

## Driving with dementia: Equity, obligation, and insurance

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### EDITORIAL

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#### Introduction

Driving is a complex task, yet some people with dementia are capable of driving safely.<sup>1–5</sup> As driving a vehicle is a privilege and not a right,<sup>6–8</sup> clinicians are often called upon to provide guidance regarding their patients' ability to drive safely.<sup>1,9,10</sup>

The Australian Bureau of Statistics has predicted that by 2056, one in four Australians will be aged over 65.<sup>11</sup> Older members of our community are increasingly dependent upon the private car as their preferred, and in some cases only viable, mode of transport.<sup>5,8</sup> Given that the prevalence of dementia rises with age, we can expect an increased number of drivers with dementia on our roads.<sup>5</sup> As outlined in the National Health and Medical Research Council 2013–15 Strategic Plan, Australian health ministers have designated dementia and injury prevention as national health priority areas.<sup>12</sup> Thus, there now exists both an impetus and an opportunity to address the issue of driving and dementia on a national level. The purpose of this editorial is to consider: (1) the social impact of a loss of licence; (2) driver and health professional obligations to report conditions that can adversely affect driving; and (3) the response of motor vehicle insurers to the issue of driving with dementia.

#### Equity: City versus country

Almost two decades ago, PS Lipski touched upon the social isolation endured by rural drivers with dementia when they lose their licence.<sup>6</sup> A century earlier, Henry Lawson expressed concern in the *Albany Observer* that “the voices of the country people are scarcely ever heard on momentous questions”.<sup>13</sup> Given that maintaining mobility and independence are key concerns of older citizens,<sup>3,14,15</sup> retirement from driving can represent a life-changing event, and particularly so for people living in rural and regional Australia.<sup>16</sup>

Sadly, the topic of retirement from driving is often shrouded in taboo.<sup>15</sup> The consequent lack of planning of driving retirement places older drivers at risk of social isolation. Add to this the findings of a recent Queensland study, which reported that the key determinants of transport use by older people are: (1) convenience; (2) affordability; (3) availability; and (4) health.<sup>15</sup> Therefore, those who live in non-urban areas must endure a form of geographical inequity; i.e., inadequate access to public transport. This emerging dilemma prompted Fox and Bashford to call for improved planning and the provision of safe, convenient, and affordable transport options for older non-drivers.<sup>4</sup> More recently, Ibrahim et al. have used both print and visual media to highlight the challenges faced by clinicians when assessing geographically isolated drivers with dementia for fitness to drive.<sup>16</sup>

#### Obligation to report

All drivers in Australia are required to report to the driver licensing authority (DLA) any illness or health condition that may affect their ability to drive safely (e.g., dementia, epilepsy). Accordingly, drivers who fail to notify the DLA may be liable at common law if they knowingly continue to drive with a condition that can adversely affect their driving.<sup>2</sup> The Austroads Assessing Fitness to Drive guidelines were recently updated and warn drivers that there may be long-term financial, insurance, and legal

consequences if they do not report relevant impairments to the DLA.<sup>2</sup> However, many drivers (46 per cent in one study)<sup>5</sup> are unaware of their obligation to report. Dementia is often accompanied by a range of cognitive deficits (e.g., loss of insight, judgement, planning), which may impede reporting.

Perhaps not surprisingly, there have been calls by clinicians for driver licences to clearly display a reminder of the necessity to report pertinent medical conditions to the DLA.<sup>5,9</sup> Only health professionals practising in South Australia and the Northern Territory are obliged to report unsafe drivers to the DLA.<sup>2</sup> Furthermore, clinicians in South Australia are required to inform individuals of their intent to notify the DLA.<sup>17</sup> In all but one state (Queensland) and one territory (Northern Territory), statute provides both civil and criminal indemnity for health professionals who report drivers they believe to be unsafe. In Queensland, although clinicians are exempt from civil and administrative liability, no explicit exemption from criminal liability exists. Health professionals in the Northern Territory are not afforded indemnity from civil or criminal liability.<sup>2</sup> Six years ago, the Australian Medical Association (AMA) proposed that: (1) mandatory reporting is unacceptable; and (2) doctors should be protected in law regardless of whether they report an unsafe driver.<sup>7</sup> Unfortunately, the requisite state-based legislative amendments have not yet ensued.

