent one from driving?
1. Only if a special relationship gives one a right to control.
   a. The parties' relationship must impose a duty to control.

D. Taking control without the right to control (Don't give the keys back).
1. Employer and Employee - YES
2. Contractor and Subcontractor - YES
3. Guardian and Ward - YES
4. Husband and Wife - NO
5. Child and Parent - NO