Thus, many health professionals remain unsure as to whether they are obliged to notify their local DLA of unsafe drivers.<sup>9,18</sup> This is reflected by a lack of driving advice in hospital discharge summaries.<sup>19–22</sup> Given that people aged 65 and over account for 39 per cent of all Australian hospital separations,<sup>23</sup> there exists a valuable but missed opportunity to provide and record driving advice. Sole reliance upon the acute hospital sector for this purpose is, however, unwise for several reasons: (1) unsafe drivers without need for admission are missed; (2) falling lengths of stay preclude meaningful safety assessments; and (3) acutely unwell patients are likely to perform poorly if tested while hospitalised.

### Insurance implications

There is a dearth of research addressing the issue of dementia and motor vehicle insurance. A literature search of MEDLINE from 2004 to 2014 using the key words driving, dementia, and insurance failed to yield any relevant papers. Moreover, little is known of the approach motor vehicle insurers adopt towards drivers with dementia. A study of three insurance providers by Alzheimer's Australia NSW concluded that insurance company guidelines are neither clear nor consistent for drivers with dementia.<sup>5</sup> In order to explore this issue further, we contacted eight Australian motor vehicle insurance company claims managers. All stated that a pre-

existing diagnosis of dementia does not preclude application for motor vehicle insurance (*personal correspondence*). Furthermore, if applicants hold a valid driver licence then a diagnosis of dementia does not impact negatively upon one's access to different forms of insurance cover (e.g., comprehensive, third party). This approach is in line with the Insurance Council of Australia Code of Practice (i.e., insurers will only ask for and take into account relevant information when assessing applications) and mirrors the stance adopted by the Association of British Insurers.<sup>1</sup> Of concern, however, is that drivers with dementia may erroneously assume that the mere possession of motor vehicle insurance equates to indefinite fitness to drive.

### Conclusion

Current projections are that almost one million Australians will have dementia by 2050. Hence, there is a pressing societal need to meet the transport needs of older citizens, and specifically individuals with dementia. Inadequate or inaccessible public transport for rural and regional communities remains an important barrier to retirement from driving. While the federal government recognises the need to “cater for the changing needs of the older population”, state and territory government approaches remain inconsistent. The time has come to *cross the Rubicon* (i.e., pass a point of no return) by (1) improving access to alternative forms of transport, and (2) harmonising state and territory legislative frameworks in line with the AMA position statement.<sup>7</sup>

Health professionals (including general practitioners) are well placed to remind individuals that the Austroads guidelines stipulate that a diagnosis of dementia precludes their holding an unconditional licence.<sup>2</sup> Furthermore, if an individual continues to drive (despite their doctor's advice) and does not notify the DLA, they are not fulfilling their legal obligations. Should the driver become involved in a motor vehicle accident under these circumstances and it is determined that dementia was a contributing factor, the driver may be subject to prosecution.

Individuals with dementia are often reluctant to raise the issue of driving with their general practitioner and vice versa.<sup>10</sup> It is conceivable that drivers are similarly reticent to notify motor vehicle insurers of a diagnosis of dementia. It would appear that Australian motor vehicle insurers do not decline or restrict coverage for clients with dementia. In addition, it seems that many insurers simply require applicants to possess a valid driver's

licence. We propose that increased community and clinician awareness of Australian insurer expectations may facilitate otherwise difficult discussions or decisions about driving, dementia, and insurance.

Assessing fitness to drive by clinicians is fraught with hazards.<sup>9,10</sup> No single office-based assessment tool can be used to determine driving safety.<sup>24</sup> Accordingly, some patients opt for an occupational therapist on-road driving assessment. Unfortunately, such assessments are: (1) costly (approximately AUD \$500–\$700); (2) not easily accessible for individuals living in regional or remote areas; and (3) not well suited to assess progressive neurological disorders (e.g., dementia, motor neurone disease) as repeated testing is required (e.g., every six months). In contrast, stable medical conditions (e.g., past stroke, amputation, or polio) are well suited to occupational therapist on-road driving assessment: a helpful option for clinicians, particularly if they are unsure as to how to proceed. Although failure at an on-road assessment may have a negative impact upon a doctor-patient relationship, the long-term benefits to an individual, their family, and the broader community are of much greater importance.

There is a clear need to improve the existing assessment and reporting pathways *vis a vis* fitness to drive. In addition to strategies suggested elsewhere,<sup>9,10,18</sup> perhaps driving advice should now be routinely incorporated in Australian hospital discharge summaries? This would lessen the considerable burden of assessment of fitness to drive largely (and perhaps unfairly) borne by general practitioners.

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#### **PEER REVIEW**

Peer reviewed.

#### **CONFLICTS OF INTEREST**

The authors declare that they have no competing interests.